



Leicester
City Council

Minutes of the Meeting of the
PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Held: TUESDAY, 29 APRIL 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Sahu

Councillor Clarke
Councillor Joannou
Councillor Zaman

Assistant City Mayor – Councillor Dempster
* * * * *

121. WELCOME AND APOLOGIES FOR ABSENCE

There were no apologies received.

122. DECLARATIONS OF INTERESTS

The Chair asked members of the commission to declare any interests in the proceedings for which there were none. Councillor Clarke declared that his wife is a social worker for the item on the Bradgate Unit.

123. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 5 March 2025 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

AGREED:

- Members confirmed that the minutes for the meetings on 5 March 2025 were a correct record.

124. CHAIRS ANNOUNCEMENTS

The Chair thanked members, the executive lead and officers for their work and commitment over the municipal year ahead of a new one beginning.

125. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

126. PETITIONS

It was noted that none had been received.

127. HEALTH PROTECTION

The Director of Public Health gave a verbal update of the latest position of health protection, and it was noted that:

In response to questions and comments from Members, it was noted that:

- Discussions were ongoing with University Hospitals Leicester (UHL) on safe discharge for residents in care homes.
- The flu vaccine uptake in schools remained poor, particularly in secondary schools, despite the aim of protecting older and vulnerable individuals via the school programme. A new procurement process was underway, due to start in September 2025.
- Changes to Covid and flu vaccination delivery were expected from the Integrated Care Board (ICB) in the coming months. Members highlighted the importance of addressing stark inequalities in vaccination uptake within the city.
- It was noted that funding for the roving vaccination unit had been significantly reduced, resulting in a more limited service despite a broader range of service needs and targets.
- The new vaccine season was due to begin in April 2025.
- Since the last meeting, additional staff had joined the service monitoring tuberculosis (TB), and a record number of tests had been carried out. An emerging strategy was in development, supported by increased attention and a new East Midlands TB board. Leicester continued to have the highest TB rates in the country.
- Stark inequalities persisted, and future updates were expected on work with the VCSE sector to support the vaccination programme and build long-term improvements.
- Leicester's TB data, when compared to similar cities, remained high, and the trend had continued over the past year.
- There had been a few suspected cases of measles in the city, however none had been confirmed. Investigations had taken place, and there were currently no concerns.
- MMR vaccine uptake had shown a slight improvement over the last quarter. A significant amount of work was ongoing, though members agreed that a stronger grip was still needed. There

were concerns about potential future resource reductions and their implications for the programme.

- Covid rates had declined, and there were no immediate concerns.
- Flu uptake across LLR showed significant variation, with uptake in the city reported as half the rate seen elsewhere. Members agreed this was unacceptable and needed to be addressed, particularly as many services and conditions were affected by social deprivation.

In response to questions and comments from Members, it was noted that:

- Tackling health inequalities was highly important, members raised concerns about the lack of funding. They questioned whether more honesty was needed with the public, acknowledging that without sufficient resources, change in the city would be extremely difficult.
- Leicester had previously outperformed the national average on MMR uptake 10 years ago, suggesting that differences in system-level spending decisions played a critical role. The need to reassess how resources were prioritised and allocated across the system was important.
- Concerns were raised on the low flu vaccination uptake in children in the city. It was noted that new staff had been appointed to work with communities and promote vaccine programmes through champions and ICB networks. The efforts already underway were praised and work would continue for increased effort and resources to change the current trajectory.
- Another factor adding to the low uptake of vaccinations was the growing influence of conspiracy theories online and the challenge this presented to public health messaging.
- Members noted Black Maternal Health Awareness Week and raised serious concerns about the disparity in outcomes, including data showing that Black women were three times more likely to die during pregnancy. It was agreed that this information should be widely shared among members and the public.
- The importance of schools in educating families about health was a missed opportunity to engage with expectant mothers early and recommended that health education begin during pregnancy.
- Concerns were raised for NHS staff working under increasingly difficult circumstances. Members acknowledged that staff were ordinary people facing job insecurity and difficult conditions, expressing empathy and support for their efforts.
- Members asked for details on the impact of the funding cuts. It was noted that while details were not yet available, the ICB was in the process of developing plans that would require 33% savings across LLR. This would have significant implications and confirmed that NHS England had been absorbed into the Department of Health and Social Care. The situation was both important and troubling.

AGREED:

- The Commission noted the report.
- Decision-makers responsible for funding and service changes to attend the next meeting to ensure the city was not left behind.

128. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH REFERRAL UPDATE

Lead directors and professionals from the Integrated Care Board and the Leicestershire Partnership Trust presented the update on Children and Young People's Mental Health referrals and it was noted that:

- Children and Adolescent Mental Health Services (CAHMS) was only one part of the mental health service offering across Leicester. The aim had been that the appropriate support was available at the appropriate time. The team was really proud of the self-referral route and the triage and navigation service.
- The latest key performance indicators demonstrated a mixed picture. There were lots of things that effected delivery against the KPIs such as the eating disorder clinic seeing small numbers of patients each month. The overall impression was that the service was performing quite strongly. Where it was not meeting targets, such as the 15-week waiting list, measures had been put in place such as follow up calls and checks.
- The most significant challenge the team was facing was the significantly increased referrals for Autism and ADHD. They had increasingly become part of the public consciousness, and this had affected services nationally. Leicester was in the middle in terms of referrals and waiting lists. It was emphasised that treatment consisted of controlled drugs.
- A national report was expected in spring 2026 which would provide further guidance, however the bottom line was that there was not the capacity to meet the current demand.
- There had been success in reducing inequalities in accessing mental health services. A programme had been run in partnership with Leicester City Football Club which provided mentors for children and young people who would not usually access mental health services. The cohort was largely young black men.
- Partnership working had also occurred with the police on topical issues such as social media and knife crime.

The Associate Director from the Integrated Care Board clarified that:

- The triage and navigation service were the entrance point to the service for all children.
- Emergencies could come from 111 or CAHMS crisis line.
- There were 787 referrals between 1st November 2023- 2024. This was a full year which was impacted by collective action.
- The number of referrals being returned to GP's had not changed

as there was still a lack of information being included on the form. There had been a number of meetings to discuss this and the use of PRISM forms but this had been complicated by collective action.

In response to questions and comments from Members, it was noted that:

- Members expressed revelation that there had not been a review to consider the returned referrals, and how this was to be improved.
- Concerns were expressed at GP's writing letters for referrals as this removed the standardisation of forms and increased the risk of more complications in the referral. The most underserved demographic were black communities which would see huge disparities in how an issue could be represented by different individuals and could allow unintended discriminatory practises into the system.
- The ICB was working with the Local Medical Committee and had explained the concerns and agreed the minimum level of information required.
- There was a specialist team who specifically worked with young people who had come through the court system. The data for young offenders was requested by Members.
- Self-referrals were only possible for certain things, others required individuals to go through the GP. The PRISM form was used for many different types of referrals, but Members enquired which GP's were refusing to use the forms for Children's mental health.
- One of the challenges that the Trust had faced was the differential use of PRISM forms. Any support Member could provide to encourage their use would be appreciated.
- The ICB had met with the Local Medical Collective 4 times since the collective action had ended as they had desperately tried to achieve better outcomes for young people. 5000 children had a successful referral to the correct service which was not happening prior to the triage team being in place.
- Families had sought private care to try and get support, due to the waiting lists, but on occasion the diagnosis was not then accepted by GP's. A list was requested of providers who were being accepted by GP's.
- Due to the nature of the medication used to treat ADHD, robust assessments on the process were needed, particularly as the diagnosis would be lifelong.
- Those who had a neurodivergent condition were more at risk of developing mental health conditions.
- The health aspect of this issue was only part of the work surrounding it, there was also the SEND agenda, inclusivity in schools and the support provided to the children and families among others.
- It was suggested this topic could be the subject of a joint PHHI and CYPE scrutiny commission due to the many areas working on it.
- The children and young people who were on the waiting list were given a robust list of services they were able to access and if required, they could escalate back in if the need increased.

AGREED:

- The Commission noted the report.
- Data requested for number of young people being referred through the courts.
- Data was requested for how many and which GPs are rejecting PRISM forms.
- Further discussion to be held on a joint scrutiny commission.
- The list of services received by families on the waiting list to be shared.

129. SYSTEM PRESSURES ON THE BRADGATE MENTAL HEALTH UNIT

The lead for Mental Health Services, Adults and Older Persons for the Leicestershire Partnership Trust presented the report on system pressures at the Bradgate Mental Health Unit. It was noted that:

- The Bradgate Unit comprised six acute Adult Mental Health Wards.
- A detailed activity pack was developed outlining practical support provided across LLR during the winter period. A paper on this was due for release following a validation process.
- During the winter period, an average of six patients were waiting within a 24-hour period. On some occasions, this increased to ten patients.
- The OPEL (Operational Pressures Escalation Level) framework was used to standardise pressure levels, with four defined levels. The service operated at OPEL 3 (severe pressure) for 93% of the time.
- OPEL 4 (critical pressure) was escalated and triggered additional support for three days over winter.
- Activity levels and bed demand were illustrated through graphs showing pressure on flow and length of stay.
- The average stay was 47 days, in December, the average length of stay rose to 66 days.
- Planning for winter 2025 had already begun in line with the new financial year.
- As part of the additional winter funding for 2024/25, the following shift patterns were made available to all core and bank staff within the Mental Health Liaison Service to enhance service coverage during peak periods:
 - 06:00 – 12:00
 - 18:00 – 02:00
 - 16:00 – 00:00
- In addition, the service received investment funding for the recruitment of two Link Worker posts. These roles were designed to provide dedicated support to patients within the Emergency Department and to further strengthen collaborative working with

colleagues at University Hospitals of Leicester (UHL). Recruitment to these posts was successfully completed in March, with both positions scheduled to commence in June 2025.

- The OPEL framework was reviewed prior to winter to assess robustness, supported by a national review in December.
- Governance arrangements were strengthened and aligned with national standards, with actions identified to help de-escalate pressure levels.
- The Psychiatric Intensive Care Unit (PICU) ward underwent extensive refurbishment work. Block purchasing arrangements with a private provider were made to minimise disruption to patients and families. Additional acute bed capacity was commissioned due to the temporary closure of the unit, including external placements when necessary. The service worked to avoid out-of-area placements where possible, though this was sometimes unavoidable.
- Sole access to a number of beds was secured to support families in maintaining care at home.
- There were 18 adults clinically ready for discharge per day, with 40% being city patients.
- Some patients could not be discharged due to housing and support issues, despite not requiring hospital care.
- Clinical discharge was managed effectively compared to other areas.
- Multi-professional teams, including housing providers, local authorities, and practitioners, collaborated to identify support needs early and facilitate timely discharge.
- On 13 occasions, B&Bs were used to accommodate patients, with an average stay of six days.

In response to questions and comments from Members, it was noted that:

- The OPAL scoring reflected pressure risk more than clinical risk. Mental health services nationally were experiencing consistently high OPAL levels due to a new benchmarking system. Members were informed that the new framework had standardised OPAL scoring in mental health for the first time, leading to more consistent use across the country, but also resulting in more frequent high-level alerts.
- Bed availability, discharge readiness, and the number of people waiting for admission were all factors in the OPAL algorithm, with occupancy often reaching 99%.
- Changes that had taken place March, including a dormitory eradication programme and reconfiguration of two wards, had led to an increase of five additional beds at a minimal cost, which had helped to reduce pressure.
- Despite these changes, the trust continued to operate at approximately 98% acute bed occupancy. Members were reassured that this was consistent with national benchmarks

and reflected the high demand across mental health services nationally.

- Members raised concerns around the sustainability of operating at such high occupancy levels and questioned whether this level of pressure was affecting staff and patient wellbeing.
- The Trust performed well nationally in managing out-of-area placements, often operating at 98–99% occupancy without sending many patients out of area. The Trust had been asked to present their approach to other trusts due to their performance and significantly lower costs compared to others.
- Although higher pressure levels did not release extra funding, they triggered practical actions, such as increased engagement with local authorities and redeployment of staff to support discharges and care transitions.
- There was a current contract with St Andrew's in Northampton for PICU beds, as this is the nearest unit to LLR.
- Concerns were raised about the potential loss of funding for the Mental Health Wellbeing Recovery and Support Service, noting it served around 1,500 people and could affect pressures on Bradgate if withdrawn. The proposals to end the contract were part of wider ICB savings considerations driven by an £11 million funding gap. It was noted that no final decisions had been made and that all proposals were undergoing quality and equality impact assessments.
- It was noted that population density in Leicester supported the argument for expanding service boundaries, as it may exceed that of larger cities.

AGREED:

- The Commission noted the report.
- That better use of trend data be used in future reports, rather than year on year snapshots.
- An item on winter pressures with the impact on staff and patients to come to a future meeting.

130. NEIGHBOURHOOD MENTAL HEALTH CAFES

The lead for Mental Health Improvement and Transformation and the Executive Director for Mental Health at the Leicestershire Partnership Trust presented the update on the Neighbourhood Mental Health Cafes scheme which originally launched in 2021/22. It was noted that:

- It had been a collaborative scheme and there were nine Voluntary and Community Sector organisations (VCSE) who operated the weekly mental health cafes which were located across the city.
- Work had taken place with Public Health to identify the areas of

high need and that the diversity of the city was represented ensuring they were accessible.

- The organisations running the cafes represented the local communities. The scheme thrived due to the organisations understanding the individuals and their needs when they walked through the door.
- The cafes offered open access to individuals who experienced mental health distress, it provided an opportunity to discuss how they were feeling or offered a quiet place.
- The recovery workers in the cafes had a varied skill set and had been provided with a lot of training to prepare them for what could be presented by people attending the cafes with a myriad of different issues. They were offered coping strategies, risk and safety planning, psychological self-help and coping tools.
- 3500 individuals had accessed the cafes and they were demonstrating increasing resilience.
- Information had been gathered to understand the individual experiences. The primary concerns were anxiety and depression.
- Most of the support offered is in-person but there is also text messaging, phone and online support. This had allowed those who were not able to travel to still be able to access the cafes support.
- There had been varied use across localities. New Park was noted to be particularly active. Eyres Monsell had not been open long but access was increasing continuously.
- Demographic breakdown of those who have access the cafes show:
 - More women were accessing the cafes. Work was ongoing to consider the best ways to support men.
 - Ethnicity appeared to align with the JSNA with high use from White and Asian backgrounds, however this demonstrated the need for more work to be done around Black and African populations and other ethnic groups that were not represented in the data.
 - Younger adults were not reflected in the data. There was a university offer but more work was still required, particularly to cover what the cafes could offer as young people transition from children's services to adults. Largely older population, particularly those who had been bereaved.
 - Higher attendance from those who were retired or unemployed.
 - More work was required to understand access to the cafes for those with disabilities.
- Although collecting data was important to the team, they were mindful that they didn't want to overwhelm individuals visiting the cafes with a barrage of questions.
- The main presenting needs found at the cafes were depression, anxiety, isolation, needing practical support and stress. The staff

support the individual and consider other factors and challenges which may impact their presenting issues.

- The cafes provided an alternative in support which diverted individuals away from other primary healthcare access.
- Support offered included one to one tailored support and positively signposting. Escalation pathways were available in the cafes if required.
- The work that had been done by VCS organisations couldn't be praised enough. Although there was still work to do, the cafes were heading in a really positive direction.

In response to questions and comments from Members, it was noted that:

- The VCS organisations running the cafes were from the local communities so were trusted.
- Signposting was provided once repeat visitors were in a position to be moved on in their recovery, it was recognised the social aspect and connection were valued. Another grant funded programme worked alongside the cafes. Repeat visitors had allowed individuals to begin to build their own networks in their community though.
- Collaborative working with the Local Authority and VCS allowed a real understanding of local communities to underpin the work.
- It was suggested that the Suicide Strategy work would link well with the cafes.
- The majority of individuals using the Neighbourhood Mental Health Cafes were from the city and this was reflected in the service delivery.
- On an annual basis, there was a £30,000 grant for provisions and for 6 hours of café time per week. Across Leicester, Leicestershire and Rutland there were 44 sessions run a week. Modelling had been done around similar schemes across the Midlands and this scheme benchmarked well in comparison and provided good value for money.
- Concerns were raised that the good work done by the cafes in the city would be undermined if the funding was affected.
- It was essential VCSE organisations were provided with appropriate training and skills to handle this, as well as having their own wellbeing protected. Over the last 12 months, there had been development of a psychological framework for VCSE staff to ensure their own wellbeing. Ensuring a healthy, resilient workforce was essential as vicarious trauma could have a significant impact, especially as very local people were working in the cafes.
- There was ongoing work with the Bradgate Unit to consider how the cafes could be part of discharge plans and support.
- The number of cafes was a result of the number of PCN's that existed in 2021. This changed but the cafes managed to extend their provision.

AGREED:

- The Commission noted the report.

131. WORK PROGRAMME

The Chair noted that the topics noted in the items would be added to the work programme.

132. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.01.