Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 14 DECEMBER 2021 at 5:30 pm

P R E S E N T :

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

Councillor March
Councillor Whittle

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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*Prior to the commencement of the formal business of the meeting, the Commission observed a minutes silence in reflection of the recent sad loss of Councillor Govind.*

## 41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred and Pantling.

## 42. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

## 43. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 2 November 202 be confirmed as a correct record.

## 44. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

The Commission received an update on the Dyeworks issue since the previous meeting. It was reported that since the petition being received and formal questions being asked, an initial response had been gained.

It was acknowledged that information would be forthcoming and the liaison with the Environment Agency in terms of responsibilities and likely timeframes to achieve further answers was an ongoing monitoring exercise.

It was noted that an updated risk assessment and monitoring plan may be required and this would be submitted to the Commission for further comment and scrutiny in due course.

## 45. PETITIONS

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

## 46. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

The following Questions had been received:

*A) From Sally Ruane :-*

*1. Has a decision yet been made as to which of the three options submitted by UHL to the New Hospital Programme Teams in the summer has been selected by the Treasury/Dept of Health and Social Care/New Hospital Programme Team? If so, which is it?*

Response from the UHL:
*We are still waiting for feedback on our submissions.*

*2. Has the Treasury/DHSC confirmed how much funding will be allocated to the scheme? If so, what will this be?*

Response from the UHL:
*We are still awaiting feedback on funding.*

*3. Will UHL be required to produce one outline business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer?*

Response from the UHL:
*We will only be expected to develop the outline business case for the option advised by the New Hospital Programme.*

*4. Will UHL be required to produce one full business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer? When will the (a) outline business case(s) and (b) full business case(s) be produced?*

Response from the UHL:
*We will only be expected to develop full business case(s) for the option advised by the New Hospital Programme. Timescales for the outline business case(s) and full business case(s) are yet to be agreed with the New Hospitals Programme.*

*Whilst we await feedback, we are progressing with designs for the new maternity hospital and the new ICU at the LRI. As well as maternity and intensive care, the design work will also cover neonates. These three services have been identified as most in need of modernisation to provide improvements to both patient care and experience.*

*Beginning the design work means we will progress the outline business case for these services at LRI from January 2022. We hope to complete this in November 2022. We are yet to agree the timescales for other aspects of the outline business case(s).*

*5. Does the zero net carbon goal remain integral to the scheme as described in the Decision Making Business Case?*

Response from the UHL:
*Yes it remains integral. We are waiting for final guidance from the NHP but it is clear our new buildings will need to be aligned to the NHS Net Zero ambition.*

*6. In response to a question posed by a member of the public at UHL's last governing body meeting, a UHL spokesperson stated that the Leicester scheme was now identified and referenced as a phase three scheme (out of five phases in the New Hospital Programme Team), rather than a pathfinder scheme. In the list of projects published by the Health Service Journal on 17 September, phase three and pathfinder schemes were identified as one and the same thing. Please could UHL (a) confirm that the Building Better Hospitals for the Future scheme is in phase three, (b) clarify what this means in terms of priority and timing and (c) clarify what the implications of no longer being a pathfinder scheme are.*

Response from the UHL:
*a) Yes, UHL is one of the phase 3 schemes, now called Cohort 3. Cohort 3 are the eight original Pathfinders.*
*b) This does not change the priority; or timing*
*c) No change, as per (a)*

*B) From Jean Burbridge :-*

*1. How many level 3 and level 2 intensive care beds are there at the Leicester General Hospital?*

*2. Have any of the departments dependent upon the presence of level 3 intensive care beds been moved out of the Leicester General Hospital since 2019? If so, which departments?*

Response from the UHL:
*There are 12 physical beds at the LGH.*

*This has not changed since 2018. These beds flex between level 3 care (where there is one nurse to one patient) and level 2 care ( where there is one nurse to two patients). We could therefore staff 6 level 3 beds or 12 level 2 beds. In reality there is always a mixture as patients move from level 3 to level 2 as they improve.*

*The ICU extension at the Glenfield provided an extra 11 physical beds taking the total bed number to 33 beds to relocate the services requiring ICU support from the LGH to the GH.*

*In Summer of 2022, we plan to move the following:*

- *General Surgery and colorectal surgery will move from the LGH to the LRI.*
- *Hepatobiliary, renal transplant, nephrology and acute renal services will move from the LGH to the Glenfield*
- *Level 3 urology cases will move to the Glenfield but the rest of urology remain at LGH.*

The Chair invited Questioners to ask supplementary questions, in view of the responses.

In terms of the revised costs, the requirement to ensure that public engagement continued was emphasised, particularly in view of the National Hospitals Programme, with its inclusion on future public Board and other meeting agendas being suggested and welcomed.

It was clarified following a question form the Chair that the definite answer on future funding would be announced by thee Treasury during the next 12 months.

In respect of the question concerning the use of specialist beds, it was advised that a formal written answered on specialist services could be provided separately.

## 47. UHL FINANCIAL ADJUSTMENT UPDATE

A verbal update was provided on the current situation concerning the UHL financial adjustment and details were given on when audited accounts could be released. It was noted that a delay was expected with the accounts due to be submitted to the UHL Board before scrutiny.

AGREED:

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

## 48. COVID19 UPDATE & VACCINATION PROGRESS UPDATE

The Director of Public Health gave a presentation with the updated data concerning Covid 19, in particular relating to the Omicron variant.

In response to questions put by Commission members, it was noted that although the availability of lateral flow tests had caused concerns, this had not been an issue with a shortage of testing equipment, rather that supply and logistical issues had caused some delays. It was recognised that the demand for tests had increased and public information was being enhanced to advise on their availability and advice on the frequency of testing.

The lack of available PCR tests was also discussed and members welcomed the suggestion that community engagement work be increased to ensure that tests were available.

The national situation and the statistics from the ONS were also noted in this regard.

The issue concerning school children being regularly tested was also recognised, with concerns being raised that the spread of the virus could be accelerated by a lack of testing for children.

AGREED:

That the position and update report be noted.

## 49. UPDATES ON OBESITY (INCLUDING CHILDHOOD OBESITY) - DIETARY ADVICE OPTIONS AND CO-ORDINATION WITH THE FOOD PLAN

The Director of Public Health submitted a report, which provided a summary of the situation concerning excess weight, which it was reported had multiple causes and significant implications for individual's health, services and beyond.

It was reported that there was no one solution to address the complex problem, and the disproportionate impact on individuals and families living in more deprived areas meant that the situation was no longer acceptable.

The UHL also submitted a paper, which provided an overview of the new CEW Obesity Service that had recently been mobilised and work supporting patients across the East Midlands.

In discussing the complex nature of the obesity problem in Leicester, and nationally, Commission members asked that the wording of programmes and strategies to address the situation be carefully titled, as it was emphasised that future engagement and connection with individuals would be required. The more positive wording of ambitions of 'healthy weight' rather than 'obesity' was supported. The requirement to enhance community and stakeholder involvement was highlighted.

The impact of Covid 19 and associated isolation was also raised, and it was accepted that the issue would require long term solutions.

An update on the removal of unhealthy products from the Council's vending machines at Leisure Centres was received and welcomed.

It was considered that the need to assure that individuals would be guided through a blameless system required development, and the enhancement of commissioned services in this regard were noted.

AGREED:

To endorse the proposed whole systems approach to healthy weight and support engagement in the approach, contributing and advocating during stakeholder engagement workshops and wider conversations.

## 50. ALCOHOL STRATEGY

The Director of Health gave a presentation, which outlined the work concerning the Alcohol Harm Reduction Strategy.

It was noted that the strategy had involved an online survey during August and September 2021, which had been publicised via a press release and distributed through stakeholder networks.

Hybrid face to face and online consultations with members of the recovery community had also been undertaken.

The Commission referred to the relatively low number of responses received, which appeared to be a small sample to make confident conclusions, however it was understood that the responses were typical of a wider cohort.

The limitations of finance and lack of staff resources available to support the strategy were noted. The impact of Covid 19 and the evidence that isolation had accelerated alcohol abuse were also reported and noted.

In response to questions it was noted that commissioning work would continue, and the impact of advertisements concerning drinking, alongside gambling, with statements to ‘drink responsibly’ were unhelpful and added to the problems.

In conclusion, the Chair referred to the links of the alcoholism problems to the previous report concerning obesity and asked that a report be submitted to the Commission in due course to provide and update on the notable work being undertaken.

AGREED:

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

## 51. WORK PROGRAMME

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

## 52. CLOSE OF MEETING

The meeting closed at 8.30pm.