



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 16 DECEMBER 2020 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 Sangster
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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11. APOLOGIES FOR ABSENCE

There were no apologies for absence.

12. CHAIR'S ANNOUNCEMENTS

The Chair referred to the principal item of business as the reconfiguration proposals, and advised he intended to structure the item under themes. He asked that members of the public's questions would be taken out of order and submit supplementary questions relating to each theme.

Questions from Mr Ambrose Musiyiwa were received and in his absence, it was noted that written answers would be provided prior to the next meeting.

13. DECLARATIONS OF INTEREST

There were no declarations of interest.

14. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Commission held on 6 October 2020 be confirmed as a correct record.

15. PETITIONS

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

16. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that eight Questions had been received in respect of the reconfiguration consultation and in consultation with the Chair these had been listed for consideration at that item.

17. UHL RECONFIGURATION CONSULTATION

The Chair referred to his comments made at the earlier item "Chair's Announcements" where it had been explained that discussion on this item would be structured into themes.

The Chair invited Andy Williams, Chief Executive Officer of the Clinical Commissioning Groups (CCG) in Leicester, Leicestershire And Rutland to address the Commission and submit the report at "Building Better Hospitals for The Future". The report responded to questions previously raised by the Commission on the plans to reconfigure Leicester's hospitals.

As recorded in the previous item, eight questions had been received and responses to those questions had been provided by the University Hospitals of Leicester (UHL)/CCGs prior to the meeting. It was noted that those public questions would be considered out of order listed in the agenda, and that supplementary questions following the written responses would be allowed.

The Chair further referred to the discussion at the Joint Health Overview Scrutiny Committee (HOSC) meeting held on 14 December 2020 and commented that this reinforced the need to consider the issues in the following themes:

a) UHL reconfiguration consultation

Sally Ruane was invited to address the Commission and ask her supplementary question following the written response received.

She asked for details on how many residents had requested copies of the consultation document, how many had engaged in the process, and what affect

this had on staff time and resources, including the how much the consultation had cost.

It was suggested that a written response be forwarded by the CCG via Richard Morris, Director of Operations and Corporate Affairs, NHS Leicester City CCG.

The Vice Chair commented on the consultation process and welcomed the use of social media; however, it was considered that there remained some hard to reach sections of communities in the city that had not engaged in the consultation.

This was recognised by the CCG and it was confirmed that multi-language information had been offered and various other methods of reaching all ethnicity and geographical groups across the city's demographic had been undertaken.

It was reported that engagement with voluntary services groups to encourage responses to the consultation included: the South Asian Health Association, Age UK, the Council of Faiths, other Faith leaders across the city, the LGBT Centre, Project Polska, Sharma Womens Centre, and the Somali Development Services.

In respect of the data submitted at the recent Joint HOSC meeting, the Chair asked for clarification of the numbers of responses already received as this seemed unfeasibly high. It was agreed that details of the analysis from Google Analytics could be provided to the scrutiny commission.

b) Maternity Services

Robert Ball was invited to address the Commission and ask a supplementary question following the written response received.

He commented that there were risks to proposing that all hospital births would be in one building, given likely increased pressure and congestion on the road network. It was also noted that this issue had not been included on the risk register associated with the reconfiguration plans.

Brenda Worrall was invited to address the Commission and ask a supplementary question following the written response received.

She referred to the prospect of the loss of the provision of a standalone midwifery birth centre, commenting that guidelines suggested that four levels were required.

Jill Friedman had not been able to join the meeting. The Chair commented that her question concerned the issues raised by Robert Ball.

The UHL/CCG were asked to respond.

It was reported that the proposals to improve maternity services represented the culmination of extensive work over a number of years across many national, regional and local stakeholders.

It was considered that the issues raised concerning the buildings did not provide a risk as the situation was divided into separate components of clinical care and estates management. It was clarified that if one or other of these became dysfunctional the other would be severely affected. It was therefore considered that there was no practical risk to siring maternity services in one building.

It was also noted and accepted that although predictions on infrastructure were unclear, buildings and facilities management policies were robust to minimise impacts. It was also noted that liaison with emergency planning across many sectors continued.

In terms of the standalone unit, it was reported that it was clear from earlier conversations with regard to the reconfiguration plans that stakeholder consultation on all options were essential to the process. It was noted that the longer-term plans and the realistic and proper use of resources meant that a desire to justify the facility was required to prove cost effectiveness.

In response to questions put by members of the Commission it was clarified that in terms of bed numbers, and choices in maternity services, there was not an assumption that new mothers wanted to return home quickly. The model of care and advice was seen to be appropriate without undue pressure being applied.

The Chair commented on the debate at the Joint HOSC on Monday 14 December and referred to the issues of service provision being aligned to the testimony of people that had used them. In this regard it was suggested that the 12-month review proposed seemed restrictive, and this could affect any future decisions. A suggestion to have a longer review period beyond a year was supported.

c) Buildings/Planning/Use of Land

Robert Ball was invited to address the Commission and ask a supplementary question following the written response received.

In viewing the Building Research Establishment Environmental Assessment Method (BREEAM) rating for the new buildings, he expressed disappointment the proposals were designated as excellent and not outstanding. He advised that in view of predicted climate change and drought, the higher designation of outstanding should be the ambition.

Jean Burbidge was invited to address the Commission and ask a supplementary question following the written response received.

In respect of the budget costs of the business case and the risk of cost overrunning, as detailed in the risk register it was expressed that the website details were difficult to navigate. Clarification of the use of the revenue from the sale of land was requested. This was linked to the possible need to cover finance required to deal with any future pandemics.

Indira Nath was invited to address the Commission and ask a supplementary question following the written response received.

She expressed thanks to the NHS partners for reinstating the benefits of the proposals but commented on the short term and inadequate planning in terms of future bed numbers. She requested that further details be provided regarding the planning for extra bed wards as the current proposals did not indicate a strong need for expansion.

In terms of the BREEAM ratings, concern was expressed regarding the proposal to allow assessments to the spring of 2024, as this was considered potentially problematic requiring a longer timeline

In discussing the detail of the process and particularly the links to the Council's Planning Department, it was considered by the Commission that the strength of conditions intended to be applied to ensure that a proportion of new housing could be used for key workers required further clarification.

Comment was also made on other future housing developments and the appetite for applications being pursued for S.106 monies, where the actual funding was questioned. It was reported that finance had been received from recent large housing developments in the County and the Chair requested confirmation of the situation in due course. It was agreed that this information would be circulated to Members of the commission.

In respect of the plans for investment in modernisation it was reported that this was more than simply creating additional beds and that the proposals were concerned with correcting decades of capital underinvestment.

The UHL/CCG were asked to respond.

In terms of the building design and functionality it was noted that the BREEAM, as the recognised worldwide method to assess buildings had been utilised. The highest rating was confirmed as 'outstanding' and the proposals within the consultation were classified at one rating below at 'excellent'. The constraints in renovating and improving existing buildings was accepted, as the opportunity to develop a new site was impossible.

In respect of the use of revenues received and pandemic proofing, it was reported that this had not yet been determined and although no specific guidance in this area was currently available, information and data across the UK was being shared.

In response to questions from the Chair it was clarified that the likely revenue from the sale of land would be dependent on its proposed future use in the Local Plan. It was confirmed that the land could not be held on to one redundant as a hospital.

Concern was expressed that the substantial revenue likely to be received may not be used for a capital project which would benefit the city and be absorbed into NHS revenue expenditure.

It was therefore recommended that the sale of the General Hospital site should be decoupled from the consultation proposals.

d) Community Provision

Caroline Moles was invited to address the Commission and ask a supplementary question following the written response received.

Reference was made to the proposed shift of care from hospitals to community settings, which although had merit could only be effective if investment in those community facilities was increased. A commitment was sought that the proposals were not simply an attempt to achieve savings.

Tom Barker was invited to address the Commission and ask a supplementary question following the written response received.

He commented that he felt the written answer received in response to his questions was inadequate and therefore reiterated his concerns regarding community provision and the artistic impression of the proposed 'Leicester General Hospital Community Hub'.

The UHL/CCG were asked to respond.

It was reported that the shift to secondary care would provide focus and although savings had been outlined in the business case there would not be reduction in funding to those services. It was emphasised that funding of secondary care and community services would increase year on year.

In terms of the images of the Community Hub it was accepted that at this stage the intention was to show a very early representation of a typical building but should not be seen as including any definitive details.

The Chair referred to the issues experienced by him and other Ward Councillors concerning access to GP services and appointments. It was noted that this had led to scepticism and mistrust in the proposals concerning the future of community provision.

In conclusion and confirming the next steps it was confirmed that the consultation would close on 21 December 2020 and results of the process would be considered during February 2021 by the CCGs. An update would be provided to the Commission in due course.

It was AGREED:

- 1) A written response on the number of paper copies of the consultation requested and disseminated and the cost of the consultation be provided to Sally Ruane and Members of the Commission by Richard Morris.
- 2) Information on the contributions received via Section 106 funding be provided to Members of the Commission.
- 3) To note the BREEAM excellence initiative, subject to concerns regarding the planning of the project to the spring of 2024.
- 4) To recommend that the proposed sale of the General Hospital site be decoupled, from PCBC given that the site and future advantage would be lost and regretted in any later advanced strategic planning options.
- 5) To recommend that in respect of maternity services the 1-year review period be extended and the suggestion of a 3-year review be supported.
- 6) That there was concern at the lack of detail of the community provision as part of the proposals and this needed to be addressed.

18. COVID19 UPDATE

The Chair opened the item and asked for specific developments on priority areas of protection rates and tiers, lateral flow, and progress with the vaccination programme.

The Director of Public Health provided headline key messages. In terms of infection rates, the city had been in the highest region for some time, however rates had recently fallen, and the current rate was 255 per 100,000. It was noted that in context, some weeks ago the rate was 438. In broader context Leicester currently stood at around the 58th highest area, due to the increase in rates in the south and east coast. It was confirmed that there would be further updates in due course.

As figures were now plateauing since the first spike it was reported that currently at 8% of testes were positive, showing a fall. It was clarified that although this was initially significant regionally, the rate was below that in London but higher than the average for both the East and West Midlands.

In respect of the lateral flow and devices it was noted that the door to door testing activity was continuing, utilising tests that were well known with high

specificity and lateral flow. It was reported that some press reports stating that results would be received within an hour had caused concern and had been treated with caution. It was clarified that from the public health viewpoint, the tests were not seen as reliable as PCR tests, so could only be used to give a good indication, with encouragement for a repeat test. Details of the testing centre at Fosse were confirmed.

In relation to vaccinations, it had been emphasised that it was the responsibility of the NHS and the Council only offered its support to the track and trace and contact tracing initiatives. The system therefore had limitations and the current vaccine was fragile due to the constraints of its storage and transportation. It was noted that a further AstraZeneca option was being developed and details would be known soon.

The Chair thanked the Director for the update and then opened the debate to questions.

Councillor Sangster asked how many of the city's population had been tested and what was considered a low rate of infection.

In response it was estimated that over 130,000 people had been tested and the exact figures would be supplied separately. It was noted that the original lockdown had been called after a recording of 135 per 100,000, therefore a figure below that could be considered as low. At present the national figure was 184 per 100,000 taken as an average and the city was 255. It was confirmed that Government meetings were ongoing to look at future tiers and announcements would be made shortly.

Councillor Sangster also commented that there was some reluctance in the health service for staff to take the current vaccine. She asked what as a Council we could do in response and how could support the broader community.

The Director advised that some misinformation has been shared and emphasised that reliable information was necessary for the public to make choices. In terms of the difficult to reach areas it was reported that an approach arising from the testing initiatives to provide a point of clear information would be continued, as was used for other areas of NHS support.

AGREED:

That the update position be noted, with a request for further reports in due course.

19. SCOPING DOCUMENT FOR SCRUTINY REVIEW - BLM AND NHS WORKFORCE

The Scrutiny Review Scoping Document titled; "The experience of black people working in health services in Leicester and Leicestershire" was presented, for endorsement.

In terms of the rationale it was reported that the recent Black Lives Matter movement together with the disproportionate effect COVID19 has had on ethnic minority groups, specifically people of Black heritage, had highlighted the inequalities Black people face in their day to day lives.

Whilst nationally the NHS had set up the NHS Race and Health Observatory and has the Workforce Race Equality Standard (WRES), Commission would like to explore the picture locally. This would consider any the employment trajectories, outcomes as well as the disciplinary practices experienced by black people while working across the health sector in Leicester and Leicestershire.

The Vice Chair suggested that in respect of the gathering of evidence there was a need to include carers and pharmacists and any other relevant contributors. This suggestion was accepted by the Commission.

AGREED:

That the rationale of the Scoping Document be approved.

20. CLOSE OF MEETING

The meeting closed at 8.00 pm.