



Leicester
City Council

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

Held: TUESDAY, 7 NOVEMBER 2023 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor Gopal
Councillor March

Councillor Sahu
Councillor Singh Sangha

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Cllr Batool, Chair – Children, Young People and Education Scrutiny Commission

Kash Bhayani – Healthwatch

Arshad Daud – Youth Representative

Thaneesha Hathalia – Youth Representative

Zara Jamal - – Youth Representative

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12. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr Zaman and Cllr Cole.

Harsha Kotecha also gave apologies from Healthwatch.

13. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Sahu declared that she co-owned a business which delivered training to the NHS.

14. MINUTES AND ACTIONS OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 9 August 2023 and the joint meeting on 12 September 2023 with adult social care were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

It was further noted that additional information requested at the last meeting had been circulated but the website and session for members on the cost of living is still being finalised and will be circulated separately.

AGREED:

- Members confirmed that the minutes for the meetings on 9 August 2023 and 12 September 2023 were a correct record.

The Chair noted items were missing from the agenda and asked whether any petitions or questions, representations and statements of case had been received.

The Monitoring Officer noted that none had been received.

15. CYP MENTAL HEALTH

The Chair highlighted the Commission have been keen to look at the issue given the growing pressures which could be argued to be a national emergency. It was also noted that the Chair of the Children's, Young People and Education Scrutiny Commission was in attendance given the importance and interests of the item.

The Head of Service for Families, Young People and Childrens at Leicestershire Partnership Trust presented the report, and it was noted that:

- NHS funded mental health support for children and young people in the city is provided by a range of services with CAMHS being one element and the most specialist.
- Investment has increased in line with the NHS long term plan for additional services for children and overall mental health. There has been a strong involvement in the development of services with collaboration with the youth advisory board in the city.
- There has been a 50% uptake in mental health support in the city – historically there has been a less than expected uptake for children and young people. The impact has been realised through the expansion of urgent mental health services including crisis support and services to support eating disorders. LPT have also improved the VCSE offer through early intervention, particularly with 'Relate'.
- An improved offer is provided in schools with a national programme to provide mental health support workers – the city

has almost 50% coverage. A pilot is underway with LCFC Community Development, and it is the intention to roll out further. Self-referrals have also been piloted in the system.

- Longer wait times is a challenge for initial appointment, particularly for CAMHS as a result of increasing referrals which spiked following the pandemic and children and young people returning to school. Significant progress is being made to address initial wait times.
- The CAMHS service also includes an offer for neurodevelopmental assessment for autism and ADHD with significant increases in referrals for such assessments for children and young people.
- Measures are in place to support children and young people whilst waiting. CAMHS now offer evening appointments, additional clinic space is available at Westcotes House and a business case has been supported to meet the capacity of increasing neurodevelopmental assessment with a neurodevelopmental transformational programme to review and streamline processes as well as supporting families with concerns.

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

- Around 400 new referrals are being made to CAMHS per month for all services. The demand for CAMHS graph contained within the agenda pack relates specifically to outpatient referrals.
- All referrals from primary care and self-referrals for mental health support go through a triage navigation service delivered by Derbyshire Health Unit (DHU) where a mental health nurse will triage children and young people to the appropriate agency.
- Data relating to the number of children and young people referred by GPs to the DHU who are then triaged to CAMHS would be circulated along with data for referrals rejected from CAMHS back to the GP over the last 12month period.
- Information would be provided in relation to the uptake of NHSE funding available until March 2024 regarding the ACP role in Autism.
- Waiting times for an initial assessment is currently 17weeks compared to the standard 13weeks – work is underway to meet the target by December 2023. The urgent referrals standard is 4weeks and the service is fully compliant. Initial assessments provide psychoeducation, support and goal focus planning but wait times for specific treatment will vary depending on the referral.
Further data on waiting times for services will be circulated to Members.
- Referrals for eating disorders has a target for urgent assessment and treatment of 1week and routine 4weeks which the service is fully compliant. There may be exceptions where the family may decline or not be available for the appointment.

- Crisis has a target of 2hours for an initial telephone consultation and 24hour face-to-face appointment. Compliance varies between 85-95% month on month – is not 100% as families may not be contactable so the service will also undertake visits to the home address.
- Mobilising mental health support in the community for children and young people is enabled by referral data for example age, ethnicity, disability, gender, and it was agreed this will be provided to Members.
- At the point of accepting a referral an initial assessment is made as to whether the child or young person requires urgent or routine care but families will be made aware to contact the service if there is the condition changes or deteriorating to review the referral. A telephone line is available 24hours a day, 7days a week for urgent care to speak directly with a mental health practitioner and face-to-face appointments are also available but are limited.
- The business case to support the ND diagnostic service has been submitted to the ICB for consideration of core funding from the 2024/25 budget as the government excluded neurodiversity and specifically ADHD from the mental health investment standard and service delivery fund. Concerns have been raised with NHSE about future flexibility for funding to address assessment waiting times which is a national issue. Data within the report specifically relates to secondary school age children in the city but the scale is exacerbated when primary school age and surrounding county and Rutland information is included.
- There are low numbers of inpatients at the general acute unit based at Glenfield Hospital. Children and young people admitted to the unit usually have a primary mental health diagnosis but may also have a learning disability or autism. The service will identify the most appropriate setting and support for providing care.
- 63 schools across the city currently receive mental health support, including upskilling partners on social and emotional mental health, mental health leads, inset day training on positive behaviour support, school assemblies etc. It is a rolling programme with recruitment in the New Year for the next waves. It is intended to continue to hopefully reach full coverage with analysis from public health used to identify the schools with greatest need and referrals.

The Chair invited youth representatives for comments and in response it was noted that:

- Various mental health support services are available to children and young people waiting for initial assessments in addition to online services. Support is also provided in 63 schools and through 'Relate' who offer face-to-face and group support.

- The service is working to enhance support to ensure children and young people can access the right help at the right time, and as early as possible.
- There is insufficient capacity in the service to undertake ND assessments, but a business case has been submitted to seek resource to meet the demand and provide support to children, young people and their families.
- A directory of services is being produced and will be available through a QR code following consultation over the summer with children and young people who identified this as the best way to access information.

AGREED:

- The Commission noted the report.
- Members comments and concerns be noted by health partners.
- The Commission be provided with additional information requested.

16. COVID-19 AND WINTER PRESSURES UPDATE

The Director of Public Health and Chief Executive of the Integrated Care Board presented the report to update on infection prevalence and vaccination uptake. It was noted that:

- Regular testing of Covid-19 is no longer occurring as it was during the pandemic and the level of data in the community is therefore very different. Data is provided through hospital admissions and in social care settings so infection rates and trends can be tracked. ONS infection survey that was discontinued will commence again from November 2023 through to March 2024 so more sample data will be available.
- Flu positivity rates remain stable. Through primary care surveillance on individuals presenting with influenza symptoms has seen a slight increase but not of concern. Admissions into emergency departments have remained stable nationally and locally.
- Covid-19 activity has decreased over recent weeks. ICU admissions tend to lag behind, but infection has remained low and stable. There was an increase at the start of October, and there was some concern about variants but this has declined over the month and prevalence does not appear to be of concern.
- It is expected that Covid-19 and flu rates may increase throughout winter but most people have had the Covid infection at least once and been vaccinated so are reasonably well protected.
- Data illustrates that Leicester generally remains lower than other areas of the country and further information and data continues to be updated on the Council's Open Data platform.
- 91 community pharmacies are supporting the vaccination

programme and spread across the city, another 15 due to join and notification of a further 10 to join. 21 of the 26 Primary Care Networks, representing 82 practices are also delivering vaccines.

- There is joint working between the ICB and Public Health to ensure as many people as possible are offered vaccines. Particularly reference was made to delivery in care home settings, housebound patients and inequity offer – especially learning disability patients and using mobile vaccine units in areas with lower uptake.
- There have been four confirmed measles cases in city over recent weeks residents have been contacted in areas where cases have been confirmed to advise of symptoms and offer vaccines. Public health officers have been working with the ICB and UKHSA who have primary responsibility for controlling disease. Measles is very contagious, but full (2 dose) vaccination is highly effective and provides life-long immunity. 79.2% children are vaccinated by age 5 but the target is 95% to achieve herd immunity.

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

- Barriers remain within different communities which prevents the uptake of vaccines, particularly communication, complacency, and confidence. Public Health and Health Partners continue to work with Members, Faith Councils, and other organisations to provide the right information. The Deputy City Mayor for social care, health and community safety commended the approach that has been developed and established in care homes to ensure the vaccine programme secures higher uptake.
- GPs are reviewing records and proactively contacting individuals that have not had the MMR vaccine and born after 1970. Those born before this date are highly likely to have been vaccinated or been exposed to the disease.
- It was agreed that further information will be provided to Members detailing where vaccines can be accessed within wards across the city.

The Chair invited youth representatives to make comments and it was noted in response that:

- Vulnerable individuals are those who have one or more of a list of identified conditions or receiving treatment that can suppress the immune system. GPs will contact individuals who are vulnerable to offer vaccines but it is the choice of the individual whether to accept. Higher uptake would be preferred amongst front-line staff in health and social care to protect vulnerable individuals.

AGREED:

- The Commission noted the report.
- The Commission be provided with additional information requested.
- The item to remain on the work programme for the Commission to be kept updated on Covid-19, flu and measles over the winter period.

17. MATERNITY CQC INSPECTION - UHL

The Chief Nurse presented the item, and it was noted that:

- The CQC have been undertaking a national thematic review of maternity services across England and visited UHL at the end of February and beginning of March. The inspection was conducted over three days to review the safe and well led domain.
- The rating for both Leicester General Hospital and Leicester Royal Infirmary reduced from good to requires improvement overall and St Mary's Birth Centre remained good overall.
- UHL take the findings of the report seriously and are committed to improving maternity services. Whilst the inspection highlighted UHL maternity services are not at the standard expected, many of the issues identified by the CQC were areas known and actions to improve underway.
- The key theme throughout the report concerns not enough staff members for safety – this is not unique to Leicester but is a national issue. Improvements are being made locally however to recruit, since April 2022, 35 neonatal nurses have been recruited as well as five midwives and another 24 due to join the service. UHL have also strengthened the leadership of maternity services.
- UHL continue to deliver improvement plans and the service is in a different place to when it was inspected. The CQC have been invited back to review the progress.

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

- Recruitment is improving locally despite national challenges. The midwife vacancy rate does remain static - additional posts have been created to provide promotion and a senior team 24/7 to provide safety across the unit. There are 48 vacancies in midwifery services. New consultant posts have been created in the medical teams which have been fully recruited to. Nine additional junior doctor posts have been created to support the medical team with most now recruited. There are no vacancies in maternity support workers. The neonatal vacancy rate is around 8% with issues around qualifications and speciality for senior nurses but exploring how internationally trained nurse qualifications can be recognised.
- The CQC have changed the inspection regime and whilst it was a planned inspection it does not give much notice to change

ongoing issues. UHL were cited on many issues within the report and have improvement plans in place and an improved leadership team.

- Many issues highlighted as part of the warning notice have been resolved – there is a reverse RAG rating which is considered at three approval panels with the ICB also providing oversight and signing off assurance in relation to actions.
- Two identified actions remain difficult to solve and are not unique to Leicester, including staffing and induction of labour. A better oversight is in place to manage demand and capacity of inductions. A pop-up maternity assessment unit has also been created to support induction with estate options being considered but likely to be long-term plan. Assurance was provided that choice of induction is not being superseded.
- There is a national shortage of midwives and vacancies are not associated to financial savings. A rolling recruitment exercise is underway to recruit to all vacancies.
- Additional posts have been created for middle-grade doctors along with further recruitment of additional consultants. The team have been requested to undertake modelling to further increase the number of hours doctors are available on site seven days a week. UHL are also working with the University to appoint a chair of obstetrics to work on maternity safety.
- The CQC have been invited back to review progress, but this is unlikely to be until the New Year. Regular engagement meetings take place to update on the warning notice and feedback has been positive.

As part of discussions the Chair invited youth representatives to make comments and it was noted in response that:

- In order to support young mums, priority is given to those vulnerable to ensure continuity of care both anti-natal and post-natal. This ensures a woman or birthing person is able to see the same midwife or group of midwives throughout pregnancy and post-natal.
- Leicester is one of sixty maternity services that requires improvement or inadequate. UHL has been rated requires improvement with the safety domain at Leicester General and Leicester Royal Infirmary inadequate. It has been recognised that this is not good enough and being taken seriously to learn and improve.

AGREED:

- The Commission noted the report.
- Members comments and concerns be noted by health partners.
- The item to remain on the work programme for the Commission to be kept updated on progress with the improvement plan.

18. UHL RECONFIGURATION

The Deputy Chief Executive presented the report, and it was noted that:

- The programme will provide significant investment to the UHL estate. It will bring services together and provide improvements particularly for patients by addressing existing workforce instability and duplication across three hospital sites that are six miles apart. Separating pathways for those on waiting lists for planned care and emergency care should help prevent deferring planned care if emergencies arise.
- A public consultation took place in 2020 with proposals to create two critical care units, one at Leicester Royal Infirmary and one at Glenfield Hospital; co-locate children's services at LRI; co-locate medical-led maternity services at LRI and midwifery unit at Leicester General; and separate emergency and elective care where possible.
- The national new hospitals programme will enable some of the reconfiguration – a £20billion investment programme across 40 hospitals.
- Progress so far includes expanding critical care at LRI and Glenfield which has facilitated the movement of HPB - liver care, renal and transplant from the General Hospital to Glenfield and emergency surgery to LRI in line with consultation. The East Midlands Congenital Heart Centre has moved from Glenfield to LRI. All children's services have been co-located at LRI, and whilst they're currently dispersed across buildings it is intended to create a children's hospital in future.
- Investment is underway at the General Hospital with the construction of a £50m East Midlands Planned Care Centre to treat over one hundred thousand outpatient and day-patients. It will also include a £17m wing for a new endoscopy unit. It is envisaged the Centre will open at the end of 2024.
- An enabling scheme at LRI has also commenced to improve the energy infrastructure to ensure sustainability and decarbonisation of buildings. It also includes preparation for the demolition of office blocks to create space for a new hospital. It is envisaged works will be complete by 2030.

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

- The financial envelope for delivery of the programme has increased to £640m as part of the £20bn commitment from the Department for Health and Social Care.
- The national new hospital programme is intended for off-site construction to then be collated on-site as is the approach in other countries. Clinicians are involved in the design panel and Royal Colleges are participating at a national level to influence design anticipated in Spring 2024. The programme will not save

- money but will enable quicker improvements.
- The commitment to increasing bed numbers has not changed but a review and remodelling of bed demand and capacity is taking place as part of the new hospital programme. A plan is required on the gap of beds to ensure capacity for treatment, noting patients are now treated in ambulatory care which does not require a bed but will be at hospital for part of the day for tests. It was agreed that more information will be shared when the plan is developed.
- The service provided at St Mary's Birth Centre is good and on average delivers two women per week. The intention is for the service to be available to more women and relocating it at the General Hospital should improve access particularly to the east of the city. The relocation is not likely to commence until the maternity hospital at LRI is built and will be trialled to establish whether women and birthing partners identify it as a choice.
- A standalone maternity hospital will be constructed at the LRI to include neonatal services. A new ITU will also to be created at LRI, but due to space constraints of the site, this will be part of the maternity hospital building with a connection to the main hospital.
- Seven new theatre units will be created at the Glenfield Hospital.
- All aspects of the scheme previously consulted on are still proposed to be delivered with additional improvements.

The Deputy Chief Executive invited Members of the Commission for a site visit to the East Midlands Planned Care Centre at Leicester General Hospital.

The Chair invited youth representatives to make comments during the discussions and in response to questions it was noted that:

- Leicester is one of forty trusts to receive investment - £640m has been committed to be invested to improve Leicester's hospitals.

AGREED:

- The Commission noted the report.
- The item to remain on the work programme for the Commission to be kept updated.

19. RAAC IN HEALTH ESTATE - ICB

The Chair noted that the Chief Executive at the ICB provided a verbal update at the meeting on 12 September 2023 and thanked Partners for providing a detailed report.

The Chair requested that the ICB confirm with NHSE that they have no powers to compel private GP practices to undertake assessments to identify possible RAAC in buildings.

AGREED:

- The Commission noted the report.
- The Commission be provided with assurance requested.

20. SEXUAL HEALTH SERVICES RE-PROCUREMENT

The Public Health Consultant presented the report, and it was noted that:

- Public Health have commissioned sexual health services for the local population over the last ten years. This includes services such as contraception, STI testing, outreach with specific groups, sexual health education and counselling.
- The existing contract is due to expire in March 2024 and a re-procurement exercise was therefore required. This also provided an opportunity to speak to experts and conduct public engagement about the service which provided an invaluable insight.
- The model will broadly remain the same with a central hub at Haymarket and spoke centres around the city to deliver different levels of service. Work with VCSE organisations will continue on outreach initiatives.
- The new contract will ensure work with different communities recognising the demography has changed since the previous contract was procured and using data from the 2021 Census. This will ensure all communities are aware of services available and feel comfortable to access them.
- The new contract will also be procured solely by the city as opposed to previously which was jointly procured with Leicestershire County Council and Rutland County Council.

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

- Spoke clinics vary depending on the provider for services they offer, for example there is the Sexual Health and Contraception Clinic is a spoke along with some GP practices. The consultation exercise found that an improved online offer enables individuals with the flexibility to self-manage sexual health, but spokes are needed to complement the central hub to ensure in person services also remain.
The Deputy City Mayor for social care, health and community safety suggested Members of the Commission may wish to undertake a site visit to Haymarket Health to see the quality of the service.
- The existing provider has been successful in securing the new contract and two improvements will be implemented as soon as possible. The self-help hub online is likely to improve the quickest as the provider is looking at how this can be done but the

complicating factor is understanding the Leicestershire and Rutland position to ensure appropriate information and access. Logistics and resources are being explored to enable the single point of access to be rolled out and is likely to be in the New Year with the aim of being live before the implementation of the new contract.

AGREED:

- The Commission noted the report.

21. WORK PROGRAMME

The Chair noted that the latest work programme was included in the agenda pack and contains a number of items listed for future but that it was important to leave space for emerging issues. Members were reminded that if they have items for consideration to contact the Chair and scrutiny officer.

It was further highlighted by the Chair that the next Public Health and Health Integration Scrutiny Commission meeting will be held on 12 December.

Members were also reminded that following the joint meeting with adult social care in September, another joint meeting had been arranged for 30 November to discuss items including workforce, mental health of adults and addiction services.

22. ANY OTHER URGENT BUSINESS

A Youth Representative highlighted that the family hubs website has been working with information of activities available. The Deputy City Mayor for social care, health and community safety thanked Mo for the positive feedback and assured him that she would share this with the service.

There being no further business, the meeting closed at 19.49.