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 Wednesday, 27 November 2024.

PRESENT

Cllr. K. Pickering (in the Chair)

Mr. M. H. Charlesworth CC
Cllr. Zuffar Haq
Mr. D. Harrison CC
Mr. R. Hills CC
Mr. P. King CC
Cllr. R. Payne
Mr. T. J. Pendleton CC
Cllr R. Ross
Mrs B. Seaton CC

In attendance

Kash Bhayani, Healthwatch Leicester and Leicestershire.
Dr Nil Sanganee, Chief Medical Officer, Integrated Care Board (minutes 19 and 21 refer).
Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (joined online) (minute 19 refers).
Tracy Ward, Assistant Director – Integration, Access and Prevention, Leicestershire County Council (minute 19 refers).
Jo Grizzell, Senior Planning Manager, Integrated Care Board (minute 21 refers).
Ben Teasdale, Associate Medical Director, University Hospitals of Leicester NHS Trust (joined online) (minute 23 refers).
Mike Sandys, Director of Public Health, Leicestershire County Council (minute 22 refers).
Liz Rodrigo, Consultant in Public Health, Leicester City Council (minute 22 refers)

12. Minutes of the previous meeting.

The minutes of the meeting held on 17 July 2024 were taken as read, confirmed and signed, subject to the addition of Janet Underwood, Healthwatch Rutland, to the attendance list.

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 no questions had been received under Standing Order 7.

15. Urgent items.

There were no urgent items for consideration.

16. Declarations of interest.

Mr. R. Hills CC declared a registerable interest in agenda item 11: Water Fluoridation in Leicester, Leicestershire and Rutland as he had agreed a contract to work for NHS England in the Office of the Chief Dental Officer as a Clinical Fellow.

17. Declarations of the party whip.

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

18. Presentation of Petitions.

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

19. Critical Incident declared at University Hospitals of Leicester NHS Trust.

The Committee received a verbal update from Dr Nil Sanganee, Chief Medical Officer, Integrated Care Board regarding a Critical Incident declared at University Hospitals of Leicester NHS Trust (UHL) on 9 October 2024. The Committee also welcomed to the meeting for this agenda item Jon Melbourne, Chief Operating Officer, UHL and Tracy Ward Assistant Director – Integration, Access and Prevention, Leicestershire County Council.

Arising from discussions the following points were noted:

(i) The Critical Incident was stood down 30 hours later on the morning of 10 October 2024. UHL had not declared a Critical Incident since and on average UHL declared a Critical Incident approximately once a year.

(ii) The Critical Incident had to be declared due to significant pressures facing UHL. The pressures were mainly caused by an increase in respiratory illnesses amongst children and more significantly adults, and a general increase in the complexity of problems that patients were suffering from. UHL was not alone in facing these pressures; similar pressures were being seen at hospitals across the midlands.

(iii) A member questioned the definition of a critical incident and whether the factors UHL faced in October 2024 were sufficient for a Critical Incident to be declared. Members raised concerns that a Critical Incident had to be declared so early in the 2024/25 winter. In response it was explained that the respiratory illnesses had presented earlier in the winter than they usually did. It was also explained that the pressures across the year had generally been higher which meant that it took less of an increase over winter to push the system into critical territory.

(iv) Every year an Emergency and Urgent Care Plan was put in place for Leicester, Leicestershire and Rutland (LLR) and additionally specific plans had been put in place to manage the winter 2024/25 pressures across the health and care system. Additional interventions were being put in place including additional funding for GP appointments, Urgent Treatment Centre appointments, additional beds, and measures to avoid the ambulance service having to convey patients to the Emergency Department. In response to a query from members as to whether the plans had been inadequate, UHL stated that in their opinion the plans were not deficient, but the demand faced by UHL had exceeded that which had been planned for.

(v) A member raised concerns about severe ambulance delays in LLR which on one occasion had seen a patient wait 16 hours. Members emphasised that there was no criticism of the ambulance staff themselves but the measures in place to manage the demand were questioned. In response UHL and the ICB acknowledged that the ambulance service was under extreme pressure and some of the patient experiences referred to were unacceptable. However, work was taking place to address these problems and to ensure a rapid handover at the Emergency Department and improve flow through the hospital. Category 3-5 ambulance calls were now getting a community response rather than conveying the patient to the Emergency Department. Community nursing teams were dealing with some patients that called 999 and Derbyshire Health United also provided out of hours urgent care in LLR. Patients were being directly booked into Urgent Treatment Centres to ease the pressures on the Emergency Department. Patients whose condition was not serious enough to require an ambulance could be given telephone advice by a paramedic under the 'hear and treat' service.

(vi) Over the years messages had been disseminated to the public advising them not to attend the Emergency Department unless it was essential. Members queried whether this messaging had less impact on the public now and whether the declaring of a critical incident helped deter people from attending the Emergency Department. In response it was submitted that the messaging did still have an impact on the public and as critical incidents were declared at UHL infrequently, when they were declared they sent a strong message about the severity of the situation. It was also emphasised that it was important not to deter those people from attending the Emergency Department that really needed the care provided there.

(vii) The health and care system had a deficit forecast outturn of £80.0m in line with the final agreed plan for the year and an £18.8m adverse variance to that plan.

(viii) There were strong links between planned care waiting lists and Urgent and Emergency Care and it was important to reduce waiting times of both to ease the pressures on each other. Some of the patients on planned care waiting lists would end up requiring urgent care if they did not receive timely treatment. Given the rate at which demand was increasing a change of strategy was needed to enable the system to cope. UHL agreed to provide a report for a future meeting of the Committee regarding the long-term plans to manage demand.

RESOLVED:

That the update regarding the Critical Incident be noted with concern.

20. Change to the Order of Business.

The Chairman sought and obtained the consent of the Committee to vary the order of business from that set out on the agenda for the meeting.

21. East Midlands Fertility Policy - Case for Change.

The Committee considered a report of the Integrated Care Board which informed of the East Midlands Integrated Care Boards' Fertility Policy: Case for Change engagement phase. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Dr Nil Sanganee, Chief Medical Officer, Integrated Care Board (ICB) and Jo Grizzell, Senior Planning Manager, ICB.

Arising from discussions the following points were noted:

(i) Currently one cycle of IVF treatment was offered across Leicester, Leicestershire and Rutland and it was proposed that the Policy for the whole of the East Midlands align with this. NICE guidelines advised three IVF cycles for women under 40, and therefore the proposal for the East Midlands was at odds with the guidelines. The ICB explained that as they were only guidelines it was not mandatory to follow them and individual ICBs had the ability to make the right decisions for the local population. There were resource implications of following the NICE guidelines and the engagement was taking place to gauge the public view on how the resources should be used.

(ii) In response to a question from a member as to how much resources would be saved by reducing IVF cycles from three to one, it was clarified that the primary purpose of the new policy was not to save money, it was to ensure that the same policy was in place across the East Midlands. Members were of the view that the same policy should be in place across the whole of England, not just the East Midlands. It was suggested that the Committee write to the Secretary of State for Health making this view known.

RESOLVED:

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

(b) That the Committee write to the Secretary of State for Health suggesting that the Fertility Policy should be the same for all Integrated Care Boards across England.

22. Water Fluoridation in Leicester, Leicestershire and Rutland.

The Committee considered a report of the Directors of Public Health for Leicester, Leicestershire and Rutland (LLR) which provided an update on the process for requesting and implementing water fluoridation, and provided an overview of the progress made to date in relation to this across LLR. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Previously, local authorities were required to provide the funding for fluoridation of the water supply but now it was paid for by the Treasury so there would be no cost to the Councils involved.

(ii) Some campaigners against water fluoridation had raised safety concerns, including fluorosis and mottling of teeth caused by fluoride. The Director of Public Health explained that the dosage of fluoride was key and the dosage for LLR would be low and therefore safe. The Director of Public Health agreed to circulate a further briefing note which would cover the possible impact of fluoridation on public health.

(iii) The water in the Birmingham area had contained fluoride for many years and there had not been a significant amount of issues noted amongst the population there.

(iv) Fluoridation of the water would not stop dental decay altogether. Whether or not the fluoridation of the water supply in LLR took place, Public Health departments would continue to promote oral health and advise against too much sugar intake, and also continue to carry out obesity work.

(v) Members were generally very supportive of the proposals, though appreciated the proposal to wait for the Secretary of State's response to the proposals from Nottinghamshire and the North East of England before LLR submitted its own application to the Secretary of State. Members thought that the more local authorities involved in the submission the more effective it would be.

(vi) A member raised concerns that fluoridation of the water supply would interfere with the public's freedom of choice and that government and local authorities would be taking too much control over people's lives. In response it was confirmed that a final decision had not been made and the process included a public consultation period where the public would be able to raise concerns such as those raised by the member. The member also suggested that having fluoride in the water could make the public complacent and less likely to take other measures to safeguard their oral health. Other members felt that the fact that fluoridation of the water did not require any additional action from the public to improve their oral health was a positive.

RESOLVED:

That the update on the progress made for requesting and implementing water fluoridation in Leicester, Leicestershire and Rutland be welcomed.

23. UHL Future Hospitals Programme

The Committee considered a report of University Hospitals of Leicester NHS Trust (UHL) which provided an update on the status of the 'Our future hospitals (Ofh) Programme'. A copy of the report is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Teasdale, Associate Medical Director, UHL.

Arising from discussions the following points were noted:

(i) As part of the Comprehensive Spending Review on 30 October 2024 the Chancellor had announced an increase of £22.6bn in the NHS budget for 23/24 – 25/26 to fund both care initiatives and infrastructure improvements. Part of this funding was allocated to the New Hospitals Programme which Leicester's hospitals were part of however, no details of the amount of funding for LLR were known nor the timing of where Leicester's hospitals sat in the programme. Committee members sought further clarity from UHL on the amount of funding that UHL was to receive under the New Hospitals Programme and what the funding would cover. However, UHL was unable to provide further details and could only confirm that the Strategic Outline Case development remained to timescales and would be submitted in February 2025. It was explained that the exact amount of funding and the timescales was a political decision made by central government.

(ii) In response to a question from a member as to whether the design for the new buildings had been completed in readiness for the tender process it was confirmed that it had not. A full business case needed to be completed first and further progress could not be made until the scheme received approval from the New Hospitals Programme.

(iii) Concerns were raised by members that it was more difficult to attract staff to work at outdated buildings and therefore the delays could have an impact on recruitment and retention. In response it was confirmed that this issue was covered in the business case.

(iv) During the period of time these plans had been in development, construction costs had increased significantly, and this was likely to mean that the plans could not be put in place with the same amount of funding. Although in 2019 the government had confirmed that £450 million funding would be allocated to the LLR future hospitals programme, it was now expected that the cost of the scheme would be substantially more than £450 million. The Hospital 2.0 scheme would help reduce some of the costs.

(v) UHL provided assurance that the New Hospitals Programme team did recognise the amount of time that LLR had been waiting for these plans to be put in place.

(vi) New hospital facilities had been built in other parts of the region such as Derbyshire. Members suggested that the Committee should write to the Secretary of State raising concerns that LLR was disadvantaged compared to other parts of the region with regards to hospital provision and asking for sufficient funding to complete the LLR future hospitals project.

(vii) UHL offered to provide a further update at the next meeting of the Committee regarding the Future Hospitals Programme.

(viii) With regards to live projects, the Community Diagnostics Centre being constructed on the Leicester General Hospital site would open in March 2025.

RESOLVED:

(a) That the update on the New Hospitals Programme be noted with concern.

(b) That the Chairman be requested to write to the Secretary of State for Health raising concerns about the delays to the New Hospitals Programme and the impact on health services in Leicester, Leicestershire and Rutland.

24. Date of next meeting.

RESOLVED:

That the next meeting of the Committee take place on Monday 17 March 2025 at 2.00pm.

10.00 - 11.45 am
27 November 2024

CHAIRMAN