Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 10 OCTOBER 2019 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Aldred
Councillor Chamund
Councillor March
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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## 28. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Sangster.

## 29. DECLARATIONS OF INTEREST

There were no Declarations Interest.

## 30. CHAIR'S ANNOUNCEMENTS

The Chair reported that he had no specific announcements as current issues were covered in the subsequent agenda items.

## 31. MINUTES OF PREVIOUS MEETING

AGREED:

that the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 29 August 2019 be confirmed as a correct record, subject to noting an amendment to the name of the Healthwatch representative on the LPT Board as Mark Falmer.

## 32. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

The Scrutiny Policy Officer confirmed that Commission members were being asked to form a small 'Task and Finish Group' to consider the parking problems being experienced by Community Services providers.

It was noted that other ongoing issues and items had been included on the Work Programme.

## 33. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that four questions had been submitted in accordance with the Council's procedures.

Three questions were received by Mr Robert Ball, and one question was received from Ms Sally Ruane.

The Chair indicated that the questions would be taken in the order they were received. He invited the first questioner, Mr Robert Ball to put his questions to the Commission:

**Mr Robert Ball:**

Question 1

*(The government has announced that Leicester Hospitals NHS Trust will receive an investment of £450m to fund a massive development programme. Therefore, local NHS leaders no longer have a case for refusing to allow the public to see their detailed plans).*

Against the background above:

1. "Will University Hospitals Leicester please clarify the timescale for consultation on the hospital reconfiguration and building programme?"

A written response by means of a copy of a recent press release was provided as follows:

"John Adler, Chief Executive of Leicester's Hospitals said: "We are ecstatic to hear that we will benefit from major national capital funding to invest in our local hospitals. This will allow us to fulfil our ambition of creating the local hospitals that our patients and staff deserve and can be proud of".

"This money will allow us to realise a major programme of investment to transform our hospitals and improve the way that we deliver care. The £450m allocated to us will allow us to create:

- A new Maternity Hospital and dedicated Children's Hospital at the Royal Infirmary
- Two 'super' intensive care units with 100 beds in total, almost double the current number
- A major planned care Treatment Centre at the Glenfield Hospital
- Modernised wards, operating theatres and imaging facilities, and
- Additional car parking

Karamjit Singh, Chairman of Leicester's Hospitals, said: "On behalf of our Trust Board, I would like to say how pleased we are that the need for major investment in our hospitals has been recognised. This success is testament to the hard work of all those involved in developing our plans and to the fantastic support we have had from local stakeholders. I also appreciate the recent visit the Secretary of State for Health, Matt Hancock, made to Leicester in order to see for himself the reasons why we needed this investment."

Questions 2 & 3:

*(University Hospitals of Leicester (UHL) was not successful in getting funding, at this stage - to allow the plan to reorganise hospital services which will involve closing down the General as an acute hospital and moving a range of services from the General and Glenfield to the Leicester Royal Infirmary.*

*With no funding it's not clear how acute reconfiguration of UHL will proceed. However, any new hospital development need to take into account the UK face a climate emergency and NHS organisations need to take far-ranging action to cut the harmful impact of their activity on the environment.*

*The NHS is a very large organisation and its activities from travel (5% of vehicles on the road are on NHS related journey's), energy use in buildings and procurement are responsible for 6.3% of England's total carbon emissions, and 5% of total air pollution. This has direct consequences for health and health spending. Increased temperature due to the global climate crisis will lead to morbidity and mortality, for the young and the old. This is urgent and we need to act now).*

Against the background above:

2. "When will UHL declared a climate emergency, like the NHS in Greater Manchester - committing to far-ranging action to slash carbon emissions and avert predicted heat-related illness and disease?"

3. "When will UHL develop and agree a plan that will show how the NHS will meet its obligations under the Climate Change Act to achieve net zero carbon emissions by 2050?"

The Chair thanked Mr Ball for his questions.

Mr Darryn Kerr (Estates and Buildings Manager, UHL Trust) responded and indicate that the trust were very aware of the climate change implications and advised that the short and longer term ambitions to reduce emissions we are on target, in accordance with the Sustainable Development Management Plan (2017). The Commission was advised that newer technologies were being utilised alongside the use of renewable energies.

In response to a question, it was noted that although the ambitions seemed impressive, the need for further scrutiny of the sustainability plan by this Commission would be required at the meeting convened on 2 April 2020. The conflict of the ambition against the affordability of the plan was also questioned and details of the financial impact would be included in the future report.

In response to the specific element of Mr Ball's first question, Mr Adler referred to the timescales of the building reconfiguration since announcement of the funding.

Mr Adler confirmed that redevelopment proposals were being taken forward immediately, in capital terms. It was reported and recognised that the announcement was in contrast to previous statements made by the Trust. Reference was made to former investment proposals including the 'pathway' scheme in this regard.

A proposal to convene a meeting of the joint Scrutiny Committee had been made and the secretariat of the County Council had commenced canvassing for a suitable date. It was considered essential as part of the process that a pre-consultation stage would be progressed, with indication of early thoughts on the redevelopment being submitted to the joint committee.

A full business case and public consultation would follow. It was noted that this did not preclude any advice being submitted at an early stage. The Trust's dilemma of having firm proposals to consult on, against the need to consult before firm proposals were agreed was recognised.

Mr Adler reported that some areas of the overall pan would not require formal consultation and that a fast-track approach would be undertaken in these cases.

The Chair invited Mr Ball to respond. Mr Ball advised that the plan was likely to be lengthy and the time allowed for responses did not seem adequate. Also, he expressed concern that some areas had been identified as not requiring scrutiny and could be agreed through a fast-track process.

The Chair advised that the questions on how the public and other authorities were to be consulted and how they could become fully engaged in the process required further clarification. The need for full and proper consultation and the principles of the 'Better Care Together' initiative were noted as a reminder of the importance of early engagement.

In response, Mr Adler suggested that there should not be any unnecessary delay with the consultation process and indicated that there would be around three months to respond. He accepted that the documentation was large, but also stated that criticism could equally be submitted if important details were left out of the consultation materials. In terms of bed numbers it was confirmed that since the funding announcement, a further review would take place and it was expected that there would not be a proposal to reduce beds allowing the current levels to be maintained. It was also reported that there was an expected increase in intensive care capacity from 55 beds to approximately 100 beds.

The improved engagement with front-line staff in considering the design of new facilities was also highlighted.

Mr Adler reassured the Commission that the fast-track procedure was not in place to avoid scrutiny and the need to demonstrate transparency in the process was known and recognised.

In response to further questions, the importance of contract compliance and monitoring of contractors was emphasised. It was confirmed that measures to safeguard the budget and expenditure periodically would be addressed in due course. The importance of social value principles being met through the procurement process was highlighted, together with the BREEAM energy efficiency expectations of the new and refurbished buildings.

In terms of the likely timeframe in announcing further details, it was expected that this would be authorised towards the end of November 2019. The detailed business case would then be prepared and it was confirmed that only the expected content would be available in December for the joint scrutiny committee, when arrangements for that meeting were agreed. It was also noted that if some works were expected to be agreed in January 2020, there would be very little opportunity to influence the redevelopment scheme.

Mr Adler confirmed that the business case approvals would follow established protocols and he advised that scrutiny would be fully involved in the process.

The Chair suggested that the statutory role of the joint committee should be revisited to ensure that the process was being correctly followed.

At this point in the meeting, the Chair referred to the Briefing Note circulated by the Trust I respect of the future of properties at Hospital Close and at Jarrom Street. The Briefing Note had ben accepted as ‘Other Urgent Business’ and would be considered later in the agenda.

In terms of the capital receipt expected, Mr Adler responded to a question from the Chair. He indicated that although the although the Trust was expected to obtain the highest capital receipt for any disposal of property, this could be balanced buy a social housing venture. It was suggested that discussions could be held with the City Council to promote such a scheme at Hospital Close.

In respect of Jarrom Street, it was confirmed that the space standards were below the minimum expectations for the units. The concerns had been noted by the Trust and it was accepted that in some instances the units were used for short periods of stay, rather than as full time residential.

In conclusion, the Chair asked that the expressed desire of the Commission that the business case be released as soon as possible be noted by the Trust, and that it be issued as a consultation document and not as an approved programme or design.

The Chair then invited the second questioner, Ms Sally Ruane to put her question to the Commission:

**Ms Sally Ruane:**

*"The Leicester, Leicestershire and Rutland Draft Long Term Plan has been sent to NHSEI but as yet there has been no public engagement on the draft itself. We anticipate that it will be returned for development. How will the Scrutiny Commission scrutinise the draft Plan before it is finalised and what public engagement will you expect to be undertaken?"*

A written response was received by Mr Richard Morris (CCG) an read by the Chair, as follows:

The NHS Long Term Plan was published in January 2019. It sets out a vision for developing a new service model fit for the 21st Century. Following publication, existing Sustainability and Transformation Partnerships (STPs) - such as Better Care Together in Leicester, Leicestershire and Rutland - have been asked to develop and implement their own response. We are required to produce a five-year strategic plan outlining what we will do at a local level to deliver upon the national commitments.

In Leicester, Leicestershire and Rutland we are not creating this local response from scratch. Rather, we see it as an evolution of existing plans which have been published and engaged upon widely over the course of recent years. Indeed, many of the NHS Long Term Plan priorities are consistent with those of Better Care Together and our collective ambitions which we have previously set out in both 2016 and again in 2018.

Ensuring that the views of the public are properly considered is important in helping us to develop our local plans. This is why we have, as part of the process, reviewed the understanding and insight that has been gathered from patients and the public through ongoing engagement and involvement over the course of recent years. As part of this process we have thematically examined 74 existing local reports, produced by NHS bodies and other local organisations, which represents feedback from approximately 13,500 local people - including staff, patients and carers – and which is directly linked to the themes of our local response. Much of this work dates from within the last 2-3 years and provides a rich understanding of what people want from local NHS services now and in the future.

These findings have been combined with specific feedback gained through bespoke engagement activities undertaken by Healthwatch Leicester and Leicestershire and Healthwatch Rutland during the Spring of this year. This was as part of a national exercise, commissioned by NHS England, to engage with the public on the Long Term Plan and provide local views that would help inform the development of our local response.

In total more than 600 pieces of feedback were received and considered from this Healthwatch work, which alongside the insights from the 74 local reports and 13,500 pieces of feedback identified above, have been intrinsic in developing the local plan.

The draft plan is currently going through internal and external governance processes and it is expected that the document will be published prior to Christmas – after which patients and the public will have the opportunity to comment upon its contents. Alongside the plan, once published, will be a separate summary document that draws together the main themes from the analysis of patient and public involvement undertaken to date and how this has been used to inform the plan's development. It will also identify priority areas for future engagement.

As a system we remain committed to continuously involving people in the co-design and co-production of the services and care they receive. This will be undertaken during the lifetime of the five-year plan, particularly where specific developments are planned, prior to implementation.

The Chair invited Ms Ruane to comment.

Ms Ruane referred to the earlier debate concerning the redevelopment plans of the hospital and stated that the plans will only work if services in the community were adequate and in place, to absorb the expected demand on them.

Mr John Adler responded by saying that consultation would coincide with the redevelopment plans and suggested that the timing of the issues was welcomed, as it gave an opportunity to execute the aspects of the longer term plan. He advised that the process would be carried out in the public domain and that influence on the transformation pans would be obtainable.

AGREED:

That the Questions and their responses be noted.

## 34. PETITIONS

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

## 35. LEICESTER, LEICESTERSHIRE AND RUTLAND URGENT AND EMERGENCY CARE - TRANSFORMATION PLAN

Yasmin Sidyot (Acting Director UEC) submitted the Leicester, Leicestershire and Rutland (LLR) Urgent and Emergency Care Transformation plan and gave a presentation to outline the key points. She advised that the content of the presentation had originally been collated for the purposes of regulators.

It was noted that the vision was to create a health and care system that provided responsive, accessible person-central services as close to home as possible. In order to meet important and significant targets and deliver safe, high-quality, cost effective care for patients in LLR, local health and social care partners and agreed the Transformation Plan. This set out the plans to deliver the vision for urgent and emergency care and the priorities had been set out into the following key work programme areas:

- Integrated Urgent Care
- Ambulance
- Urgent Treatment Centres
- Hospitals
- Reduction in length of stay
- Digital

The separate aspects affecting each of these key programme areas were described.

The Commission noted the findings and the methods involved in the formation of the plan. Concern was expressed at the lack of available GP Surgery consultations, arising from complaints from constituents, which had led to an increase in visits to emergency or urgent treatment centres.

The work undertaken to increase access to GPs was reported and accepted and it was noted that another emergency area facility may be proposed in the city based on known data. The lack of suitable access to GPs was recognised as a national problem.

The rapid decline in care home provision was also noted and the need to maintain high standards of care were explained. In terms of assessment, it was clarified that qualified social workers as well as nurses were involved in the process.

The effect on the vulnerable and elderly by the move to digital solutions was raised, together with patient transport changes. The work undertaken to minimise disruption and upset was discussed and it was noted that the move to digital was not intended to completely replace other services, but that those who could use digital solutions were being encouraged to do so.

In response to a question concerning the disagreement with EMAS in regard to ambulance handover processes, the situation was clarified and it was noted that assurance that sufficient practices and safeguarding were in place had since been given.

The need to ensure that mental health investment was in line with funding of physical health services was emphasised and noted.

In conclusion, it was noted that without tackling the GP access issue, visits to A&E and Urgent Treatment Centres would continue, with the ambition for another centre in the city being welcomed.

AGREED:

That the position be noted and a further report be submitted in due course as an update.

## 36. UPDATE ON MANIFESTO COMMITMENTS

The Assistant City Mayor (Health), Councillor Dempster, presented a report of the Director of Public Health, which provided an overview of the manifesto pledges relevant to the Commission.

In respect of the proposals to ensure the availability of free sanitary items, it was suggested that a trial project be established to ensure that the accessibility to products was available at a wider number of Council and other public buildings.

In respect of the proposals concerning access to leisure services, the removal of 'pay per sessions' was expressed as a concern.

It was reported that many elderly and vulnerable people that enjoyed the benefit of the facilities may become excluded. It was considered that these users would not be able to access private facilities and the 'public ownership and access' of leisure centres should be maintained.

A progress report was requested.

AGREED:

1) That the nine health and wellbeing areas be noted;

2) That the focus of the work being undertaken be noted, and a follow up report be submitted to the meeting of the Commission to be held on 2 April 2020; and

3) That the follow up report include further information and options concerning the charging policies at Council owned Leisure Centres, and other associated facilities.

## 37. WORK PROGRAMME

The Health and Wellbeing Scrutiny Commission's Work Programme for 2019/20 was submitted for information and comment.

It was noted that the next meeting of the Commission would focus on Mental Health issues.

It was advised that specific comments on the programme could be forwarded separately to the Scrutiny Policy Officer.

AGREED: That the Work Programme be noted.

## 38. ANY OTHER URGENT BUSINESS

### (i) UHL TRUST BRIEFING PAPER

The Chair referred to the Briefing paper submitted by the UHL, relating to Hospital Close and Jarrom Street, which he had accepted as Urgent Business.

The detail of the briefing note had been discussed during item 6 Questions (Minute item 33).

## 39. CLOSE OF MEETING

The meeting closed at 8.32 pm.