Leicestershire County Council

Meeting: **Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee**

Date/Time: **Wednesday, 27 March 2024 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Euan Walters (0116 3056016)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Mr. J. Morgan CC (Chairman)

Cllr. S. Bonham	Cllr R. Ross
Mr. M. H. Charlesworth CC	Cllr. L. Sahu
Cllr. J. Gopal	Mrs B. Seaton CC
Mr. D. Harrison CC	Cllr L. Stephenson
Mr. R. Hills CC	Cllr. P. Westley
Cllr. M. March	Cllr. G. Whittle
Ms. Betty Newton CC	Cllr. S. Zaman
Mr. T. J. Pendleton CC	

Please note: this meeting will be filmed for live or subsequent broadcast via You Tube at https://www.youtube.com/playlist?list=PLrlN4_PKzPXhBilOPZvqU4lDm7DiSlntJ

AGENDA

Item		Report by
1.	Minutes of the previous meeting.	(Pages 3 - 16)
2.	Question Time.	
3.	Questions asked by Members.	
4.	Urgent items.	
5.	Declarations of interest.	
6.	Presentation of Petitions.	

7.	UHL - Operational Improvements 2023.	University Hospitals of Leicester NHS Trust	(Pages 17 - 30)
8.	LLR Children and Young People's Wellbeing and Mental Health update.	Leicestershire Partnership NHS Trust	(Pages 31 - 36)
9.	Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee Terms of Reference.	Chief Executive, Leicestershire County Council	(Pages 37 - 48)
10.	Any other items which the Chairman has decided to take as urgent.		

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

This page is intentionally left blank

Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee held at County Hall, Glenfield on Monday, 18 December 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Cllr. S. Bonham
Mr. M. H. Charlesworth CC
Mr. D. Harrison CC
Mr. R. Hills CC
Cllr. M. March
Ms. Betty Newton CC
Mr. T. J. Pendleton CC
Cllr R. Ross
Cllr. L. Sahu
Mrs B. Seaton CC
Cllr. G. Whittle

In attendance

Jon Melbourne, Chief Operating Officer, UHL (minutes 14, 18, 19 and 22 refer).
Danielle Burnett, Director of Midwifery, UHL (minute 18 refers).
Siobhan Favier, Deputy Chief Operating Officer, UHL (minute 19 refers).
Louise Young, Deputy Chief Officer (People and Workforce), LLR Integrated Care Board (minute 20 refers.)
Robert Toole, Chief Finance Officer, LLR ICB (minute 21 refers).
Spencer Gay, Deputy Director of Finance, LLR ICB (minute 21 refers).
Ben Teasdale, Associate Medical Director - Reconfiguration & Digital Transformation, UHL

12. Minutes of the previous meeting.

The minutes of the meeting held on 18 September 2023 were taken as read, confirmed and signed.

13. Question Time.

The Chairman reported that no questions had been received in accordance with Standing Order 34.

14. Questions asked by Members.

The Chairman reported that four questions had been received under Standing Order 7.

1. Question by Mr. Phil King CC:

Hospital Parking and Blue Badge Holders

Over the past year or so, for a variety of reasons I have had to visit all three main hospital sites in Leicester with a family member who is a blue badge holder.

There appears to be a disparity regarding the treatment of Blue Badge parking.

Glenfield- free

General- free

But at the LRI site, there are signs up everywhere stating that Blue Badge parking has to be paid for.

However, some weeks ago, by chance I overheard another visitor to the LRI site being informed that Blue Badge parking was now free, contrary to the public signage, so long as you get your badge validated at the parking office.

Upon querying this at the parking office, I was told that yes the policy had been changed by the government and blue badge parking now was free at the LRI hospital car-parks.

When I was last at the site in late November, there was still no amended signage, no information in any patient communication, and numerous blue-badge holders paying in error at the parking payment machines.

But there is a new webpage with the correct information.

I would like UHL NHS Trust to confirm:-

- When did these new arrangements start from?
- When are you going to start publicising this change?
- When will all the signage and machines be correctly updated by?
- When will the pre-appointment information sent to patients be changed?
- And for those who have paid charges during this 'free' period, does UHL have any plans to re-imburse those who have made such payments?

Reply by the Chairman:

I have sought a response from UHL to the issues raised in the question and they have provided the following statement:

"UHL recognises the importance of appropriate accessible parking to the many patients, staff and visitors that have access needs. Parking is therefore free of charge for patients, staff and visitors with a blue badge at all our sites. Different technologies are used, such as pay and display or ANPR parking at different sites, and this requires a different approach at each site. At the LRI, blue badge holders are asked to either take their badge to the car park office or to buzz the exit terminal when leaving the car park.

A recent review has found no signage instructing blue badge holders to pay for parking. However, we recognise that more can be done - on site, on our digital channels, and via patient letters to improve awareness of free parking to eligible groups, including people with accessibility needs, and to ensure compliance so the facilities are not abused.

We have no plans to reimburse those who have paid charges since the changes were rolled out in December 2021."

Supplementary question from Mr King CC

Mr King CC stated that he did not feel the answer sufficiently addressed his original question and raised concerns that the changes to blue badge parking had not been well enough communicated to the public. Mr King CC asked for a timescale of when further communication with the public would be carried out.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL), who was present at the meeting, whether he could provide any further information regarding the question. Jon Melbourne confirmed that parking was free for all blue badge visitors to UHL and promised that after the meeting he would provide a timescale of when further communications to the public would take place.

2. Question by Mr. Phil King CC:

Leicester General Hospital and the Hydrotherapy Pool

During the pandemic in 2020 the Hydrotherapy Pool at LGH was closed as a consequence of the Covid19 regulations and has remained closed ever since.

Earlier this year, in response to my question on the 18th January, 2023:-

UHL stated that

A repair was required which would cost £153000, plus VAT, but that this

… is subject to availability of capital funding in 2023/24. A detailed proposal for capital expenditure in 2023/24 financial year will be brought to the Trust Board in the Spring of 2023 for review and approval, and the hydrotherapy pool will be considered in this process

To the best of my knowledge this has not happened.

Can UHL now confirm what their plan is for this pool facility?

When is it going to be repaired, and most importantly reopened for the patients of LLR?

Reply by the Chairman:

UHL have provided me with the following information in response to the question:

"A proposal was submitted during the 2023/4 planning round to fund the approximately £500,000 identified by a feasibility study to meet the costs of repairing the hydrotherapy pool and bringing it up to current standards.

Funds for capital expenditure are very limited and other projects identified as having greater clinical risk were identified and prioritised. The proposal will be re-considered in the 2024/25 planning round.

In the meantime, we are committed to support patients to find alternative community-based provision, where practical."

Supplementary question from Mr King CC

Mr. King CC asked for confirmation of whether the matter was going to be resolved and if so, when.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL), whether he could provide any further information regarding the question. Jon Melbourne confirmed that the proposals for the hydrotherapy pool would be re-considered in the 2024/25 planning round but stated that he could not guarantee that the proposals would be approved for capital funding. He offered reassurance that patients were receiving alternative evidence based provision in the meantime.

3. Question by Cllr. Ramsay Ross:

There has been a report of ambulances being used at LRI for holding patients prior to admission (BBC – 10th December 2023) – can we have an explanation from UHL, why this situation has arisen and what remedial steps are in hand, given that this event has occurred in early December.

Reply by the Chairman:

I have sought a response from UHL regarding the issue and they have provided the following statement:

"We have made significant progress this year in reducing ambulance handover times, with an 80% reduction in the number of lost hours when compared to 2022 for much of the year. However, demand for urgent and emergency care services is currently exceptionally high, with a significant rise in emergency admissions when compared to the same period last year, driven by the onset of winter and higher patient acuity, particularly with flu and other viruses, respiratory issues, and frailty. We apologise to anyone who experiences a delay in their care.

Patient safety remains our first priority, and we are doing all we can to ensure people are treated as quickly and safely as possible. In the event that anyone had to wait in an ambulance upon arrival, we ensure they are cared for safely, with regular observations and clinical reviews. We will continue to do all we can to bring handover times down, in line with the UHL urgent and emergency care plan we published in March 2023. This includes increasing our capacity, improving patient flow through our hospitals and working closely with our partners in the ambulance service and the wider health and care system to improve.

We are asking people to only attend the Emergency Department if they have a life-threatening injury or illness or to call 111 or use the 111 online service to get advice on the best course of action."

Supplementary question from Cllr. Ross

Cllr Ross asked for clarification with regards to where the answer referred to increasing capacity and questioned what impact this would have on patients from Rutland.

Reply from the Chairman

The Chairman asked Jon Melbourne, Chief Operating Officer - University Hospitals of Leicester NHS Trust (UHL, whether he could provide any further information regarding the question. Jon Melbourne explained that the plans to increase capacity included opening a new ward at Glenfield Hospital and opening new beds in the community. Jon Melbourne pointed out that overall the ambulance handover times had improved since the previous year (2022) but acknowledged that in recent weeks there had been a high demand which had affected handover times. Jon Melbourne provided reassurance that work was taking place across the system to ensure that performance in relation to ambulance handovers continued to improve.

4. Question by Cllr. Ramsay Ross:

At the Joint Health Scrutiny Meeting on 18th September 2023 under Agenda Item 8: 'Delivery Plan for recovering access to Primary Care - LLR System Level Access' Members emphasised the importance of clearly communicating to the public any changes to the way GP Practices operated. In particular Members felt it needed to be made clear to patients in advance whether their appointment was with a GP, a nurse or a pharmacist. In response it was explained that the ICB's Engagement Team was carrying out work in this regard. The current absence of such a communication plan was also raised by the ICB at the Rutland Scrutiny Committee of 23rd November 2023. When will a communication plan be actioned to define the changed roles within our primary care sector?

Reply by the Chairman:

I have sought a response from the ICB and they have provided the following statement:

"*The ICB has been promoting the changes taking place in primary care over the last 12 months and the development of new roles in GP practices has been a key part of our campaign. More recently, the focus on primary care recovery by reducing pressures on GPs and improving access for patients means there is renewed focus on the role of alternative health professionals in GP practices.*

The campaign on alternatives to GPs should be seen as an integral part of a broader campaign to explain the changes taking place in GP practices.

The ICB's ***Getting in the Know*** *campaign aims to raise awareness and support patients to access the right care for their condition by helping them to understand the services available to them. The campaign covers Urgent and Emergency Care, Mental Health and Primary Care. The Primary Care campaign supports patient to access the right care by explaining the options to them and helping them to determine what be the most appropriate service and care for their needs. Full details of the campaign are at*:

https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/get-in-the-know/

The specific primary care campaign is at:
https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/find-the-right-service/your-gp-practice/

The primary care campaign covers:

- *Access to GP practices*
- *Minor ailments and self-care*
- *Role of community pharmacist*
- *Appointment options*
- *Self - referral services*
- *Online services (e.g., NHS App)*
- *Practice teams including alternatives to seeing a GP.*

Information on alternatives to GPs is available at: https://leicesterleicestershireandrutland.icb.nhs.uk/your-health/find-the-right-service/your-gp-practice/the-practice-team/

A national campaign commenced in October to raise awareness of the of the different health professionals in GP teams. The campaign highlights the important role of reception teams in using information provided by patients to help identify which health professional or local service is best placed to help them, such as a community pharmacy.

The campaign is delivered through multi – cultural assets and is targeted at those more likely to need a GP appointment: working age adults, parents , olde people and those with long term conditions. There is also a focus on black and southeast Asian communities.

In the new year, the ICB will be working with practices to enhance the local campaign by:

- *Ensuring information is available on practice websites. In particular making the information clearly visible and high profile including how referrals to other health professionals works at the practice.*
- *Creation of local materials to promote the different roles.*
- *Social media and media campaign to raise awareness of the different roles and explain the support they can provide to patients. This will include examples of when a patient might be referred for an appointment with a different health professional as an alternative to a GP.*

The campaign will aim to create patient confidence in alternatives to GPs and support the local system level access and improvement plan.

To keep in touch with the campaigns it is suggested signing-up for 5 on Friday, the weekly stakeholder bulletin. Information on campaigns is included in the bulletin along with a partner toolkit to help local authorities and other organisations promote our activities on their social media channels. To sign – up, please email llricb-llr.corporatecomms@nhs.net

You can also follow us on X @NHS_LLR or Facebook https://www.facebook.com/NHSLLR/"

Supplementary question from Cllr. Ross

Cllr. Ross asked for a commitment on the timescales for when the communications work in relation to pharmacies would be complete.

Reply from the Chairman

The Chairman offered to seek further information from the Integrated Care Board on this point and provide a written answer after the meeting.

15. Urgent items.

There were no urgent items for consideration.

16. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. M. E. Newton CC and Mrs. B. Seaton CC both declared non-registerable interests in all agenda items as they had close relatives that worked for the NHS.

Cllr. L. Sahu declared a registerable (Disclosable Pecuniary) interest in all agenda items as she co-owned a trainee and consultancy business that worked with the NHS.

17. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 35.

18. Care Quality Commission report into maternity services at the University Hospitals of Leicester NHS Trust.

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) regarding the outcome of the Care Quality Commission (CQC) inspection of maternity services at UHL. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

The Committee welcomed to the meeting for this item Danielle Burnett, Director of Midwifery, UHL and Jon Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The key findings from the CQC inspection were that UHL's maternity services were understaffed and improvements needed to be made with regards to leadership within the services. However, UHL were now able to give assurances that a large amount of recruitment had taken place and maternity leadership had been strengthened including the appointment of a Director of Midwifery. In 2023 nine specialty doctors had been recruited and 57 new midwives had joined UHL. At the time of the CQC inspection there had been 48 midwifery vacancies in UHL. As 20 midwives had left UHL in 2023 there were currently 36 full time equivalent midwife vacancies.

(ii) A member noted that UHL had been given advance notice of the CQC inspection of maternity services and yet the CQC had still found so many areas of concern which raised the question of why the issues could not have been addressed before the inspectors arrived. In response it was explained that improvements had

commenced ahead of the CQC visiting but some of the issues took time to resolve such as recruitment and digital matters.

(iii) A member questioned how maternity services at UHL had apparently deteriorated so quickly since previous CQC inspections of UHL. In response it was clarified that the CQC inspections of UHL's maternity services in February and March 2023 were focussed on looking at the 'safe' and 'well-led' domains which was a different approach to previous CQC inspections. Therefore, the results of the 2023 inspections could not be directly compared with inspections from previous years. It was also pointed out that there appeared to have been a deterioration nationally across maternity services.

(iv) A member acknowledged the improvements that had been made by UHL since the CQC inspection but raised concerns that these improvements had only been instigated because of the CQC inspection and would not have happened otherwise. In response UHL stated that action had already been taken prior to the CQC inspection such as the recruitment of Julie Hogg as Chief Nurse and reassurance was provided that improvements would have been made in 2023 regardless of the CQC inspection.

(v) On 12th June 2023 UHL was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement and a regulation 29A (warning notice) was issued to UHL. Accompanying the warning notice was a list of 64 actions which UHL was required to take and dates by which significant improvement in relation to those actions was required by. In response to a query from a member as to what the consequence would be if the action was not taken by those dates, UHL stated that this was a decision for the CQC but further regulatory action was possible.

(vi) In response to a question from a member as to whether the CQC had given any indication of when they would be inspecting maternity services at UHL again it was explained that no specific indication had been received, but where Section 29a Warning Notices had been issued the usual timescale for re-inspection was 6 months. UHL confirmed that they welcomed the return of CQC as soon as possible as they believed that the action that had been taken had led to positive outcomes which CQC would be able to see.

(vii) A member submitted that given the maternity services at St Mary's Birth Centre had received an overall rating of 'Good' from the CQC, reconsideration should be given to the plans to 'close' St Mary's Birth Centre. In response it was confirmed that there would be no change to the plans for St Mary's Birth Centre. It was intended that the positive work taking place at St Marys would be replicated at Leicester Royal Infirmary and Leicester General Hospital.

(viii) A member raised concerns that recent changes in visa rules could affect recruitment from abroad and suggested that UHL should look at midwifery apprenticeships. In response it was confirmed that this was already under consideration by UHL and links with both universities in Leicester were being explored and news regarding this would be publicised in the coming weeks.

RESOLVED:

That the contents of the report be noted with concern.

19. Restoration and Recovery of Elective Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the elective care recovery progress for the patients of LLR. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Siobhan Favier, Deputy Chief Operating Officer, UHL and John Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) UHL had the 10th largest Referral to Treatment (RTT) waiting list nationally, based on September 2023 published data. UHL had seen a reduction in the overall waiting list since the start of the year (April 23 117,318), which was in contrast to national trends, and UHL was on track to achieve the waiting list target within the operational plan of 103,000 by the end of March 2024. The Committee welcomed this improvement though noted that the population of Leicester, Leicestershire and Rutland was approximately 1.1 million people, therefore a significant proportion of the population was on the waiting list.

(ii) A patient could be counted on the list more than once if they were waiting for more than one treatment. Patients who had already received treatment and were awaiting an annual review were counted on a separate non-RTT waiting list.

(iii) UHL had used the private sector to help reduce the waiting list, but use of the private sector was now decreasing. Care had been taken to ensure that the private sector offered value for money.

(iv) UHL was implementing a Patient Initiated Follow-Up (PIFU) scheme where patients were able to initiate a follow-up appointment when they needed one, based on their symptoms and individual circumstances, rather than having a set timescale for follow-up appointments. However, PIFU was not suitable for all specialties/medical conditions and not suitable for all patients. Members raised concerns that PIFU could give an advantage to those patients that were more proactive in seeking appointments. In response it was explained that less confident patients did not have to be placed on the PIFU scheme. Reassurance was given that the Director of Health Equality and Inclusion at UHL was involved in the scheme to ensure patients were not disadvantaged. Further reassurance was given that PIFU was patient and clinician led, and management were not setting any targets. It was, however, noted that the best way to reduce inequalities in relation to appointments was to reduce the waiting list.

(v) UHL was taking part in the Getting It Right First Time (GIRFT) national programme designed to improve the treatment and care of patients. This work included tackling health inequalities.

(vi) Concerns were raised about cancer waiting times and specifically prostate cancer. In response it was explained that there had been a sustained improvement in the numbers of cancer patients waiting more than 62 days from referral to treatment. The specific data for prostate cancer could be provided after the meeting.

(vii) A member raised concerns that the size of the waiting list was deterring patients from coming forward for treatment. In response UHL acknowledged these concerns and stressed the importance of good and regular communication with patients and GP Practices around waiting lists. It was noted that both UHL and GP Practices were involved in the Planned Care Partnership so discussions on the issue could take place in that forum. The best way to build trust in the service was to reduce the waiting list.

(viii) UHL was making greater use of Day Case appointments where patients were not required to stay at the hospital overnight and could return home when the procedure was completed. Clinical evidence demonstrated that Day Case appointments resulted in better outcomes for patients including better recovery.

(ix) The second phase of the East Midlands Planned Care Centre (refurbishment of the Brandon Unit) was due to be complete by December 2024. Recruitment was taking place to prepare for that.

(x) In response to a question from a member about the Hinckley Community Diagnostics Centre and specifically delays in obtaining planning permission, reassurance was given that the project remained on track to be complete in January 2025.

RESOLVED:

(a) That the contents of the report be welcomed;

(b) That officers be requested to provide further updates on elective care, PIFU and health inequalities to a future meeting of the Committee.

20. NHS Workforce in Leicester, Leicestershire and Rutland.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board which provided a summary of the NHS workforce in LLR and the approach being taken to address workforce challenges. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Louise Young, Deputy Chief Officer (People and Workforce), LLR Integrated Care Board.

Arising from discussions the following points were noted:

(i) A member emphasised the importance of the UK growing its own workforce, and the workforce having strong ties to the locality. The ICB concurred with this point and provided reassurance that efforts were being made to develop local talent.

(ii) The ICB was looking to expand the use of apprentices, and 147 clinical apprenticeships were to be recruited in 2024 including Trainee Nurse Associates, Advanced Clinical Practitioners, Radiographers, Mammographers, Physician Associates and Medical Physicians. Non-clinical apprenticeships were also being considered for example in the areas of digital and commissioning.

(iii) In response to a suggestion from a member that greater use should be made of the Trainee Nursing Associate (TNA) role it was explained that 185 TNA roles had been identified for 2024.

(iv) A member raised concerns that the ICB was waiting for the funding that came with the NHS Long Term Workforce Plan before recruiting rather than taking action immediately. In response the ICB assured that this was not the case. It was agreed that further detail on this point and apprenticeships generally would be provided after the meeting.

(v) Strict financial controls were in place with regards to the use of agency workers, and the long term plan was to reduce the use of agency staff and replace them with permanent staff.

(vi) A member raised concerns that the workforce was aging and some staff might struggle to physically cope with the rigours of the job, and therefore they needed help to enable them to work for longer. In response it was explained that a report was being taken to the People and Culture Board in January 2024 regarding retention. As part of this work consideration was being given to how to redesign jobs so that the experience of older employees could be retained whilst ensuring that the demands of the job were appropriate for people of that age. Retire and return schemes were also being considered.

(vii) A member emphasised the importance of culture and leadership with regards to recruitment and retention.

(viii) In March 2024 a system recruitment session would be taking place and support from the Committee in publicising the event would be welcome.

RESOLVED:

(a) That the contents of the report be welcomed;

(b) That officers be requested to provide a report for a future meeting of the Committee on the use of apprenticeships within the ICB.

21. Integrated Care Board Medium Term Financial Plan.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) Chief Finance Officer which informed the committee about the level of financial pressure facing the NHS in the medium term as published in the five-year plan. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Robert Toole, Chief Finance Officer, LLR ICB and Spencer Gay, Deputy Director of Finance, LLR ICB.

Arising from discussions the following points were noted:

(i) In response to an observation from the Chairman that the inflation figures in the report looked low compared with the level of inflation the UK was experiencing generally, it was explained that these were the figures the NHS had used for its latest planning round and all modelling had been based on those figures, however they could be adjusted at a later date.

(ii) It was questioned whether the ICB target of delivering 5% efficiency savings per annum was realistic. In response it was acknowledged that the savings would be difficult to achieve and explained that this was the required figure, not what was actually forecast. There was confidence that 2 or 3% savings could be made using traditional methods. Further savings could be made by providing services in a different way such as encouraging patients to see their GP rather than go to A&E and focusing on prevention rather than treatment.

(iii) A member raised concerns about the deficit of £(70.9)m for the current financial year and whether there was an incentive for the ICB to balance their accounts if the Treasury covered any deficit each year. In response it was clarified that whilst in the past the deficit had not been required to be paid back by the ICB, guidance indicated that repayment could be a requirement in future years. Further reassurance was given that challenging discussions took place between the Treasury and the NHS regarding how the money was spent. There was also a consequence to the deficit in that the budget for future years could be reduced. If the ICB failed to break-even 3 years running a referral to the Secretary of State would be made. In response to a question from a member about when the LLR ICB last broke-even or made a surplus it was agreed that this information would be provided after the meeting.

(iv) When the ICB was loaned cash or capital funding, interest was required to be paid in the form of a Public Dividend Capital (PDC) payment of around 3.5% per annum.

(v) Increases in National Living Wage did not generally affect the NHS as the lowest NHS salary was usually higher than the Living Wage.

RESOLVED:

That the contents of the report be noted with concern.

22. <u>UHL - Our Future Hospitals Programme update.</u>

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provide an overview and update of UHL's 'Our future hospitals programme'. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Teasdale, Associate Medical Director - Reconfiguration & Digital Transformation, UHL, and Jon Melbourne, Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) UHL was waiting for the New Hospitals Programme (NHP) to confirm the funding envelope to progress the design of the new buildings. Funding had been received from the NHP to prepare both the Leicester Royal Infirmary and Glenfield Hospital sites for the large-scale building works. In response to a request from a member for a detailed plan and timetable for the New Hospital Programme, rather than just a narrative update, it was explained that this was not yet available as the Programme had been paused whilst confirmation of the funding was awaited.

(ii) Hospitals in the New Hospital Programme were required to use a standardised modular design approach known as 'Hospital 2.0'. The modules would be built offsite and then placed into position at the site using a crane. This would result in economies of scale and increase the speed of construction. However, it was not expected that hospitals in Cohort 3 such as UHL would have to completely comply with Hospital 2.0. Those hospitals would implement the Minimum Viable Product (MVP) approach but exactly how this would work was not yet clear. A member raised concerns with regards to how the modular approach would fit alongside existing older style buildings at UHL. In response it was clarified that the modular approach only applied to the 'new build' areas and not to where old buildings were being refurbished.

(iii) The relocation of the Leicester Royal Infirmary Hearing and Balance service had not been part of the acute and maternity Public Consultation completed in 2020, as at that point in time, there were no plans to move the service. It was now proposed that the service be moved to the Leicester General Hospital (LGH), forming a part of the East Midlands Planned Care Centre. A patient engagement exercise had been completed, involving a survey of patients attending the LRI Hearing and Balance clinic, with staff proactively distributing questionnaires and supporting people with completion as necessary. A member raised concerns that this method of engaging with patients would not result in full and accurate feedback as patients would not be so frank and honest as they would be in a private consultation process. In response reassurance was given that patients were not required to complete the questionnaires on the premises.

(iv) A satellite hearing booth would be built within a dedicated room at the Leicester Royal Infirmary ENT clinic, primarily to support inpatients onsite. It was not a mobile unit; it was referred to as 'satellite' because it was not part of the core hearing service based at Leicester General Hospital.

(v) Given that there had been some changes to UHL's proposals which were originally consulted on, for example the budget and bed numbers, Members queried what the threshold would be for a full re-consultation having to take place. In response it was explained that the main criteria was whether the clinical plans had changed. UHL sat in Cohort 3 as one of eight new hospital developments but were re-consultation to be required UHL's place in Cohort 3 would be put at risk. UHL assured that the clinical plans had not changed and UHL was taking all measures possible to ensure re-consultation was not required.

(vi) As part of the New Hospital Programme UHL would be making greater use of digital technology. A new Patient administration System (PAS) had been written for UHL which would be used from 2024 onwards.

(vii) It was questioned whether the removal of Intensive Care beds from the General Hospital should be reconsidered and whether the number of High Dependency beds were adequate. In response reassurance was given that the numbers of beds were adequate.

RESOLVED:

(a) That the contents of the report be noted;

(b) That officers be requested to provide a further report on the Future Hospitals Programme for a future meeting of the Committee once there has been any significant developments, to include a detailed explanation of how modular building construction works.

23. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Wednesday 27 March 2024 at 2.00pm.

2.00 - 5.00 pm CHAIRMAN
18 December 2023

Agenda Item 7

LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE: 27 MARCH 2024

REPORT OF THE CHIEF OPERATING OFFICER, UHL

OPERATIONAL IMPROVEMENTS 2023 SUMMARY

Purpose of report

1. This report appraises the Committee on the performance of University Hospitals of Leicester (UHL) planned and urgent and emergency care activities during 2023 as well as future plans to continue the improvements we have achieved to date.

Policy Framework and Previous Decisions

2. This subject has previously been discussed at the Public Health and Health Integration Scrutiny Committee at Leicester City Council on 6th February

Background

3. Against a backdrop of industrial action, urgent and emergency care (UEC) pressures, a large waiting list and financial challenge, UHL has improved its operational performance in 2023 and improved access to care for the people of Leicester, Leicestershire and Rutland.

4. We also know we have more to do to deliver sustainable change and are embedding further improvements to tackle the challenging year ahead.

5. The paper also updates on a system-wide critical incident on 23 January 2024.

Proposals/Options

6. The Committee is invited to discuss the report content and note the performance improvement plans in place for 2024.

Timetable for Decisions

7. A further update in progress against plan will be presented to the Committee at a future meeting, with the date to be confirmed.

Conclusions

8. Despite a very challenging year and ongoing financial and operational pressures, UHL continues to make progress to improve access to care for patients across the communities we are proud to serve.

Background papers

Winter Plan report considered by Leicestershire County Council Health Overview and Scrutiny Committee on 1 November 2023
https://democracy.leics.gov.uk/documents/s179251/Winter%20pressures%20final%20version.pdf

Report considered by Public Health and Health Integration Scrutiny Committee at Leicester City Council on 6th February 2024

Circulation under the Local Issues Alert Procedure

9. None

Equality Implications

10. The System Health Equity Committee has been requested to conduct a 'deep dive' into longer waits at both the Emergency department and patients waiting for ambulances to assess the impact against protected characteristics. If unwarranted variation is noted, a plan will be agreed to mitigate further risk.

Human Rights Implications

11. There are no human rights implications arising from the recommendations in this report.

Other Relevant Impact Assessments

Climate Emergency Impacts

Minimising the movement of patients by ensuring they reach the right place at the right time, quickly and safely, will support the wider green aims of both the NHS and local government

Clinical Risk

Clinical risk has been assessed and managed through the LLR clinical executive, with support from Directors of Public Health.

Appendices

Appendix A – Operational Improvements 2023

Officer(s) to Contact

Jon Melbourne Chief Operating Officer
Telephone: (0116) 2588569
Email: jon.melbourne@uhl-tr.nhs.uk

APPENDIX

University Hospitals of Leicester NHS Trust

Operational improvement 2023 summary

Summary

Against a backdrop of industrial action, urgent and emergency care (UEC) pressures, a large waiting list and financial challenge, UHL has delivered a great deal of operational improvement in 2023 and teams across UHL should be proud of the progress they are driving in access for the people of Leicester, Leicestershire and Rutland. From a starting position often described as one of the most challenged in the country in both planned care and UEC– including being in Tier 1 of the National support programme for UEC, cancer and planned care at the start of the year, UHL have delivered improvement which has led to being exited from tier 1 support for all three areas in 2023 (moving to tier 2 for cancer and planned care and out of tiering for UEC). Even with this level of improvement we know we have more to do to deliver sustainable change and we do not accept where we are. The foundations for further improvement are embedded to tackle the challenging year ahead. Over the last 12 months we have enabled:

New ways of working

- Increased use of Digital solutions such as the use of AccuRX
- Early adoption of the "Going further Faster" – GIRFT programme
- Mutual aid with other providers and Implemented Patient Initiated Mutual aid in line with National expectations
- Increased clinical confidence in the use of Patient Initiated Follow Ups (PIFU)
- A LLR Planned Care Partnership is in place

New capacity

- Phase one of the East Midlands Planned Care Centre opened in June 2023
- New capital equipment including a second surgical robot in place from October 23 and a replacement Linear accelerator October 23
- Chemotherapy "bus" in place from November 23
- Independent sector support where it has been needed the most
- Additional modular endoscopy unit at the Leicester General from July 23
- Successful international and local recruitment to Imaging teams

New investment for future improvement

- Opening of the second phase of East Midlands Planned Care Centre in December 2024
- Additional ward at the Glenfield (opening March 2024)
- A second CDC at Hinckley – Operational December 24 / Jan 25
- A standalone Endoscopy unit at the Leicester General Hospital Late 24 / Early 25
- East Midlands Cancer Alliance Funding

A Year of Improvement - Planned Care

Cancer

- **60% reduction in patients waiting over 62-day waits** from a peak of 952 in November 2022 to 380 in November 2023.
- **Sustained improvement and achievement of the Faster Diagnosis Standard** from September 2023. 75% or more patients referred as a suspected cancer pathway are having a cancer ruled out or confirmed within 28 days.

Electives

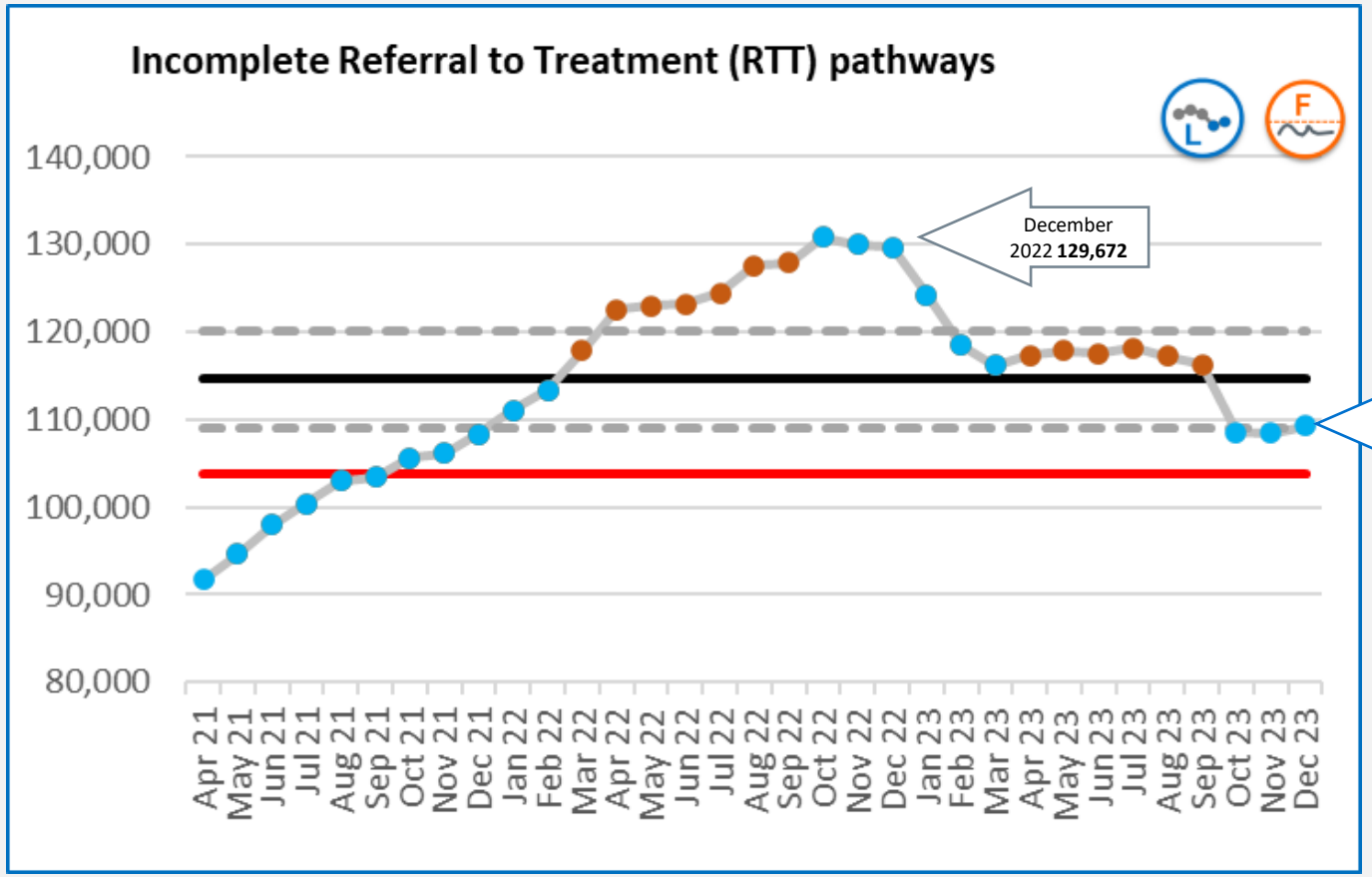
- **Reducing waiting list** when national picture was rising – UHL's waiting list doubled to 130,000 in the first two years of covid. By December 2023 this has reduced by over 20,000 (16%).
- UHL and Leicester, Leicestershire and Rutland Integrated Care System are leading the country in reducing elective waits. Newly released NHS England data shows a 77% reduction in the number of people across LLR waiting more than a year for treatment, the biggest reduction of any system in England. We also saw the largest reduction in people waiting 65 weeks or more, and the second largest overall reduction in people waiting for treatment.
- Delivered **Zero** 104+ waits, expect zero 78+ by March. For 65+ week waits we expect to have less than 200 patients at the end of March and would have been at zero without Industrial action
- Significant **Productivity Improvements** in theatre utilisation leading to **400 more sessions and 900 more operations** by starting on time and **using capacity more effectively**. Early adopter of the "Getting It Right First Time Further Faster Programme".
- **Length of stay reduction** for Hips and Knees **from 4.5 days (22/23) to 2.8 days (Dec 23)** and **First Day Case Hip achieved** November 23
- **Patient Initiated Follow ups increase** from 1.5% In April 22 to **over 4%** by December 23, giving patients more say on when they need a follow up.

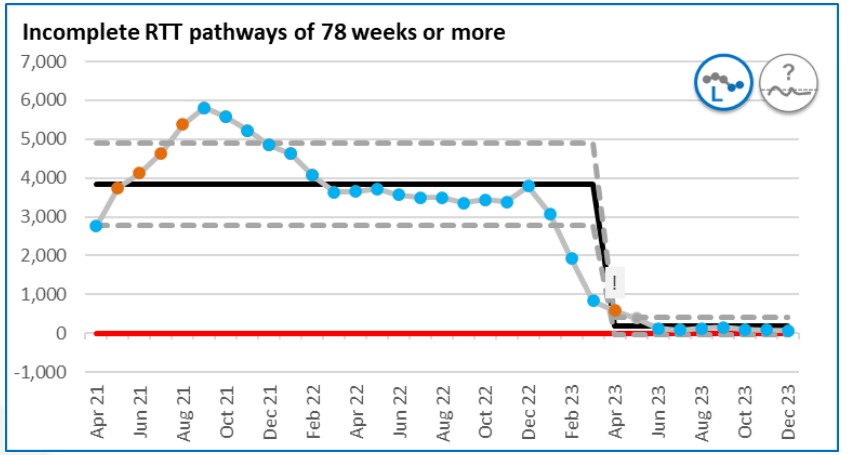
Diagnostics

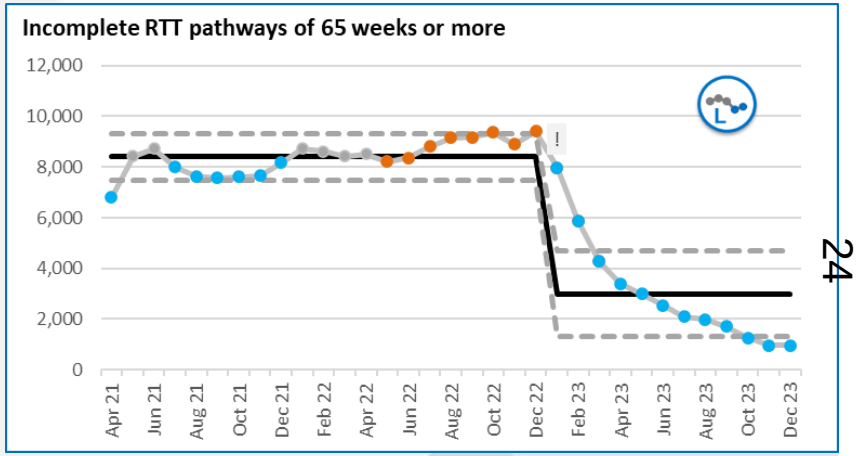
- Since October 22 there has been a **43% reduction in the overall waiting list and long waits have reduced by 71% for 6+ week waits and 80% for 13+ waits. Over 18,000 more tests** completed YTD when compared to 22/23.

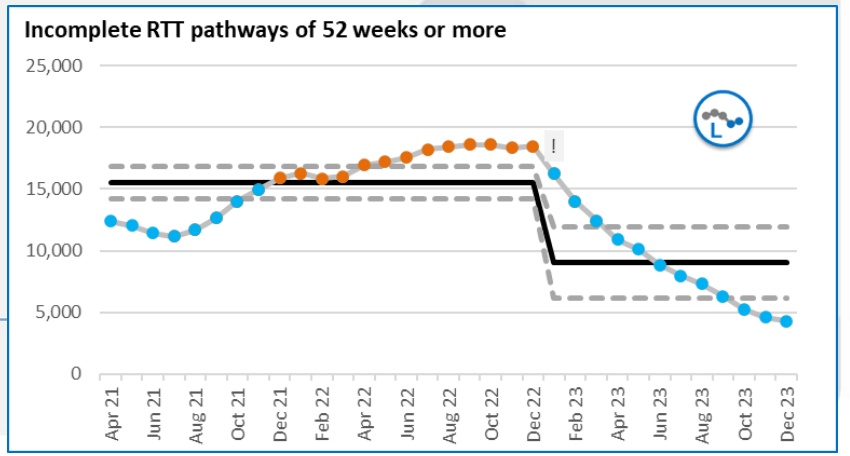
Despite this progress, we have much further to go. The next 12 months will focus on increasing productivity across theatres, outpatients and diagnostics within existing capacity at the three main sites and community hospitals, delivering planned new capacity to enable a sustainable waiting list position, improving on our processes to ensure staff are well trained and well-equipped to manage patient pathways effectively. Reducing our waits further with a focus particularly in cancer by bringing forward first appointments and diagnosing or ruling out cancer and treating patients much faster. And lastly, building on our relationships across LLR and Northamptonshire to reduce inequalities in waits.

RTT Waiting List Long Waiters

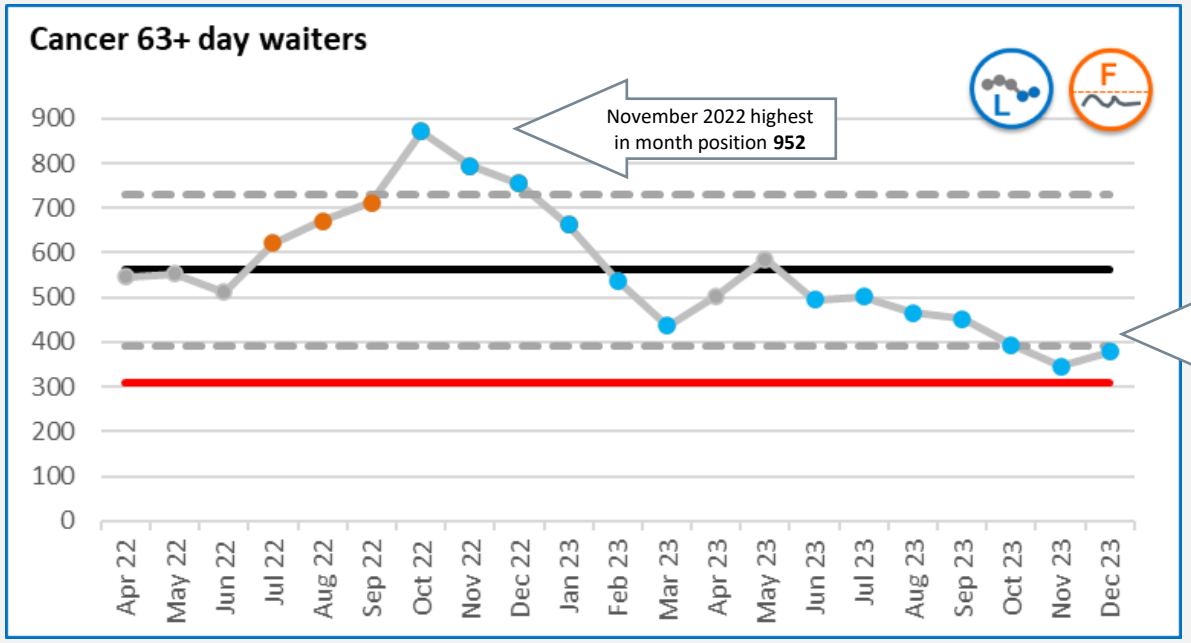


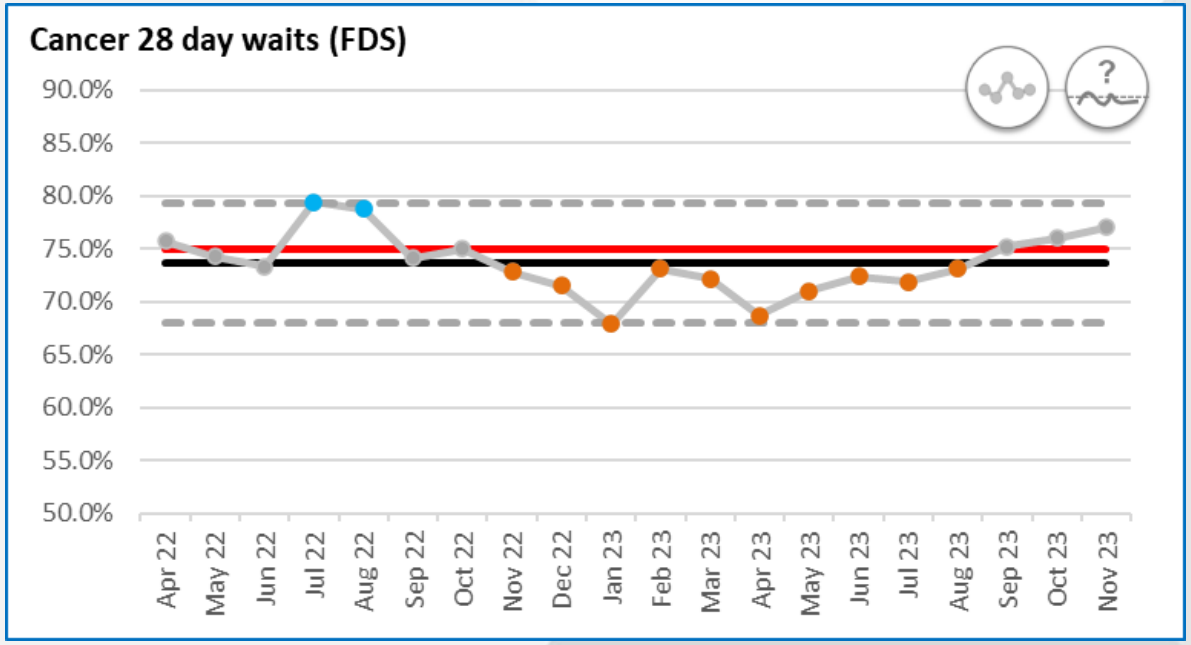




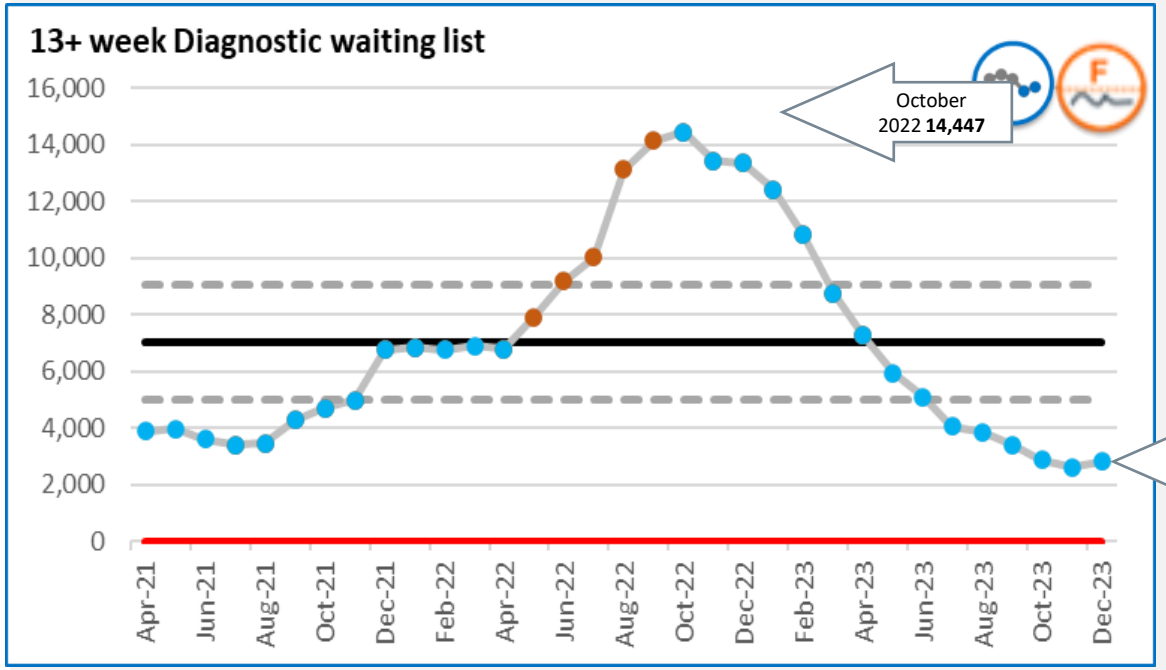


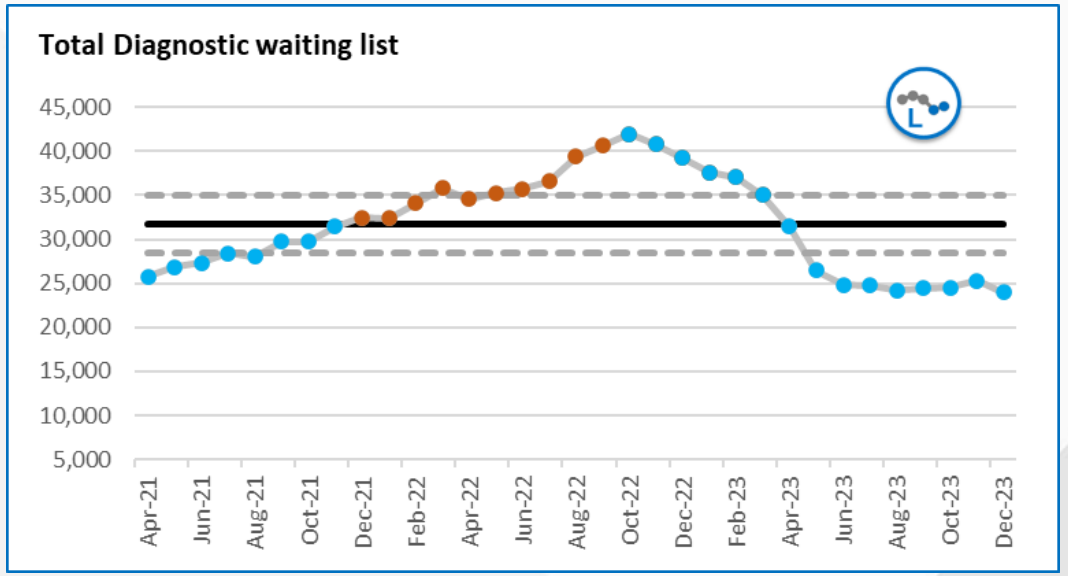
Cancer


Cancer 63+ day waiters
November 2022 highest in month position 952
November 2023 380
900
800
700
600
500
400
300
200
100
0
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23

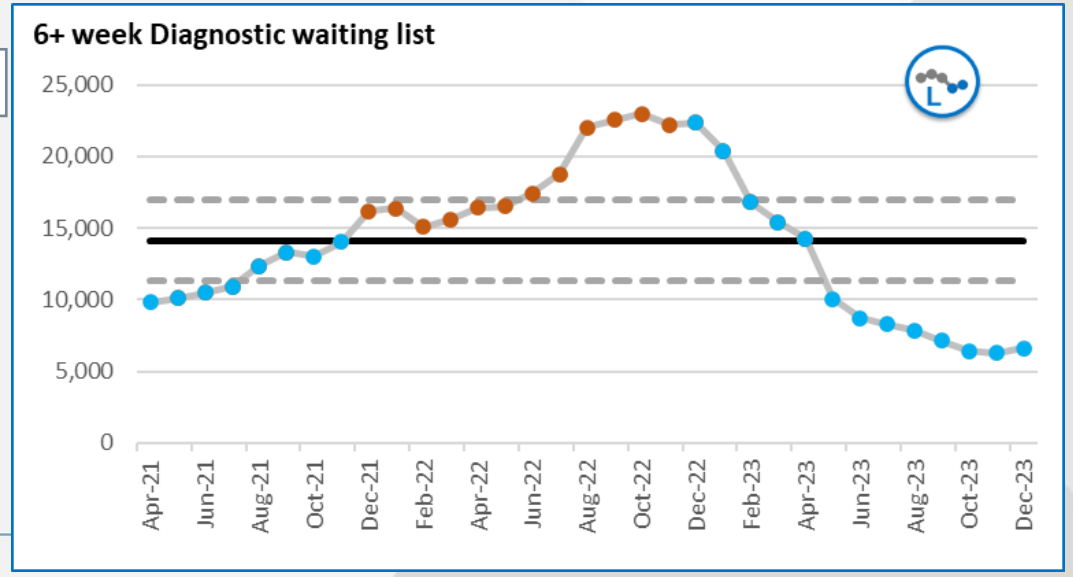

Cancer 28 day waits (FDS)
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23

Diagnostics





December 2023 **2,821**



A year of Improvement - Urgent Care

- Every month in 2023 has seen **fewer hours lost to ambulance handovers** than winter 2022 resulting in **improved category 2 response times.**
- In 2023, we have safely discharged an average of **c.700 more patients** per month than in 2022
- We have **sustained or improved our 4-hour response times** in most months for UHL and across LLR

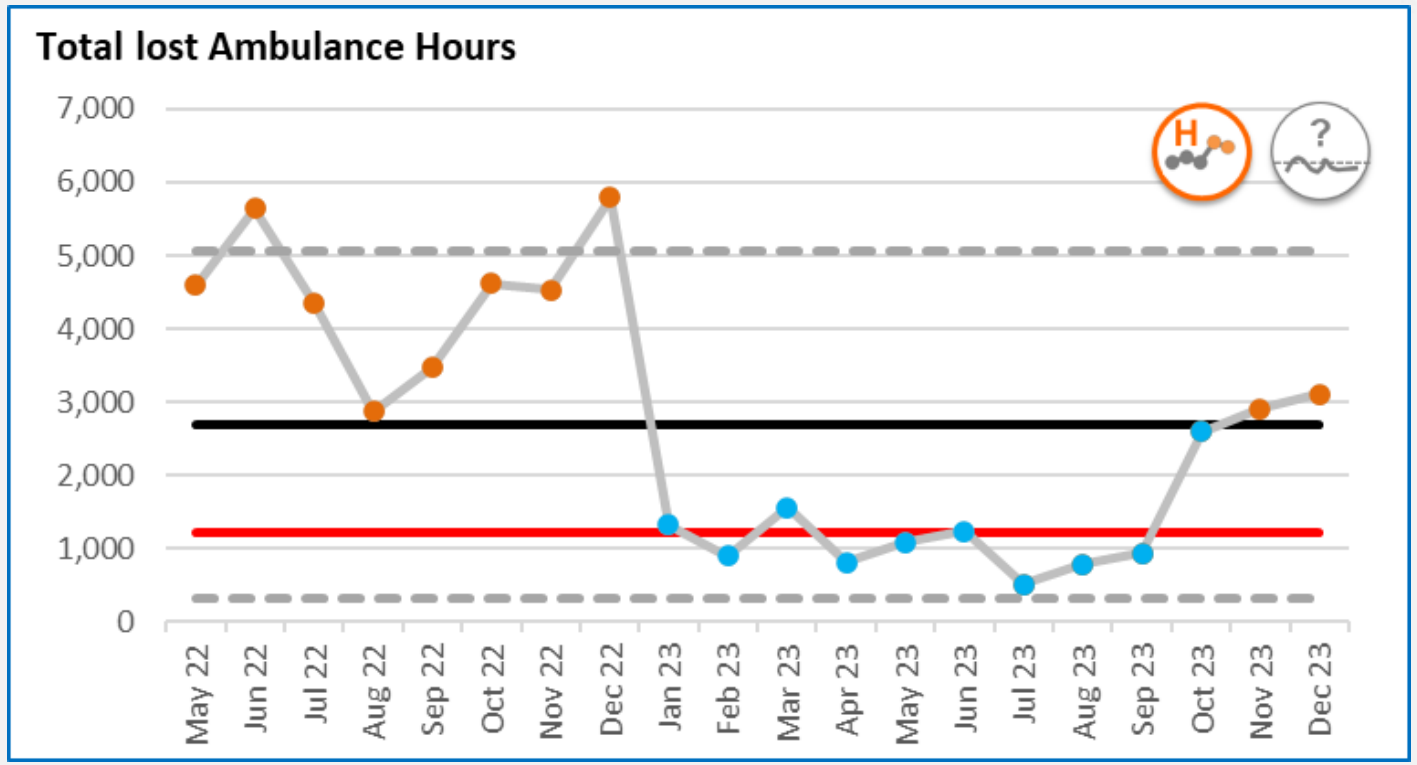
We have achieved this through

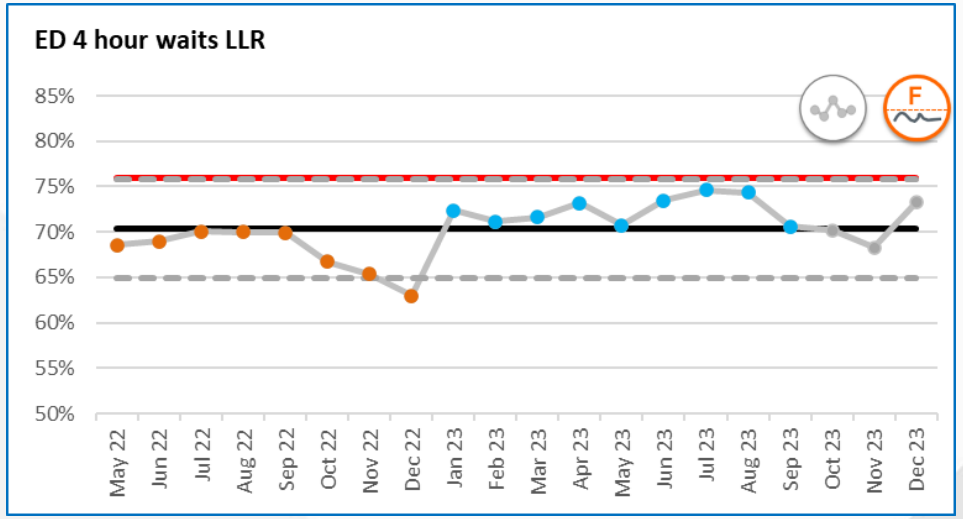
- **Expanded SDEC capacity** at our two emergency sites for Medicine, Respiratory and Cardiology
- Improved our **adoption of technology** to support flow of patients across our sites
- Created capacity through the Glenfield Chest Pain Centre
- **Opened an escalation unit** to allow ambulances to safely handover patients
- **Increased capacity** and **improved utilisation to consistently over 80%** for Virtual Wards
- Reconfigured the Children's Hospital bed base
- **Opened the pre-transfer unit** to decompress the Emergency Department
- Built suites of **data to empower clinical teams** to improve processes to discharge patients
- Secured funding and started the build for bedded capacity at the GH
- **Worked in partnership to create community capacity**

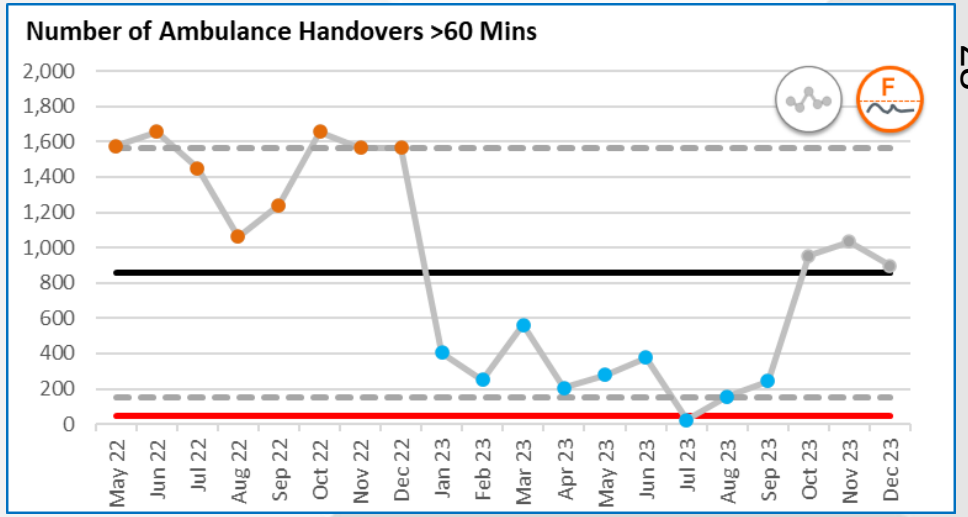
We know we are not where we want to be on our urgent care pathways. Over the next 12 months we need to

- **Increase** bedded capacity at the Glenfield Hospital
- Make provisions for patients to receive care in the most appropriate settings,
  - **Develop SDEC** services across all clinical services
  - **Maximising** the use of **Medical Day Case** facilities
  - Collaborate on developing the **Intermediate Care** offer in LLR
- Continue to improve our **partnership working** with our transport provider
- Develop plans for **Urgent Treatment Centre** capacity
- Implement the next stage of the **Childrens bed reconfiguration**.

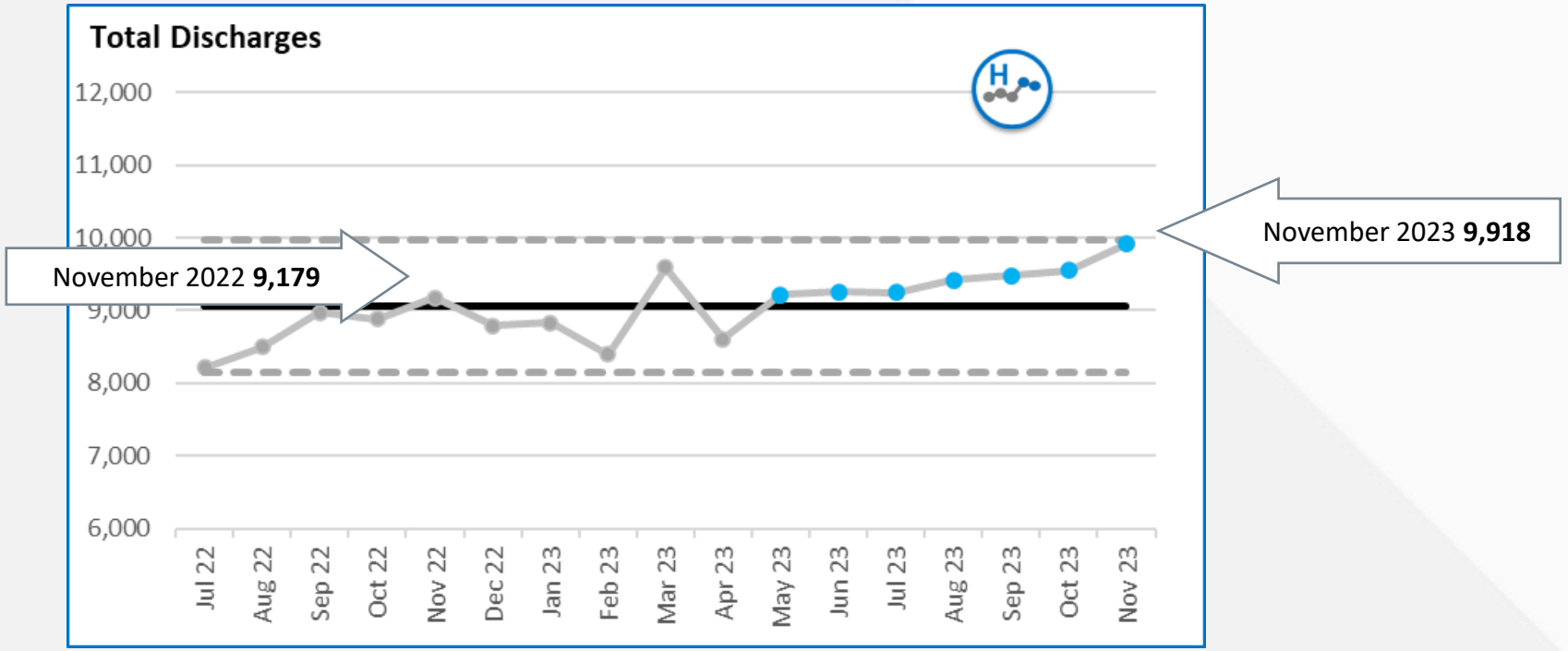
ED Waits / Ambulance Handovers





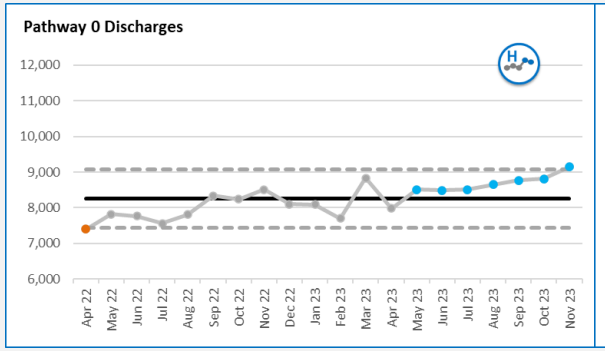


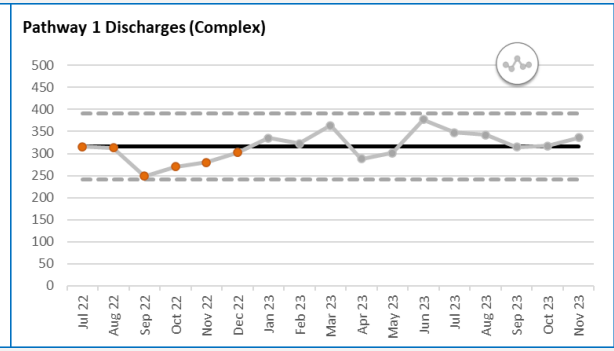
Discharges

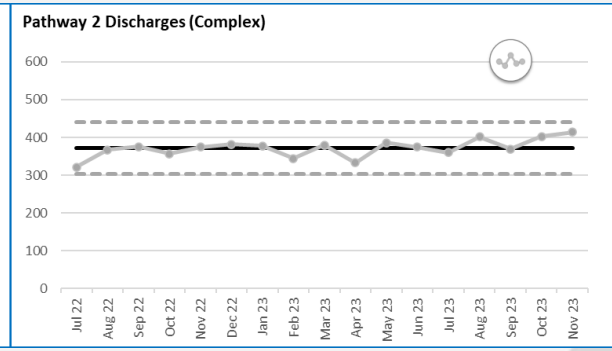


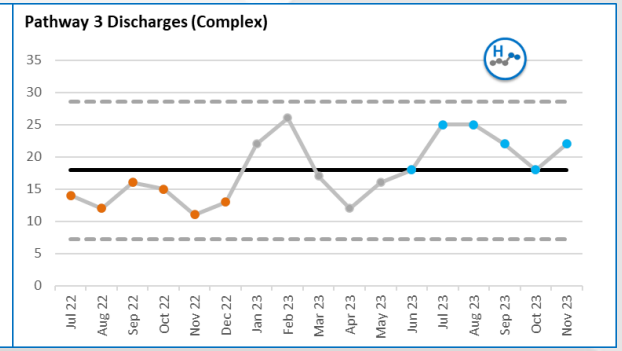
November 2022 **9,179**

November 2023 **9,918**









Critical incident planning

Summary

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

UHL has polices, plans and procedures for EPRR, including an Incident Response Plan which provides a framework and operational details of how the Trust responds to and recovers from any significant health related incidents.

Broadly, there are three type of incident:
- Business Continuity; an event or occurrence that disrupts or might disrupt an organisation's normal service delivery, below acceptable predefined levels, and requires special arrangements to be put in place until services can return to an acceptable level.
- Critical; any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, or where patients and staff may be at risk of harm.
- Major Incident; an event which presents serious threat to the health of the community or causes such numbers / types of casualties where special arrangements are required to be implemented by one or more emergency responder agency.

There are clear processes in place for declaring and managing an incident in the event one is declared.

UHL work closely with all partners across Leicester, Leicestershire and Rutland in EPRR planning.

Summary

University Hospitals of Leicester NHS Trust (UHL) and Leicester, Leicestershire and Rutland ICB declared a critical incident on 23/01/2024, at 06:30. The decision to call an incident was as a result of the significant pressures faced by the Trust, particularly in the Emergency Department (ED) and Clinical Decisions Unit (CDU). These pressures lead to high volumes of people awaiting a bed and very long ambulance waits.

At the time, the situation included:

- A large volume of patients in ED;
- Over 100 patients waiting for beds in ED;
- Long waits for a bed in ED;
- All escalation capacity was fully utilised;
- Surgical capacity was used to support flow and there was no further available capacity.

For further context, the previous 24 hours prior to UHL declaring an incident, there have been significant pressures with emergency flow pathways, resulting in long waits for ambulance handovers and significant increased risk both within ED and in the community.

Therefore, the main cause of the critical incident was in response to significant operational pressures as a result of patient demand exceeding our bed capacity. The impacts were driven by increased demand for our Urgent & Emergency Care services, as well as challenges to achieve discharges.

Numerous actions were taken, including additional clinical support to facilitate flow and discharge. In total, the Trust and system remained in a critical incident mode for 52 hours and 3 minutes.

The Trust and System have clear EPRR processes which are enacted in situations such as this, and are regularly reviewed to ensure that they meet the needs of organisations.

Agenda Item 8

Leicestershire Partnership NHS Trust

LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE: 27TH MARCH 2024

LLR CHILDREN AND YOUNG PEOPLE'S WELL BEING & MENTAL HEALTH UPDATE

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

Purpose of report

1. This report provides Committee members with an update on the Well-Being & Mental Health support available for Children and Young People across Leicester, Leicestershire and Rutland (LLR).

Background:

2. Wellbeing services focus on promoting emotional resilience and strategies to support early intervention for common mental health problems as well as treatment for more complex and severe Mental Health conditions. These services are offered in schools, in community locations and in NHS facilities.

3. The LLR Local Authorities and the NHS commission different services that work together in a system wide approach. Governance and oversight of this work takes place in our shadow mental health collaborative and our system Children and Young People group (CYP Mental Health Emotional Wellbeing Delivery group). Collaborative system wide working also takes place in our Children and Young People Emotional Health and Wellbeing Provider's Network meeting and Improving Access to Children and Young People's Mental Health Support in LLR meeting.

4. Our services commissioned by Health, Public Health and LLR Local Authorities have been shaped and designed following consultation with children and young people, carers and wider stakeholders, and informed through a Joint Strategic Needs Assessment.

5. The demand for support for children and young people has increased significantly since the Pandemic, and as such Health, Public Health and Local Authorities continue to work both collectively and strategically to manage provision and demand across LLR with an array of planned interventions and programmes.

6. We have recently been involved with the National Children's Commission who are using LLR as a case study within their report. This is due to our success with access to services, in particular the introduction of the online self-referral to Triage and

Navigation for Children and Young People and their parents/guardian/carer to access resources and Mental Health support.

Current Provision in LLR:

Health provision:

7. Since 2019, LLR has invested in services to enable:

- **Expansion of the LLR Children and Young People Eating Disorder (ED) service**. Implementation of First Steps ED - a charity providing an early intervention resource which targets improvements in young people's emotional health and wellbeing specifically linked to eating disorders and disordered eating. Collaboratively works with CAMHS ED and supports those on the waiting list as well as those discharged from CAMHS ED.

  Within CAMHS Eating Disorder Service A Home Intervention Team has also been established to support Children and Young People waiting for Specialist Eating Disorder Inpatient Treatment or to avoid escalation into this pathway. We have also commissioned a Consultant Paediatrician to work jointly with LPT in supporting Children and Young People admitted to the children's ward in UHL with an eating disorder and support staff through additional training. We have also commissioned a Dietitian to support Children and Young People with their eating disorder whilst an inpatient in UHL.

- **The expansion of CYP Crisis services.**
  This expansion supports a 24/7 access to urgent mental support in person and via telephone. It has also expanded the Crisis offer at Children's Emergency Departments.

- **The creation of and expansion of the mental health support teams (MHST's) in schools programme.**
  This has enabled mental health support to be offered to an increasing number of schools across LLR.

  At the end of the 2023/24 academic year, LLR MHST's will have 11 functioning teams covering 129 schools. They provide direct MH support in schools (1:1) group work, workshops, assemblies, staff support/education, signposting).

- **The procurement of a Triage and Navigation Service.**
  Effectively triaging referrals for mental health support coming via primary care and more recently self-referral. The Triage and Navigation is the main point of access for Mental Health Support within LLR. Referrals to the service are received from GP's via the PRISM form and also from Children and Young People parent/guardian/carer via the online self-referral. This provides access to resources on emotional wellbeing and Mental Health issues and allows them to refer to Triage and Navigation. The referral is then triaged and referred onto or signposted to the most appropriate service based on their needs. This is a mix of statutory and VCS services within the community.

  From 1/4/24 to 25/1/24 the service has received 6,915 referrals

- **Commissioning of Harmless.**
  Provides support, information, training and consultancy about self-harm to individuals who self-harm, their friends, families and professionals. Promoting health and recovery, reducing social isolation and distress, and increasing awareness and skill in intervention.

- **Expansion within Specialist CAMHS.**
  This has enabled extended opening hours and increase in assessments as well as development of neighbourhood-based practitioners.

- **Expansion of early intervention mental health services provided by a number of VCS partners in local communities.**
  Including an expansion of Relate's Early Intervention Service and community chill out zones in local communities and a mental health mentoring programme delivered between LPT and Leicester City Football Club.

- **Expansion of the digital offer to support Children and Young People through treatment interventions and resources to access whilst waiting.**

8. The impact of the above investment has been significant and has enabled Health to expand its reach and core offer available to children and young people across LLR. The impacts include:

   - A significant increase in the number of Children and Young People accessing Mental Health in the past year (2023/24). The LLR System is currently 5th out of 42 ICB's nationally.

   - Strong compliance with the national referral to treatment targets for Children and Young People Eating Disorders and CAMHS Crisis.

   - A reduction in the number of Children and Young People requiring inpatient mental health support.

   - A reduction in the number of Children and Young People with a Learning Disability or Autism in an inpatient Mental Health unit.

Local Authority commissioned services

9. Local Authority commissioned services across LLR include (not exhaustive):

   - ADHD initiatives running within schools.
   - 0-5, 5-11, and teen provision in schools focusing on early intervention and prevention, early attachment and parenting issues through to transitioning from primary to secondary.
   - Restorative programmes for bullying and promotion of health interpersonal relationships.
   - Mentoring programmes.
   - Psychological services, SEND provision, Early Help interventions.
   - YouHQ app.
   - Youth Justice Lead.

- Domestic Abuse support programme supporting children.
- Anxiety Related non-attendance programme.
- School Support Partnership programme.

10. The above illustrates the breadth, coverage and complexity involved with commissioning and meeting the needs of Children and Young Peoples Mental Health provision; noting the important investments being made for both early intervention and prevention interventions across LLR.

Access to Service Performance:

Children and Young People Access performance:

11. In April 2023 our 12-month rolling average of the number of young people supported was 13,490, by December 2023 we had increased the access to support 16,065 young people.

CAMHS access and referral to treatment performance:

12. Since January 2024, 100% of all referrals met the 4-week target; with 86.1% of routine referrals meeting the 13-week target.

CAMHS Eating Disorder urgent and routine referral performance:

13. Since June 2023, 100% of urgent 'referrals to NICE treatment' achieved the 1-week target.

CAMHS Crisis Resolution and Home Treatment performance:

14. In February 95% of face-to-face contacts were made within 24 hours; and 90% of telephone contacts were made within 2 hours, all exceeding targets.

Challenges we continue to face as a System:

15. Following all national trends, there is an increasing number of referrals to CAMHS Outpatients across LLR. In 2022/23 our referrals and the length of time waiting for initial assessment had increased by some 67% compared to 2021/22. Investment across LLR into our outpatient CAMHS provision during this financial year has seen the number reduce significantly.

16. An increasing number of requests for neurodevelopmental assessment has been a significant contributary factor for pressure in the system. CAMHS currently offers assessment for ASD and ASHD for secondary school age children. These referrals have accounted for more than 50% of all referrals into CAMHs in the past year. Again, this is also been recorded as a national trend.

17. As a system we will jointly continue to focus on:

    - Improving the referral quality from Primary Care to the Triage and Navigation Service.

- The increasing number of children and young people presenting with neurodevelopmental concerns.
- Supporting communities where access to mental health support offers are not being accessed.
- Workforce challenges around recruitment, retention and development of new roles.
- Availability and effective use of estate space.

Support requested from Scrutiny members:

18. Committee members are requested to:

- Champion the importance of good mental health and well-being across LLR. Public Open Spaces, housing, employment, public safety all make large contributions to good mental health and well-being.

- Recognise and promote the range of providers across Leicester, Leicestershire and Rutland who are able to help Children and Young People with Mental Health needs.

- Support continued partnership working between children's services, education, communities and the NHS to enable helpful conversations that move us from diagnosis to meeting needs.

- Championing national and local discussions on solutions and supporting this increase in demand, particularly for Neuro Developmental diagnosis. Supporting children and families now, makes a big difference for their future.

- Support us in promoting the great work that is done across LLR for Children and Young People.

Recommendations for Committee

19. The Committee is invited to:

(a) Note the multi-organisational offer for Children and Young Peoples' Well being across Leicestershire, Leicester and Rutland.

(b) Note the challenges faced in the LLR system

Equality Implications

20. There are no equality implications arising from the recommendations in this report. All provision commissioned has followed due diligence.

Human Rights Implications

21. There are no human rights implications arising from the recommendations in this report. All provision commissioned has followed due diligence.

Officer(s) to Contact

Justin Hammond
Associate Director of Mental Health & Learning Disability
NHS Leicester, Leicestershire & Rutland ICB
Justin.hammond@nhs.net

Paul Williams
Head of Service
Leicestershire Partnership NHS Trust
paul.williams56@nhs.net

Agenda Item 9

Leicestershire County Council

LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE: 27 MARCH 2024

PROPOSED AMENDMENTS TO COMMITTEE TERMS OF REFERENCE

REPORT OF THE SECRETARIAT (LEICESTERSHIRE COUNTY COUNCIL)

Purpose of report

1. The purpose of this report is to enable the Committee to consider proposed changes to the Committee's Terms of Reference which are required as a result of new Regulations and guidance from the Department of Health and Social Care which has been published relating to the role and powers of Health Scrutiny Committees.

Policy Framework and Previous Decisions

2. The Terms of Reference of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee were last updated at the Committee meeting on 6 July 2021.

Background

Power of referral to Secretary of State

3. Regulation 23(9) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 originally stated that a local authority may report to the Secretary of State in writing where—
   (a) the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
   (b) the authority is not satisfied that the reasons given are adequate; or
   (c) the authority considers that the proposal would not be in the interests of the health service in its area.

4. The Secretary of State was originally only able to intervene in health proposals after the above referral from a local authority had taken place.

Joint Health Scrutiny

5. Section 30 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 states that two or more local authorities may appoint a joint committee ("a joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercisable by the joint committee subject to such terms and

conditions as the authorities may consider appropriate. The Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee was set up in accordance with this.

6. Leicestershire County Council and Rutland County Council decided that any decision to make a referral to the Secretary of State had to be made by their full Council and not by a Scrutiny committee. Leicester City Council delegated the referral power to its Health scrutiny committee.

7. The Terms of Reference of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee were therefore drafted to reflect the position as set out in paragraphs 3, 4, 5 and 6 above. The Constitutions of the three constituent authorities were amended to reflect this position.

8. Section 46 of the Health and Care Act 2022 amended the National Health Service Act 2006 to confer intervention powers on the Secretary of State in relation to the reconfiguration of NHS services. This meant that the Secretary of State no longer needed to receive a referral before they could intervene.

9. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024 came into force on 31 January 2024. These Regulations amended certain sections of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and, of most significance, Regulation 23 has been deleted. The guidance from the Department of Health and Social Care confirms that this means local authorities' powers of referral to the Secretary of State have been removed. Instead of the referral power, health overview scrutiny committees and other interested parties can write to request (via a call-in request form) that the Secretary of State consider calling in a proposal.

10. The written request to the Secretary of State that the Secretary of State consider calling in a proposal should state clearly how the request meets one of the following criteria:

    a) there are concerns with the process that has been followed by the NHS commissioning body or NHS provider (for example, the adequacy of the content of consultation with the public or the time allowed for consultation with the public; how options have been developed);

    b) a decision has been made and there are concerns that a proposal is not in the best interests of the health service in the area.

11. Where a reconfiguration has been called in, each local authority whose area the proposed reconfiguration of NHS services relates to will have an opportunity to make representations to the Secretary of State.

Interim arrangements

12. Section 3 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024 states that if a local authority has already made a referral to the Secretary of State on a day up to and including 30 January 2024 then the procedure under the old Regulation 23(9) of The Local Authority (Public Health, Health and Wellbeing Boards and Health

Scrutiny) Regulations 2013 will apply. However, as no local authority in Leicester, Leicestershire and Rutland (LLR) made any referrals to the Secretary of State prior to 30 January 2024, all health service proposals for LLR will now be subject to the amended Regulations.

Proposals/Options

13. The Terms of Reference of the Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee require amending to reflect the change in the regulations as set out in paragraph 9 above.

14. It is proposed that 'Section 6: Scope of the Joint Committee' be amended to reflect that local authorities' powers of referral to the Secretary of State have been removed but that there is the ability to complete a call-in request form (see Appendix A).

15. The Constitutions of the constituent authorities will also require amending to reflect that the powers of referral no longer exist, but these amendments will require approval of those authorities themselves.

Access to Information Procedure Rules

16. As the Constitution/Standing Orders of the Authority providing the Secretariat apply to the Joint Committee, the link in the Terms of Reference to the Leicester City Council Access to Information Procedure Rules also needs changing to the Leicestershire County Council Access to Information Procedure Rules.

Recommendation

17. That the proposed amendments to the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee as set out in paragraphs 13-16 above be approved.

Background papers

18. Department of Health and Social Care Guidance - Local Authority Health Scrutiny https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny

19. Centre for Governance and Scrutiny Guidance https://www.cfgs.org.uk/wp-content/uploads/2024-01-09-HEALTH-SCRUTINY-PRIMER.pdf

15. Department of Health and Social Care Guidance - Reconfiguring NHS services - ministerial intervention power https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers/reconfiguring-nhs-services-ministerial-intervention-powers

Circulation under the Local Issues Alert Procedure

None

Equality Implications

20. None

Human Rights Implications

21. None

Appendices

Appendix A – Proposed new Terms of Reference

Officer to Contact

Euan Walters – Senior Democratic Services Officer
Telephone: 0116 3056016
Email: Euan.Walters@leics.gov.uk

Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee

Working arrangements and Terms of Reference

1. Membership

   The Membership of the Committee shall be made up of 16 voting members – 7 members nominated by the City Council, 7 by the County Council and 2 by Rutland Council. In view of the size of the Committee and the range of its responsibilities, it is considered that there should be no co-opted members.

   Each Healthwatch body in Leicester, Leicestershire and Rutland will be invited to send a non-voting representative to the meeting.

   Members of the Committee will be appointed by each relevant Local Authority in accordance with its procedures.

2. Chair and Vice-Chair

   The position of Chair will rotate between the City Council and the County Council on a two-year cycle. The Vice-Chair will be from the Authority not holding the Chair. The City Council will nominate the Chair for the period May 2021 to May 2023 and the County Council and City Council will then rotate the position of Chair and Vice-Chair in each two-year cycle afterwards.

3. Secretariat

The Secretariat will be provided by the Authority nominating the Chair. The Secretariat will liaise with all three authorities in drawing up the agenda. The Constitution/Standing Orders of the Authority providing the Secretariat will apply to the Joint Committee.

4. Policy Support

Both the City Council and the County Council will each provide an officer to assist the Health Scrutiny Process.

Both officers will liaise with and assist the Secretariat in drawing up the agenda and undertaking or commissioning research from within their respective Councils on behalf of the Joint Committee. Liaison will take place with the nominated officer(s) from Rutland Council.

5. Agenda Planning and Briefing

The Chair and Vice-Chair will be consulted on the agenda. Arrangements will be made for providing information on agenda items to Rutland at an early stage. An agenda setting meeting will be held prior to the main meeting with the Chair and Vice-Chair to which the lead Rutland member will be invited to attend. These meetings may be held virtually.

Any member of the Joint Committee will be entitled to ask for an issue to be placed on the agenda. Any such request should be in writing and accompanied by the reason for raising the item. If appropriate, the Secretariat may discuss with the member whether other means of

addressing the issue have been explored and the outcome of this (e.g. has it been raised with the relevant Trust and what response was received). The Secretariat may report on such other means and outcomes to the Joint Committee.

In planning agendas, members will bear in mind the purpose of the Joint Committee, namely, to achieve a co-ordinated response from the three authorities on key issues of common interest within the health agenda and to avoid duplication whilst recognizing that authorities may wish to carry out separate scrutiny exercises in the light of the particular circumstances of their areas and priorities of their authority.

A joint briefing arrangement will be provided for the Chair and Vice-Chair with officer support. The briefing meeting will be held on the same day as the meeting, one hour before the meeting is due to start.

There will be provision to include as a general item on the agenda for Member Questions on matters that are not covered elsewhere in the same agenda.

These arrangements will be reviewed periodically.

6. Scope of the Joint Committee

i) The Joint Committee is the appropriate body to be consulted by NHS England on any proposals in accordance with Regulation 30 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (as amended by The

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024). The R~~r~~egulations provide that where the appropriate person (NHS England) has any proposals for a substantial development or variation of a health service in an area they must consult the local authority. Where the consultation affects more than one local authority in an area, the local authorities are required to appoint a Joint Committee to comment upon the proposal and to require a member or employee of the responsible person to attend its meeting and respond to questions in connection with the consultation.

The Regulation does not prevent constituent Councils of the Joint Committee considering the issues separately; but it is the responsibility of the Joint Committee to formally respond to the consultation process.

ii) ~~The ide that a~~A Council may write to request (via a call-in request form) that the Secretary of State consider calling in a proposal. The Department for Health and Social Care expects this only to be used in exceptional situations where local resolution has not been reached. ~~refer a proposal to the Secretary of State where:~~ -

All written requests should state clearly how the request meets one of the following criteria:

a) there are concerns with the process that has been followed by the NHS commissioning body

or NHS provider (for example, the adequacy of the content of consultation with the public or the time allowed for consultation with the public; how options have been developed);

b) a decision has been made and there are concerns that a proposal is not in the best interests of the health service in the area.

~~• it is not satisfied that the consultation has been adequate in relation to content or time;~~

~~• it is not satisfied with the reasons given for the change in services; or~~

~~• it is not satisfied that that the proposal would be in the interests of the health service in its area.~~

~~iii)~~ A decision to write to request (via a call-in request form) that the Secretary of State consider calling in a proposal~~referral to the Secretary of State~~ must be made by the full Council of a constituent authority unless the full Council has delegated the function to a Committee of the Council or to the Joint Health Scrutiny Committee.

iii~~v~~) To scrutinise and comment on the exercise by all other NHS bodies of functions or proposals on a strategic basis which affect the areas of all three authorities.

v) To scrutinise the activities of Health Trusts with responsibility for health service functions across the area of the three authorities (i.e. UHL Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service, ~~Public Health England~~ and the NHS England etc.).

vi) To respond to any consultations by the Health bodies referred to in (i) above, including those which involve a substantial variation in provision of such service.

vii) To respond to other consultations issued by all the NHS bodies which affect the areas of the three authorities.

7. Frequency of Meetings

Meetings of the Committee will generally take place three times a year, but extra meetings may be convened with the agreement of the Chair.

8. Quorum

The quorum of the Committee shall be at least one quarter of the whole number of the Committee. (4)

9. Voting

All decisions will be made by a majority vote of Members present at the Committee. In the event of an equality of votes, the chair will have a second and casting vote. Where a casting vote is exercised this will be recorded in the minutes.

A minority report may be prepared and submitted to the relevant NHS body (or Secretary of State) along with the majority report in the following circumstances: -

(i) when a majority of members of a particular Authority disagree with the findings; and

(ii) when at least one quarter of the members of the joint committee disagree.

10. Referrals

Referrals to the Joint Committee from individual health scrutiny committees should be carefully monitored and the reasons for the referral should be included in any report.

Referrals from Healthwatch should be considered carefully in line with the purpose of the committee to avoid overloading the Joint Committee. The City and County Councils have protocols in place to ensure that referrals are not used as a substitute for other processes.

11. Media/Publicity Protocol

Where possible any press releases or publicity on behalf of the Committee should be undertaken after consulting all Spokespersons. Where this is not possible the Chair and Vice Chair of the Joint Committee will be authorised

to issue press releases on the basis that these will be copied/e-mailed to all Group Spokespersons.

Responsibility for public and media relations on behalf of the Committee lies with the Authority responsible for the Secretariat.

12. Access to Information

The Access to Information Procedure Rules laid down by the Host Authority will apply with any necessary modifications. Link to ~~Access to Information Procedure Rules contained in Part 4B of the Leicester City Council's Constitution~~ https://democracy.leics.gov.uk/documents/s180343/Part%204B%20Access%20to%20Information%20Procedure%20Rules.pdf

13. Interpretation of Rules of Procedure

Subject to the provisions outlined in these working arrangements the Scrutiny Procedure Rules laid down by the Host Authority will apply with any necessary modifications.