



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 3 MARCH 2021 at 5:30 pm

P R E S E N T :

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

Councillor Chamund
Councillor March
Councillor Dr Sangster

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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32. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Westley.

33. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

34. MINUTES OF THE PREVIOUS MEETING

AGREED:

that the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 20 January 2021 be confirmed as a correct record.

35. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT PREVIOUS MEETINGS

The Chair referred to updates and progress with matters considered at previous meetings and commented on the public question submitted by Sally Ruane in relation to the CCG's Hospitals Reconfiguration Plan. It was noted that the response had been received by email and could be published as an appendix to the Minutes of the meeting. It was further noted that recent positive publicity had demonstrated the important role of the Commission in being instrumental in recommending actions with the sale of Hospital Close (£10.5m) to bring 150 properties demonstrating the success of effective scrutiny.

The Chair then referred to the issue listed at the Agenda item relating to hospital readmission data and asked whether this had been considered as a cause for concern by UHL colleagues. It was reported that recent data had shown an increase in readmissions, both Covid and non-Covid related.

Mark Wightman (UHL - Director of Strategy and Communications) provided an update on benchmarked figures across the different trusts fighting the pandemic and advised that although Leicester's comparative data seemed positive, further information could be submitted in due course.

The Chair welcomed the offer of greater clarity and future monitoring of outcomes.

36. PETITIONS

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

37. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no Questions, Representations or Statements of case had been submitted, in accordance with the Council's procedures.

38. COVID 19 UPDATE AND VACCINATIONS

The Director of Public Health gave a presentation, which provided an update on the statistical information concerning the impact of Covid-19.

It was reported that since the first laboratory test confirmed result of Covid 19 in Leicester on 11 March 2020 there had been 33,931 cases confirmed at February 2021. The recent data displayed a fall in the weekly numbers (on a seven-day moving average) from around 2000 cases per week to a current level of 726.

Data was submitted showing case numbers relative to comparable cities and the England average, including Birmingham, Bradford, Coventry, Luton and Nottingham together with age distribution figures and mortality rates in comparison to those areas.

In terms of the vaccination programme, data was provided on geographical areas across the city and the uptake of broad ethnic groups and age groups.

Concern was expressed that the figures indicated in areas such as St Matthews and St Peters and other small and densely populated areas, there had been a low take up of vaccinations. It was noted that in those areas there were alternative suitable buildings and locations, as the Peepul Centre seemed underused. The low take-up of doses by black South Asian and black British residents and healthcare workers had caused some concern. This was reflected nationally. There was also a lower percentage of uptake in the most deprived areas of the city.

Andy Williams, (Chief Executive of Leicester, Leicestershire and Rutland CCGs) provided greater details on the work undertaken on the vaccination program and the uptake including communications with the different communities, geographies, and age groups. It was noted that a detailed understanding of the reasons for vaccine hesitancy was being established.

The Chair commented that the vaccination program had been an impressive and positive piece of public health implementation but also noted the significant problem that there was an area of central Leicester which were clearly identified using the figures and mapping provided, detailing a poor record of vaccination uptake. It was accepted that further and enhanced communication would be key to the success of the vaccination programme in coming months.

Caroline Trevithick (CCGs) then provided enhanced data on the engagement programme and confirmed the evidence-based approach heavily supported by public health and the renewed focus on the approach on vaccine confidence.

It was accepted that community leaders together with clinical, non-clinical and public health partners were promoting the programme and public questions around confidence in vaccines.

Factsheets had been issued across the city and a myth busting webinar had been held which had reached out to thousands of residents through social media platforms.

The Director of Public Health was asked to comment, and he referred to the key work undertaken in the success of the vaccination programme and to the multi-cultural communities in Leicester stating the need to continue to support community confidence across the all communities.

Commission members welcomed the report and updates, however reference was made to the need to enhance communication with the groups that had shown a reluctance in taking up vaccinations, and also those living in more deprived areas of the city, to ensure that regular testing and confidence continued. The need to enhance contact with community leaders at a local level was encouraged and highlighted.

In concluding the debate, the Commission discussed the impact of national policy on the roll-out of the vaccinations and health partners defended the approach being undertaken, although accepting that there were some areas that had been disadvantaged.

AGREED:

1. That enhanced engagement and community work be undertaken and a call for latitude to be delegated to areas of concern where vaccination uptake is low,
2. That arising from the above, data on vaccinations and testing and their availability across the city be presented to Commission members on a more regular basis, in order to show trends and levels of uptake.

39. UHL AUDIT UPDATE

The Chief Executive of the UHL submitted a report, which explained the events and background to the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair' and set out the action being taken to address the issue.

It was noted that the Trust's accounts for the financial year 2018/19 had received an unqualified, opinion, from the external auditors however the auditors did raise some concerns which although they were below the 'materiality' threshold, which had merited further investigation.

The concerns had been raised with the then Chief Executive and the Chairman who instructed the Interim Chief Financial Officer to look into the matters raised by the auditor. It was reported that the 2018/19 accounts had been significantly misstated to the tune of some £46m. As a consequence of this the Trust had to make a 'prior year adjustment' to the 2018/19 accounts correcting them.

This had been undertaken in January 2020 and stakeholders had received a briefing on that matter at the time. Further detailed and forensic work to accurately assess the Trust's financial position continued throughout 2020. Due to the scale and complexity of the task this work was still ongoing, but a huge amount of progress had already been made.

In terms of the steps taken, Commission members commented on the need to ensure that a cultural change was undertaken and with over a third of the original Board having resigned, questions were put as to how these vacancies and roles would be filled. It was clarified that the custom and practices that had been previously allowed to continue in the finance department would transform as the forthcoming cultural changes were put into place.

It was recommended that Health Partners involve the Commission into the committee selection process and also provide regular updates regarding the breakeven strategy, together with information on the Development Programme from Deloitte.

AGREED:

That the update and position be noted.

40. ADULT AND OLDER PEOPLE MENTAL HEALTH

The Leicestershire Partnership NHS Trust gave a presentation, which provided an update on the Adult and Older People Mental Health workstream.

The presentation detailed both the local and national context and advised of the progress into future years, including the new model for neighbourhood mental health services and areas suggested for support throughout that process.

In response to questions it was noted that regular updates could be submitted to individual Commission members on request, particularly concerning the links and engagement with vulnerable individuals and groups. This approach was welcomed in order to ensure that the support offered was aligned to need.

AGREED:

That the presentation and update be noted.

41. LPT IMPROVEMENT JOURNEY

The Leicestershire Partnership NHS Trust gave a presentation, which provided an update on the Improvement Journey from the 2018 CQC Inspection to the position in February 2021.

The three phases undertaken by the LPT and the governance improvements to support the changes were described in the presentation and were noted.

Commission members welcomed the details and requested an update at an appropriate time once further analysis had been undertaken.

AGREED:

That the presentation and update be noted.

42. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

AGREED:

That the Work Programme be noted.

43. CLOSE OF MEETING

The meeting closed at 8.55 pm.