



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 29 NOVEMBER 2018 at 5:30 pm

P R E S E N T :

Councillor Cutkelvin (Chair)  
Councillor Fonseca (Vice-Chair)

Councillor Cleaver  
Councillor Pantling

Councillor Dr Moore  
Councillor Dr Sangster

In Attendance:

Councillor Clarke: Deputy City Mayor with responsibility for the Environment, Public Health and Health Integration.

**45. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chaplin and Mr Micheal Smith, Healthwatch Leicester and Leicestershire.

The Chair announced that she would need to leave the meeting at 6.15pm, whereupon Councillor Fonseca, the Vice Chair would take the Chair for the remainder of the meeting.

**46. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**47. MINUTES OF PREVIOUS MEETING**

The Chair requested an amendment to the minutes of the previous meeting held 11 October 2018, as follows:

**36. Leicestershire Partnership NHS Trust (LPT) update on key risk areas – workforce and estates** to add the text detailed below (highlighted in italics and underlined for clarity) to the end of the final paragraph on page 6.

Both the Leicester and Leicestershire health overview and scrutiny committees have written to confirm that a 4-mile relocation of the unit does not constitute a substantial variation in service and it was something that Members supported.

RESOLVED:

that the minutes of the meeting held on 11 October 2018, subject to the above amendment, be approved as a correct record.

**48. CHAIR'S ANNOUNCEMENTS AND PROGRESS ON MATTERS CONSIDERED AT PREVIOUS MEETINGS**

The Chair said that she would be looking into any matters arising from previous meetings and would report on progress at the next meeting.

**49. PETITIONS**

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

**50. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

**51. UPDATE ON THE LEICESTERSHIRE PARTNERSHIP TRUST (LPT) TRANSFORMATION PROGRAMME**

Councillor Dr Sangster entered the meeting during the consideration of this item of business.

Dr Peter Miller, the Chief Executive of the Leicestershire Partnership NHS Trust (LPT) submitted a report that provided an update on the LPT Transformation Programme.

Dr Miller presented the report and Members heard that their ability to consistently improve mental health services was not as good as the Trust would want. Representatives from the LPT had visited the Northumberland Tyne and Wear Foundation Trust, as this was now an outstanding mental health trust and they were helping the LPT on their improvement journey.

Dr Miller explained that there was an immediate focus to improve safety, and work was ongoing with the Child and Adolescent Mental Health Services (CAMHS). A considerable amount of work had taken place to improve waiting times and the access targets for CAMHS were being met. However, once a young person had been assessed, they had a considerable wait before

treatment commenced, and there were currently 1500 young people waiting for treatment. Dr Miller expressed concerns about the number of people in immediate crisis who were being sent out of the county, however over the last six months this figure had improved. The Trust needed to ensure that the length of stay was appropriate and that the care on the ward was as effective as possible. However, the length of stay on the ward was higher than the national average so there was still more work that needed to be done. Dr Miller said that the Trust was also working to improve the caseloads of Community Mental Health teams.

The Chair noted that Dr Miller had expressed concerns that the Trust's current position was not where it should be and said that the Scrutiny Commission was due to receive a performance report from the action plan and therefore there was a piece of work to do in relation to that, on top of which there had now been a further inspection. Dr Miller explained that the latest inspection had looked at the Bradgate Unit and CAMHS and three other areas of the Trust.

The Chair reiterated that the Commission wanted to receive a full performance report and she also requested a separate briefing session for Members. The Chair expressed disappointment that the report lacked detail and context, a view that was echoed by other Members, and said that she would like to meet with Dr Miller in between meetings at a time that was convenient for him.

A Member expressed concerns at the references to individuals in crisis and children with eating disorders and said that better partnership working was needed to identify problems with children earlier. Dr Miller responded that the LPT were working with Public Health and University Hospitals of Leicester (UHL) across the Sustainability Transformation Plan (STP). The Future in Mind programme also addressed early intervention relating to mental health issues and there was a need to continue to invest in this. Ivan Browne, the Acting Director of Public Health commented that the Health and Wellbeing Strategy aimed to prevent people from developing mental health issues.

A Member commented that she was a governor in two special schools, Millgate and Keyham, and that she recommended a visit to those schools to see what they were doing. The meeting heard that children's lives had been turned around because a new and very impressive programme had been implemented.

Dr Miller was asked as to how confident he was that, with the support from the Tyne and Wear Foundation Trust, the Bradgate Unit and CAMHS would be awarded a very good or outstanding rating. Dr Miller responded that Tyne and Wear were now doing very well and by following their procedures, he was hopeful that the LPT would improve. The Bradgate Unit was one part of the pathway and a bid had been submitted to improve the building. The Chair reminded Dr Miller that the Commission had requested sight of the strategic outline case and Dr Miller said that they had a more concise document and when it was complete he would bring the full case.

The Chair commented that Dr Miller had said approximately two years ago, that

the Trust was on the good side of Requiring Improvement, but the CQC in their inspection had said that they were on the wrong side of Requiring Improvement. The Chair asked Dr Miller if he was confident of being awarded an outstanding rating. Dr Miller said that this would not happen in a year.

A Member commented that she was pleased that the Commission were looking back at previous reports and promises of improvement.

The Chair drew the discussion to a close and expressed thanks to the previous Director of Public Health, Ruth Tennant, who had recently left the authority.

AGREED:

1. for a substantial report on the performance of the Leicestershire Partnership Trust, including the previous and the most recent CQC inspection, be brought to the Commission; and
2. that it be noted that the Chair would welcome a meeting with the Chief Executive of the Leicestershire Partnership Trust in between meetings of the Commission.

## **52. LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) FRAILITY PROGRAMME: PROGRESS UPDATE**

*The Chair, as previously announced left the meeting at approximately 6.15 pm during the presentation of the update and the Vice Chair, took the Chair for the remainder of the meeting.*

*Councillor Sangster also withdrew from the meeting during the presentation of the update.*

The Head of Strategic Development at the University Hospitals of Leicester (UHL) submitted a progress update on the Leicester, Leicestershire and Rutland Frailty programme. The update was presented by Mark Wightman, the Director of Communications, Integration and Engagement and Ms Sam Leak, the Director of Operational Improvement. Mr Wightman explained that although there were successes in that people now had a longer life expectancy, those people were not necessarily living healthier lives in their later years. It was noted that during the winter months, approximately 80% of the beds within the UHL are occupied by patients over 70 years of age who were frail and had two or more long term health conditions (known as multi-morbidity).

Members considered the report and a Member questioned how a patient with multi morbidity could be identified upon admittance into hospital. Mr Wightman explained that with the Sustainability Transformation Plan (STP) the different teams, including the health authorities, social care and East Midlands Ambulance Service (EMAS) were all working together to make sure that patients did not fall through the gaps.

Members commended the progress that was being made and agreed that it

was an important piece of work. Assurance was sought that elderly patients were not being discharged in the early hours of the morning, as had happened in the past. Mr Wightman confirmed that patients were no longer discharged in the early hours of the morning and added that this should never have happened in the first place.

Mr Wightman explained that the Frailty programme was originally intended to be time limited, but the scale of the task involved meant that it would continue for some years and would affect the way health professionals were trained.

The Vice Chair, in the Chair, drew the discussion to a close and suggested that an update be brought back to the Commission after the winter period.

AGREED:

that an update be brought back to the Commission after the winter period to see how the outcomes have progressed.

### **53. UNIVERSITY HOSPITALS OF LEICESTER, NHS TRUST (UHL) CANCER PERFORMANCE**

Members received a report from the University Hospitals of Leicester (UHL) that provided an update on cancer performance. Mr Mark Wightman, the Director of Communication, Integration and Engagement presented the report and said that a cancer diagnosis could be terrifying for the patient and the UHL needed to achieve its performance target. He referred to the increased demand for radiology as had been previously discussed at the Health and Wellbeing Scrutiny Commission. There had been a considerable increase in the number of people coming forward for testing, though they were not finding more cancers. While it was a positive development that more people were coming forward for testing, there had not been an increase in resources to cope with the demand.

Ms Sam Leak, the Director of Operations explained that everyone was affected in some way by cancer and it was not good that the UHL was not meeting all the performance standards. They were working to improve on this though and they now had the additional capacity in order that patients could be seen as quickly as possible. The UHL had received transformational funding to help with some of the key pathways.

A member referred to the use of robotics and Ms Leak explained that a more patients were being treated with robotics and the demand was higher than capacity. However, a second robot had been donated to the University Hospitals of Derby and Burton and the UHL were working with them in order that some of the UHL patients who lived on the border, would be able to go there.

A Member asked about preventative work and how Public Health were linking up with the UHL. Members heard that collectively they were looking at ways of improving collaborative working and there was a clear commitment to prevention.

A Member questioned how people with cancer could be given help and support to live their life as well as possible. Members heard that the team were passionate about helping people who were living with cancer. There were many people with cancer who were supported by specialist nurses, who could also put them in touch with other people who were living with cancer as well.

The Vice Chair, in the Chair commented that the work on prostate cancer was very good and he questioned whether this could be replicated. Sam confirmed that the UHL were following all the best practice.

The Vice Chair added that there seemed to be a positive step in the actions taken to improve and it was hoped that this would continue. He suggested that an update be brought back to the Commission after April 2019.

AGREED:

that an update on cancer performance be brought back to the Commission after April 2019.

#### **54. IMPACT OF EMERGENCY ACTIVITY ON PLANNED SURGERY**

Mark Wightman, the Director of Communications, Integration and Engagement presented a report on the Impact of emergency activity on planned surgery. Mr Wightman explained that the NHS had been in crisis in December 2017 because of the exceptionally cold weather and the numbers of people with influenza. A national elective pause was initiated by NHS England whereby non-urgent cancer planned elective surgery was cancelled to ensure bed capacity for emergency patients. Mr Wightman added that while this was the right decision, the impact on patients was incalculable. Members heard that the positive news was that the UHL had recovered better from that situation than many other hospital trusts.

Sam Leak, the Director of Operations said that cancellations had been carried out in a safe way and the waiting list was now at the lowest it had been for the current financial year. Ms Leak stated that they had been treating the winter plan as a priority and would continue to do all they could to prevent a recurrence. An extra ward had been opened and an additional ward was being built at the Glenfield Hospital

Members were told that should there be a similar occurrence, urgent surgery or planned surgery for cancer patients would not be cancelled. However, in the context of re-configuration, the highest risk was where an ITU bed was unavailable, and this was one of the issues that needed to be resolved.

A Member expressed concerns about patients who might have to have an operation cancelled on more than one occasion, and in response heard that the clinicians considered issues relating to urgency and if the patient had already had an operation cancelled. The situation would be carefully monitored.

The Vice Chair, in the Chair drew the discussion to a close and said that the Commission looked forward to hearing how things had progressed during the winter period.

AGREED:

that the Commission receive an update from the University Hospitals of Leicester on how matters progress during the winter period.

## **55. COMMUNITY INTEGRATED SEXUAL HEALTH PROMOTION SERVICES: CONSULTATION RESULTS AND ACTIONS**

The Director of Public Health submitted a report that presented the results from the consultation on the new model of community integrated sexual health promotion services. Liz Rodrigo, Public Health Lead Commissioner presented the report and outlined the process and results of the consultation.

A Member questioned whether the consultation had included any newly arrived people to Leicester who had a sexually transmitted disease (STDs). Ms Rodrigo responded that they had tried to focus on different priority groups including new arrivals and refugees. It was known that some people had presented very late; they had been diagnosed abroad and were reluctant to come forward because of perceptions around the stigma associated with STDs.

A member referred to a question in the survey which asked people to give their opinions of which of four groups should receive sexual health / HIV advice and information and he asked why only four options were available. Ms Rodrigo responded that their priorities were to focus on those groups which were considered to be hard to reach.

The Vice Chair, in the Chair drew the discussion to a close and asked that the Commission be kept informed as the work progressed.

AGREED:

that the report be noted and for the Commission to be kept informed as the work progresses.

## **56. HAYMARKET HEALTH UPDATE**

Members of the Commission received a power-point presentation on the new Haymarket Health service in the Haymarket shopping centre; a copy of which had been attached to the agenda.

Ms Rodrigo, Public Health Lead Commissioner explained that as well as sexual health services, the centre would offer lifestyle services, such as weight management and smoking cessation sessions, which would be introduced gradually.

The building work was due to finish very soon and it was hoped to be open in January 2019. Councillor Clarke, Deputy City Mayor with responsibility for the

Environment, Public Health and Health Integration extended an invitation to Members to visit the new centre. He said that it was exciting to be investing the money into the service; 26000 people would use the centre and it would bring trade into the Haymarket shopping centre.

Members commended plans and comments were made that the centre was in the right place and would normalise the notion of sexual health. Members also said that they were pleased that young people had been involved in the design as it was important to listen to their views.

In response to a question about a transitional period, Members heard that the current clinic would close as soon as Haymarket Health opened as this would be better for all involved. It was hoped that the move could take place over a weekend.

The Deputy City Mayor added that the facility could also be used for other purposes, such as consultation events and for Members to talk to people about health issues.

The Vice Chair, in the Chair drew the discussion to a close and said that as the item was a standing item on the agenda, further updates would be received following the opening of Haymarket Health in January 2019.

AGREED:

that the report be noted.

**57. HEALTH AND WELLBEING SCRUTINY COMMISSION DRAFT SCOPING DOCUMENT: NHS WORKFORCE**

Members were asked to comment on and endorse the draft scoping document for the Health and Wellbeing Scrutiny Commission's review on the NHS workforce.

AGREED:

that the draft scoping document for the review on the NHS workforce be endorsed.

**58. WORK PROGRAMME**

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19.

AGREED:

that the Health and Wellbeing Scrutiny Commission Work Programme for 2018/19 be noted.

**59. CLOSE OF MEETING**

The meeting closed at 7.32 pm.



