



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 13 JULY 2021 at 5:30 pm

P R E S E N T :

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

Councillor Pantling
Councillor Whittle

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred, Dr Sangster and March, and from Councillor Dempster (Assistant City Mayor - Health).

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

3. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 15 April 2021 be confirmed as a correct record.

4. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

It was noted that progress on issues considered at the previous meeting would be reported in subsequent Agenda items.

5. CHAIR'S ANNOUNCEMENTS

The Chair reported that under his discretion he had agreed for Agenda Item 12 (Strategy on the Effects of Long Covid) to be considered earlier in the meeting, in view of timings and the work pressures on health partners.

It was also reported that the response to the consultation on the accounts of the UHL had been submitted and would be circulated to Commission members separately in due course.

6. STRATEGY ON THE EFFECTS OF LONG COVID

The Director of Public Health, the Director of Adult Social Care and Safeguarding, and Health partners provided details of the work undertaken in providing a strategy for dealing with Long Covid.

Dr Rachael Evans (Consultant Respiratory Physician UHL Trust and Associate Professor UoL) shared presentation slides, which provided information of the strategy for dealing with Long Covid - "Post-hospitalisation Covid-19 study: A national consortium to understand and improve long-term health outcomes"

The presentation provided detailed information on the numbers of participants (29,000 across 39 studies) which was double the next highest-ranking Trust. It was also noted that 4,770 patients had been discharged from Leicester Hospitals after Covid-19.

The key principles for Covid19 follow-up, the LLR Long Covid assessment service, and the holistic assessment factors were described, and reference was made to the "Your Covid Recovery" NHS-E website. A five-part package of measures had been introduced, providing clarification of the NHS support for Long Covid and the collaboration across the UK.

The study design, methods and outcomes were reported, including data on participants being shown relating to age and ethnicity and other factors associated with patient perceived recovery. Results relating to mental and physical health had also been considered, with the relationship between outcomes and severity of acute illness being detailed.

In concluding the presentation it was noted in summary that:

Mental and physical health impairments:

- were related
- cognitive impairment appeared independent
- the severity of impairments was associated with measures of systemic inflammation

Implications for clinical care showed:

- a burden of disease suggested a need for a proactive approach and stratification

- wide access to holistic interdisciplinary/inter-speciality care was needed
- a further need for complex interventions to improve mental and physical health

Dr Evans was thanked for her presentation.

It was also noted that Dr Evans had submitted a paper, which provided a brief introduction on the work that had taken place over the period of the pandemic between clinicians / researchers from Leicester into the effects of Covid-19 on patients and staff from the onset of illness and hospitalisation through to emerging understanding of post hospital Covid recovery and the longer term effects on individuals.

The Chair invited the Director of Adult Social Care and Safeguarding to comment on the strategy and presentation slides were shared that had been included in the Agenda pack.

The presentation detailed the context of the strategy as follows:

- ASC used a case management system (Liquid Logic) to capture information and produce reports, which included health and disability information, linked to a persons need for ASC
- Covid / Long Covid was not a 'factor' within Liquid Logic so reports could not be produced on people who have had Covid
- There was a general trend that data had been reviewed, where the impact of Covid on people's need for ASC might be having an influence on activity changes, but no direct correlation to Long Covid could be drawn

The presentation also detailed data concerning demand, outcomes from short term support, and provision of longer-term support.

The Chair thanked officers for their presentations and requested observations from Commission members.

Members praised health colleagues and officers for the considerable efforts undertaken in dealing with the effects of Long Covid.

It was suggested that there should be heightened attention given to the likely numbers of people not admitted with symptoms, against the focus on discharge data. It was explained that there were a number of studies, all with the intention of providing controlled data, and linkage to the known discharge figures.

A further question was raised concerning readmissions and it was reported that ongoing data-based projects were assessing the length of time between people being discharged and readmitted, together with the length of time spent in hospital having been readmitted, including tests of various interventions to prevent those readmissions.

In terms of comments concerning 'high-impact' areas, it was clarified that the data on this level of detail could not be shared at this stage. It was confirmed that although challenges were obvious, the services felt well equipped and able to deal with the ongoing demand, through the ongoing studies and research being undertaken.

In response to a question concerning the severity of longevity, any whether there was any evidence arising from variants, it was noted that national data was being analysed, and that some anecdotal evidence should be ignored.

The Chair commented on the links to obesity as reported in the presentations and reiterated his concerns on the Council's current strategy promoting exercise as the key factor, rather than a focus on improved diet.

The importance of the partnership approach across the National Health Services, the Council's Public Health Service, and other agencies in terms of nutrition and diet was emphasised. The effective relationship of physiological and psychological services was also highlighted.

In conclusion, the Chair commented on the ongoing need for various agencies to provide support to each other, particularly regarding the issue of 'Liquid Logic' not recording Covid, and the reported problems of systems not being designed to share data, including information on the Better Care Fund and MyChoice.

AGREED:

1. To note the reports concerning the strategy on the effects of Long Covid.
2. To support the enhanced sharing and coordination of information and the continued integration of services, with a view to a further report and update being submitted at the appropriate time.

7. PETITIONS

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

8. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that the following question had been received from Councillor Riyait:

"Can the Health and Wellbeing Scrutiny Commission please consider the issues raised in a petition submitted to the Leicester, Leicestershire and Rutland CCGs concerning the ongoing situation regarding the Manor Park Medical Practice (Parker Drive) and make any comments accordingly"

The text of the petition submitted to the CCGs was attached for information.

The Chair asked for an update and progress on the response.

Andy Williams (Chief Executive - Leicester, Leicestershire and Rutland CCGs) confirmed that a written response had been provided to the Ward Councillors and petitioners. There had been an agreed commitment to ensure a satisfactory outcome and it was noted that the matter was being progressed locally. It was envisaged that the Manor Park Medical Practice would be opening in the near future.

9. MEMBERSHIP OF THE COMMISSION 2021/22

AGREED:

To note the membership of the Commission for the 2021/22 Municipal Year as follows:

Councillor Kitterick (Chair)
Councillor Fonseca (Vice Chair)
Councillor Aldred
Councillor March
Councillor Pantling
Councillor Dr Sangster
Councillor Whittle

(1 Non-Group Place Vacancy)

10. DATES OF MEETINGS 2021/22

AGREED:

To note the dates of Commission meetings for the 2021/22 Municipal Year as follows:

13 July 2021
1 September 2021
2 November 2021
14 December 2021
25 January 2022
22 March 2022

11. COVID 19 & VACCINATION PROGRESS UPDATE

The Director of Public Health shared presentation slides, showing a review of the Covid-19 data and the numbers of positive tests in the last 28 days. It was reported that in terms of the 7-day data on cases per 100,000 the Leicester rate was lower than the national rate and lower than other comparable core cities.

It was however noted, against the comparison, that positive test rates were increasing, and caution was expressed concerning the Government's announcement on the easing of restrictions from 19 July 2021. Information on trends were also provided, divided into the categories of age, Wards, hospital admissions, and deaths.

In terms of vaccinations, further comparative data was displayed and noted, which also showed a map of the areas of highest and lowest up-take. It was recognised that some of the more deprived areas in the region showed the lowest rates of vaccination.

In concluding the presentation, reference was made to the availability of the latest data on Covid-19 on the interactive webpage and the Leicester Open Data Platform.

The Chair thanked officers for the detailed presentation.

In response to questions from Commission members, the following key points were noted:

- It was acknowledged that there were some residents in the city that were not registered with a GP and would find access to services and vaccinations difficult.

The Director of Public Health commented on the close ongoing liaison with the CCG to ensure that engagement with those residents not registered and access to services could be improved. In this regard it was also noted that due to the transient nature of the student population, there would be many former residents registered with GPs who had since left the city.

It was also noted that the Joint Committee on Vaccination and Immunisation (JVCI) were looking at improved methods to improve the vaccination up-take and giving particular attention to the clinically vulnerable.

- In respect of workplace engagement to encourage vaccinations it was confirmed that efforts were continuing, and challenges existed to contact and inform smaller businesses and SMEs.
- The careful consideration of areas which might benefit from specific temporary vaccination centres was noted and reference was made to the liaison with universities and the sports clubs. It was noted that the attraction of sporting venues such as the King Power Stadium had demonstrated greater numbers of vaccines.
- The heightened use of social media to encourage a younger population to take-up vaccinations was also reported and supported.

Andy Williams commented on the need to encourage the younger population to engage in the vaccination process. He reiterated the need for caution and advised that although many residents had received their second vaccination dose, this did not eliminate the risk and high levels of infection were expected, particularly as restrictions were to be relaxed from 19 July including the removal of social distancing and legal requirements to wear face coverings.

AGREED:

That the update be noted, and that a report on the up-take on vaccines be submitted at the appropriate time when further data becomes evident.

12. CONSULTATION RESPONSE TO UHL RECONFIGURATION

The Chair commented that the item and presentation had been discussed previously at the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, held on 6 July 2021.

Sarah Prema (Leicester, Leicestershire and Rutland CCGs) asked the Commission to note and comment on the presentation made to the above Committee meeting and referred to copies of the slides which had been circulated with the Agenda.

The summary of proposals set out in the UHL Acute Reconfiguration PCBC were as follows:

- Build a new maternity hospital with a doctor-led inpatient maternity service. A shared care unit with midwives and doctors and a midwifery centre provided alongside the obstetric (pregnancy) unit
- Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit
- Build new premises to house a major new treatment centre for planned care, inpatient wards and theatres
- Expand the intensive care units at LRI and Glenfield
- Expand car parking facilities, for example, additional levels on the multi-storey car park and create dedicated welcome centre
- Repurpose the General Hospital to create a smaller campus that focuses on community health with some beds and more GP-led services
- Retain the diabetes centre of excellence and stroke recovery service with inpatient beds
- Potentially relocate a midwifery led unit from Melton Mowbray to Leicester General Hospital

Following the consultation exercise, the following proposals had been confirmed:

A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.

- 1. Good access cross all sites*
- 2. Good access onto and around all sites*
- 3. Embrace environmental sustainability*
- 4. Adapt high quality patient communication and interactions*
- 5. Co-design services and provide information to all socio-demographic groups throughout implementation of change*
- 6. Focus attention beyond clinical need*
- 7. Develop solutions for those people living in rural locations – care closer to home, particularly if needed in an emergency*
- 8. New technologies – adopted and adapted to meet the patient need and choice*
- 9. Engage communities on next steps for Leicester General Hospital*
- 10. Consider variety of locations to achieve the best access to haemodialysis treatment*
- 11. Provide quality of care in hydrotherapy services, at the right and appropriate locations with good access e.g. wheelchair users, and provide trained staff and pay attention to single sex sessions*
- 12. New maternity hospital providing personalise high quality care*
- 13. High quality and sustainable standalone Midwifery Led Unit*
- 14. Provision of community breastfeeding support*
- 15. Provision of high-quality Children’s Hospital for children, young people and family carers*
- 16. Provision of adequate acute bed capacity to match need*
- 17. Ensure that all improvements ensure better outcomes for patients improving the health and wellbeing of our local population.*

In discussing the future commitments, as above, it was noted that there had been objection to the relocation to the midwifery services to the General Hospital site, with the closure of St Mary’s at Melton Mowbray.

The rationale for the decision was explained and in response to questions it was confirmed that a longer period to assess the viability had been agreed. A Review Panel had been established which would consider the viability over a longer three-year period, including the effectiveness of the proposed travel plan.

In respect of refurbishment proposals for the Kensington Building, to provide the proposed childrens’ hospital, the reasons for the refurbishment against new build were explained and accepted. The importance of an improved and dedicated hospital environment for children was emphasised and acknowledged. Members were invited to visit the building once the removal of Covid-19 restrictions allowed and, in the meantime, there was a suggestion that a virtual tour could be arranged, and details would be circulated.

In terms of the estimated costs, it was noted that there had been inflationary increases. In response to questions it was noted that the reconfiguration plans involved many separate business cases, which were evolving through consultation and resultant budget adjustments. It was also reported that there would be a deletion of a number of 'backlog' maintenance schemes, which would create a significant reduction in that budget, due to the newly approved works superseding those earlier proposals.

Having regard to other health services offered in the city, it was noted that the proposals would be co-ordinated with other provisions. The Merlyn Vaz Centre was mentioned as an example of where other locations would continue to provide services, subject to the results of further ongoing consultation.

In conclusion, the Chair reminded members of the debate at the Joint Health Scrutiny Commission held on 6 July and requested an update to this Commission, on the issues specific to the city.

AGREED:

That the update be noted and that a further report be submitted to the Commission in due course.

13. WORK PROGRAMME

The Commission's Work Programme for the 2021/22 Municipal Year was submitted for information.

14. CLOSE OF MEETING

The meeting closed at 7.45pm.