Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: THURSDAY, 29 NOVEMBER 2018
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Commission

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

Councillors Chaplin, Cleaver, Dr Moore, Pantling, and Dr Sangster.

I unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

JHarget

For Monitoring Officer

Officer contacts:
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Julie Harget**, Democratic Support on (0116) 454 6357 or email julie.harget@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
MECC	Making Every Contact Count
NICE	National Institute for Health and Care Excellence

NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 11 October 2018 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=8650&Ver=4

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

To receive updates on the following matters that were considered at previous meetings of the Commission.

5. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

6. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the

Council's procedures.

7. UPDATE ON THE LEICESTERSHIRE PARTNERSHIP TRUST (LPT) TRANSFORMATION PROGRAMME **Appendix A (Pages 1 - 4)**

The Chief Executive of the Leicestershire Partnership NHS Trust (LPT) submits an update on the LPT Transformation programme. Members are asked to note and comment as they see fit.

8. LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) FRAILTY PROGRAMME: PROGRESS UPDATE **Appendix B (Pages 5 - 8)**

The Head of Strategic Development at the University Hospitals of Leicester submits a progress update on the Leicester, Leicestershire and Rutland Frailty programme. Members are asked to consider and comment on the update as they see fit.

9. UNIVERSITY HOSPITALS OF LEICESTER, NHS TRUST (UHL) CANCER PERFORMANCE **Appendix C (Pages 9 - 12)**

The University Hospitals of Leicester, NHS Trust (UHL) submits a report that provides an update on cancer performance.

Members are asked to consider and comment on the report as they see fit.

10. IMPACT OF EMERGENCY ACTIVITY ON PLANNED SURGERY **Appendix D (Pages 13 - 16)**

The University Hospitals of Leicester, NHS Trust (UHL) submits a report on the impact of emergency activity on planned surgery.

The Commission is asked to consider and comment on the report as it sees fit.

11. COMMUNITY INTEGRATED SEXUAL HEALTH PROMOTION SERVICES: CONSULTATION RESULTS AND ACTIONS **Appendix E (Pages 17 - 34)**

The Director of Public Health submits a report that presents the results from the consultation on the new model of community integrated sexual health promotion services, and the actions and amendments made because of that consultation.

The Commission is asked to note the results of the consultation process and the amendments made to the actions taken as a result of the comments received through the consultation process.

12. HAYMARKET HEALTH UPDATE **Appendix F (Pages 35 - 46)**

The Director of Public Health submits a report that provides members of the

Health and Wellbeing Scrutiny Commission with an update on the progress of the move of the Sexual Health Services to a new premise, Haymarket Health in the Haymarket Shopping Centre. As part of the update, Members will receive a power-point presentation which is also attached.

The Commission is asked to note that the move of the sexual health service to Haymarket Health is progressing well. Designs have considered the needs of all current and future service users and this has been informed by discussions and consultations with service users and young people.

13. HEALTH AND WELLBEING SCRUTINY COMMISSION DRAFT SCOPING DOCUMENT: NHS WORKFORCE **Appendix G (Pages 47 - 54)**

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

14. WORK PROGRAMME **Appendix H (Pages 55 - 62)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

15. ANY OTHER URGENT BUSINESS

LPT Transformation Program

Background

It is widely recognised that mental health services need to be improved within Leicester, Leicestershire and Rutland. The issues currently facing the system have been reviewed in the light of experiences from other centres nationally that have already improved their mental health services. The conclusion reached within the STP was that whilst some improvements can be achieved through iterative changes, a significant remodel of services was required. This would allow us to make the step change in quality improvement that is needed. The All Age Transformation programme was therefore instigated to focus on two aspects of transformation:

- Short term, iterative, quality improvements within adult and young persons, community and, inpatient services
- A large scale change across the specialist mental health services

This programme was set up within the STP framework to ensure that sympathetic improvements for mental health support occurred across the whole health and social care system..

All of this work is also in the context of a National drive and investment to improve mental health services through the implementation of the NHS forward view for mental health. This includes specifically improving mental health services for

- Individuals in a crisis,
- Mothers (and during pregnancy
- People that present to the acute physical health hospitals,
- Children presenting with eating disorder
- Those using Child and Adolescent Mental Health services (CAMHS) inpatient facilities.

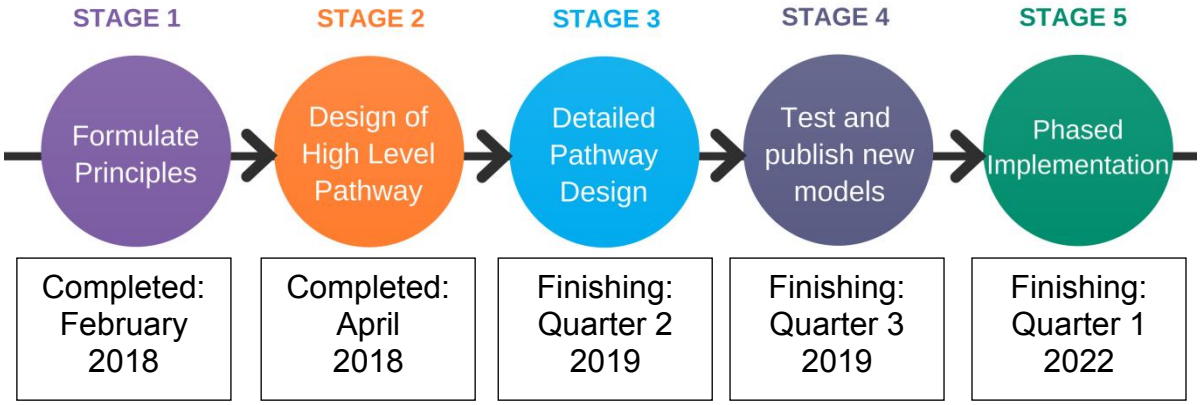
Alongside the expected improvement of care within local services, the programme and wider STP activities are focused on delivering more care locally (reducing the requirement to move people's care out of Leicester, Leicestershire and Rutland). This is expected to improve service user experience and bring resources back into the region.

Plan and Progress

There is a focus short term improvements across all of the mental health and learning disability services. These include:

- A specific focus on improving the support of individuals waiting for CAMHS with regular reviews and support provided to individuals who have high risks
- Improving the organisation of care for individuals in CAMHS and to reduce the impact of an increasing demand for the services
- Initiatives focused on reducing caseloads within adult mental health community teams
- Addressing barriers to discharging Adult mental health inpatient through the implementation of 'Red to Green' (a nationally recognised patient flow improvement tool) and multi-agency forums

The longer term large scale transformation work is arranged around a five stage



plan, outlined below.

Stage one and two have been completed and in the programme is in the middle of detailed design stage three. The programme uses co-design model adopted from Northumberland, Tyne and Wear Foundation Trust (an outstanding mental health trust) and has so far engaged hundreds of clinicians, service users, carers and stakeholders through workshops, events and surveys to help inform the design to date. At the end of this stage, there will be newly designed care pathways, workforce model and service structure described. The proposed model will then go to a public consultation in Stage Four and will be internally tested to ensure their safety and deliverability.

The implementation of the model will commence after any adjustments needed from the consultation and testing. This implementation will occur in phases from 2019 to 2022 to ensure it is safely undertaken and allow time for recruitment, training and physical setting changes required.

Outcomes from the Transformation

It is expected that the short term improvements work will lead to a modest improvement in the CQC rating. The implementation of the large-scale changes from 2019 are required to deliver the step change in service performance and sustain a significant improvement.

Appendix B

LLR Frailty programme: Progress update

Context

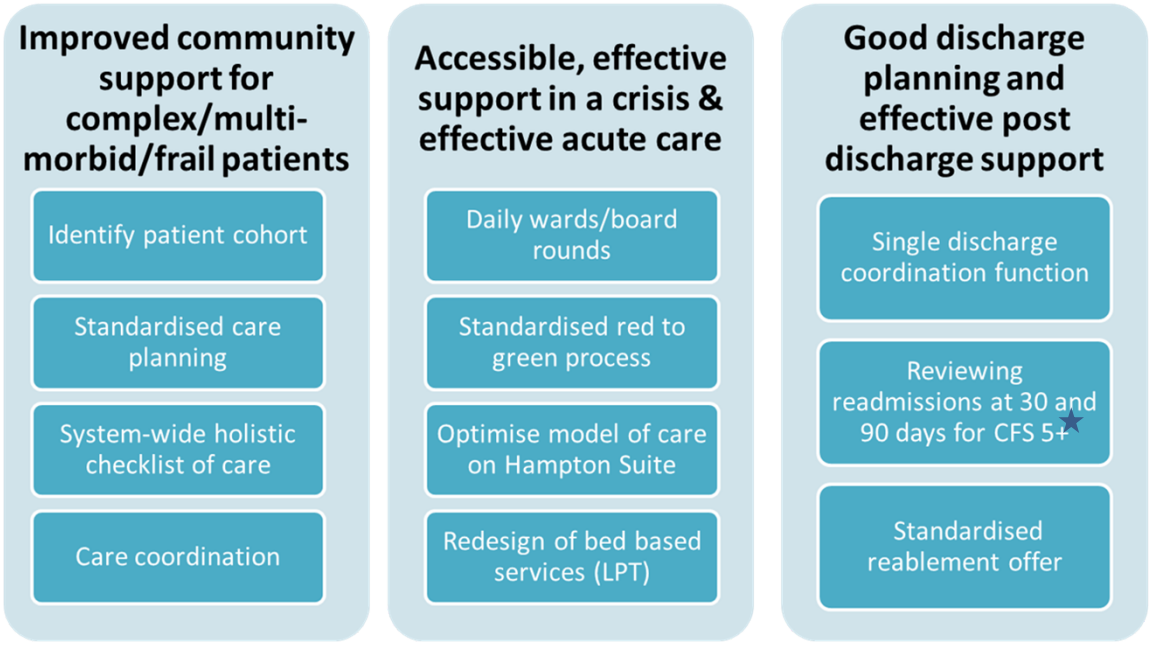
1. The period from December 2017 to March 2018 saw unprecedented pressure on the Leicester, Leicestershire & Rutland (LLR) health and care system. This pressure was noted in every part of the economy, from primary care to social care to secondary and community care, with services stretched and staff fatigued across the system. This was in spite of all non-urgent elective surgery being cancelled at University Hospitals of Leicester (UHL), along with some cancer cases.

2. Analysis of UHL data suggests that the issue was not the volume of patients (attendances and admissions have increased in months 11 and 12 but not by a significant amount) but the acuity of the patients being seen. The case-mix noted, particularly through the Emergency Floor and the Admission Units, was largely frail, multi morbid patients over the age of 70. Whilst younger cohorts of multi-morbid patients were of course seen, these were surpassed by the quantity of frailer, older people – at any one time, it was estimated that 80% of beds within UHL were occupied by patients who were over 70, with specific frailty markers, inc. multi-morbidity. The pressure on discharge services was also great – although the system maintained a reasonable Length of Stay and commendable Delayed Transfer of Care (DTOC) rate compared to peer areas, readmissions rates increased as the pressure grew.

The LLR Frailty Task Force

3. To avoid a repeat performance in winter 2018/19, the system instigated the Frailty Task Force and Frailty Working Group in June 2018, led by John Adler, with the mandate to tackle these issues head on before winter 18/19. The Task Force was tasked with holding to account the delivery of other related LLR programmes of work (such as the Integrated Community Services work) and the working group was tasked with delivery of the short term, immediate changes required across the LLR system pre-winter 18/19.

4. The first step in this was to agree the interventions the system needs to deliver in order to reach our aim. These interventions are shown in the diagram below and are broadly split into 3 categories:



**CFS stands for the Clinical Frailty Scale, which is a frailty classification system*

5. These interventions were aligned to the Kings Fund interventions as requested by the LLR Clinical Leadership Group and include comments from clinical and practitioner colleagues across the health and care system.

Progress against plans

6. In the 24 weeks since the launch of the programme, significant progress has been made in the implementation of the interventions outlined above. Progress has largely been as a result of the LLR health and care system coming together to act as a 'team of teams', with all LLR patients at the centre of the design and implementation. Previously, the LLR system has become stuck on standardisation of all services, which has proved difficult to implement on place-based/locality footprints. The work of the task force and working group has effectively looked at the *outcome required* for the patient and designed a service around delivery of the outcome. This has overcome many of the traditional barriers noted in previous LLR change programmes and should be a change model used in the future.

7. Of equal importance has been the escalation route available to the programme – the LLR Clinical Leadership Group and the LLR Senior Leadership Team have offered support in multiple areas of the programme where progress had either stalled or been delayed; this level of support has been useful both practically and strategically and will lead to further positive changes in the future.

8. Progress against each of the 3 high level asks is summarised below:

Improved community support for complex/multi-morbid/frail patients

- Identify patient cohort
- Standardised care planning
- System-wide holistic checklist of care
- Care coordination

- Frailty identification system in use across the system
- IMT systems aligned to produce a frailty flag from all 3 of these systems, launched in November

- Frailty template of the LLR Integrated care plan redesigned, resulting in more relevant, holistic information being collated. Launched in November 2018
- Visible and enactable in all providers via Summary Care Record or SystmOne access where patients have consented access

- Frailty Checklist embedded within the LLR Integrated Care Plan to enable the system to record what interventions have been delivered to our patients. Launched in November 2018.

- Care coordination pilots started across LLR, linking up health and social care services where gaps were noted. Launched in October 2018.

Accessible, effective support in a crisis & effective acute care

- Daily wards/board rounds
- Standardised red to green process
- Optimise model of care on Hampton Suite
- Redesign of bed based services (LPT)

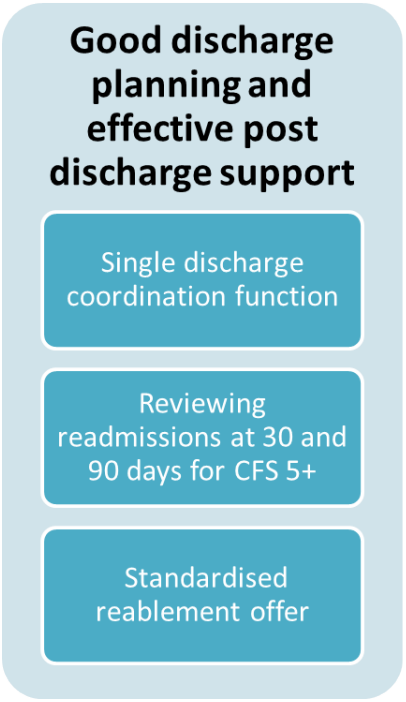
At September 2018, increases noted in both board and ward rounds:

- Board round M-F: 84%, Board round M-S: 42%
- Ward round M-F: 95%, Ward round M-S: 59%

- 90% of all eligible areas reporting use of red2green processes, with themed analysis feeding through to partners regularly

- Patients discharged from the Hampton Suite are flagged to GP's for MDT review through the Integrated Locality Teams if clinically appropriate. Full model and pathway under review

- Community Services Redesign work programme continues to design the offer for out of hospital care. Due to report in December 2018



'Integrated Discharge Team +' will be launched in December 2018, with additional staffing to ensure complex patients are discharged with a holistic review of their requirements. This will reduce stranded and super stranded patients as well as minimise DTOC's

- Readmission risk score recorded onto NerveCentre; all patients with a score of 45+ will be flagged to GP for consideration of referral to MDT review. Specific focus on areas of the Trust with higher benchmarked readmission rates.

- Not yet started – review due to begin in December 2018

Impact of the programme

9. The full impact of the programme on the overall emergency activity trend is not yet expected to materialise fully, given the infancy of the programme. However, early data shows a positive management of any growth the system would normally see at this point in the year. Taking emergency admissions for the over 65's, staying in UHL for more than 6 hours, the LLR system is holding stable with a breakeven position when compared to the proxy plan in use for this programme.

10. For the City in particular, the data shows a reduction of 80 admissions against proxy plan, which is a positive outcome. Naturally, causative conclusions cannot be drawn from this alone, as this programme is one of many in a vastly complex health and care environment.

11. Equally, there are significant differences between the 3 LLR CCG's within this position and it must be recognised that the impact noted of the programme will increase as processes and changes become embedded across the system of care being built.

Next steps

12. The Frailty programme was intended to be a time limited group, focussing on solutions for this winter. The recommendation of the Task Force has been that the programme continues for the rest of the financial year to ensure full delivery of the original aims. This is being considered at the LLR Senior Leadership Team in November 2018.

Appendix C

University Hospitals of Leicester NHS
NHS Trust

UHL Cancer Performance
November 2018

The table below (fig1) shows the 9 standards for Cancer (the last standard is an internal standard and not nationally measured) and the trajectory for achievement. Year to date UHL is achieving 4 of the 9 standards and in September (latest month closed) UHL is achieving 5 of the 9 standards.

Fig 1 September performance

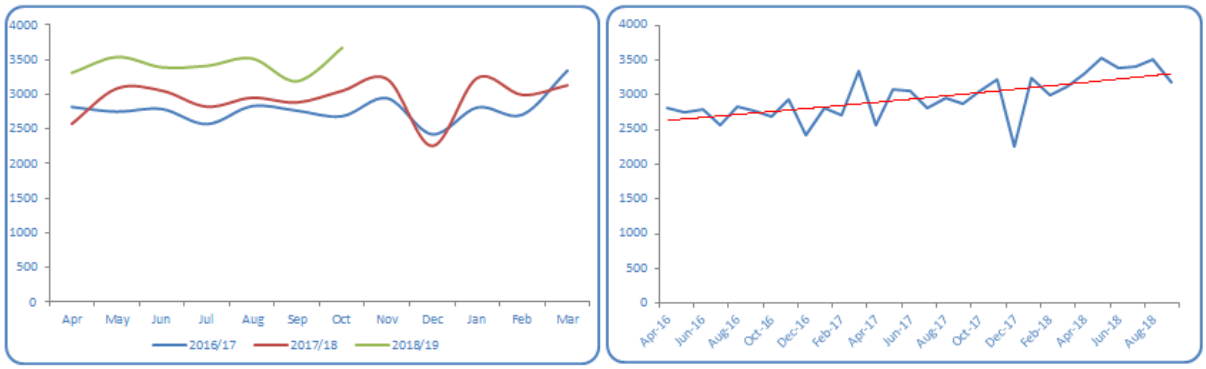
UHL Cancer Performance	National Target	Performance Type	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Actual	94.7%	93.9%	95.1%	94.1%	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	92.2%	92.9%	95.2%	93.7%
		UHL Trajectory											92.2%	91.7%	93.0%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	94.3%	90.3%	88.1%	89.0%	92.5%	92.0%	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	89.9%
		UHL Trajectory											89.1%	88.4%	90.7%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	95.9%
		UHL Trajectory											93.0%	94.0%	89.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100.0%	98.5%	100.0%	99.3%
		UHL Trajectory											99.1%	99.1%	98.8%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Actual	85.3%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.1%
		UHL Trajectory											78.0%	76.0%	81.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Actual	95.4%	94.9%	97.2%	97.6%	95.8%	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100%	90.0%	97.6%
		UHL Trajectory											94.9%	97.2%	97.6%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	75.0%
		UHL Trajectory												75.2%	69.9%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Actual	85.2%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	81.7%
		UHL Trajectory											83.0%	89.0%	74.6%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	100.0%	95.8%	97.2%	84.4%	82.4%	92.1%	76.5%	79.5%	92.8%	92.1%	98.3%	86.6%	88.2%
		UHL Trajectory											89.1%	86.4%	97.1%	

Our trajectory for delivery for each of the targets is:

September 2018	Two week wait all cancers
October 2018	Two week wait breast
November 2018	31 day first treatment
April 2018	31 day second or subsequent treatment drugs
December 2018	31 day second or subsequent treatment surgery
April 2018	31 day second or subsequent treatment radiotherapy
December 2018	62 day first treatment
January 2019	62 day first treatment screening
June 2018	62 day upgrade

Improvement in performance compared to August is against a continued increase in referral rate (Fig 2) to cancer in 2018. Below shows the overall referral growth from 2016 to current.

Figure 2 – cancer referrals



While this is the proposed delivery date there is a predicted deterioration in the performance in December and January due to challenged ITU capacity as a result of acuity over winter, a higher percentage of patient cancellations over Christmas resulting in delayed pathways, and patients choosing not to have their treatment over the Christmas period. We aim to be delivering all the standards by the beginning of April 2019 at the latest.

Our peer and national performance can be seen below (Fig 3), this demonstrates a significant challenge in delivering 62 day performance nationally which is UHL's biggest challenge.

Fig 3 peer and national performance for August

TWO WEEK WAIT-ALL CANCER - August 2018

All Acute Trusts Performance - 91.7% — *UHL ranks 95 out of the 145 Acute Trusts* 93 of the 145 Acute Trusts* achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days Target 93%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.6%
2	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	96.5%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.5%
4	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	95.2%
5	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.1%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1%
7	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	93.8%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	93.6%
9	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	93.3%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	93.0%
11	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	92.8%
12	BARTS HEALTH NHS TRUST	91.9%
13	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	88.4%
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	84.8%
15	LEEDS TEACHING HOSPITALS NHS TRUST	84.5%
16	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81.2%
17	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	80.6%
18	PENNINE ACUTE HOSPITALS NHS TRUST	70.3%

TWO WEEK WAIT-BREAST SYMPTOMS - August 2018

All Acute Trusts Performance - 90.6% — *UHL ranks 104 out of the 145 Acute Trusts* 87 of the 145 Acute Trusts* achieved 93% or more*

Peer Rank	Provider	Performance within 14 Days Target 93%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	100.0%
1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	100.0%
3	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	96.7%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
5	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.1%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	96.0%
7	BARTS HEALTH NHS TRUST	95.4%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.0%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.9%
10	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	94.9%
11	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	93.7%
12	PENNINE ACUTE HOSPITALS NHS TRUST	91.6%
13	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	91.0%
14	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	90.0%
15	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	84.2%
16	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	50.0%
17	LEEDS TEACHING HOSPITALS NHS TRUST	41.9%
18	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	39.2%

31-DAY FIRST TREAT - August 2018

All Acute Trusts Performance - 97.0% — *UHL ranks 76 out of the 145 Acute Trusts* 117 of the 145 Acute Trusts* achieved 96% or more*

Peer Rank	Provider	Performance within 31 Days Target 96%
1	BARTS HEALTH NHS TRUST	99.3%
2	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.8%
3	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	98.4%
4	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	98.0%
5	PENNINE ACUTE HOSPITALS NHS TRUST	97.9%
6	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.9%
7	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.3%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.9%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	96.6%
10	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	96.5%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.3%
12	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.4%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.3%
14	LEEDS TEACHING HOSPITALS NHS TRUST	95.2%
15	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.7%
16	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	93.1%
17	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	92.4%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	90.9%

31-DAY SUB TREAT (SURGERY) - August 2018

All Acute Trusts Performance - 93.8% — *UHL ranks 121 out of the 145 Acute Trusts* 105 of the 145 Acute Trusts* achieved 94% or more*

Peer Rank	Provider	Performance within 31 Days Target 94%
1	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100%
4	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.6%
5	BARTS HEALTH NHS TRUST	98.4%
6	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	97.6%
7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	96.0%
8	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	95.6%
9	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	93.6%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.3%
11	LEEDS TEACHING HOSPITALS NHS TRUST	92.8%
12	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	91.9%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.3%
14	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	89.6%
15	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	89.5%
16	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.1%
17	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	87.8%
18	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.5%

31-DAY SUB TREAT (DRUGS) - August 2018

All Acute Trusts Performance - 99.5% — *UHL ranks 119 out of the 145 Acute Trusts* 122 of the 145 Acute Trusts* achieved 98% or more*

Peer Rank	Provider	Performance within 31 Days Target 98%
1	BARTS HEALTH NHS TRUST	100%
1	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	100%
1	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	100%
1	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	100%
1	LEEDS TEACHING HOSPITALS NHS TRUST	100%
1	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100%
1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100%
1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	100%
1	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100%
1	PENNINE ACUTE HOSPITALS NHS TRUST	100%
1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	100%
1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	100%
13	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	99.5%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	99.4%
15	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	99.1%
16	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	99.0%
17	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	98.9%
18	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	98.3%

31-DAY SUB TREAT (RADIOTHERAPY) - August 2018

All Acute Trusts Performance - 97.1% — *UHL ranks 1 out of the 145 Acute Trusts* 59 of the 145 Acute Trusts* achieved 94% or more*

Peer Rank	Provider	Performance within 31 Days Target 94%
1	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	100%
2	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	99.4%
3	LEEDS TEACHING HOSPITALS NHS TRUST	99.3%
4	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	99.1%
5	BARTS HEALTH NHS TRUST	98.5%
6	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.4%
7	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98.3%
8	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	98.2%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	97.8%
10	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	97.8%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	95.2%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.8%
13	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	95.7%
14	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	94.3%
-	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-
-	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	-
-	PENNINE ACUTE HOSPITALS NHS TRUST	-
-	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-

62-DAY GP Referral - August 2018

All Acute Trusts Performance - 79.3% — *UHL ranks 116 out of the 145 Acute Trusts* 40 of the 145 Acute Trusts* achieved 85% or more*

Peer Rank	Provider	Performance within 62 Days Target 85%
1	BARTS HEALTH NHS TRUST	86.7%
2	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	85.4%
3	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	82.8%
4	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	82.0%
5	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	80.2%
6	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79.6%
7	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	79.5%
8	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	77.7%
9	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	77.5%
10	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	75.8%
11	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.2%
12	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	73.0%
13	PENNINE ACUTE HOSPITALS NHS TRUST	71.6%
14	LEEDS TEACHING HOSPITALS NHS TRUST	68.7%
15	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	68.6%
16	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	68.1%
17	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	66.0%
18	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	65.7%

62-DAY (SCREENING) - August 2018

All Acute Trusts Performance - 90.0% — *UHL ranks 99 out of the 145 Acute Trusts* 81 of the 145 Acute Trusts* achieved 90% or more*

Peer Rank	Provider	Performance within 62 Days Target 90%
1	BARTS HEALTH NHS TRUST	100%
1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	100%
3	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	98.3%
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%
5	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	94.7%
6	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	93.7%
7	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.6%
8	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	93.3%
9	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	91.2%
10	LEEDS TEACHING HOSPITALS NHS TRUST	90.4%
11	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	89.7%
12	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	86.0%
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	85.3%
14	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	85.2%
15	**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**	84.6%
16	PENNINE ACUTE HOSPITALS NHS TRUST	80.0%
17	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	77.1%
18	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	51.7%

Issues

It is acknowledged by the Organisation that our performance needs to improve and this is one of our key priorities. We have identified several key issues that have resulted in deterioration in the overall cancer performance which can be seen below with a summary on progress against each of these main issues. UHL has a more detailed remedial action plan to ensure improvement across all of the tumour sites.

	Issue	Progress
1	Increased activity in Breast, Skin, and urology	• Breast year to date growth is 4.3% higher than same period last year • Skin year to date growth is 17.8% higher than same period last year • Urology year to date growth is 9.2% higher than the same period last year • We are working with the clinical teams, the East Midlands Cancer Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout the year.
2	Consultant vacancies Radiology, Oncology, Skin	• New consultant radiologist for Breast started in October; however we have sickness in the team. We are exploring additional clinics at weekends to ensure sessions are available for patients. • Oncology continues to have 2.8 Consultant vacancies. The head and neck vacancy has been out to recruitment three times and there have been no applicants. We are working with Nottingham to and NHSE to explore a combined approach to service provision to maximise the service offer. Workforce is a national issue and Specialised Commissioning is reviewing the head and neck service provision across the whole of the East Midlands. • Skin has a solution by working with plastics to provide additional clinics which will enable capacity throughout the year.
3	Previous Organisational focus on Urgent Care, which has resulted in cancer cancelations	• The new Chief Operating Officer is committed to Cancer as a priority for the organisation. This has been communicated to the organisation. • We have seen no cancer cancellations unless there is ITU constraints or as a result of clinical reasons.
4	The 'winter effect'. Last winter patients were cancelled due to a lack of beds.	• This year we have a robust winter plan to ensure this does not occur again this winter • We have taken the decision to do less routine elective work to ensure we have beds for Urgent and cancer patients.
5	We have multiple steps in cancer processes which results in delays for patients	• Processes and pathways are being streamlined to ensure patients receive the best possible treatment in the quickest possible time. One area where improvements will be seen by the patients is in the lung cancer pathway and the Trust adopts the national optimal lung cancer pathway. In addition in prostate cancer where 89% of our patients now have a 3T contrast multi-parametric pre biopsy MRI making UHL one of the leaders in the East Midlands. • We have the support of NHS Improvement support team in Urology to provide advice and help implement good practice they have seen in other organisations

6	Robotics is becoming a more popular choice of treatment in certain specialities. The demand is currently higher than the capacity and results in delays in certain pathways	• We are working with Derby who are providing some robot time for us. • We are maximising our efficiency • We have support from NHS Improvement to progress actions to support the Urology pathway
7	We have increased the focus by each service which manages a cancer pathway	• We have senior Confirm and Challenges weekly to ensure every patient has a next step booked in their pathway • We have a fortnightly senior cancer taskforce meeting to review and progress key actions that will improve delivery

Transformation

A recent bidding process resulted in the East Midlands Cancer Alliance being authorised to release NHS England Cancer Transformation Funding to Leicester Leicestershire and Rutland (LLR) for four major transformational schemes. The funding has totalled almost £1.2 m across the health economy. The schemes cover lung, colorectal, prostate and living with cancer will all provide significant improvements in patient pathways and patient experience once fully implemented. These schemes work towards the national cancer outcomes included in the World Class Cancer Outcomes Strategy 2015-2020.

The colorectal Faecal Immunochemical Test (FIT) pathway allows patients aged 60 years and over with isolated change in bowel habit +/- abdominal pain to have a FIT test at home, rather being referred into hospital to go straight for a CT Colon under a 2WW cancer pathway. Since the implementation of this scheme in February 2018, over 2000 patients have had a FIT test in LLR and 70% of these had a negative result. The RAPID prostate pathway has allowed 89% of our patients to have a 3T contrast multi-parametric pre biopsy MRI scan. This makes UHL one of the leaders in the East Midlands in prostate cancer care. UHL is also working towards the NICE accredited optimal lung cancer pathway – this transformational pathway will allow patients to receive high quality care much more quickly with treatment starting on day 42 of the pathway. For patients who have cancer, work is being done through the Living with Cancer programme to ensure that care is personalised to the needs of the patient and communication between primary and secondary care is seamless. This includes every patient having a Health Needs Assessment; offering health and well-being courses; sharing Treatment Summaries with patients and GPs and risk stratified follow up pathways for patients with prostate, thyroid and breast cancer. All these exciting pieces of work will improve the patient experience and move the Trust patients to achieving a definitive diagnosis within 4 weeks of referral.

Patient experience

UHL has just received the outcome of our 2017 patient experience survey conducted by NHS England and we have seen an improvement on 2016 results; below shows the Executive summary. We are reviewing the full report in order to identify further actions to ensure continued improvement. Work is also being undertaken with LLR CCGs to review their cancer patient experience results to ensure that there is seamless patient care throughout the pathway and where collective improvements can be made. This piece of work will be completed in December 2018.

National Cancer Patient Experience Survey 2017
University Hospitals of Leicester NHS Trust

Executive Summary

8.7 The average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good)

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England* :

76% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment

91% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment

84% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist

89% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

95% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital

60% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.

Conclusion

Cancer performance improved in September as a result of actions being delivered through the action plan and continued confirm and challenge of processes. Recovery remains a priority for UHL and as such continues to be a focus by the team.

Appendix D

University Hospitals of Leicester NHS
NHS Trust

Impact of Emergency Activity on Planned Surgery

Context

An elective pause can be an unfortunate necessity in times of sustained high emergency demand when an admission to hospital is required over and above typical peak levels of demand. On 22nd December 2017 a national elective pause was initiated by NHS England. This was to support the national emergency pressures felt across NHS where unprecedented levels of emergency demand were being felt. The resulting elective pause resulted in non-urgent non-cancer planned elective surgery to be cancelled over the winter period in order maintain bed capacity for emergency patients.

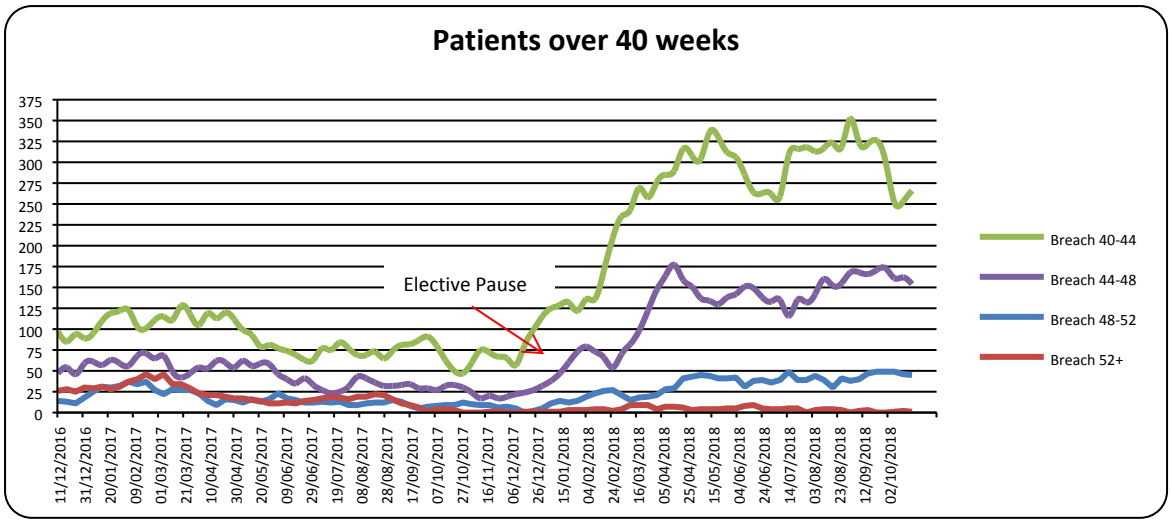
We know that cancelling any operation represents huge disruption not only for the patients but also for their families and carers. We know that arrangements are made for both hospital stays and after care and any delay to that can place a further burden on patients. We also recognise that coming in for an operation is often a daunting proposition and that can be exacerbated when a patient has been cancelled before. By initiating an elective pause the majority of patients were cancelled prior to the day with as much notice as possible in order to try and limit the impact for patients. All surgical waiting lists were reviewed by the consultant surgeons with patient cancellations made based on clinical urgency. Clinically urgent and cancer patients remained booked for their surgery. Balancing the risk of routine surgery being delayed versus not being able to admit an emergency patient whose health outcomes could be severely impacted, it's the appropriate clinical response to delay the routine planned elective operation. Delays to admitting emergency patients also increase ambulance handovers and resulting impact in responding to emergency calls.

Impact of Elective Pause

The impact on elective care is well understood within UHL and all patients who were cancelled or had their operation delayed last winter have been treated.
January 2018 saw the peak number of patients cancelled with 783 directly cancelled before the day of admission due to capacity reasons. By March the impact of emergency demand had stabilised with cancellations stabilising to normal levels. A lack of elective surgical bed capacity also impacted on the ability to re-book patients who were cancelled on the day within 28 days.

	Completed Procedures	Cancelled on the day - Capacity Reasons	Cancelled before the day - due to capacity reasons	Total Capacity Cancellations	28 Day Re-Books
January 2018	10,781	99	783	882	75
February 2018	10,108	99	261	360	32
March 2018	10,780	84	202	286	37
Total	**31,669**	**282**	**1,246**	**1,528**	**144**

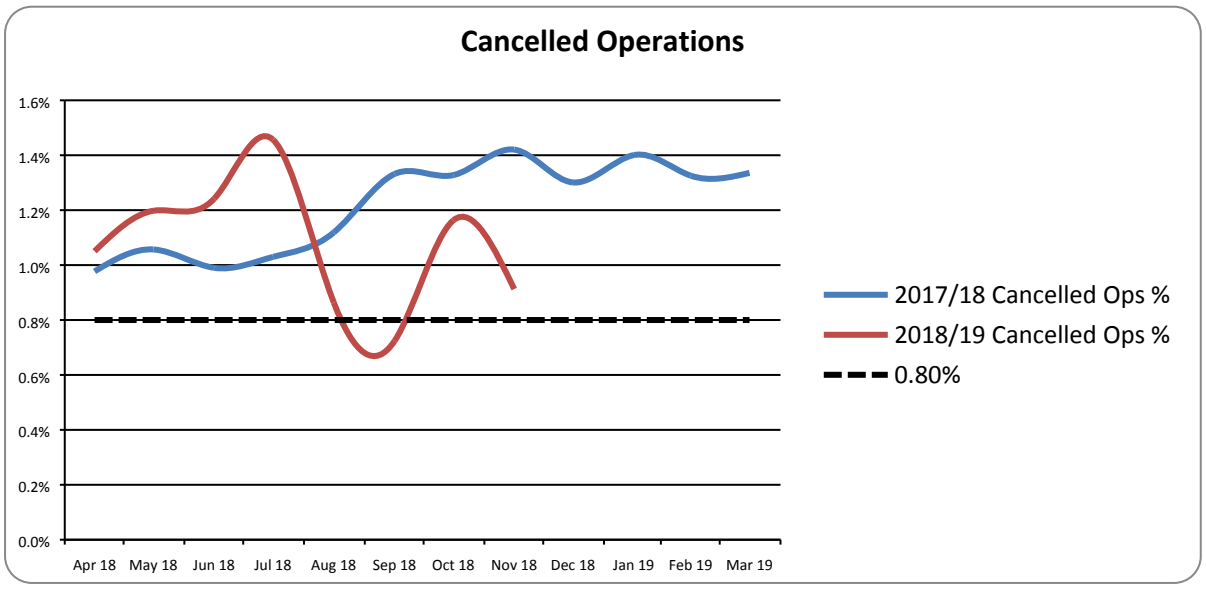
The longer term impact of the elective surgery pause was an increase in patients waiting over 40 weeks for treatment. Combined with an increase in overall referrals including an increase in urgent 2 week wait referrals, the lost elective surgical capacity resulted in longer overall waits.



Between November 2017 and March 2018 Referral to Treatment Performance reduced from 92.1% to 85.2%. Compared to the previous winter where there was no mandated elective pause, performance by March 2017 remained close to the national standard at 91.8% of patients on an incomplete pathway waiting less than 18 weeks.

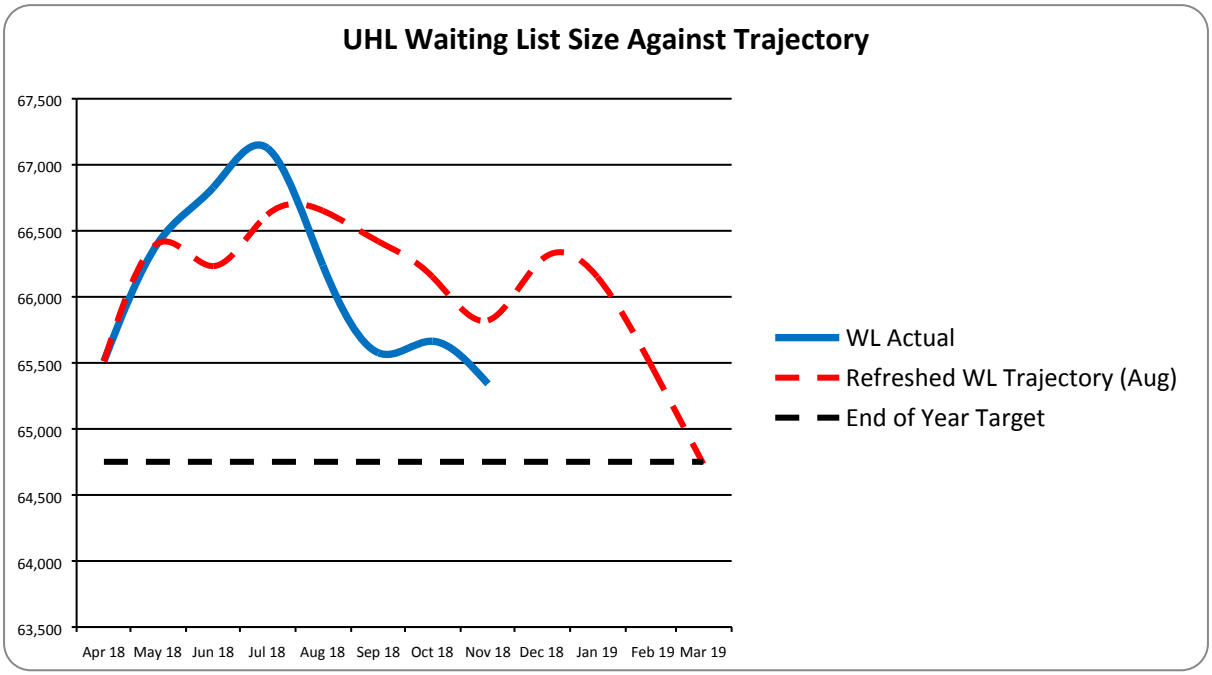
Mitigating against cancellations for winter 2018/19

A new escalation policy was implemented in July 2018 with an immediate positive impact on cancelled operation performance. Since its implementation the number of patients cancelled between August and October are the lowest since 2014. As of the end of October this has resulted in fewer cancelled operations year to date compared to 2017/18 financial year. Cancelled operations are forecasted to continue show year on year reductions through November and the remainder of the financial year throughout the winter period.



In line with the 2018/19 planning guidance UHL is forecasting a reduction in its overall waiting list size to have fewer patients waiting for treatment at the end of March 2019 than at the end of March 2018. Since July UHL has delivered ahead of trajectory and as of 20/11/2018 the waiting list is at its lowest point this financial year. The use of the independent sector has been agreed with commissioners for patients who are clinically appropriate and choose to receive treatment by a

private provider. This action has supported in delivering a reduction in overall waiting list size and for UHL to deliver zero patients waiting over 52 weeks for treatment. UHL is now rank joint 1st amongst our peer group and all Acute Trusts for 52 week performance, when overall the NHS is seeing a 24.8% rise in 52 week breaches. The continued use of the independent sector will remain over the winter period when we know capacity at UHL may be challenged to ensure the impact for patients is minimised, which was not in place last year. Since July 2018 the Theatre Program Board has been re-invigorated with engagement from the external consultancy Four Eyes Insight. This has supported the delivery optimising scheduling theatres to ensure we are operating on as many patients as possible. These actions have led to a reduction in the number of patients waiting for elective surgery by over 500 since March 2018.



The plans for 2018/19 have included 2 additional 28 bedded wards, 1 at the Leicester Royal Infirmary and 1 at Glenfield. This additional capacity will support in limiting the impact of winter pressures on planned elective care. These plans support the continuation of elective orthopaedic throughout this winter at the Leicester General. This service was severely impacted by the elective pause, with 25% of all cancellations prior to the day from the elective orthopaedic specialty.

As part of this year CQUIN UHL has been working with commissioners in order to understand the impact on patients who were cancelled last winter as well as improving on the patients re-booked within 28 days.

The winter of 2017/18 was not typical for UHL or the NHS as a whole, however should instructions again be received for a nationally mandated elective pause there will again be an impact on patients. Commitment of continuing with Elective Orthopaedic Surgery and use of the independent sector will minimise the impact for patients.

Appendix E

Leicester City Council

Health and Wellbeing Scrutiny Commission

Community Integrated Sexual Health Promotion Services

Consultation results and actions

Date: 29 November 2018

Lead director: Ruth Tennant

Useful information

- Ward(s) All
- Report author: Liz Rodrigo
- Author contact details: Liz.rodrigo@leicester.gov.uk

1. Purpose of report

To present the results from the consultation on the new model of community integrated sexual health promotion services and the actions and amendments made because of that consultation

2. Report Summary *(to highlight key info /issues)*

- Consultation on a proposed new model for community integrated sexual health promotion services, based on health need, took place between 17th September and 30th October 2018
- This paper presents the results from that consultation and details the amendments that have been made to the model in light of the consultation responses received.
- The new model focuses on provision of sexual health promotion to the most at risk groups in Leicester

3. Background Information

3.1 Context of review

In July 2018 a proposed new model for community integrated sexual health promotion services was presented to the Lead Member. This new model aims to make services more appropriate for current and future need in the city and to ensure that the service focuses on the most at risk groups.

3.2 Consultation

A consultation questionnaire about the proposed model for community integrated sexual health promotion services was posted on Citizen's space. The consultation period ran from 17th September to 30th October 2018.The consultation was advertised through Leicester City Council communication channels.

Paper copies of the questionnaire were made available to staff and users of relevant services, specifically Leicestershire AIDS Support Services (LASS), TRADE, Integrated Sexual Health Services (ISHS), HIV treatment and care services. Copies of the questionnaire were available at each of the service locations and were also taken to any events that provider organisations were running to reach as wide a distribution as possible.
On 3rd October 2018 the proposed model was presented at the young people's council and they were invited to complete the consultation questionnaire.

3.3 Results

3.3.1 Citizens space

129 responses have been received via Citizen space. Appendix 1 provides demographic details of respondents completing the questionnaire. In summary;

- 57% of respondents were users of sexual health services
- 14% of responses were from members of the public
- 9% were from representatives of VCS organisations
- 8% were from employees of the sexual health services
- 7% from NHS professionals

The proportion of responses from self-identified ethnic groups is as follows
White British 35%
Black 23%
Asian 14%
Dual Heritage 9%

The age distribution of respondents is

Age	%
18-25	15%
26-35	21%
36-45	17%
46-55	22%
56-65	7%
66+	5%

3.3.2 Young Peoples Council

17 completed questionnaires were received from young people's council members. Demographic characteristics of the young people completing the questionnaire was as follows;

The age range and gender of the respondents was between 12-19 years and there were 10 females and 7 male respondents. Respondents were from a range of ethnicities: White British 4, Asian Pakistani 3, British Indian 6, Asian and White 2, African 1

3.3.3 Analysis of Responses

A thematic analysis of the comments received has been completed. This is presented in table 1 along with the actions that will be taken to address the issues raised and any amendments to the service model and/or specification.

Table 1

Themes in the consultation responses	**Actions that will be taken**
Stigma experiences by HIV positive people at statutory services	Training of staff at UHL – discussions with HIV service led by Public Health
Men who have Sex with Men (MSM) should have support to access PReP[1]	Explicit reference made in service specification.
People of African Heritage and mixed heritage should be expanded to include other Black and Asian Minority Ethnic groups	Expand the definition in specification Ensure that ISHS adapts to the needs of these communities
Ensure that Relationships and Sex Education (RSE) and advice about unprotected sex is available for under 16's	LCC commissions Integrated Sexual Health Service to provide RSE support in primary and secondary schools
People aged 40 and over should be a priority group.	In Leicester there is no evidence that this specific age group is at higher risk. (see appendix 2) We will ensure that there continues to be appropriate information available for this age group in a suitable format. We will encourage work with this age group who are in another priority group.
Sex workers should be a priority group	There is already work to address the specific needs of this group within the main ISHS contract
Increase in Community based HIV and STI testing and condom provision	This is specifically provided within the service specification
Concern that a reduction in HIV prevention work with HIV positive people may lead to non-adherence,	We will commission the HIV service where all HIV positive people are seen to develop information and advice about PreP, TASP[2] U=U,[3]
Specific concerns re stigma around STI diagnosis and ability of staff to provide appropriate support for mental health issues	Train staff in stigma prevention and referral to IAPT
Many comments about community-based work that is delivered in community development approach with partnerships between statutory and voluntary organisations	Requirements in the specification for partnership work with statutory organisations. Requirement that services are delivered in the community and information about

	community needs fed back to the commissioners Volunteering positively encouraged within the specification to build community capacity.

3. Recommendations

3.1 Scrutiny members are asked to:

- Note the results of the consultation process and the amendments made to the actions taken as a result of the comments received through the consultation process.

4. Financial, Legal and other implications

Financial implications
There are no financial implications arising from this paper as the service provision will continue to be provided.
Rohit Rughani, Principal Accountant, Ext. 37 4003

Legal implications
N/A

Climate Change and Carbon Reduction implications
N/A

Equalities implications

[1] PrEP Pre-Exposure Prophylaxis. It is a way for an HIV negative person to use HIV drugs to protect against catching HIV.

[2] TasP Treatment as Prevention. It refers to the impact of HIV treatment, when taken by an HIV positive person, on reducing the risk of transmitting HIV. This is because treatment reduces HIV to levels that are too low to be infectious

[3] U=U is an abbreviation for Undetectable = Un-transmittable means that someone with an undetectable HIV viral load on HIV treatment (ART) cannot transmit HIV, even without using condoms or PrEP.

A EIA on the proposed model community integrated sexual health promotion services. This noted that the proposed model would widen the range of groups who would be prioritised under the provision, particularly in relation to the protected characteristics of sex, age, race and sexual orientation. This is likely to have a positive impact on some of the protected characteristic groups.

5. Supporting information / appendices

Appendix 1 Consultation document

Appendix 2 Incidence of STI's in Leicester by age

6. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a "key decision"?

No

Appendix E1

Sexual health services

Overview

Leicester City Council buys services to raise the awareness of sexually transmitted infections (STIs) and HIV to help prevent the spread of these infections and help people remain healthy.

We are currently reviewing the range of services available in order to determine the wider sexual health needs of Leicester residents now and in the future. The current range of services will be in place until 1 April 2019. Responses to this consultation will help us determine which services we need to retain, and what is missing.

About you

Are you...?

Please select only one item

- ◯ A person who uses sexual health services
- ◯ A family member / carer of someone who uses sexual health services
- ◯ A member of the public
- ◯ An employee of a sexual health service
- ◯ A representative of a voluntary sector organisation or charity
- ◯ An NHS / health professional
- ◯ Responding for a group
- ◯ Other

If Other, or responding on behalf of a group, please specify

What is your postcode? (home or work, as appropriate)

Please note: we collect postcode data to gain a better understanding of which parts of the city / county respond to our consultations. We cannot identify individual properties or addresses from this information.

The new sexual health service

The key aims of the new service will be to:

- Provide safe sex advice and information within local community venues
- Raise awareness of risky sexual behaviour
- Incease the amount of HIV / STI testing available in local communities
- Increase 1-2-1 support for men and women regarding their sexuality or stigma
- Provide information about 'self managed care' *
- Promote sexual health via the most appropriate means in the way that is best for each different community (for example, outreach work, social media, etc).
- Community based POCT tests using standards and training provided by the specialist sexual health services

Related Information

*** Self managed care**

There is an increasing use of self -managed care in sexual health. This includes the use of self-testing for sexually transmitted infections. This is when an individual takes their own tests, sends them for analysis and receives the result back by phone call, text or email. We would ensure that all communities have information about these methods and are able to use them.

**** Point of care testing (POCT)**

Community organisations will be able to provide HIV tests and give people results. This would be done under guidance and advice from the doctors and nurses in the sexual health service.

What are your views on the key aims of the new service?

Please offer any additional aims you think we should include

Priority groups likely to use the new service

Although the new sexual health service will be open to everyone, we have identified different types of people in Leicester who have more sexual health needs than others, and who would benefit from specific sexual health and HIV prevention advice and information.

In your opinion, which of these groups should receive sexual health / HIV advice and information? (please tick each box to indicate Yes, and leave unticked if No)

	Yes	No
Men who have sex with men	☐	☐
People of African / mixed heritage	☐	☐
16-24 year olds	☐	☐
European migrants and new arrivals	☐	☐

If you have left any of the No boxes, please indicate why you think this group should not receive advice / information

Are there any other groups who should be added to this priority list? (please list and provide reason why they should be added)

Reduction in sexual health and HIV prevention specifically for HIV positive people

The treatment for HIV is now so effective that most people are well and do not need a high level of support specifically for their HIV.

In addition ‘Treatment as Prevention’ (TasP) means that HIV+ people on treatment with a low number of virus particles in their blood (viral load) are unlikely to transmit HIV.

This means that those on effective treatment are unlikely to transmit HIV during unprotected sexual intercourse, which in turn reduces the need for specific HIV prevention for HIV positive people.

Do you have any comments on this reduction in sexual health and HIV prevention for HIV positive people?

Final comments

Do you have any final comments on the new community based sexual health service?

Equality monitoring

The information you provide in this final section of the questionnaire will be kept in accordance with terms of current Data Protection legislation and will only be used for the purpose of monitoring. Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current Data Protection legislation.

Ethnic background:

Please select only one item

- ◯ Asian or Asian British: Bangladeshi
- ◯ Asian or Asian British: Indian
- ◯ Asian or Asian British: Pakistani
- ◯ Asian or Asian British: Any other Asian background
- ◯ Black or Black British: African
- ◯ Black or Black British: Caribbean
- ◯ Black or Black British: Somali
- ◯ Black or Black British: Any other Black background
- ◯ Chinese
- ◯ Chinese: Any other Chinese background
- ◯ Dual/Multiple Heritage: White & Asian
- ◯ Dual/Multiple Heritage: White & Black African
- ◯ Dual/Multiple Heritage: White & Black Caribbean
- ◯ Dual/Multiple Heritage: Any other heritage background
- ◯ White: British
- ◯ White: European
- ◯ White: Irish
- ◯ White: Any other White background
- ◯ Other ethnic group: Gypsy/Romany/Irish Traveller
- ◯ Other ethnic group: Any other ethnic group
- ◯ Prefer not to say

If you said your ethnic group was one of the 'Other' categories, please tell us what this is:

Age:

Please select only one item

- ◯ under 18
- ◯ 18 - 25
- ◯ 26 - 35
- ◯ 36 - 45
- ◯ 46 - 55
- ◯ 56 - 65
- ◯ 66+
- ◯ Prefer not to say

How would you define your religion or belief?

Please select only one item

- ◯ Atheist
- ◯ Bahai
- ◯ Buddhist
- ◯ Christian
- ◯ Hindu
- ◯ Jain
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ No religion
- ◯ Prefer not to say
- ◯ Any other religion or belief (please specify)

Sexual orientation. Do you consider yourself to be ...

Please select only one item

- ◯ Bisexual
- ◯ Gay / lesbian
- ◯ Heterosexual / straight
- ◯ Prefer not to say
- ◯ Other (please specify)

Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. People with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are also covered by the Equality Act.

Do you consider yourself to be a disabled person?

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

If you have answered **'Yes'** to the above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

Please select all that apply

☐ A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

☐ A mental health difficulty, such as depression, schizophrenia or anxiety disorder

☐ A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

☐ A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder

☐ A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D

☐ Blind or have a visual impairment uncorrected by glasses

☐ Deaf or have a hearing impairment

☐ An impairment, health condition or learning difference that is not listed above (specify if you wish)

☐ Prefer not to say ☐ Other

What is your gender identity?

Please select only one item

◯ Female ◯ Male ◯ Prefer to use my own term ◯ Prefer not to say

If own term, please specify

Is your gender identity the same as the gender you were assigned at birth?

Please select only one item

◯ Yes ◯ No

Appendix 2

Figure 1

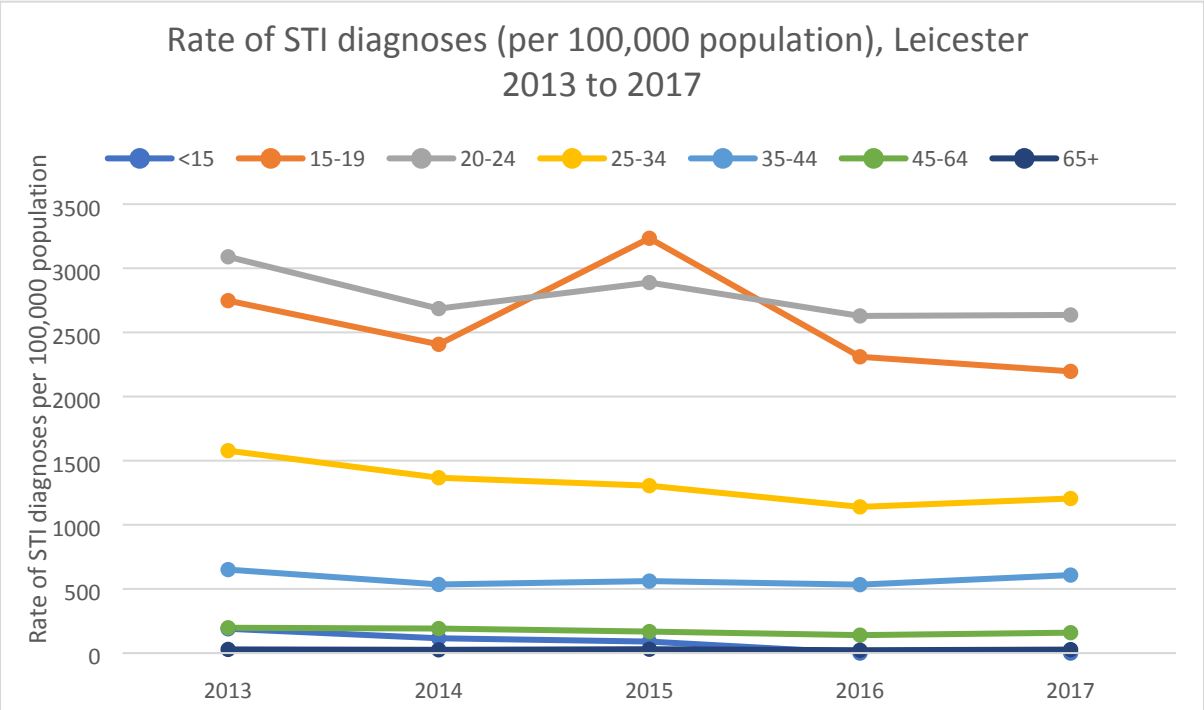
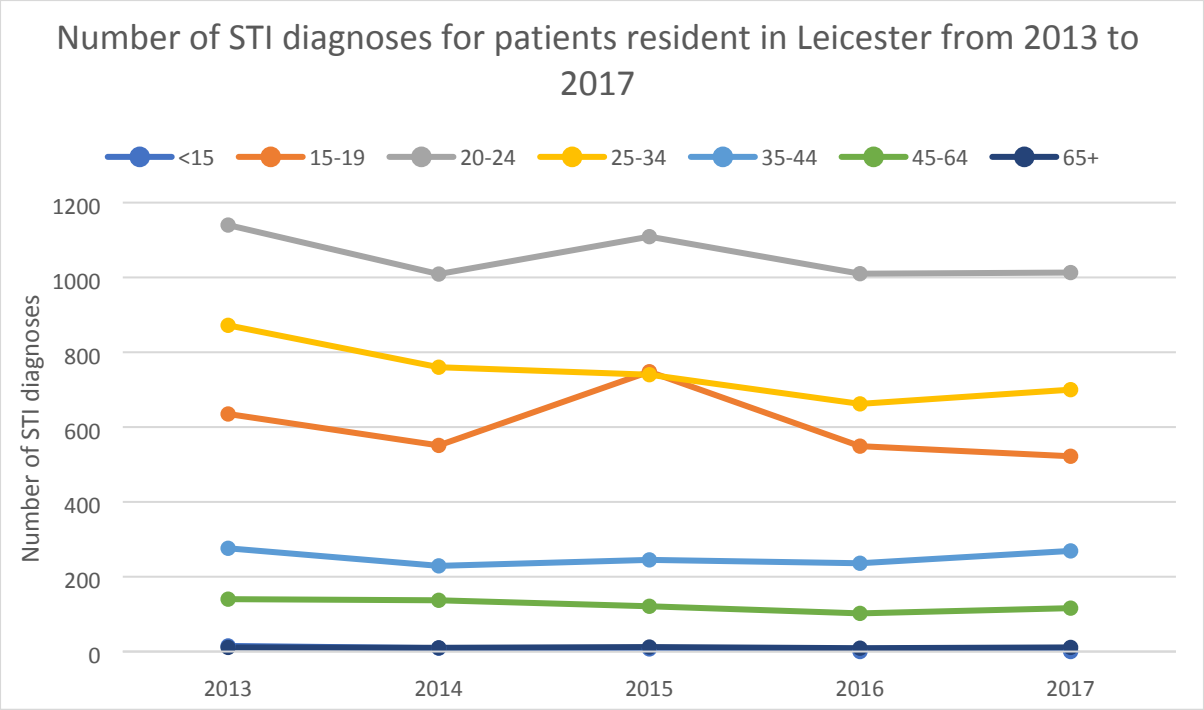


Figure 2



Appendix F

Health and Wellbeing Scrutiny Commission

Haymarket Health Update

Date: 29 November 2018

Lead director: Ruth Tennant

Useful information

- Ward(s) All
- Report author: Liz Rodrigo Public Heath Lead Commissioner
  Julie O'Boyle Consultant in Public Health
- Author contact details: 37-2029 Email: liz.rodrigo@leicester.gov.uk

1. Purpose of report

The purpose of this paper is to provide members of the Leicester Health and Wellbeing Scrutiny Commission with an update on the progress of the move of the Sexual Health services to a new premise, Haymarket Health, in the Haymarket Shopping Centre.

2. Report Summary *(to highlight key info /issues)*

2.1 Background and context

This paper provides an update on the progress of the refurbishment of the Haymarket Health facility in Haymarket Shopping Centre.

This facility is being leased by Leicester City Council to provide a city centre clinic for the sexual health service. This provides a central location for the service, at a lower rental cost, that is more accessible for bus travellers and has better access to parking than the current location in St Peters Health Centre, Sparkenhoe Street.

Consultation with current service users, and people using voluntary sector services providing sexual health services, has been positive about the move to this city centre location.

There have been some concerns about maintaining the privacy of people entering the facility and once in the clinic. To address this the design of the access bridge, doors and windows incorporate opaque glass.

We are working with the Haymarket theatre to design the window on the corridor linking the Haymarket centre to the theatre to incorporate health and wellbeing messaging.

Lifestyle services will also be provided from the premise.

2.2 Progress and Issues

Actions that have taken place since the last formal update to Scrutiny are:

- The builders have made good progress with the building and the service will be able to move in in January 2019. This will allow staff to familiarise themselves with the building and ensure that the communications plan is enacted. Photographs of progress to date, and artist impressions of the facility are provided in the accompanying presentation.
- Options for the design of the front of the building have been displayed at the sexual health service, and service users' opinions sought. These have informed the design of front door and access bridge.
- The proposed design was presented to the Leicester City Young Peoples Council. Their views included:
    - making the door opaque but not totally occluded so that inside remains light.
    - use some colour on the outside,
- Put opaque film on the access bridge

2.3 Lifestyle Services

Lifestyle services will be available in the facility and plans are underway to have some of these in place from when the new centre opens.

Short term plans which can be implemented from day one include;

- Health and wellbeing messaging on corridor window
- Dedicated area of the large main reception area as a Lifestyle area
- Leaflet rack with information about general health and wellbeing and local lifestyle services
- Television screens in the reception area running local service information, national public health programmes such as "One You", tailored local campaigns based on local priorities and season e.g. mental health awareness, flu vaccination programmes
- Pull-up advertising

Medium term plans implemented within the first 6 months

- Smoking cessation groups utilising meeting rooms in the centre initially targeting staff employed in the sexual health services and staff working in the Haymarket shopping centre
- Training of staff working in Haymarket Health in Making Every Contact Count (MECC) and local lifestyle offers in the city to enable them to signpost members of the public appropriately.

Longer term plans implemented within 9 -12 months

- Dedicated interactive tablet that allows access to Leicester City Lifestyle and sports services for online booking and information
- Extended use of meeting rooms for other lifestyle services
- Extension of smoking cessation groups to members of the public

- Use of clinical rooms outside normal opening hours to offer NHS health checks at the weekends for working adults unable to access health checks at their GP practice.

2.4 Proposals for the future

A comprehensive communications plan is being developed that will celebrate the move and opening of the Haymarket Health facility in January 2019. A formal opening ceremony will take place later in the spring.

Digital communications about the move from St Peters will be used by Leicester City Council and the Sexual Health Services provider. Other partners will be asked to disseminate this information including the Universities, Leicester College, local GPs and LPT staff (school nurses and Health Visitors).

The Young Peoples Council, staff of the sexual health service and councillors will be invited to visit the facility when the furniture is in place.

Discussions with potential providers to deliver NHS Health Checks on site.

3. Recommendations

3.1 Scrutiny members are asked to:

Note that the move of the sexual health service to Haymarket Health is progressing well. Designs have considered the needs of all current and future service users. This has been informed by discussions and consultations with service users and young people.

4. Financial, Legal and other implications

Financial implications

As previously reported remodelling the current services and moving the location of the service will contribute to reducing the overall costs of the service.

Legal implications
N/A

Climate Change and Carbon Reduction implications

N/A

Equalities implications
As previously reported consultation on the new service including the move of the service was carried out in Autumn 2017. This consultation included additional sampling with BME communities who were under-represented in the main consultation

5. Supporting information / appendices

5.1 Slide set of building progress and artists impressions of Haymarket Health Premises

6. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a "key decision"?

No

Haymarket Health Accommodation Update

Ruth Tennant
Director of Public Health
November 2018

Leicester City Council

Appendix F1

Current work

Corridor with clinic rooms off

Reception area

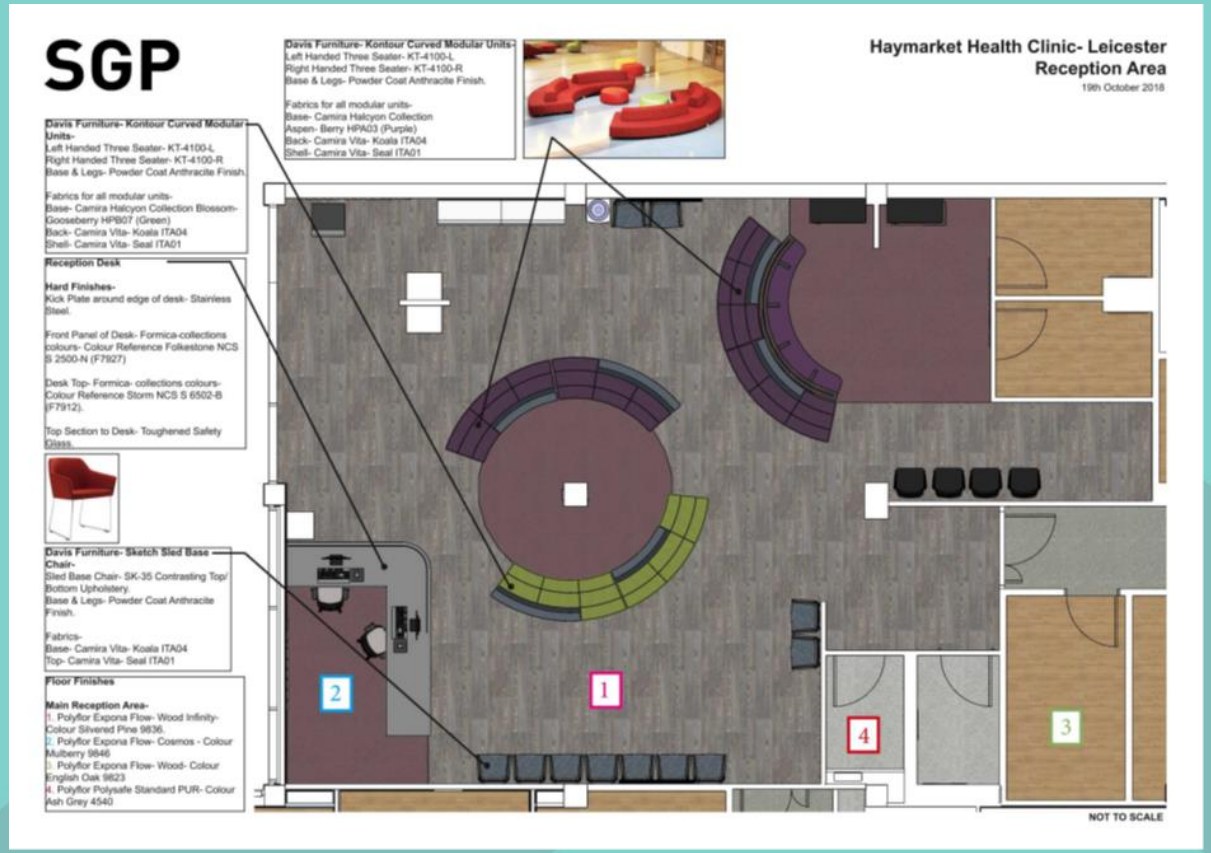
Leicester City Council

Internal Design

Feature Wall in the reception area

Leicester City Council

Internal Design

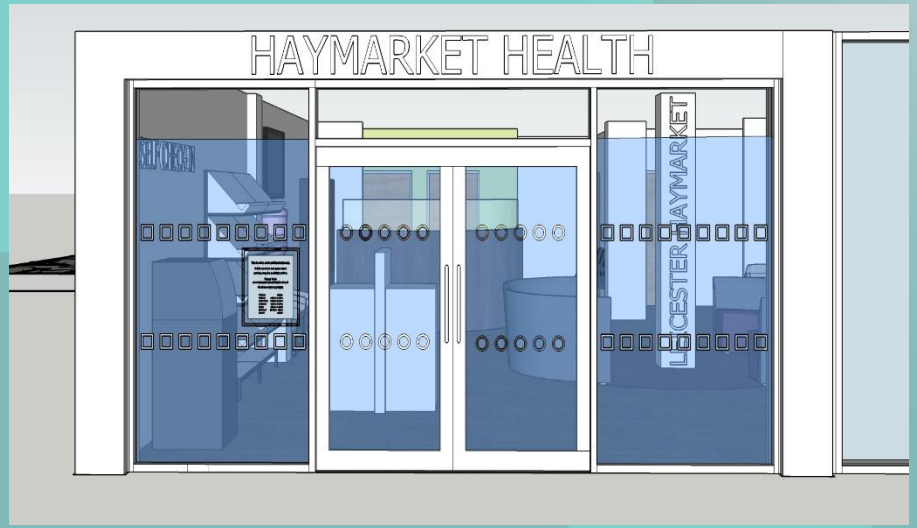


Leicester City Council

External Design

Design on the front door and window to the right and across the bridge

Front door with signage



Leicester City Council

Scrutiny

Leicester City Council

Scrutiny Review

‘NHS Workforce’

A review of the Health and Wellbeing Scrutiny Commission

November 2018

Leicester City Council

Background to scrutiny reviews

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

Evaluation

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

For further information please contact the Scrutiny Team on 0116 4546340

To be completed by the Member proposing the review		
1.	**Title of the proposed scrutiny review**	NHS Workforce
2.	**Proposed by**	Councillor Elly Cutkelvin, Chair, Health and Wellbeing Scrutiny Commission
3.	**Rationale** Why do you want to undertake this review?	Over recent years, the Health and Wellbeing Scrutiny Commission has repeatedly heard evidence from NHS providers about issues they face with adequate staffing levels and the impact that it has on service provision. The commission has heard that the city's universities have exceptional facilities and courses for medical students and great nursing colleges, yet we have an issue in retaining these students in the city. The commission is keen to understand the issues behind this and whether this 'grow your own' concept could be a solutions to some of the issues faced if we could retain students in the city. Given the importance of having a strong workforce to deliver Better Care Together, sustaining the workforce is vital. The NHS workforce strategy being developed is intended to provide the platform for identifying and meeting future training and workforce needs and the GP forward view aims to address gaps in GP vacancies and meet future need. The commission would like to understand how these aim to meet the needs of the workforce required to cater for the city's residents.
4.	**Purpose and aims of the review** What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	The commission aims to establish what the current situation in the city is with regards to NHS workforce and what the plans are to safeguard it for the future. It is hoped the following outcomes will be established: • An understanding of what the current workforce is and what the plans to maintain required staffing levels are. • Gain an understanding of the determinants effecting the workforce. • An understanding of how all organisations are working together to mitigate staffing risks. • Identifying how the universities and health services can work together to address issues. • Consider what future models may look like for workforce planning. • Make recommendations to help achieve a plan that can be adopted locally. • To seek assurance that there is a robust and deliverable plan in place.

5.	**Links with corporate aims / priorities** How does the review link to corporate aims and priorities? http://citymayor.leicester.gov.uk/delivery-plan-2014-15/	The City Mayor's Delivery Plan has a section specifically to promote 'A Healthy and Active City'. The aims within this include reducing health inequality and promoting good public health which will be linked to the outcomes of this review.
6.	**Scope** Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.	The review will look at evidence from universities and health partners on the relationship between these agencies to retain students and ensure sustainability in the workforce. The review will also want to identify what the current situation is and whether local solutions can be found where there are gaps now or risks in future staffing provision. The review will not attempt to look at every area of the workforce, but identify key areas and areas most at risk in terms of staffing levels and loss of necessary expertise.
7.	**Methodology** Describe the methods you will use to undertake the review. How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?	The commission would like to identify the following: • What are our current workforce gaps and how do we address this on a short-term basis? • What are our future workforce pressures, given the changing demographics of an aging / co-morbid population combined with an aging workforce? • What plans are in place to address these including thinking differently about skills-mix? • How are we working with our local education providers (particularly DMU/ UoL medical school) to 'grow our own'? • What is the Impact of Brexit/ restrictions on oversees recruitment? • What can be addressed locally and what needs a national solution (areas such as nurse training/ bursaries/ clinical training numbers and funding)?
	Witnesses Set out who you want to gather evidence from and how you will plan to do this	Potential witnesses may include: • Local Workforce Advisory Board • Relevant Health Partners (CCG, LPT etc) • Local universities • Local Nursing Colleges • Adult Skills and Learning, LCC • Public Health Team • Executive Leads for Public Health and Jobs and Skills

8.	**Timescales** How long is the review expected to take to complete?	**November** Scoping document to be agreed at 29th November meeting. **December – February** • Take evidence from partners • Task Group meetings. • Draft findings and conclusions to be established. **March** The final review report to be agreed at 12th March meeting.
	Proposed start date	November 2018
	Proposed completion date	March 2019
9.	**Resources / staffing requirements** Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.	It is expected the Scrutiny Officer will support the whole review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.
	Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.	There may be site visits to areas that are identified as best practice.
10.	**Review recommendations and findings** To whom will the recommendations be addressed? E.g. Executive / External Partner?	It is likely the review will offer recommendations to the Health Partner's such as the CCG, UHL and LPT as part of plans under the Better Care Together Plan.
11.	**Likely publicity arising from the review -** Is this topic likely to be of high interest to the media? Please explain.	It is not expected that this review will generate high media interest but the relevant partners, the Executive lead and the council's communications team will be kept aware of any issues that may arise of public interest.

12.	**Publicising the review and its findings and recommendations** How will these be published / advertised?	There will be a review report which will be published as part of the commission's papers.
13.	**How will this review add value to policy development or service improvement?**	It is hoped the outcomes of the review will support Health partners to determine an adequate plan for retaining medical students in the city and ensuring sustainability of the city's NHS workforce.
To be completed by the Executive Lead		
14.	**Executive Lead's Comments** The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.	
To be completed by the Divisional Lead Director		
15.	**Divisional Comments** Scrutiny's role is to influence others to take action and it is important that Scrutiny Commissions seek and understand the views of the Divisional Director.	
16.	**Are there any potential risks to undertaking this scrutiny review?** E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?	

17.	**Are you able to assist with the proposed review? If not please explain why.** In terms of agreement / supporting documentation / resource availability?	
	Name	
	Role	
	Date	
To be completed by the Scrutiny Support Manager		
18.	**Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?**	This has the potential to be a large scale review but it can be supported within the resources of the Scrutiny Team, and will require some intensive working which may restrict the ability to support any further work done by the commission.
	Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.	The review can be adequately support by the Scrutiny Team.
	Name	Kalvaran Sandhu, Scrutiny Support Manager
	Date	

Health and Wellbeing Scrutiny Commission

Work Programme 2018 – 2019

Meeting Date	Topic	Actions arising	Progress
5th Jul 18	1. Lifestyle Services Review – Consultation Findings and Proposals 2. Leicester Royal Infirmary ED – Phase 2 3. NHS Operational Planning and Contracting Guidance 2017 – 2019 4. Integrated Sexual Health Services Update	1. A further report to come to the next meeting of the Commission with background information, performance data and reasoning for the chosen model. 2. Members asked that signage, including internal signage, and external car parking and highway signage is reviewed. It was agreed to write to the Secretary of State for Health to support the need to provide bursaries for nurses. It was also agreed to arrange a site visit for commission members to the Emergency Department. 3. Cllr Cutkelvin to write to the CCG with further questions. 4. The Director was asked to ensure that the Executive were informed of the Commission's concerns relating to the design and layout of the entrance to the service, having regard to the shared space implications and the potential impact of the future hotel development	

Meeting Date	Topic	Actions arising	Progress
23rd Aug 18	1. Lifestyle Services Review 2. Winter Care Plan 3. Prescribing Medicines for Minor Ailments 4. Joint Health and Wellbeing Strategy 5. Integrated Sexual Health Services Update 6. For Information Items: - Oral Health Update - Dialysis Services in the city - CAMHS relocation - Healthwatch Annual Report	1. The commission made some recommendations to be considered as proposals for Lifestyle Services progress. 2. The Winter Plan to be shared with the commission before the winter period starts. The papers going to the HWB be shared with the commission. A paper on the impact of emergency surgeries on planned surgery be brought to a future meeting. A report on DTOC be brought to a future meeting of the commission. A report on lessons learnt be brought back after the winter period 3. Report be sent to the Executive 4. The findings following the consultation be brought back to the commission and OSC.	
11th Oct 18	1. National Shortage of Radiologists – UHL Position 2. LPT Update on Key Risk Areas – Workforce and Estates 3. Public Health Performance Report 4. Community Integrated Sexual Health Performance Services 5. Integrated Sexual Health Services Update 6. For Information Items: - Winter Care Plan (papers that went to Health and Wellbeing Board)		

Meeting Date	Topic	Actions arising	Progress
29th Nov 18	1. Update on LPT Transformation Programme 2. Multi-morbidity Update 3. UHL Cancer Treatment Performance 4. Emergency surgeries and the impact on Planned Surgeries 5. Sexual Health Promotion and HIV – Outcome of consultation 6. Haymarket Health 7. Scoping Document – NHS Workforce		
15th Jan 19	1. GP Practices in the City 2. CCG's Workforce Strategy and International Recruitment 3. Primary Care Update 4. Community Services Review 5. CCG's Enhanced Work on Diabetes 6. Turning Point – Performance Report 7. Continuing Healthcare 8. Settings of Care Policy 9. Integrated Sexual Health Services Update 10. Public Health Budget		
12th Mar 19	1. CCG's Update on Operational Plan 2. Delayed Transfers of Care 3. Winter Care Plan – Lessons Learnt 4. Integrated Sexual Health Services Update		

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

Meeting Date	Topic	Actions arising
14 Dec 16	1) Sustainability and Transformation Plan	All three council scrutiny committees agreed to consider elements of the STP separately based on local concerns. Another joint meeting will convene when each council has had separate consideration.
14 Mar 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed to have a further meeting of the committee before the consultation ends to hear views from Members of the public and other stakeholders.
27 Jun 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed for the committee response to be collated following information heard at the meeting and submitted to NHS England. It was also agreed to write to the Secretary of State to request he looks at the process and reconsiders the review and drop proposals to close the CHD centre at Glenfield Hospital.
27 Apr 18	1) Update on LPT NHS Trust Improvement Plan following their CQC Inspection 2) Update on CHD Services in East Midlands and the NHS England review into PICU and ECMO services nationally 3) Update from UHL NHS Trust following their CQC Inspection 4) Update on EMAS Quality Improvement Plan	1) A further update from the LPT is brought back to the committee in a years' time. 2) Continue to monitor performance against the targets set by NHS England and an update be brought to the committee in a year's time, and to include targets, issues around winter pressures and the numbers of referrals. Also a letter to be sent to Nottingham City Council to request that they encourage the University Hospitals of Nottingham to refer their congenital heart patients to UHL and to share with them the minutes of the meeting. 3) Further CQC inspection reports of UHL, along with the resulting action plans, are brought to future meetings of the committee. 4) A further update from EMAS is brought back to the committee in a years' time.

4 Sept 18	1) Consolidation of Level 3 Intensive Care 2) Update on Non-Emergency Transport (TASL – Thames Ambulance Services Ltd) 3) Update on EMAS's direction of travel 4) CCGs Engagement on Planned Care Pathways 5) Update on the STP	
28 Sept 18	1) Consolidation of Level 3 Intensive Care	

Joint Health and Wellbeing Meetings with other LCC Scrutiny Commissions

Meeting Date	Topic	Actions arising
January 2019 - tbc	**Joint meeting with Children, Young People and Schools Scrutiny Commissions:** 1) Children's Mental Health - Future in Mind - CAMHS 2) CQC Review of Health Services for LAC and Safeguarding	1) The following is requested at a future joint meeting: • Further meeting to look at the specific services available and at what stage these interventions/services are provided; effectively mapping all services for children's mental health and what is offered and by whom. • What governance structures in place, who is accountable to whom for different elements, including LA, LPT, schools etc, as well as what services are available. • Examples of anonymised case studies which help understand a child's journey through services as part of this report. • Clarity about the role of schools and how they fit into the process and their role in identifying young people and how they are supported to help young people into the right pathway. • Commission Members to have sight of the Local Transformation Plan • Invite headteachers to the next meeting to get their viewpoint. • Further information on the CAMHS 'improvement journey' with particular information on how the improvements have impacted on outcomes. • More detail about what happens to those who are not 'accepted' by CAMHS

13 Nov 18	**Joint meeting with the Adult Social Care and Children, Young People and Schools Scrutiny Commissions:** 1) Special Educational needs and disabilities (SEND) review 2) Joint Health, Social Care and Education Transitions Strategy and Consultation Arrangements. 3) Learning Disabilities Mortality Review (LeDeR) Programme 4) Update on Healthwatch contract	

Forward Plan Items

Topic	Detail	Proposed Date
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
GP Workforce Plan	To be shared with the Commission.	
Impacts of Brexit on staffing in NHS	What has the immediate impact been? What will continue to happen when we exit the EU? What contingencies are being put in place? Where will the biggest impacts be?	