



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 18 January 2023.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. R. Hills CC

Mr. K. Ghattoraya CC

Ms. Betty Newton CC

Mr. D. Harrison CC

Also in attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health.

Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 46 refers).

Nilesh Sanganeer, Chief Medical Officer, Integrated Care Board (minute 46 refers).

Rachel Dewar, Assistant Director of Urgent and Emergency Care, Integrated Care Board (minute 46 refers).

39. Minutes of the previous meeting.

The minutes of the meeting held on 2 November 2022 were taken as read, confirmed and signed.

40. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

41. Questions asked by members.

The Chief Executive reported that the following question had been received under Standing Order 7(3) and 7(5):

Question by Mr. P. King CC:

Recently I received the following information from local charity Arthritis Support Leicestershire:-

At the heart of our charity's ethos is Self Help and we support people of all backgrounds and cultures to manage their Arthritis and other related MSK conditions by providing a range of activities such as

- Zoom adapted Yoga
- gentle exercises
- activities for children and families
- well-being workshops about living with Arthritis
- I T and telephone support.

Our most popular activity is weekly hydrotherapy for up to 24 people or at least it was until we lost the use of the hydrotherapy pool at Leicester General Hospital.

The Charity has a fantastic volunteer who has managed this project for us and we also have qualified Lifeguards who have provided weekly support at the pool.

The loss of the pool at LGH has been due to a problem with the ventilation system which is need of repair. This problem was reported just at the start of the pandemic so we have been unable to provide this much needed service for our members for over 2 years.

In order to find alternative provision, we have reached out to local radio, the Press, local pools and there is a provision being made at Oadby Parklands Leisure Centre. This pool however, is not warm enough to provide our members with any long lasting benefits that a proper Hydrotherapy pool would give such as :

- reduced pain
- Improvements in joint flexibility and movement
- strengthening muscles and joints, - improved circulation
- positive well being (link between chronic pain and mental well being cannot be underestimated)
- networking (groups have developed great relationships and friendships over the years)

The loss of the pool at LGH has had a negative impact on all of the above.

Access to the Hydrotherapy pool at the Leicester General is a must if we are to help improve the quality of life for our members with MSK conditions. “

In exchanges of emails previously with Andy Williams in his role as the tri-CCGs Cx and also the new Cx of UHL Richard Mitchell, I have questioned them both previously as to when this pool will be brought back into use and been advised that it needs fixing but that no funds are available.

In the proposals for the £450M Building Better Hospitals plans, there was a proposal to close the LGH Hydro-facility, and replace it with “hydrotherapy pools already located in community settings to provide care closer to home”.

Given that this note from ASL confirms that there are no suitable existing available facilities in the community to use, can UHL confirm:

- a) where the currently available and age appropriate facilities that they referenced in the BBH proposals and consultation are located in LLR?
- b) why none of these facilities have apparently been made available to ASL users and others to support their conditions?
- c) What is the precise issue with the present Hydro-pool facility?
- d) what is the estimated cost of repairs?
- e) how long will it take to fix?
- f) Is there a definite intention or work plan commitment to fix it and bring it back into use?

Reply by the Chairman:

The above questions were forwarded to both University Hospitals of Leicester NHS Trust and the Integrated Care Board and written answers were sought in time for the meeting today. However, to date I have not received any information in response and am therefore unable to answer the questions from Mr. King CC at this current time. I am

aware the NHS has been under great pressure recently and they have other priorities which may explain the lack of a response. I will continue to seek the information from the NHS in order to answer the questions and will provide a further written answer after the meeting when I can.

Note: Subsequent to the meeting the following response was received from the NHS:

“While the public consultation identified several potential locations, none of these are deemed suitable for hydrotherapy provision.

c). What is the precise issue with the present Hydro-pool facility?

During the pandemic, hydrotherapy provision was ceased, due to concerns with infection prevention, primarily with air exchange. The decision was subsequently taken to keep the pool closed due to the deteriorating quality of the aged air handling unit.

d) What is the estimated cost of repairs?

The estimated repair cost is £153,000 including VAT.

e). how long will it take to fix?

The repairs are estimated to take up to three months to complete following approval.

f) Is there a definite intention or work plan commitment to fix it and bring it back into use?

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.”

42. Urgent items.

There were no urgent items for consideration.

43. Declarations of interest in respect of items on the agenda.

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 declared a Non-Registrable Interest in agenda item 8: Winter pressures as she had two close relatives that worked for the NHS.

44. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

45. Presentation of Petitions under Standing Order 35.

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

46. Winter pressures across the Leicester, Leicestershire and Rutland Health and Care System.

The Committee received a presentation from University Hospitals of Leicester NHS Trust (UHL) and the Integrated Care Board (ICB) regarding winter pressures across the Leicester, Leicestershire and Rutland Health and Care System. A copy of the presentation slides, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Jon Melbourne, Chief Operating Officer, UHL, Nilesh Sanganeer, Chief Medical Officer, ICB, and Rachel Dewar, Assistant Director of Urgent and Emergency Care, ICB.

Arising from discussions the following points were noted:

- (i) UHL had declared a critical incident on 30 December 2022 due to high patient attendances but were able to stand the incident down on 1 January 2023. UHL understood that every other hospital trust in the East Midlands had also declared a critical incident around the same time. Members welcomed the quality and extent of the communications which were disseminated to the public when the critical incident was declared. The messaging to patients was to only come to the Emergency Department if they really needed to be at the Emergency Department.
- (ii) The respiratory pathways had been facing particular pressure over the winter but there had been recent improvements. Acute respiratory infection hubs had been launched to help manage viruses.
- (iii) Members welcomed the improvement in handover times at the Leicester Royal Infirmary Emergency Department.
- (iv) Clinical navigation systems were in place so that patients that had called for an ambulance could be taken directly to the most appropriate place for their needs and not automatically taken to the Emergency Department. Some patients could be treated in the community. This approach was reducing the numbers of patients arriving at the Emergency Department.
- (v) There was now a Minor Injuries and Minor Illness Unit at Leicester Royal Infirmary though the unit did not have a walk-in service. It was expected that the unit was having some impact on reducing attendances at the Emergency Department but it was hard to tell the extent of the impact.
- (vi) As the condition of some patients could deteriorate when in a hospital bed rather than when being more active at home, virtual wards were being used to monitor patients in their own homes.
- (vii) The actions on the slides at page 16 were rag rated so the ones in green had been completed, and the one in red (implement 300 virtual ward beds) had not yet been achieved.
- (viii) Work was ongoing to improve patients' access to Primary care and the Enhanced Access Scheme would mean that primary care appointments were available 8.00am

to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. There was a target of 75% of primary care patients being seen face to face and the majority of GP Practices in Leicestershire were meeting this target.

- (ix) In response to a question about staff retention and the health and wellbeing of the workforce reassurance was given that staff morale was a priority, and it was being demonstrated to staff that the current difficulties were only temporary and plans were in place for improvement. Staff were being made aware of career opportunities in order to encourage them to stay. It was hoped to move to a position where agency staff did not have to be relied on.
- (x) The threat of industrial action was an issue facing the health and care system and there had been ambulance strikes on 21 December 2022 and 11 January 2023. However, the strikes had been managed well which was demonstrated by the ambulance handover times for those days which were good compared to other days. This had been achieved by putting in place additional services for those days, increasing the number of appointments available outside of the Emergency Department (which had come at additional cost) and using private ambulance crews.
- (xi) Partnership working had been important in tackling winter pressures particularly working with local authorities. It was too early to assess the full impact of the new Integrated Care System but the first 6 months had gone well and integrated working was key.

RESOLVED:

That the contents of the presentation be welcomed.

47. Public Health Medium Term Financial Strategy 2023/24-2026/27.

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2023/24 to 2026/27 Medium Term Financial Strategy (MTFS) as it related to Public Health. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, to the meeting for this item.

Mrs. Richardson CC stated that the budget had been challenging and services had been reviewed to ensure the best service for residents was provided. The department's funding came from the ringfenced Public Health Grant which meant there was a criteria for what the money could be spent on. The 2023/24 Public Health Grant allocation had not yet been announced and were it to be reduced compared to the previous year further cuts could have to be made.

In response to a question as to why savings had to be made if the Grant was ringfenced it was explained that Public Health Grant money could be spent in other County Council departments as long as it met the criteria. Decisions had to be made on whether to spend the money on the Public Health Department's own schemes or to use the money to support the work within other departments. If the money was to be spent in other County Council departments then savings would have to be made from the Public Health Department's own budget.

In response to a question from a member it was confirmed that due to rising inflation there was a concern that the Public Health Grant would be consumed by costs rather than on delivering services.

Members acknowledged the difficulties the department had faced in setting a budget and commended officers for their work.

With regards to the Homelessness Contract it was clarified that the contract was to provide support and improve the health and wellbeing of homeless people. Whilst many of the homeless people that received the support were based at the Falcon Centre in Loughborough, the contract did not fund the hostel itself. Therefore, were the contract value to be reduced there would be no impact on the Falcon Centre core service. Members asked for a briefing note explaining this position to assist them.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 30 January 2023.
- (c) That officers be requested to provide members with a briefing note regarding the situation with the Homelessness Contract.

48. Recommissioning of Sexual Health Services.

The Committee considered a report of the Director of Public Health which sought the views of the Committee on the proposed model for sexual health services as part of a consultation. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were made:

- (i) Members welcomed the fact that the proposed new model made greater use of online services. However, it was acknowledged that some sexual health services could not be carried out online and there was a clinical need for face-to-face appointments. It was intended that under the new model patients that required a face-to-face appointment would be able to get one immediately.
- (ii) Concerns were raised that some parts of Leicestershire were a long way from the hub in Loughborough.
- (iii) A member suggested that as the sexual health services were open access Leicester City residents could attempt to access the County services and vice versa and therefore there needed to be joined up working between the authorities.
- (iv) A member noted that there was not a link to the consultation on the County Council home webpage and in response it was acknowledged that further work needed to take place to publicise the consultation through different channels. The Director of Public Health explained that the department was not just relying on the consultation for feedback and focus groups were also being held.

RESOLVED:

That the proposed model for sexual health services in Leicestershire be supported.

49. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 1 March 2023 at 2.00pm.

2.00 - 3.36 pm
18 January 2023

CHAIRMAN

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