



Leicester
City Council

**MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION
SCRUTINY COMMISSION**

DATE: TUESDAY, 10 SEPTEMBER 2024

TIME: 5:30 pm

**PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115
Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor Pickering (Chair)

Councillor Joel (Vice-Chair)

Councillors Bonham, Clarke, Haq, Sahu, Westley and Zaman

Invited Members

Councillors Cole, Joannou, Kaur Saini, March, O'Neill, Orton and Singh Sangha

Members of the Committee and invited Members are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Georgia Humby (Senior Governance Officer) and Kirsty Wootton (Governance Officer)

e-mail: committees@leicester.gov.uk

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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**USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH
INTEGRATION SCRUTINY COMMISSION**

Acronym	Meaning
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service

JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

PUBLIC SESSION

AGENDA

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<http://www.leicester.public-i.tv>

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1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTEREST

Members will be asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 – 9)**

The minutes of the meeting of the Public Health & Health Integration Scrutiny Commission held on 9 July 2024 have been circulated, and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

7. HEALTH PROTECTION

The Director of Public Health will provide the Commission with a verbal update.

8. WINTER PLANNING

**Appendix B
(Pages 11 – 75)**

The Director for Public Health and the Strategic Director for Social Care and Education along with partners from the Health Sector submit a report to summarise health and care system planning to manage winter pressures across Leicester Leicestershire and Rutland (LLR) in 2025/2025.

The report comprises of:

1. Urgent & Emergency Care Plans (pages 11 – 15)
2. Immunisation Programme Campaign Update (pages 17 – 37)
3. Adult Social Care Winter Plan Update (pages 39 – 43)
4. Fuel Poverty and Health Programme (pages 77 – 82)

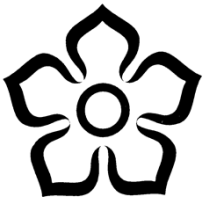
Members are requested to note the report presented for scrutiny and assurance and pass any comments or queries to relevant City Council Directors and Health Sector partners.

9. WORK PROGRAMME

**Appendix C
(Pages 77 – 82)**

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

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

Held: TUESDAY, 9 JULY 2024 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Zaman

Councillor Clarke
Councillor Westley

In Attendance

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

Kash Bhayani – Healthwatch

Swetha – Youth Representative

* * * * *

58. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sahu.

59. DECLARATIONS OF INTEREST

The Chair asked Members of the Commission to declare any interests in the proceedings. Cllr Westley declared that he is chair of a patient panel at a GP practice in the city.

60. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 16 April 2024 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 16 April 2024 were a correct record.

61. MEMBERSHIP OF THE COMMISSION 2024-25

The membership of the Public Health and Health Integration Scrutiny Commission for 2024-2025 was noted.

62. DATES OF THE COMMISSION 2024-25

The dates of the Public Health and Health Integration Scrutiny Commission were noted for 2024-2025, with the next meeting being 10 September 2024.

The Chair also reminded Members of the dates for the Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee.

63. SCRUTINY TERMS OF REFERENCE

The Commission noted the scrutiny terms of reference.

64. CHAIRS ANNOUNCEMENTS

The Chair highlighted that in discussion with the Chair of the Housing Scrutiny Commission it is intended that an informal scrutiny inquiry day will be arranged to explore homelessness and the impact on health. Members across both Commissions will be invited to participate in the task group and further details of the scope and arrangements will be circulated in due course.

The Chair further highlighted that she had attended a recent Women's Health and Wellbeing workshop at Loros on Groby Road on the menopause and sexual health which is relevant to areas on the work programme.

It was also noted that following concerns raised by Councillor Sahu about children and young peoples GP referrals for mental health, a briefing session was scheduled to discuss progress and that the Commission would be updated on outcomes.

The Chair assured the Commission that a session on virtual wards was being arranged following concerns raised and details of this would be circulated.

65. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

66. PETITIONS

It was noted that none had been received.

67. HEALTH PROTECTION

The Director of Public Health provided the Commission with an update of the latest position of health protection, and it was noted that:

- Rates for TB had risen in Leicester in recent years and the city currently had the 2nd highest rate in country which raised significant concerns.
- Leicester is a complicated area due to issues of migration, travel, country of origin, poverty, homelessness, and substance misuse.

- TB kills around a million people a year globally. It is entirely preventable; however, it requires an extremely long and hard treatment over 6 months often with side effects.
- There had been lots of work in the city including the development of a new strategy and an action plan. A presentation was provided at Health & Wellbeing Board and discussion at the ICB clinical executive meeting enabled people to discuss how to resource and improve screening and treatment.
- There have been some unusual strains in the county which have been more infectious and have had more severe outcomes. These strains have been around for decades but being monitored as if were to transmit to the wider community it would be concerning.
- The outbreak of whooping cough had also raised concerns although there were more cases in the county than the city. The lower uptake of vaccinations particularly by pregnant women as newborn babies are most vulnerable was noted of particular concern. Another concern is the limited protection of the vaccine as it reduces over time and is less effective than other vaccinations.
- Close attention to monitor the situation will continue moving forward with the incident management team, ICB and UKHSA. Partnership working is required to overcome the hesitancy amongst communities.
- There had been a measles outbreak across East Midlands and the highest rates were in the city. There had been lots of work on this with health partners for focused efforts on communications, a roving mobile unit for vaccinations and working with communities to overcome vaccination hesitancy and this had made a real difference as there had been hundreds vaccinated since the campaign started. Rates had reduced with no new cases reported in recent weeks for the first time since the outbreak began.
- The national issue of an e-coli outbreak associated with lettuce was highlighted. There had been only one case in the city but Public Health, the Food Standards Agency and Environmental Health were continuing to monitor.
- The identification of a couple of salmonella cases was also highlighted which was also being monitored by Environmental Health and Regulatory Services.
- During the pandemic there was a significant drop in the screening programme, with cervical screening rates much lower than the national average and lots of work with partners around this issue.

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

- The Deputy City Mayor for Social Care, Health and Community Safety is writing to the Secretary of State to request funding to tackle TB in Leicester as the city has the second highest prevalence in England. The highest prevalence area received funding.
- The effectiveness of health protection so far has demonstrated the benefits of partnership working.
- The data on screening uptake needs to be analysed to identify barriers that are preventing uptake and how they differ between communities. These could be due to cultural sensitivities or practical factors. It was highlighted that cost-of-living crisis may have worsened practical barriers preventing uptake.
- Responsibility for screening lies with NHS England, however from next year it will lie with the ICB.
- The pandemic was the largest factor in vaccination and screening decline and poor re-uptake.
- The biggest challenge in addressing TB rates had been that many cases are latent (No symptoms and not infectious but with potential to become 'active' TB). However, it was found that there was not a good correlation between

areas affected with TB and the GP surgeries offering screening.

- The exemplary response demonstrated in Leicester during the pandemic should be built upon, allowing best practise to be applied to health protection or in the event of another outbreak.

AGREED:

- The Commission noted the report.
- The draft TB strategy and updated action plan to be added to the work programme.
- Screening to be added to the work programme.

68. HEALTH OVERVIEW

The Director of Public Health provided the Commission with an overview and it was noted that:

- Public Health is considered as both the science and art of preventing disease, prolonging life and promoting physical health through organised community efforts.
- The understanding of 'health' has changed over time and encompasses mental health and wellbeing as well as physical health.
- One of the key features of Public Health has been tackling the health inequalities and differing outcomes between communities and areas to address the stark differences in life expectancy, healthy life expectancy and disease rates etc. that are preventable and unjust.
- There is a strong link between poverty and health outcomes. 10% of the world's population lives in poverty. The population of an area impacts the demands and priorities of Public Health.
- Leicester's population is characterised by:
 - Younger population than national average.
 - Large increase of population in last few decades.
 - Ethnicity change – huge diversity and census shows that for the first time, the white population is now the minority.
 - Significant deprivation in Leicester wards compared to England. There are large disparities between different areas of the city.
- Deprivation in the city impacts life expectancy and healthy life expectancy. This has meant people die younger and get ill earlier in Leicester which consequently has implications for health and social care and service demands.
- Life expectancy was improving in Leicester until 10 years ago when it plateaued. Leicester's life expectancy has been consistently below the national life expectancy.
- A further dip in life expectancy during the pandemic but this was sharper in Leicester than the national average due to deprivation across the city meaning people often live in crowded conditions and more likely to have underlying health conditions.
- Public Health is based within the City Council and has followed their values, with the premise of working with partner organisations to benefit residents. The overall vision of Public Health is a fairer society where we can live with health and happiness.
- The aim has been to prevent ill health, rather than treat. Working with partners has allowed a more targeted, cost-effective approach but required hard conversations around priorities.

- Core 20 is an NHS initiative focused on 20% of most deprived neighbourhoods in the country. In Leicester, Leicestershire and Rutland over 90% of those in the 20% are in the city.
- The priorities of Public Health for the next year are to be focused on primary and secondary prevention. An upcoming workshop in August will enable discussion of key priorities.
- Wider determinants of health are influenced by the Council such as leisure centres, economic development, housing etc. all impact on health and wellbeing.

The Chief Operating Officer at the Integrated Care Board provided the Commission with an overview of health services in which it was noted that:

- The NHS developed new organisations to replace former Clinical Commissioning Groups. The Integrated Care System (ICS) aims to bring together public sector organisations to do what is right for local people supporting social and economic determinants.
- The Integrated Care Board (ICB) commissions services and convene professionals to work collaboratively and identify solutions to achieve outcomes. The Integrated Care Partnership has worked with the Local Authority to promote an alliance of partners including the fire service, police and VCSE who promote the health and wellbeing of the local population.
- The ICB 5 Year Forward Plan is a statutory requirement which has been developed through partner and community engagement to identify 13 pledges. It aims to improve outcomes for the population, tackle inequalities and improve access.
- Key programmes of work include elective care, urgent care, mental health and addressing inequities for individuals with learning disabilities. A different approach to working has been developed with a focus on collaborative models and partnerships whereby organisations are provided a mandate to lead with the ICB as a partner.
- The ICB operates across Leicester, Leicestershire and Rutland – each are identified as places and in partnership with Local Authorities Place Based Plans have been developed to identify what is needed for their communities.
- Lots of work is ongoing with partners and working with organisations who know their communities to address concerns and improve health services for local people. Examples of recent improvements include elective care waiting lists, 62day cancer backlog, cervical screening and health checks for individuals with a learning disability and/or autism.
- Primary care continues to experience issues with the 8am rush to book GP appointments but multiple other ways have been implemented, including the NHS app and SystmOnline. These options are most popular in the under 50 population. There is a current recruitment drive for increasing GP numbers as it is recognised there are not enough but will take time and will need to be routed into areas that need it most.
- Ongoing issues are evident in with emergency care and residents are waiting too long across all areas. A revised governance programme has been established and led by the Chief Executive at UHL. It is hoped measures being taken will help improve performance, particularly during winter.

The Chair requested that the Commission receive the presentation on the ICB 5 year forward plan pledges and would then allow discussion, questions and comments from Members in relation to both items which was agreed.

AGREED:

- The Commission noted the report.

69. ICB 5 YEAR FORWARD PLAN - PLEDGE 1 'IMPROVING HEALTH EQUITY' & PLEDGE 2 'PREVENTING ILLNESS'

The Head of Population Health Management at the Integrated Care Board presented an overview of the pledges and it was noted that:

- Pledges 1 and 2 within the ICB 5 year forward plan are centred around improving the health of the most disadvantaged and marginalised communities across the city.
- The World Health Organisation defines health as being more than the absence of sickness. The NHS is often seen as a sickness system as opposed to a health system with a prevention agenda to keep people well and have a positive contribution in their future.
- There is a current debate in the NHS at a national level about the structure of local ICBs and where the line should be drawn in its remit to co-operate with partners such as local authorities and the VCSE sector to address wider determinants of health, such as social and economic factors.
- Life expectancy in Leicester is significantly lower than in Leicestershire and Rutland and has always been lower than the national average as a whole. Common illnesses and prevalence are often vaccine preventable. There are close working relationships between the ICB and Public Health to identify and address inequities and identify solutions.
- Leicester has led in developing a model in selected GP practices for patients with chronic or complex needs to see the same GP. Around £3m discretionary funding has also been allocated to GP practices where the national formula doesn't allocate sufficient recourse for the local population, generally in the most deprived areas.
- Public Health have distributed around £1.1m funding to and provide support to residents in city to address fuel poverty as there is a correlation of living in cold and damp housing with poor mental health, respiratory and neurological health conditions.
- As a deprived city, Leicester has lots of risk factors for bowel cancer. Residents are likely to have a highly processed diet and low health literacy and there is generally a poor uptake of bowel screening. There has been some innovative work across the city, particularly with the Somali community on screening, as if caught earlier there is a much higher survival rate. Work is still needed to address how to improve communication more clearly and respectfully for residents to come forward and not be embarrassed.
- Progress has been made since the pandemic for tackling high cholesterol and improving blood pressure readings of residents in the city.
- The life expectancy of individuals with a learning disability compared with their peers is lower by 19years, although this has improved by 3 years since 2021. Further work is required and continues to be a commitment –to further improve.
- Air quality is an important determinant to health and the City Mayor and his Executive have led on programmes to improve cleaner air. Work is also ongoing with the Space Centre and respiratory team at Glenfield Hospital to monitor air quality and the impact on asthma rates in children.

In response to questions and comments from Members in relation to the health overview and current item, it was noted that:

- Developing the ICB 5-year forward plan included the input of Local Authorities and communities to ensure the identified pledges were associated to need and also aligned to NHS and adult social care frameworks. Targets and metrics are monitored and reported at a national and local level with a more focussed performance dashboard established locally to provide assurance and identify improvements where there are gaps. It was agreed that a session could be arranged to showcase the dashboard to Members of the Commission if desired.
- Health profiles are available although are generally focussed at a MSOA level as opposed to wards to ensure the data is illustrative at a more neighbourhood level and does not mask what is going on due to size and variances across wards. For example, western ward includes neighbourhoods such as New Parks, Braunstone Frith and Western Park, all of which may experience different health needs.
- A system approach is taken to address healthy food provision with a renewed action plan currently being developed that could be discussed in more depth at a future meeting. It was further highlighted by the Deputy City Mayor for Social Care, Health and Community Safety that where the Authority has direct responsibility, for example pop-up pantries, balanced food is offered to provide healthier choices alongside other public health initiatives such as free toothbrush and toothpaste. A holiday activity programme has also been delivered across the city for eleven years which includes a variety of fruit and vegetables as lunch provision but often find children may not initially choose to eat until they see those they trust modelling eating healthier options.
- 71% of patients are seen by clinical staff in GP practices, such as a GP, nurse or medic. Webinars have been run to share best practise between GPs about the use of multidisciplinary teams to ensure patients are seen by the right person although there is not one size fits all for different community needs. It was agreed a further breakdown could be shared if requested.
- Additional support has been put in to register refugees and asylum seekers although many remain unregistered. Promotion is ongoing to raise awareness that documents are not required to be produced at GP but may deter individuals where secondary provision is needed. Members were encouraged to directly raise cases with the ICB and Deputy City Mayor where individuals are being asked to provide documentation to register with a GP and Cllr Russell agreed to write to all Members.
- There is a home first ethos across the city that is evidently successful with working alongside adult social care to ensure patients are able to safely return home and receive the support needed. Sometimes this may not be possible and patients may be discharged to alternative locations but will be return home or be relocated to provision nearer as soon as possible.
- Primary care appointments are available but an issue has been identified with missed appointments impacting effective use of resource and consultations. Work is ongoing to determine why patients may book and not attend appointments, including barriers to improve attendance.
- It would be transformative to move to a flag system in primary care so that when vulnerable patients, those with complex needs or require continuity with the clinician they see make contact with a GP surgery it is automatically flagged even if the receptionist doesn't know them. Work is underway locally and regionally to identify the resources that would be required to implement this and it was agreed that options could be shared with the Commission when further developed.
- An extensive review of GP data since 2019 has been completed regarding GP

funding under the national model where practices are underfunded. Data illustrated there are 10% more appointments available but the population has increased by around 15% and therefore not aligned, particularly as the population appear to be sicker and require more appointments since the pandemic.

- 36 Health Inequity Champions from a range of primary and secondary care settings as well as adult social care have completed NHS England training. Funding was also secured to enable work with Sharma Womens Centre to inform VCSE on health inequities such as cancer, high blood pressure and respiratory disease. The Local Authority also deliver a Community Wellbeing Champion programme with over 190 organisations and 400 individuals designated to deliver outreach work to communities.
- Severe mental health conditions are such as psychosis and delusional schizophrenia are considered as much harder to treat and lead to larger cognitive issues that can be impacted by stigmas and beliefs. Mental health services have received increased funding over recent years with Leicestershire Partnership Trust recognised as a mature partner to deliver services to support residents.
- Caroline Trevithick is the Chief Executive Officer for the ICB and an Acting Chair of the ICS has been appointed with NHS England recruiting for the substantive post.

The Chair invited the Healthwatch representative to participate in the discussion in which it was noted in response to questions that:

- A GP practice is required to temporarily register a patient if they attend and require an appointment. It was reiterated that any known cases where patients are asked to provide documentation to register at a GP practice should be shared with the ICB.
- Primary Care Networks are very successful in some areas and others could work better. Generally, PCNs offer more appointments and access to specialist roles as part of multi-disciplinary teams.
- E-consult is an additional mechanism for patients to contact GP practices and provide flexibility to address the 8am rush and should not be the only provision. Reaching people are training people to access e consults and using cascade model to get those trained to help others understand. Assurance was provided that the ICB will intervene where it is known if GP practices are using e-consult as the only option.
- 650k appointments include telephone and face-to-face consultation, with the latter now back up to 70% of appointments following the pandemic, and is increasing each month.
- The cloud-based telephony system has only just been implemented so is too early to determine effectiveness but an update can be provided to the Commission in future.

AGREED:

- The Commission noted the report.
- Food action plan to be added to the work programme.
- The Deputy City Mayor for Social Care, Health and Community Safety to contact all Members regarding access to register with a GP and to directly raise cases where individuals are requested to provide documentation.
- A separate briefing session to be arranged on the dashboard to monitor

pledges.

70. WORK PROGRAMME

The Chair highlighted that the draft work programme was included in the agenda pack, though is a live document and topics for discussion can be reviewed throughout the municipal year to respond to emerging issues. It was further highlighted that following discussions during the evening topics including GP access and vaccinations screening could be brought forward on the work programme.

Members were invited to make suggestions for consideration in which it was noted that the Commission would like to consider A&E, hospital discharges, CQC maternity inspection and

It was further noted by the ICB that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee would be discussing concerns around the 8am rush in GP Practice at its upcoming meeting in July for which the Chair reminded Members the Commission represents membership for the city at the Joint Committee.

It was also agreed that the ICB would circulate a briefing paper to the Commission on its priorities for 2024-2025 following discussion at its Board meeting in August.

71. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.06.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE WINTER PLANNING UPDATE

Leicester City: Tuesday 10th September 2024

Leicestershire County: Wednesday 11th September 2024

Rutland: *to be confirmed*

Purpose of the report

The purpose of this report is to summarise planning to manage Winter pressures across LLR in 2024/25 and provide an update on the COVID-19 and wider vaccination programme for the eligible population resident within Leicester, Leicestershire and Rutland.

Policy Framework

Urgent & Emergency Care plans were developed at beginning of 2024/25 at each LLR NHS collaborative / partnership level, and the infographics in Appendix A summarise the outputs and outcomes. These plans include actions which will be further enhanced to support Winter pressures whilst retaining a business-as-usual function throughout the whole year.

Our LLR Health and Care Winter Workshop on 5th September 2024 will yield a Winter Plan Summary for wider cascade and subsequent updates.

Background

Winter planning is an annual responsibility of health and social care organisations, to manage safe delivery of care with the anticipated increase in demand because of weather conditions and seasonal illnesses.

Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.

It's important to note that urgent and emergency services pathways have continued to experience challenges during 2024/25 resulting from industrial action, most recently Junior Doctors and Healthcare Support Workers, and currently the GP Collective Action.

Winter Planning for 2024/25

Key focus areas are detailed under

- Flow In, which focusses on community services and pathways aimed at reducing conveyance to, and attendance at ED appropriately according to individual clinical need
- Flow Through, which focusses on optimising flow through hospital by ensuring capacity in the right places and robust process are in place
- Flow Out, all of which align with the infographics in Appendix A.

Flow In (pre-hospital care pathways and services)

- The role of NHS111 in supporting patient signposting and reducing the possibility of multiple touchpoints in the patient journey (please refer to the Communications section for the detail).

- Maximising community pharmacies support for minor ailments and the provision of healthcare advice across Monday to Sunday.
- Supporting EMAS to access advice from central access points and to book patients directly into Urgent Treatment Centres.
- Supporting EMAS to take patients directly to UHL or community clinical services without the need to arrive via the LRI Emergency Department (“ED”).
- Increasing high quality and meaningful care plans for patients with pre-existing or long-term conditions to support them to know how to manage their condition(s) and how to seek advice and support.

Flow Through (ensuring that patients do not stay in hospital for longer than is clinically necessary)

- Ensuring that we have sufficient beds in the most appropriate locations.
- Implementation of process improvements such as eBeds.
- Reducing internal delays.
- Adjusting bed capacity during winter to match demand.
- Reviewing discharge processes to support patients to be transferred to a new place of residence or go home as quickly as possible.

Flow Out (leaving hospital and receiving care at home)

- Increasing the number of patients who can be discharged directly from ED without needing to be admitted to a hospital bed.
- Improving information flows to support patients to leave a hospital bed on the day that they become well enough.
- Increasing community capacity for patients to move to in order to receive rehabilitation, recovery and reablement prior to being able to return home.
- Increasing the capacity in Virtual Wards to support patients to have the confidence to stay at home with remote clinical support and management.

Mental Health, Learning Disabilities and Autism

In addition to the above, extra emphasis is given to ensure that people experiencing mental health needs know where to get help. The intention is to grant fund small projects that can help promote the mental health support and awareness of services that are available to people during the winter months. As in recent years, there has been an increase in people attending health services during the winter months due to the additional pressures caused by the cost-of-living and fuel crisis. We are looking for partners to collaborate with us over the winter months to increase the awareness and subsequent take up of the support that is available in neighbourhoods.

The NHS111 option 2 is also live and is a keyway for people of any age to get support with a mental health crisis. The phone number takes callers to our local mental health Central Access Point, where they can speak to trained mental health professionals and get support to help them in their time of need.

LLR Immunisation Programme Campaign Update

Please refer to the presentation in Appendix B.

Communications

The system communications and engagement community collaborate all year round to ensure consistent messaging is used by all partners about where to get support for physical and mental health concerns, to encourage vaccination and supporting people to stay well.

Consistent with the annual operational urgent and emergency care plans, the communications plan focuses on prevention, flow in, flow through and flow out. Across all system partners the following topics will be promoted:

Phase	Messaging
Prevention	Vaccinations: RSV, whooping cough, Covid and flu, MMR, HPV and other childhood immunisations. Timely repeat prescriptions Long term conditions management, including respiratory/asthma Keeping warm: warm spaces and homes, energy grants Cold weather advice Falls prevention Cost of living support Social isolation and loneliness Staff health and wellbeing and vaccinations
Flow in	Self-care and self-referral for physical and mental health Pharmacy and Pharmacy First Urgent care options: NHS 111 and urgent care services Appropriate use of 999 NHS App Use of general practice Mental health support: NHS 111, talking therapies, children's services Finding a dentist Accessing care over Christmas and the New Year.
Flow through and out	Enhancing system colleague knowledge about referral services and pathways. Patient transport

Working in partnership, system partners will focus on making good use of all owned communications channels, including PR, front line staff and voluntary sector networks. A combination of national and local campaigns will be used, with local resources focused on helping to minimise health inequity and where locally specific information needs to be communicated.

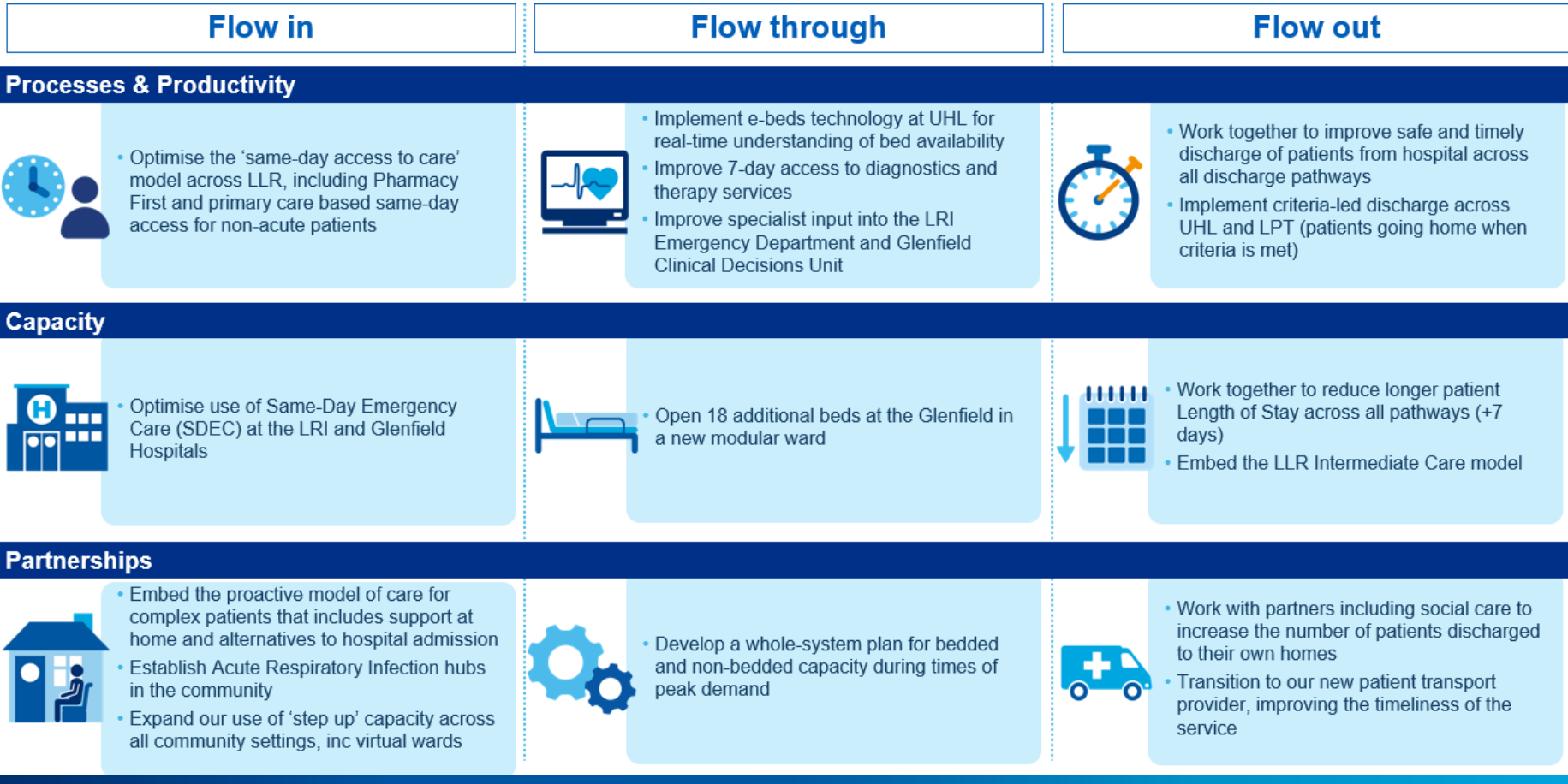
Officer(s) to contact

Julie Frake-Harris
LLR Director of Urgent & Emergency Care
julie.frakeharris@uhl-tr.nhs.uk

Richard Mitchell
Senior Responsible Officer for LLR Urgent & Emergency Care
richard.mitchell@uhl-tr.nhs.uk

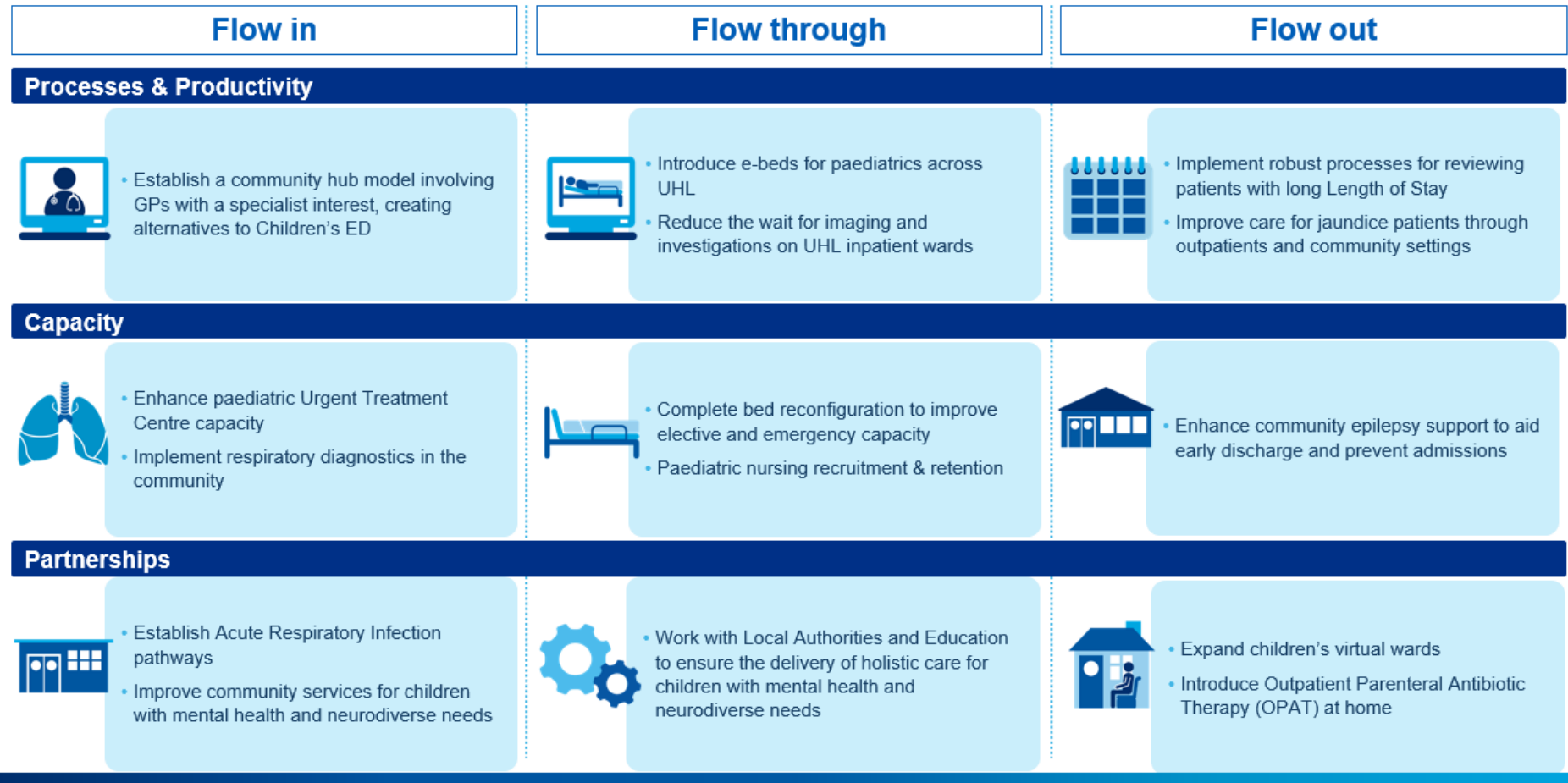
APPENDIX A

**Leicester, Leicestershire and Rutland
Urgent & Emergency Care Plan for Adults 2024/25**



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Leicester, Leicestershire and Rutland
Urgent & Emergency Care Plan for Children and Young People 2024/25



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Leicester, Leicestershire
and Rutland

LLR Immunisation Programme Campaign Update:

17 Health Overview & Scrutiny Committee

September 2024

NHS Leicester, Leicestershire and Rutland is the operating name of
Leicester, Leicestershire and Rutland Integrated Care Board



A proud partner in the:

Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership

Item 8b

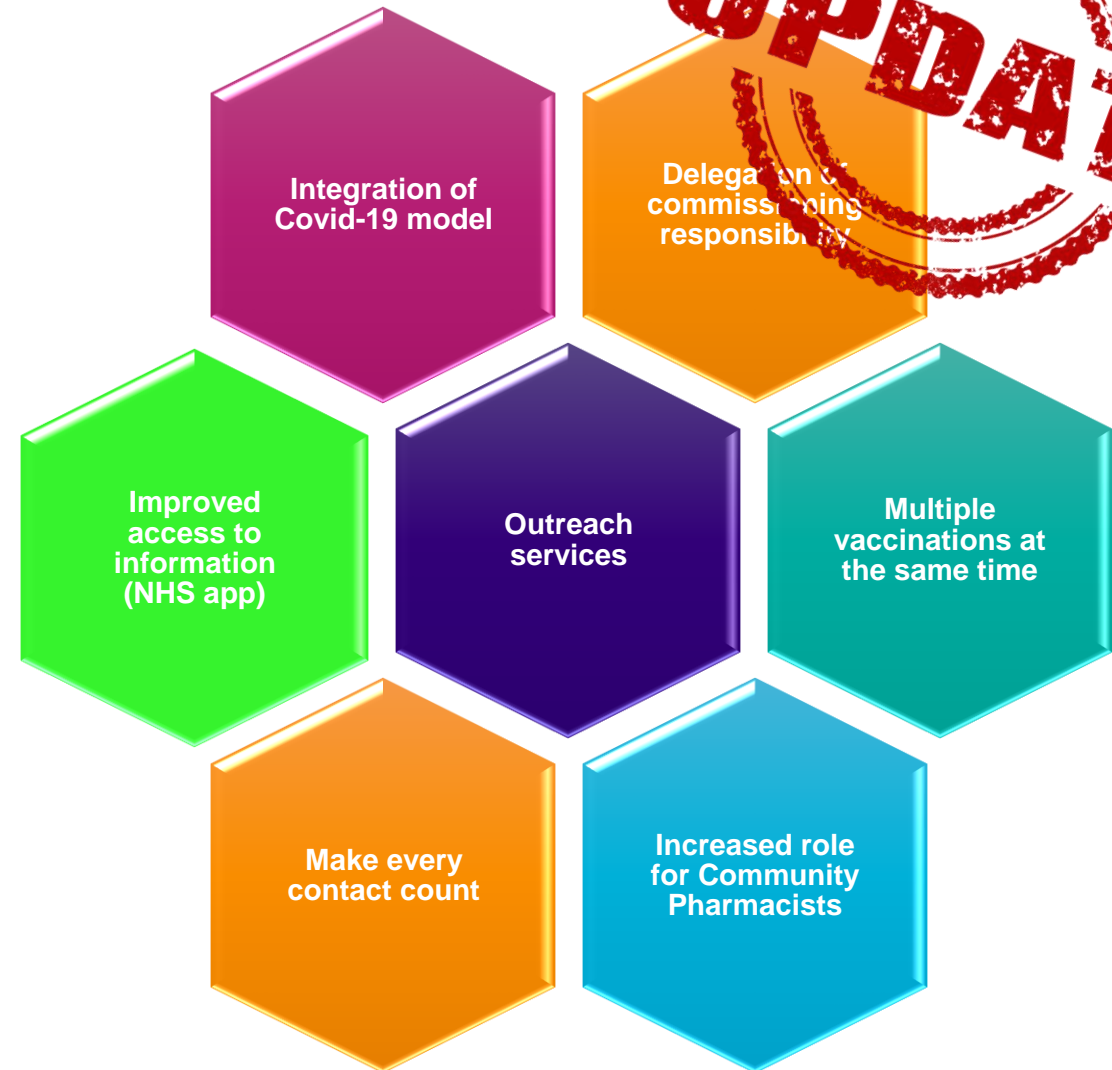
National Vaccination Strategy

Published December 2023: [NHS Vaccination Strategy](#)

The strategy aims to:

1. Build on the success of the NHS COVID-19 vaccination programme
2. Increase overall uptake and coverage of vaccinations (life-course, seasonal programmes and outbreaks)
3. Reduce disparity in uptake, so that every community in the country has the protection it needs.

Delegation of commissioning responsibilities to ICB, delayed until April 2026

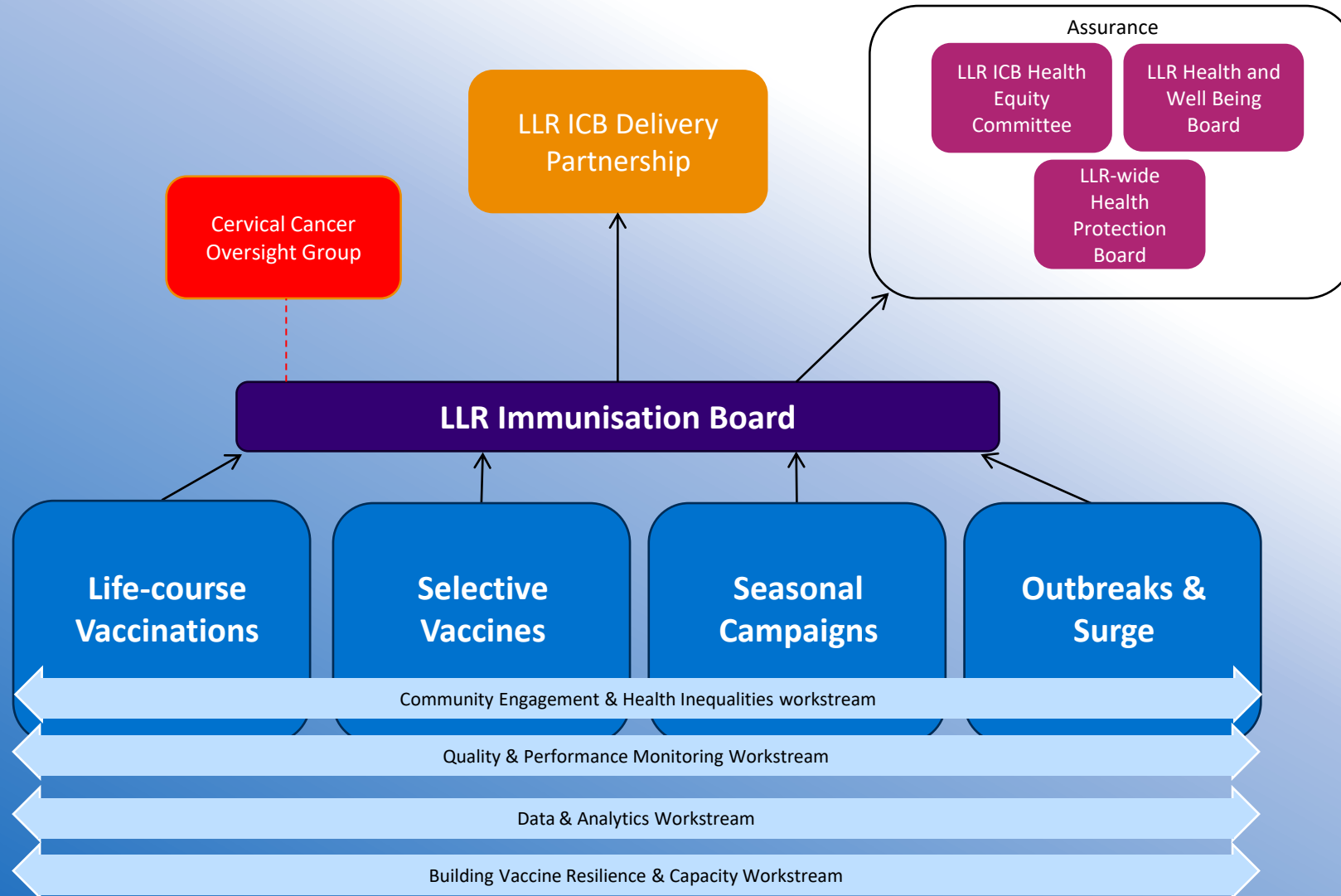


LLR Immunisation Priorities



Priority	Progress @ August 2024
1. Deliver National Vaccination Strategy	New local governance structure now up and running Delegation moved to April 2026. New governance being established by NHSE to manage transition Working with NHSE colleagues to agree a transition plan specific for LLR.
2. Tackle Health Inequalities	Undertaking procurement exercise with NHS England to secure access and inequalities funding for the remainder of this year
3. Improve Maternity, Childhood & Adolescent vaccine uptake	Childhood immunisation one of three priority areas for CQC <ul style="list-style-type: none"> Improvement focus: Improving Maternity, Childhood and Adolescent Immunisation Group, feeds intelligence to the General Practice Assurance & Improvement Group Practices with large waiting lists identified, individual meetings being held with support for primary care: new CHIS provider, super vaccinators, promotional material, RHU over the summer to provide additional capacity Self-assessment improvement tool for childhood immunisation available for practices HPV Project Group set up to improve uptake – part of cervical cancer elimination strategy
4. Implement Covid-19, Flu & other seasonal vaccines	Achieved 55.5% uptake in Spring / Summer campaign. Plans progressing to start AW24/5 campaign in October 2024.
5. Respond effectively in surge & outbreaks	Measles Incident Management Team now stood down. Pertussis Incident Management Team, Chaired by County Director of Public Health established to monitor cases and agree mitigation plans.
6. Roll out new vaccines	RSV plans developing ready for 1 st September - hybrid delivery model for pregnant women. Primary care plus Roving Healthcare Unit for older adults (and available for pregnant women is required).

LLR Immunisation Governance Structure





Procurement of 'Health Inequalities Hub' provider

- Current services include Roving Healthcare Units, Central Booking Team, Super Vaccinators, Vaccine Management
- Aim is to procure long-term service from April 2025 for 3-5 years
- Our vision is to create an **integrated prevention service** that offers a flexible and adaptable approach with the **primary aim of increasing immunisation coverage** but also supporting **wider health promotion priorities** for the LLR population. To include:
 - **Outreach services** that offer vaccination in convenient locations such as shopping centres, supermarkets and community locations.
 - Delivery of **targeted interventions for underserved populations**, using innovative approaches that enable people to make informed decisions about vaccination.
 - Provide **multiple vaccinations for the whole family** i.e. covid and flu alongside opportunistic HPV or childhood vaccines like MMR and Pertussis.
 - Include a **wider service offer of health promotion and other services** (i.e. screening services), to make every contact count.
 - Deliver **vaccines in patient's homes** (including care homes) where it isn't possible for the patient's GP to do so.
 - Able to **step-up and be innovative**, by testing, creating and delivering interventions that improve access to vaccination and other prevention services.
- Vision has been developed with System partners – feedback and views are very welcome!



COVID-19, Flu & RSV

COVID-19 & flu vaccination uptake AW 2023/24: Closing figures

LLR AW 2022/23 COVID-19 closing uptake: 61.3%

Location / COVID-19	Booster eligible population	Booster doses given to eligible population	% Booster doses given
LLR	398,742	219,612	52.0%
Rutland	17,214	12,026	66.5%
City	121,072	46,263	36.6%
County	260,432	151,772	58.3%

LLR AW 2022/23 Flu closing uptake: 53.4%

Location / Flu	Booster eligible population	Booster doses given to eligible population	% Booster doses given
LLR	650,431	325,964	50.1%
Rutland	25,126	16,596	66.1%
City	225,548	87,449	38.8%
County	399,730	221,918	56.5%

(Source: Foundry)

COVID-19 Seasonal Vaccination Campaign: Autumn/Winter 2024/25

Cohorts for COVID-19 from 3rd October to 20th December 2024*:

- adults aged 65 years and over
- residents in a care home for older adults & their staff
- individuals aged 6 months to 64 years in a clinical risk group ([as defined in tables 3 or 4 in the COVID-19 chapter of the Green Book](#)). Pregnant women are included in the clinical risk group
- 24 • Frontline health & social care professionals.

*Outreach activities to continue to be delivered to underserved communities until 31st January 2025

National Booking Service (NBS) will go live for patients from 23rd September. Last NBS appointment date will be 20th December for both flu & COVID-19.

Vaccinations available from: Most GPs and community pharmacists, Roving Healthcare Units, Leicester Royal Infirmary (LRI) & Leicester General Hospital (LGH)



[NHSE letter on the A/W 2024/25 seasonal vaccination programmes](#)



Flu Seasonal Campaign 2024/25

Cohorts for flu from 1st September 2024 to 31st March 2025:

- pregnant women
- children aged 2 or 3 on 31st August
- primary school aged children (reception to year 6) via SAIS from 23 Sept to 13 Dec
- secondary school aged children (years 7 to 11) via SAIS from 23 Sept to 13 Dec
- all children in clinical risk groups aged from 6 months to less than 18 years

[NHSE letter on the A/W 2024/25 seasonal vaccination programmes](#)

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Cohorts for flu from 3rd October 2024 to 31st March 2025:

- adults aged 65 years and over
- adults aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza Chapter 19](#))
- residents in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline health and social care workers

Vaccinations available from:

Some GPs and community pharmacists, LRI & LGH and from roving vaccination units (no appointment necessary)

NBS open for patients from 23rd September. Last NBS appointment date will be 20th December for both flu & COVID-19.



Respiratory Syncytial Virus (RSV) Vaccination Campaign

RSV campaign timings:

- From 1st September to 31st August for older adults
- Continuous for pregnant women from 1st September

[NHSE letter on the A/W 2024/25 seasonal vaccination programmes](#)

Cohorts for RSV:

- Pregnant women from 28 weeks of pregnancy to birth
- Older adults aged 75 to 79 years

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Vaccination availability:

- Pregnant women: LRI & LGH antenatal clinics and their own GP
- Older adults: from their own GP
- RSV to be offered as walk-in vaccination from roving healthcare unit – location details to be confirmed

LRI & LGH:

- Monday to Friday from 9am to 5pm outside antenatal dept

Community hospital locations from 1st Oct (TO BE CONFIRMED)

- Week 1: Coalville on Monday; Melton on Thursday & Hinckley on Friday
- Week 2: Loughborough on Tuesday & St Lukes (Harborough) on Thursday

Co-administration of RSV vaccine with other adult vaccines, including flu, COVID, pneumococcal, Tdap & shingles is allowed & acceptable.



MMR & Measles

MMR / Measles Update

(Source: UKHSA 05/08/2024)

Data from 1 September to 5 August 2024

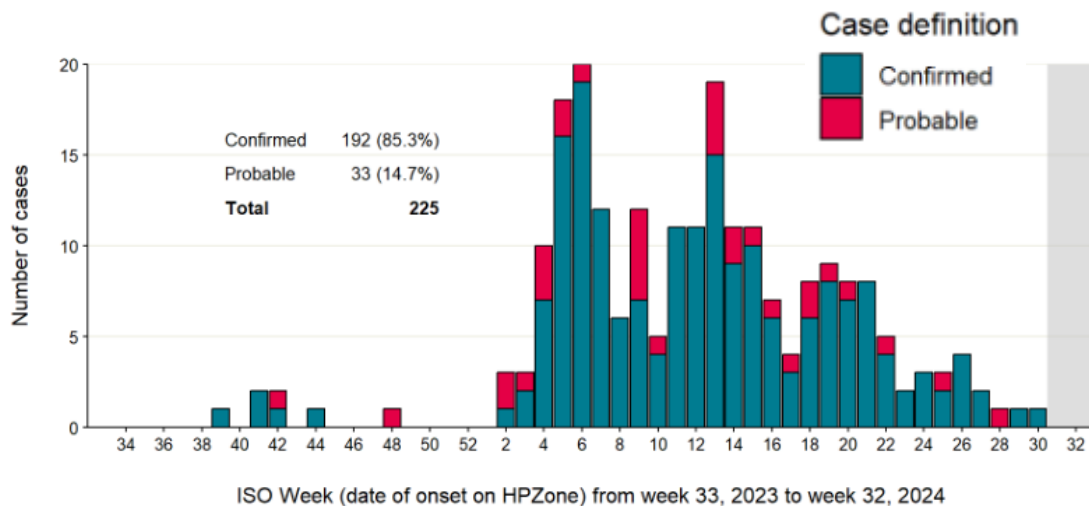
Location	Confirmed Measles Cases	Probable Measles Cases	Total Confirmed Cases
LLR	138	28	166
Rutland	1	0	1
City	128	22	147
County	11	6	17

Varicella

Confirmation that MMR is planned to change to MMRV from autumn 2025 but spending review awaited before final sign-off.

Unclear whether MMR will still exist beyond introduction of MMRV.

Unclear whether change to 12/12 and 18/12 timeline will be introduced alongside new vaccine.



MMR Data from Cover Report Jan to March

Location	24 Month MMR 1	5 Years MMR 2
Rutland	94.6%	94.4%
City	86.3%	79.9%
County	94.8%	91.9%

No new confirmed measles cases in LLR since 5 August



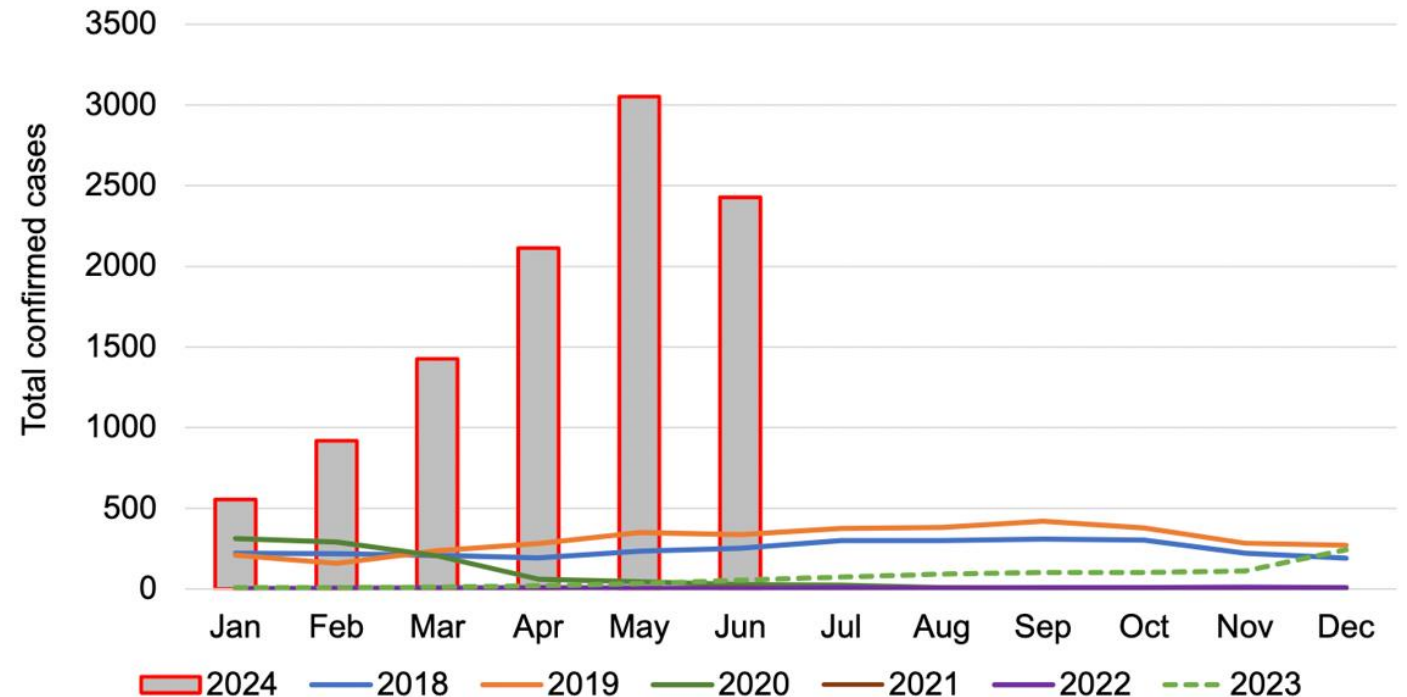
Pertussis

Pertussis: Confirmed Cases

Confirmed cases of pertussis in England by month, to end May 2024. In England, provisionally there were 7,599 laboratory confirmed cases of pertussis reported to the UK Health Security Agency (UKHSA) between January and May 2024 with 555 cases in January 2024 increasing to 2,591 in May.

This compares with 858 (provisional) laboratory confirmed cases of pertussis reported throughout 2023. There have been 9 reported deaths in infants who developed pertussis between January and June 2024.

Figure 1. Laboratory confirmed cases of pertussis by month in England: 2018 to June 2024 (note 1)



(Source: UKHSA 21 July 2024)

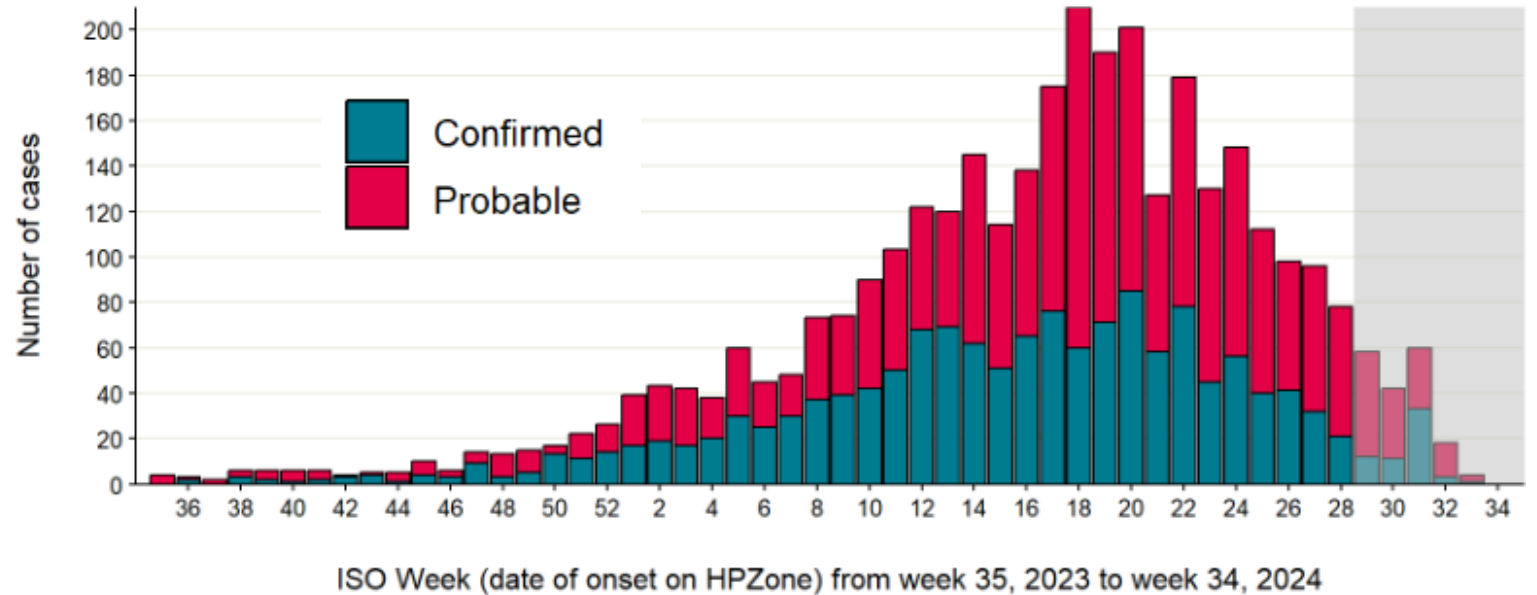
Pertussis: Confirmed Cases

Cases from 1st Oct 2023 to 22nd August 2024

Area	Confirmed	Suspected
City	38	74
County	180	218
Rutland	3	13

↻
 ↗ (Source: UKHSA 24/08/2024)

Trend of cases of **pertussis** being reported to UKHSA in the East Midlands is stable & more recent cases are in the older age group categories i.e. 15 years & over.



n = 3390

Maternal Pertussis Vaccination Uptake	2020-21	2021-22	2022-23	2023-24	Q4 2024/25
LLR	68%	66%	58%	57%	59.3%
National	68%	65%	61%	58%	59.4%

(Source: NHSE COVER 2024)

Pertussis Vaccine Uptake

Pertussis Vaccination Uptake (Pregnant Women)	January 2024	February 2024	March 2024
West Leicestershire CCG	69.7%	65.7%	64.2%
Leicester City CCG	49.2%	45.5%	45.6%
East Leicestershire & Rutland CCG	66.5%	70.8%	64.5%
LLR	60.9%	60.3%	56.8%
National	59.8%	58.9%	58.9%

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Note: Pertussis vaccinations are now available opportunistically from the Roving Healthcare Units

(Source: Cover 11/07/2024)

Childhood Pertussis Vaccination

KEY	Above achievable standard 95%	Between 90 -95%	Below acceptable standard <90%
-----	-------------------------------	-----------------	--------------------------------

Age	Vaccination	England	Leics City	Leicestershire	Rutland
12 Months	DTaP / IPV / Hib %	91.1%	90.3%	94.8%	97.6%
24 Months	DTaP / IPV / Hib3 %	92.5%	91.7%	96.6%	94.6%
5 Years	DTaP / IPV / Booster	83.6%	77.1%	90.9%	93.3%

Roving Healthcare Unit Offering Walk-in Vaccinations

Date	Walk-in Vaccination Locations Available From Roving Unit	Times
02/09/2024	Falcon Centre Health Day, Loughborough, LE11	10am to 3pm
03/09/2024	Thurnby Lodge, Thurncourt Rd, LE5	10am to 12.30pm
03/09/2024	Netherhall Community Centre, Armadale Drive, LE5	1pm to 4pm
04/09/2024	Eyes Monsell Community Centre, Glen Parva LE2	10am to 12.30pm
04/09/2024	Aylestone Leisure Centre, Knighton Lane, LE2	1pm to 4pm
05/09/2024	Tesco, Hamilton, LE5	10am to 12.30pm
05/09/2024	Elizabeth Park Sport & Community Centre, LE4	1pm to 4pm
06/09/2024	The Brite Centre, LE3	10am to 12.30pm
06/09/2024	New Parks Leisure Centre, Oswald's Rd, LE3	1pm to 4pm
07/09/2024	Belgrave Neighbourhood Centre, Rothly St, LE4	10am to 4pm
09/09/2024	Syston Community Centre, Syston LE7	10am to 12.30pm
09/09/2024	East Goscote Village Hall, LE7	1pm to 4pm
10/09/2024	Belvoir Centre, Coalville, LE67	TBC
10/09/2024	Shepshed Community Centre, LE12	TBC
12/09/2024	Haymarket, Humberstone Gate (outside Primark)	9am to 3pm
16/09/2024	Spinney Hill Park, St Saviours Rd	10am to 12.30pm
16/09/2024	Wesley Hall, Hartington Rd, LE2	TBC
19/09/2024	Haymarket, Humberstone Gate (outside Primark)	9am to 3pm
20/09/2024	Christ the King, Beaumont Leys, LE1	9am to 12.30pm
20/09/2024	Mowmacre Hill Community Centre, Bewcastle Grove, LE4	1pm to 4pm
21/09/2024	Haymarket, Humberstone Gate (outside Primark)	10am to 4pm

3



NOTE

- Pertussis & MMR vaccinations currently available
- Flu & RSV vaccinations available from 1st September 2024.
- COVID-19 vaccinations to be offered from 3rd October 2024.



Approach to Addressing Childhood Vaccination & Immunisation

Activities to Improve LLR Childhood Vaccinations & Immunisation

Areas of focus	Activities
Understand & define challenges related to vaccine uptake	<ul style="list-style-type: none"> Working directly with GP practices with the lowest vaccination uptake to review current offer in order to improve vaccine uptake eg MMR Core 20, Super vaccinator capacity support, free use of roving vaccination units, bespoke CHIS support Working with GP practices with high vaccination uptake to capture learnings to adapt & scale Engaging system partners to agree local vaccination targets, eg HPV strategy & implementation
35 Identification of specific target audiences	<ul style="list-style-type: none"> Providing accessible vaccinations to particular communities, eg Leicester Mammias baby cafes, pop-up vaccination clinic within a city mosque; working with CVSE groups & system partners to provide a complementary offers eg Turning Point & fibro scanning; BIMA health & wellbeing events Progressing procurement of health inequalities hub provider
Use behavioural insights & data to design & deliver solutions	<ul style="list-style-type: none"> Addressing group-specific barriers to vaccine take-up, expanding the range of opportunistic vaccinations available from the roving units Provision of free transport to enable patients access vaccination offers
Reviewing & evaluating existing patient pathways & touchpoints to identify potential solutions	<ul style="list-style-type: none"> Evaluating existing vaccination data sources / recording to identify potential gaps & barriers Agreeing system-wide data sources to use as a barometer to measure outputs Ongoing review of issues & challenges Development of local walk-in vaccination finder to replace national booking system, as well as promotion of other vaccination clinics
Comms & engagement	<ul style="list-style-type: none"> Providing regular bespoke training and updates for health and social care professionals & associated contacts, eg adult social care, community care providers Co-designing comms & engagement materials/channels with delivery partners & influencers eg HPV survey being developed with education leads; MMR & autism leaflet with midwives Continual monitoring & reviewing of outputs Instigating media opportunities to promote specific vaccination messaging

Human Papillomavirus (HPV) Vaccine

HPV Vaccination is recommended for:

- All adolescents (boys and girls) in school year 8 (usually aged 12 and 13 years)
- GBMSM up to and including 45 years of age attending specialist sexual health services and/or HIV clinics regardless of risk, sexual behaviour or disease status

Girls are eligible for vaccination up to their 25th birthday and boys in the eligible cohort (born after 1st Sept 2006) remain eligible to receive the vaccine until their 25th birthday. Boys born before 1st Sept 2006 have not been offered the vaccine as they are already benefitting from the indirect protection provided by the HPV vaccination programme.

GP's are required to provide HPV to eligible cohort (14 years to under 25 years), who missed SAIS vaccination offer.

Issues

- Sustained inequalities in uptake by area and minority ethnic groups
- Unmet information needs among young people in schools where vaccination uptake is low, with implications for obtaining consent and vaccination uptake

Actions

- Strategy developed and implementation plan being activated (forms part of wider LLR Cervical Cancer Elimination Strategy)
- Addressing young people's information needs
- Improving communication with parents
- Training and regular updates for all key health care and wellbeing professionals and education leads

HPV Uptake at 24 August 2024

(Source: CHIS 24/08/2024)

City	51.1%
County	77.9%
Rutland	83.9%

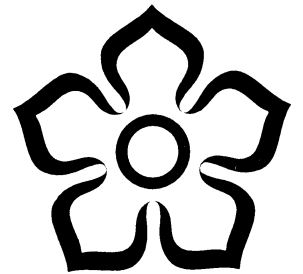


ENDS

Adult Social Care Supporting the Winter Plan 2024/ 25

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Leicester City Council
Health Scrutiny Commission
10th September 2024



Leicester
City Council

Item 8c

ASC Contribution

40

1

Having clear escalation actions to address ASC, partner or system pressures

2

Ensuring timely discharge for people with social care needs, who no longer require acute hospital care

3

Supporting admission avoidance where people can be safely cared for at home

Underpinned by Better Care Fund investments – activity and performance is dependent on and protected by the pooled budget arrangement

1. Escalation Plan

- Well established over many years
- Clear actions where:
 - Hospital facing ASC services are under pressure (internal escalation)
 - A partner is experiencing specific pressures (for example, a spike in attendances)
 - System pressures (for example, looking at how risk is balanced across our system)
- Refresh for winter 2024 as part of the regular system work programme

2. Supporting Discharge

Actions in 23 /24 to be ready for winter 24 / 25:

- Established reablement intake offer from Nov 2023 – all discharges home via reablement
- Extended offer June 2024 to include all people needing 2 carers
- Increased reablement capacity – via staff expansion and business process improvement
- Effective working in the Integrated Discharge Hub
- 7 day discharge support from Brokerage and Health Transfers
- Responsive domiciliary care market
- Night-time support at home (funded via Discharge Grant)
- ICRS support into Virtual Wards

Impact:

- Maintaining low numbers of people waiting for social care support (typically 27 people at any point as snapshot of a bed base of +1800)
- Meeting increased volume (In the period 1/4/24 to 31/7/24; 1038 contacts received to ASC, have been completed where route of access is 'Discharge from Hospital'. In the same period 23/24, 655 contacts were completed.)
- Ensuring timeliness (74% of same day discharge plans provided to UHL by 12.00 / 100% by 15:00)
- Reducing length of stay, once ready to go home
- 85% of people go home, 12% go to a short-term bed for reablement or assessment – focus on enabling people to live well in their communities
- 93.5% of people who receive reablement are still at home 3 months later

3. Admission Avoidance

Actions in 23 /24 to be ready for winter 24 / 25:

- Staff training on energy advice and signposting
- LeicesterCare community alarms and Technology Enabled Care service:
 - expanded offer and increased capacity
 - newly procured provider
- Continued work via ICRS (to respond to community crisis / falls) and Care Navigators (to support proactive anticipatory care)
- Response in UHL during peak pressures – ‘pulling’ people out of pre-admission areas

Impact:

- Increased activity to support the urgent community response – all within 2 hours (100%)
- Reduction in admissions to care and from care homes into hospital
- 85% of falls are resolved without the need for other services / EMAS
- Reduction in emergency admissions due to falls

Fuel Poverty and Health Programme

Leicester Energy Action

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Funded by LLR Integrated Care Board

Delivered by NEA and Leicester City Council – Public Health Division



Leicester, Leicestershire
and Rutland

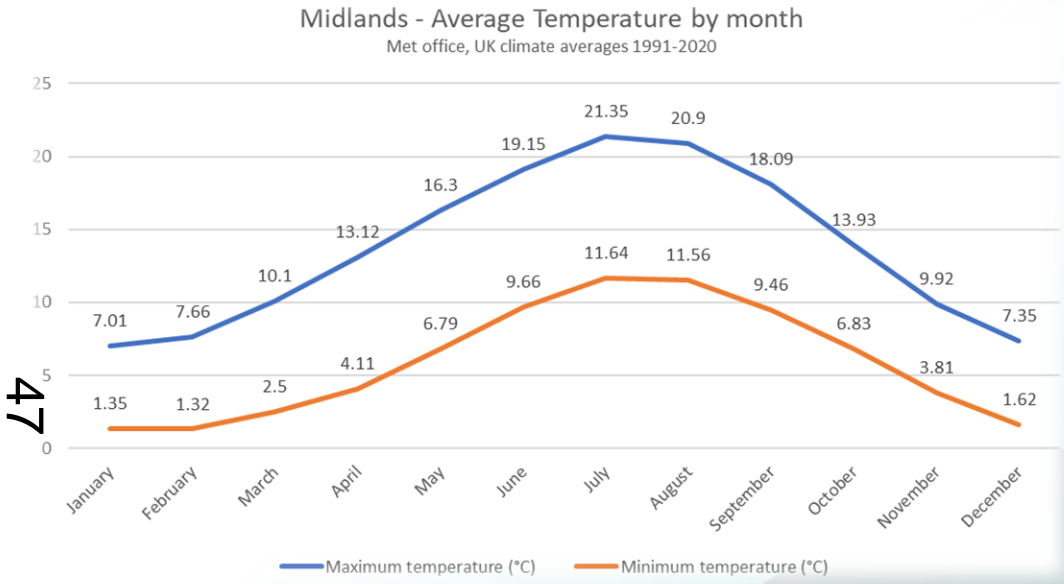


Item 8d

What is Fuel Poverty?

- Caused by a complex interaction between low incomes, poor energy efficiency and energy prices
- Different definitions¹:
 - UK legislation: a person living in fuel poverty - “a member of a household living on a lower income in a home which cannot be kept warm at reasonable cost”.
 - England definition: low income low energy efficiency (LILEE): households with an income below the poverty line and are living in a home with an EPC (energy performance certificate) of worse than C are considered Fuel Poor.
 - Scotland and Wales definition: more than 10% (20% for extreme fuel poverty) of net income is required to pay for their reasonable fuel needs after housing costs have been deducted.
- While the England definition captures the progress of energy efficiency installations, the Scotland and Wales measure takes energy prices into account (currently poignant).
- Common view is that the England definition (in the current climate of high energy prices) underestimates the number of people experiencing fuel poverty. Therefore, charities such as National Energy Action generally use the Scotland and Wales definition.

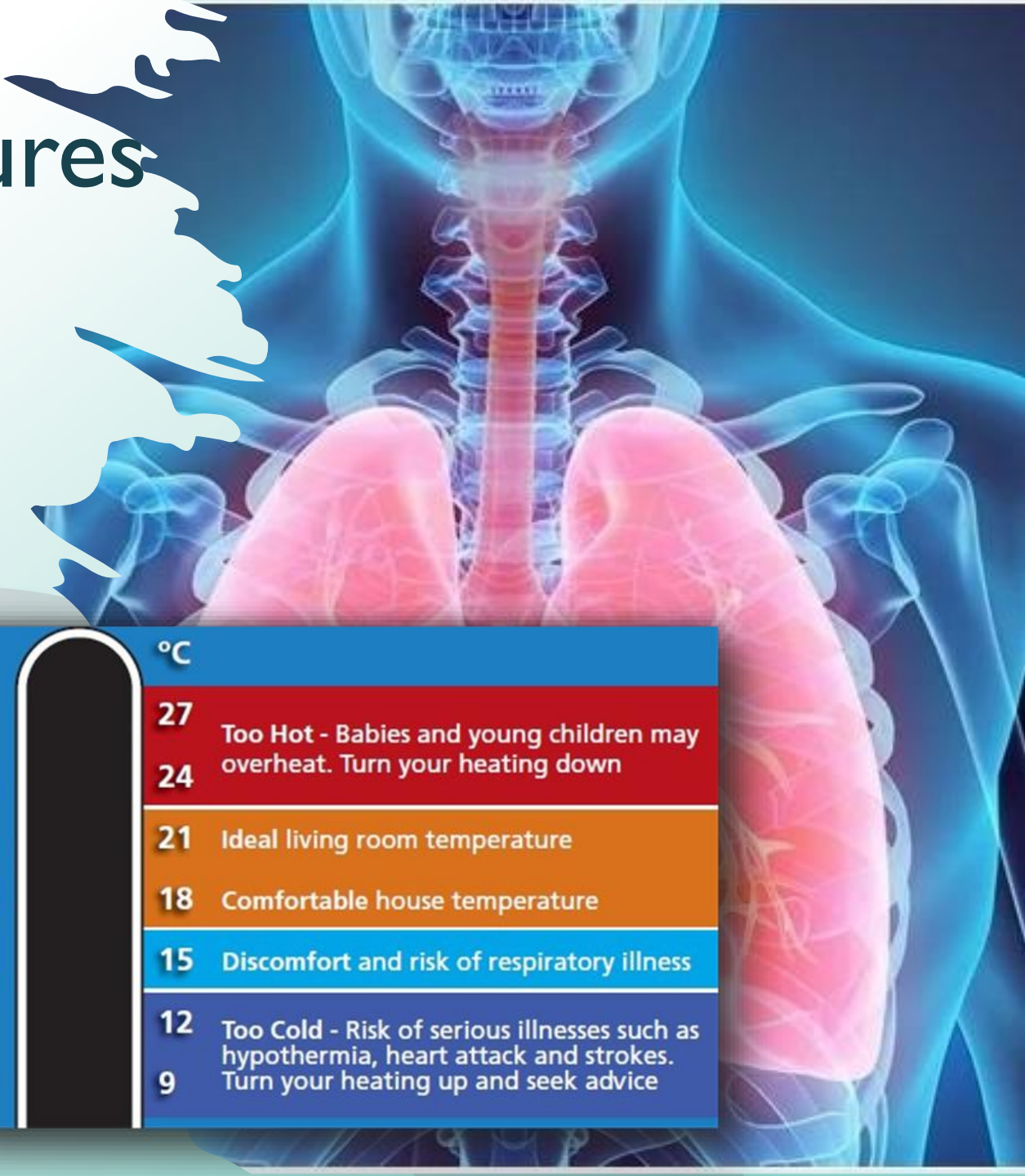
Healthy home temperatures



Source: [Sutton Bonington \(Nottinghamshire\) UK climate averages - Met Office](#)

- Heating and home insulation are crucial to maintaining healthy living temperatures, particularly in colder months
- Ideal room temperature is between 18 - 21 degrees

°F	°C	Health Advice
80	27	Too Hot - Babies and young children may overheat. Turn your heating down
75	24	
70	21	Ideal living room temperature
65	18	Comfortable house temperature
60	15	Discomfort and risk of respiratory illness
55	12	Too Cold - Risk of serious illnesses such as hypothermia, heart attack and strokes.
50	9	Turn your heating up and seek advice



Damp and mould



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- Caused by inadequate ventilation, excess moisture, inadequate insulation, inadequate heating
- Respiratory impacts particularly for children: asthma, skin problems, coughing/sneezing, sinusitis, rhinitis, headaches and migraines, watery, itchy eyes
- Key issue in Leicester and more broadly in England

Not coping strategies



Going to bed early to stay warm



Using unsafe, unserviced heating appliances or inappropriate devices like ovens to stay warm



"Marking" the bath to reduce the amount of water used each time



Only heating one room, or avoiding using central heating at all



Cutting back on electricity and using candles instead of lights



Showering away from the home in workplaces or leisure centres



Spending the day in heated spaces such as a library, café or even A&E



Leaving curtains closed all day or putting newspaper over windows



Cutting back on personal hygiene products



Cooking using alternative sources such as a barbeque or portable stove



Cutting back on buying essential personal items, food, eating only cold meals or reliance on food banks



Bathing less often, or resorting to a "sink wash"



Not inviting friends or family in to the home



Formal borrowing (credit cards and loans) or informal borrowing from friends and family



Deciding not to pay the water bill in order to pay a higher priority bill (such as energy or council tax)

Health Impacts of Cold Weather and Homes

Direct impacts:

- Causes and/or worsens cardiovascular illness
- Causes and/or worsens respiratory disease
- Increases incidence of heart attacks and heart disease
- Increases incidence of stroke
- Causes and/or worsens asthma
- Worsens pre-existing chronic medical conditions including COPD
- Lowers immune system, increasing risk of contracting colds/ flu – viruses which thrive in cold environments
- Increases likelihood of falls and injuries
- Hypothermia

Indirect impacts:

- Mental health problems, such as depression – known risk factor for suicide
- Poor mental wellbeing, which impacts directly and indirectly on social and wider determinants of health including education, nutrition (the choice between eating and heating), and social isolation
- Increased risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or poorly ventilated

- Those with Alzheimer's Disease/ dementia see competence worsen in independently managing basic needs (i.e. shelter and food) and experience disturbances in thermoregulation – difficulty in maintaining the homes heating and energy routines
- Increased plasma fibrinogen levels and factor VII clotting during over winter account for a 15% and 9% rise in coronary heart disease, respectively. Systolic and diastolic blood pressure increase as an effect of cold temperatures and poor housing.
- Strongest link is between respiratory deaths and the cold – however, as more people die from cardiovascular disease, cardiovascular illnesses and deaths account for a greater number of health problems.
- Estimates suggest 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% are attributable to cold homes.

Risks to Babies and Children

- Babies and children need a comfortable temperature – 18-21 degrees
- Living in a cold and damp home causes babies to use up more calories to keep warm resulting in:
 - low weight gain
 - slower growth
 - slower development
 - higher levels of hospital admissions for young children
- Tempting to wrap babies up to keep them warm while they sleep. However overheating increases risk of Sudden Infant Death Syndrome (SIDS), contributing to higher levels of infant mortality in poorer households.
- Cold and damp also increases the risk of breathing problems in children.
- Children in poor housing have less task persistence and suffer from more psychological symptoms than those in adequate housing.
- Energy insecurity at home can increase the likelihood of a child experiencing food insecurity, hospitalisation since birth, developmental risks and poor health more generally.

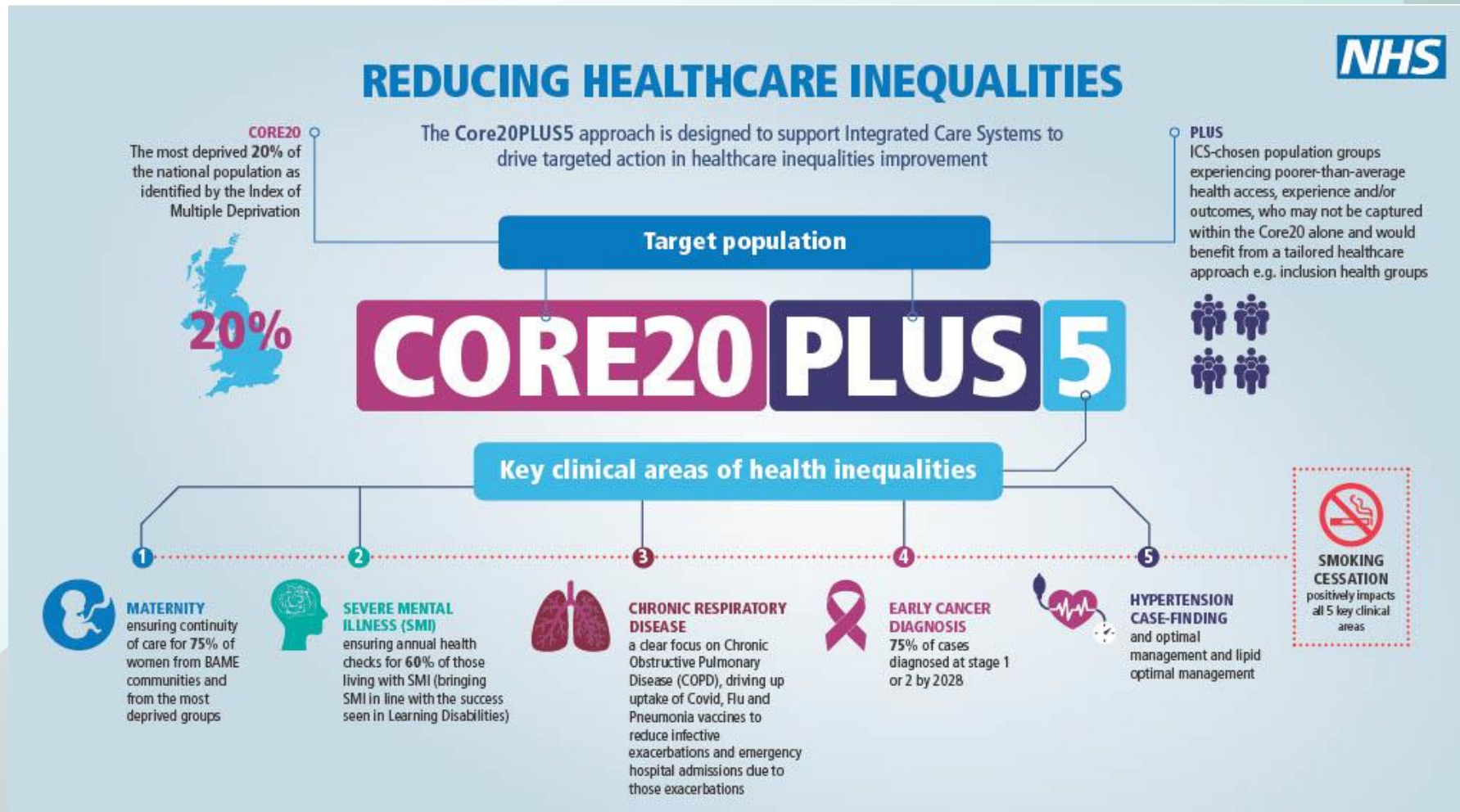


CORE20 PLUS 5

The deaths and ill health associated with cold homes contributes a huge burden on an already stretched health and social care system.

It is those on the lowest incomes (the Core20), the most vulnerable groups such as homeless people, ethnic minority communities; inclusion health groups (the Plus groups); and those with existing poor health (COPD, mental health, CVD, and young babies (most of the 5 clinical areas) who suffer disproportionately from the health impacts of fuel poverty.

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Leicester prevalence

- Households in Leicester were already facing an increased risk of fuel poverty pre- covid-19 pandemic and pre-cost-of-living-crisis.
- Over a third of the population are resident in the most deprived 20% areas nationally. In 2022/23 an estimated 38% of Leicester's children aged under 16 years are classified as living in low-income household compared to 30% in England.¹
- In 2020, 19% of Leicester households were in fuel poverty based on the England's definition, higher than the England average of 13%, and the highest rate of all upper tier local authorities in the East Midlands, and the 8th highest of all 296 districts and unitary authorities in England. This is based on the LILEE definition which by many is considered an underestimation, and also does not take into account the huge impact cost of living is having on Leicester residents. ²
- Energy efficiency of properties in the Leicester is generally poor - 21% of houses had an EPC rating from E to G in 2021 (where A is the highest possible rating and G the lowest)³.
- In 2019/2020, there were 140 excess winter deaths in Leicester, representing 17.7% excess winter mortality rate, higher than the England average of 17.1%⁴.
- Leicester residents can expect to live more of their life not in good health. Latest healthy life expectancy data (pre-pandemic) shows Leicester males could expect to have 17 years not in good health and Leicester females 25 years not in good health⁵.
- Leicester performs significantly worse than the England average on: under 75 mortality rate from cardiovascular disease, under 75 mortality rate from respiratory disease and hip fractures in people aged 65 and over. The city also has significantly higher rates of premature mortality in people with severe mental ill health, and significantly higher prevalence of people with common mental health disorders compared to the England rate. The infant mortality rate is also significantly higher than the England rate (5.8 per 1000 live births compared to 3.9 England). All these conditions are exacerbated by cold homes⁶.

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2. Living In Leicester Adults: joint strategic needs assessment. [LIVING IN LEICESTER, adult joint strategic needs assessment](#)

3. CENSUS: Energy efficiency of housing in England and Wales: 2022 [Energy efficiency of housing in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

4. Excess Winter Mortality Data, England and Wales. [Excel Sheet](#)

5. ONS Life Expectancy Data 2018-20.

6. Office for Health Improvement and Disparities Public Health Profiles: <https://fingertips.phe.org.uk/>

NICE Guidance & Recommendations

National Institute for Health Care and Excellence (NICE) Guidance for 'Excess winter deaths and illness and the health risks associated with cold homes' covers reducing the health risks (including preventable deaths) associated with living in a cold home.

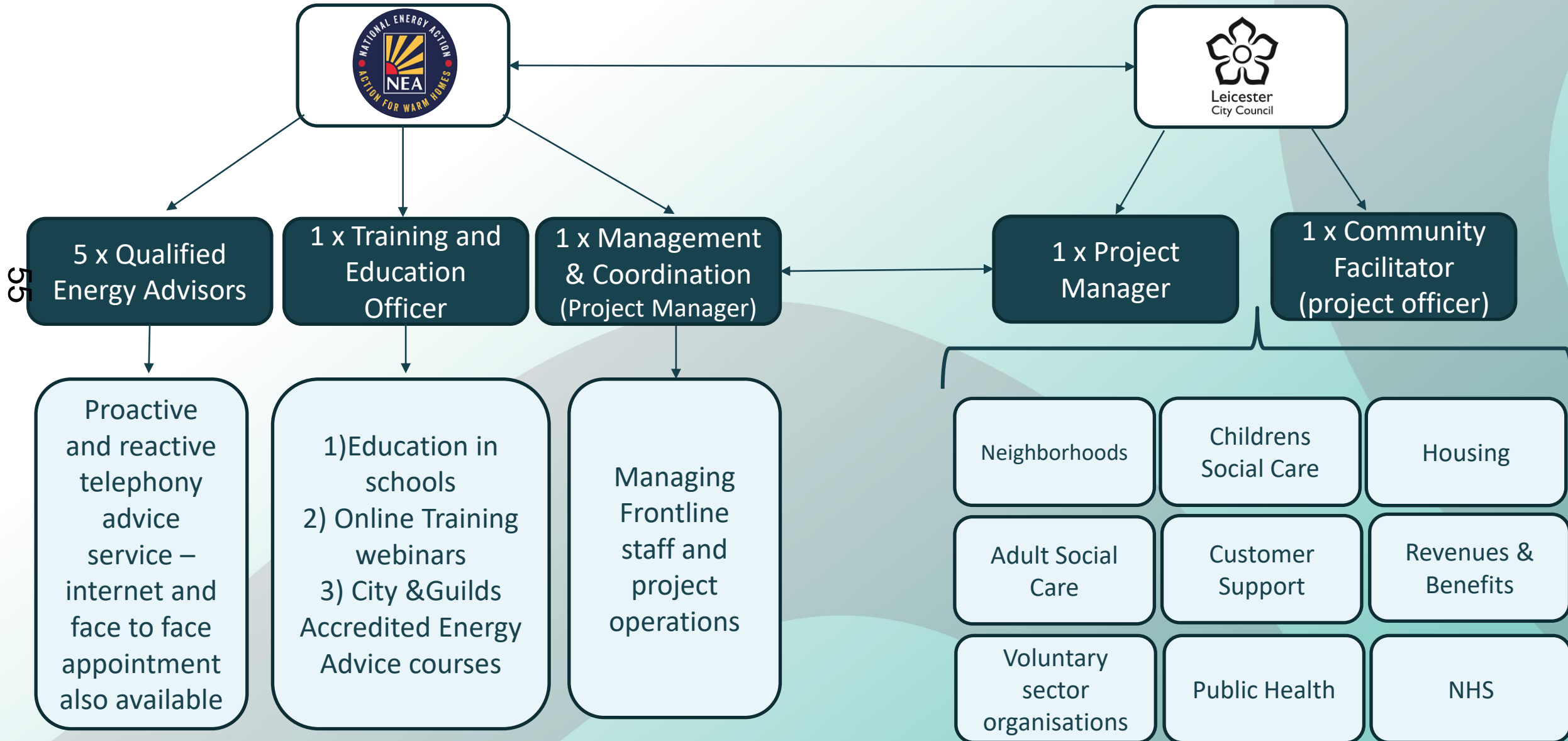
It recommends to:

1. Develop a strategy
2. Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes
3. Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes
- 4 Identify people at risk of ill health from living in a cold home
5. Make every contact count by assessing the heating needs of people who use primary health and home care services
6. Non-health and social care workers who visit people at home should assess their heating needs
7. Discharge vulnerable people from health or social care settings to a warm home
8. Train health and social care practitioners to help people whose homes may be too cold
9. Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing
10. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home
11. Raise awareness among practitioners and the public about how to keep warm at home
12. Ensure buildings meet ventilation and other building and trading standards

Leicester is working towards all of these recommendations, the majority through the newly developed Fuel Poverty Service, funded by the NHS ICB.

Leicester Fuel Poverty and Health Programme – ‘Leicester Energy Action’

Funded by Leicester Leicestershire and Rutland NHS Integrated Care Board



Core workstreams

- Advice Service
- Outreach and Engagement
- Training
- Education

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LEICESTER ENERGY ACTION

Energy Awareness 6281-01 Examination

Mosaic 1898 and Leicester Energy Action
21 August 2023
ENERGY AWARENESS SESSION

"Thanks to you now my gas bill is affordable. £100 per month instead of £70 per week"

NEA / CITY & GUILDS LEVEL 3 AWARD IN ENERGY AWARENESS 6281-01



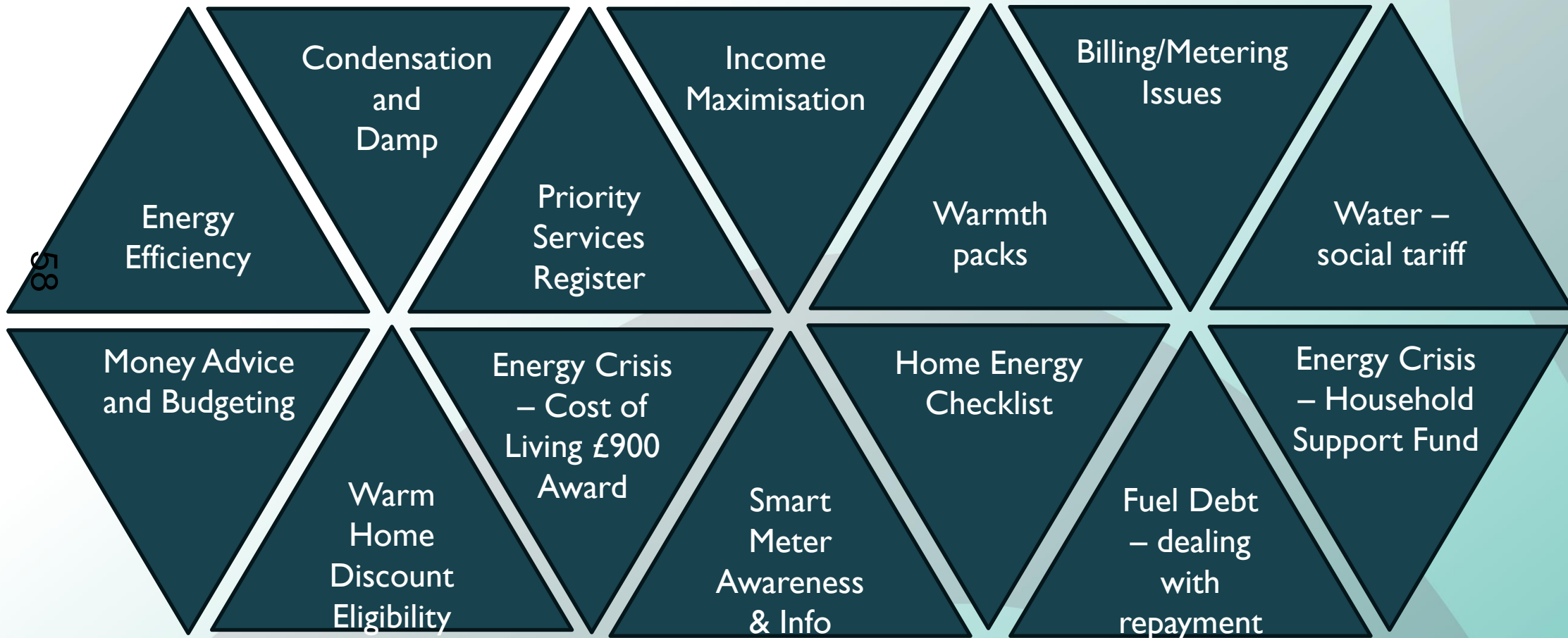
Advice Service

- Predominately offering telephony advice, although face-to-face visits are arranged as and when required.
- 5 energy advisors/call handlers, who have been recruited locally, and have received mental health first aid training.
- Customers preferred language is used– an NEA language line is used when an officer with the required language is not available.
- All clients receive breadth of advice and support covering energy use and energy efficiency alongside support related to their specific needs.
- Advice categories include but are not limited to:
 - Energy efficiency/ health impacts
 - Damp and mould in properties – LA escalation process in place
 - Managing energy debt and negotiating with suppliers
 - Referrals and signposting to government support
 - Tackling barriers such as digital exclusion via advocacy work
 - Linking to existing retrofit schemes
 - Onward referral and signposting to Leicester based services, including mental health, counselling, benefits, foodbanks – working to a single point of contact model
- High numbers of clients experiencing inability to afford/fuel debt issues.
- Higher levels of complex cases than initially anticipated when commissioning the service – above 90%

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Advice & Support provided



and more...

Energy efficiency is a grouped category – including no/low cost EE behavioural changes, keeping warm and healthy in colder weather, heating options/alternatives, heating and hot water controls, healthy room temperatures and efficient use of appliances.

Case Study: Claire's Story



Claire is 69, living in three-bedroom house.

Language barrier and a visual impairment.

Unable to read fuel bills and other correspondence.

Had an unsuccessful knee replacement - cannot walk without assistance.

Long term illness and fear of not been able to afford to keep her family warm.

Claire's health conditions leave her isolated, suffering with severe depression and anxiety.

And she had a debt of £680.10 with British Gas.

Also struggling with food - not accessed local food banks as anxious about facing stigma.

How did we help Claire?



Conducted a home visit and a conference call with Claire and supplier - uncovered that the client was in credit.



Worked with British gas to reduce the Claire's monthly payments from £92.82 to £69.01 for the next 12 months.



Put Claire on the priority services register, and so now she will be sent bills monthly in large print.



Referred Claire to We Care UK for a food parcel - tailored to the clients' needs and delivered to her home.



Signposted Claire to Zinhiya Trust for benefits advice, Age Concern for befriending, Vista Blind for assessment and support, and applied for the Severn Trent Water Big Difference Scheme.



Worked with Claire around efficient use of appliances, healthy room temperatures, heating and hot water controls, keeping warm and healthy in colder weather, and low-cost energy efficiency behavioural changes.

Case Study: Alex's Story

Alex is a single parent with a young child living in social housing.

Alex had nearly £1,000 of fuel debt and was referred to Leicester Energy Action by one of our community organisations.

They couldn't afford to make a repayment offer that the supplier would accept.

The LEA team worked with Alex around all their energy issues, including an application for fuel debt relief.

This resulted in Alex being awarded enough to clear her arrears with a small surplus to put credit on their meter.



Case Study: Jo's story



Jo is living in a gas capped property and couldn't afford to put credit on the gas meter. As a result, Leicester City Council couldn't carry out the annual gas fill and test to ensure that the supply to the property was safe.

Referred by STAR – Supporting Tenants and Residents - LEA referrals are on their core checklist, and therefore a part of their process in offering support.

Our energy advisor, Shirley, arranged for credit to be added onto the meter and liaised with the council to perform a gas fill and test.

Unfortunately, Jo was admitted into hospital while the case was underway. During this time, the credit on the meter expired, and the appointment was missed.

Through linked up partnership working, further credit was arranged onto the meter and Shirley worked with the council to escalate the situation ensuring that the appointment was rearranged and carried out in the client's absence. This meant that Jo returned from hospital to warm home.

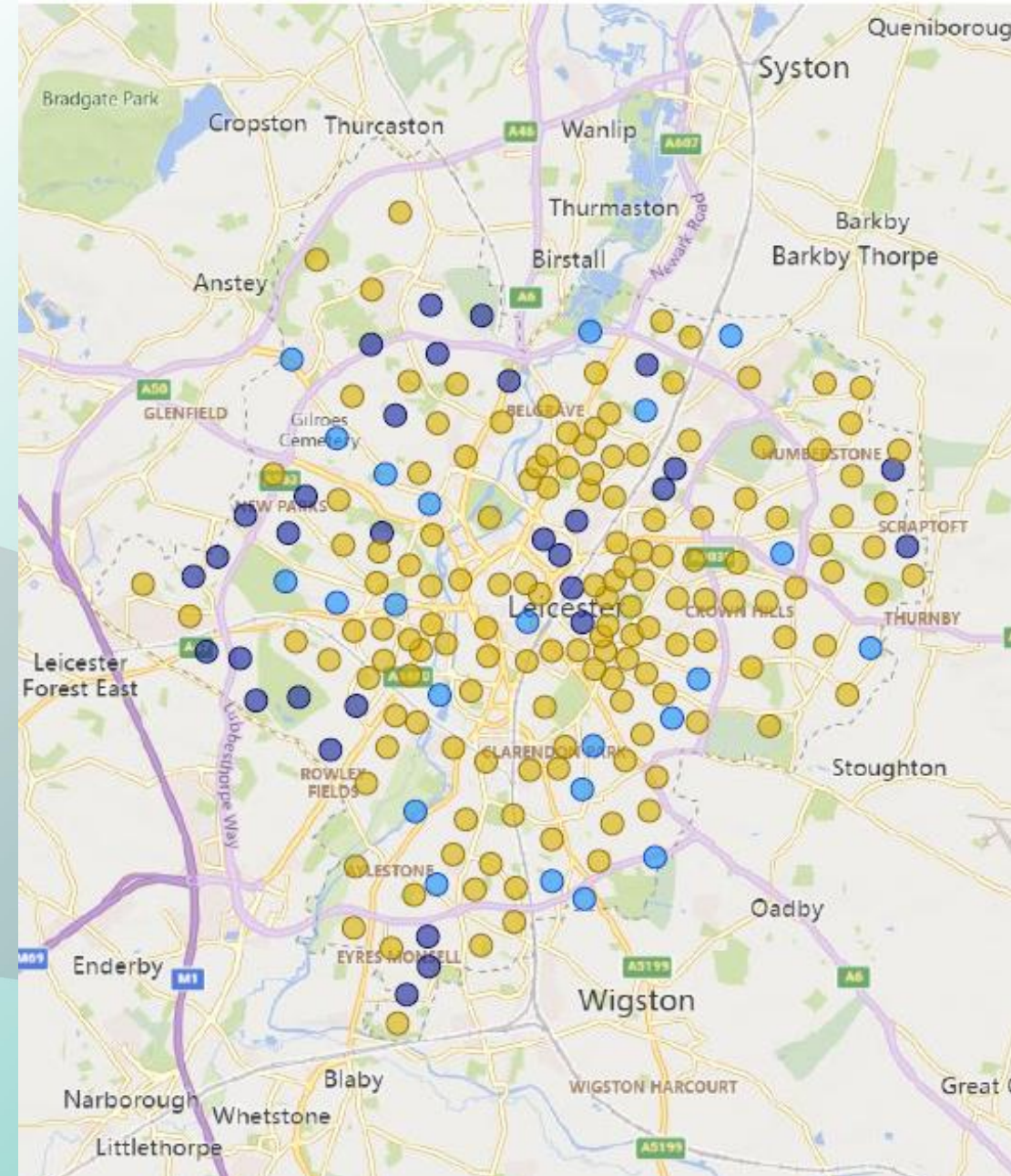
Shirley also collected evidence for and completed a fuel debt relief application. This was a forced pre-payment meter case, which is now with the NEA policy team. Jo's story is an example of the short-term and long-term solutions provided by LEA.

Referral map

- 1332 referrals up until June 2024 (where postcode is available)
- Map shows referrals into the advice service by LSOA (They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 people)
- The colours denote statistical significance compared to the Leicester average (10.5 per 1,000 households). Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance.
- Generally, the highest rate of referrals are from West Leicester and City Centre areas
- Highest rate of referrals by MSOA's (made up of 4 or 5 LSOA's, comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons) are from:
 - 1) St Matthews & Highfields North – 36.6 per 1,000 hh
 - 2) New Parks & Stokeswood – 36.5 per 1,000 hh
 - 3) Braunstone Park West – 26.2 per 1,000 hh
 - 4) Kirby Frith – 21.4 per 1,000 hh
 - 5) Eyres Monsell – 20.1 per 1,000 hh

Fuel Poverty referrals by LSOA (Areas significantly higher, lower, or similar to Leicester)

Significance to Leicester ● Higher ● Lower ● Similar



Referrers into the Advice Service

with more being onboarded each month...

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Health and Wellbeing for Staff Experience

Heart Failure Specialist Nurse Team

Vaccination
Van Drive

Senior Team for Complex Care

NHS

GPs

Frailty
Teams

Social Prescribing

COPD
Team

Mental
Health

Community Services Matron - District Nurses

Forensic Mental
Health team

Best Start for Life Teams

Community Midwifery team

Education & Practice Development Nursing Associate

Income Management Team

Private Sector Housing

Tourism; Culture & Inward Investment

Tenancy
Support
Officers



Leicester City Council

Care Navigators

Customer Support

Supporting Tenants and Residents (STAR)

Revenues and Benefits

Contact and Response

Adult Social Care & Commissioning

Energy
Projects

Neighbourhood & Environmental Services

Early Help - Children's Centres

C19

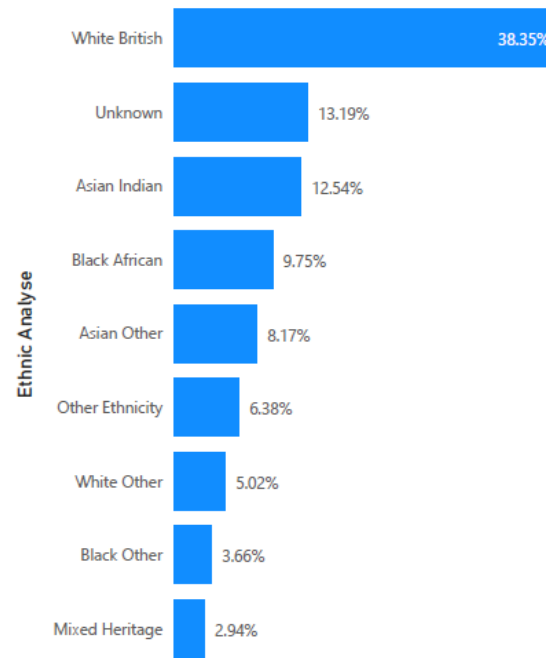
Enablement Team

Support

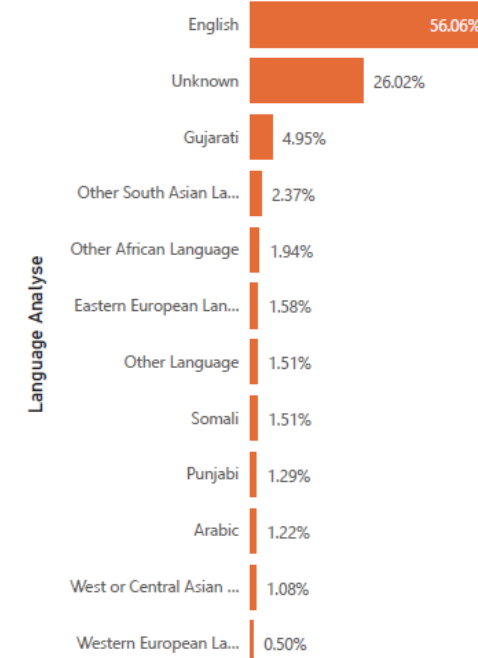
Referrals by Demographics

- 1354 referrals into the advice service up until June 2024
- A range of ethnicities presented, the most common being White British accounting for 38.35% of referrals. Work is underway to boost referrals from underrepresented groups based on Leicester demographics.
- 56% of referrals came from those who spoke English. Approximately 1/4 did not speak English. Translation options are available so that the service is accessible for non-English speaking residents
- Almost half (48%) of referrals were from the most deprived areas in Leicester (IMD deprivation decile 1)

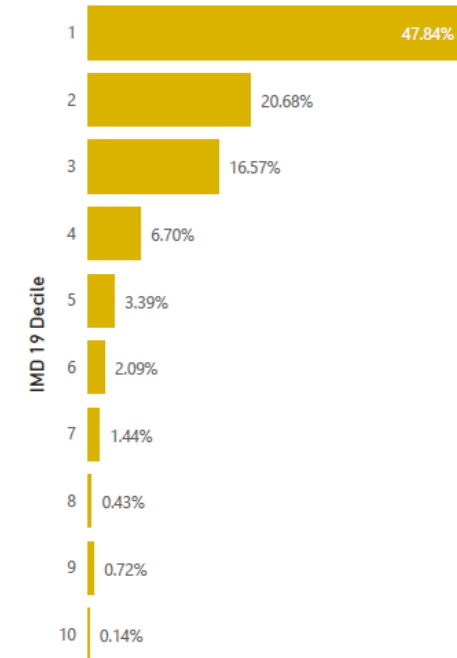
% Referrals by Ethnic Group



% Referral by Language

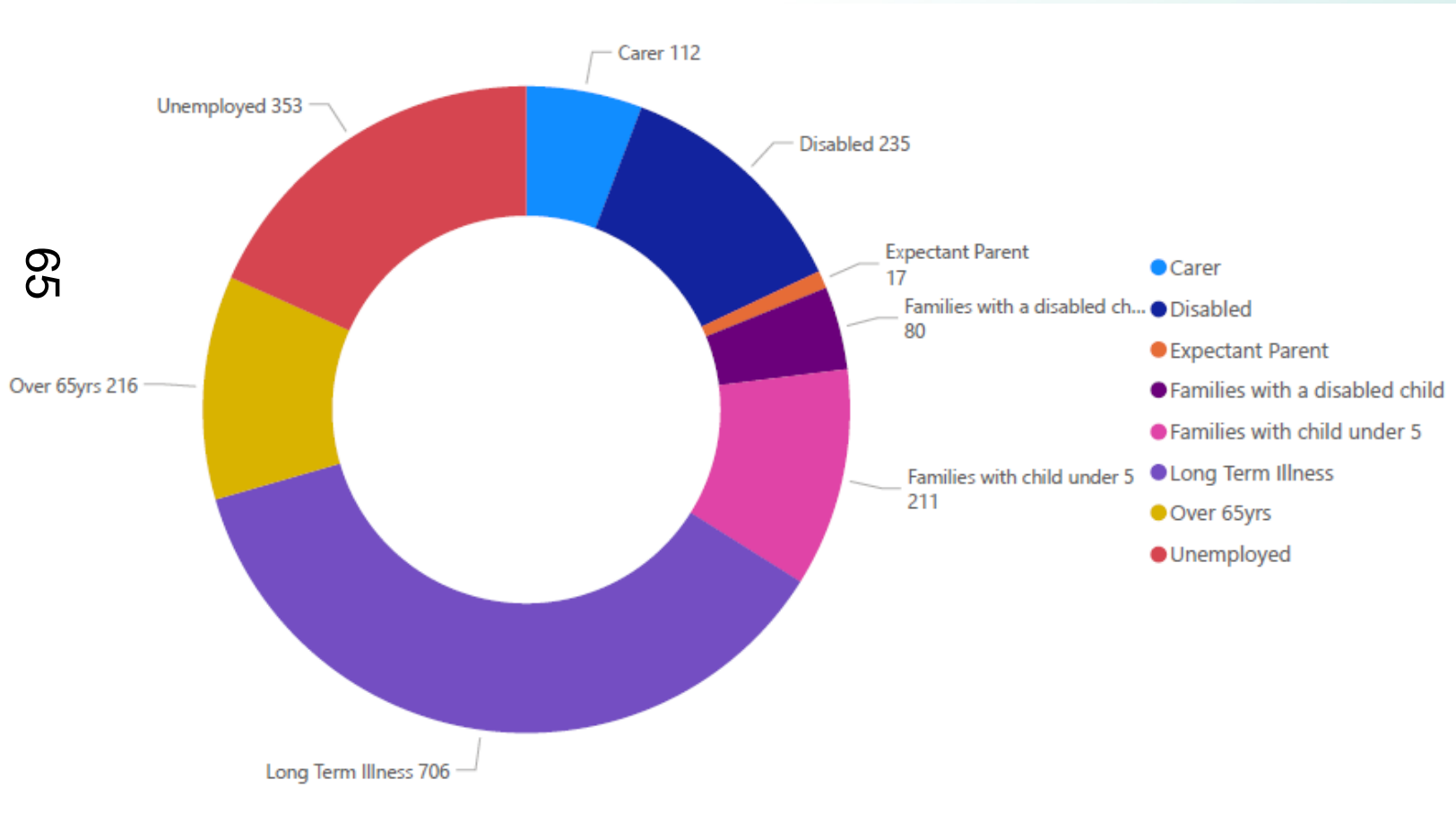


% Referrals by Deprivation Decile



Indices of Deprivation 2019: Decile - where 1 is the most deprived 10% and 10 is the least deprived 10%

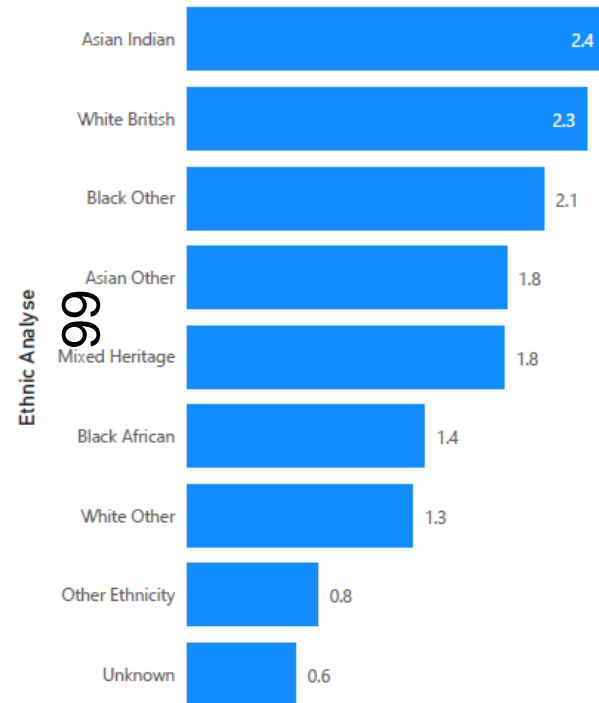
Referrals by Priority Groups



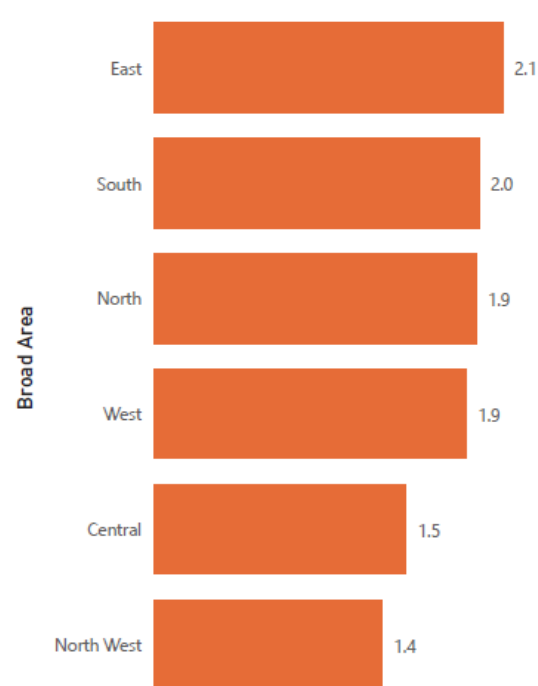
- 86% of referrals fell into at least 1 priority group
- 40% of referrals fell into multiple priority groups (2 or more)
- The most common priority group was those with a long term illness accounting for 52% of clients.
- This is followed by over 1/4 (26%) being unemployed (it is possible that some people who were unemployed also had a long term illness and/or other priority)

Health conditions

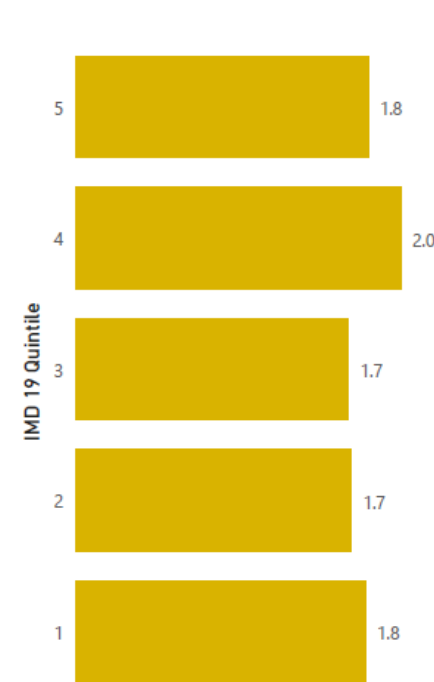
Number of health issues per client by ethnic group



Number of health issues per client by area



Number of health issues per client by deprivation quintile



Indices of Deprivation 2019: Quintile - where 1 is the most deprived 20% and 5 is the least deprived 20%

- Providing information about health conditions is not mandatory. These elements are recorded when the client's health condition is uncovered as part of support casework. Therefore, this is likely to be underestimated in these statistics
- There were 2,504 health conditions listed by 1,354 clients up until June 2024, showing many clients had more than one health condition.
- The top 3 most common health conditions were mental health, musculoskeletal health and respiratory illness.

Note: client referrals could have multiple health issues, the above analysis shows groups by the number of health issues per client

Onward referrals from advice service

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- Local Authority and Health Service feedback often indicates that people have to approach multiple teams and organisations for support. LEA was designed to be as holistic as possible, with the understanding that supporting people with Fuel Poverty in isolation will not improve their health, without simultaneous support on other determinants of health.
- Therefore, advisors in Leicester have been trained to do onward referrals and signposting to other agencies for additional support aside from Fuel Poverty.
- There is ongoing work to increase the number of organisations who are set up for signposting/onward referral

Financial benefits following referral

February 2023 to March 2024

Financial benefits emerge from work the advice team undertake with clients using existing NEA processes. These financial gains are not extracted from programme funding.

Energy vouchers: £69,000+

Financial gains from crisis funds: £15,000+

Financial gains from fuel debt relief: £16,000+

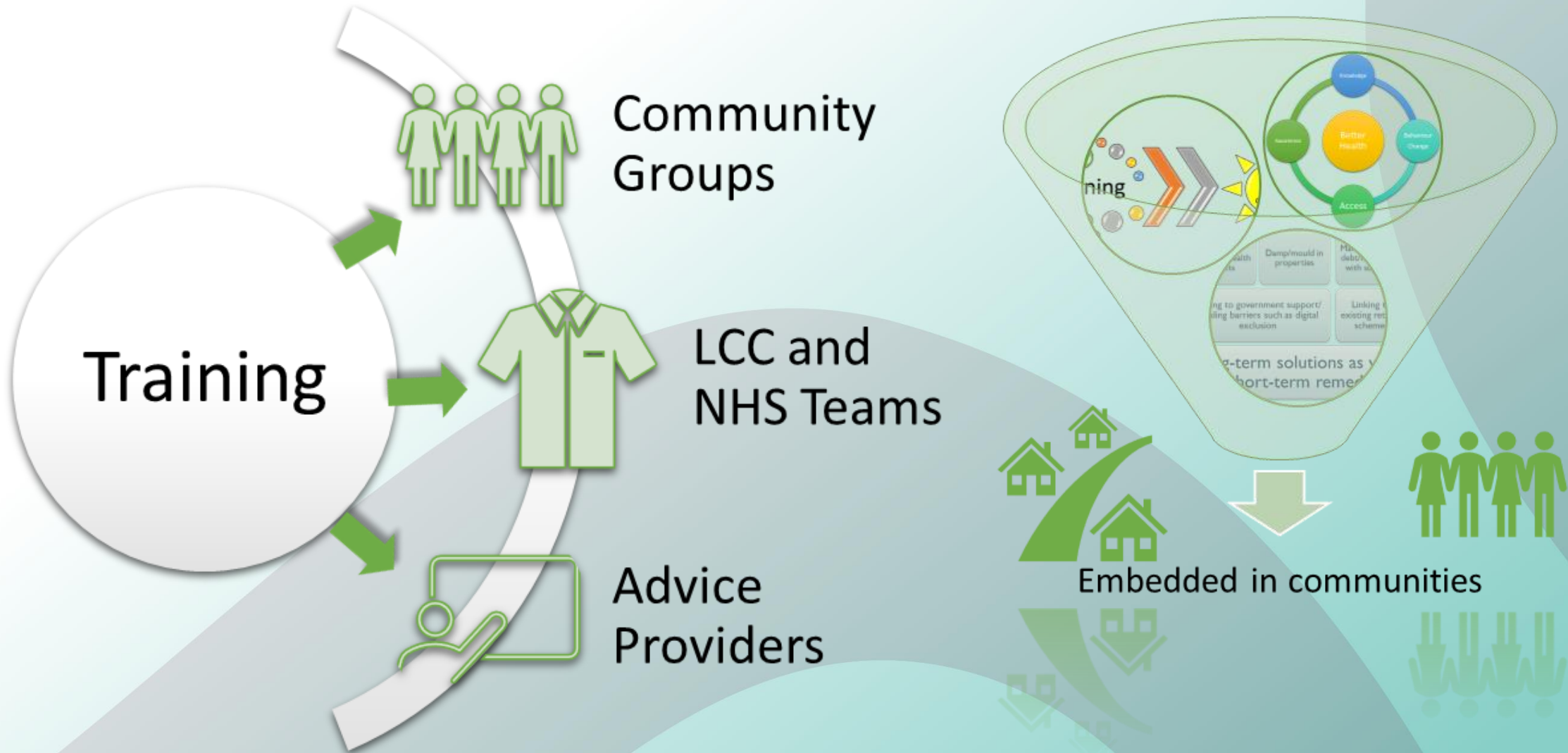
Energy advice: £80,000+

- Financial awards: £23,000+
- Warmth packs: £21,000+
- Fuel debt management: £12,000+
- Water tariff savings/debt management: £11,000+
- Property improvement measures: £4,500+
- Billing or meter reading errors resolved: £4,100+
- Miscellaneous support: £1,500+

Total: £181,000+

The training offer includes two strands – a series of webinars including subjects such as how fuel poverty impacts vulnerable people, impacts on mental health, and managing energy in the home. These webinars fill up fast and are popular with front line teams. The second strand is delivery of the City and Guilds level three award in Energy Awareness. This is a much more in-depth course which grants a qualification in delivering front line energy advice.

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Embedding Advice and Support

Atifa works with a group that supports people in Leicester communities with an array of issues. She attended the City and Guilds Level 3 Award in Energy Awareness training with Leicester Energy Action.

Since getting her qualification, she's started to run drop-in and appointment-based sessions in places like Wesley Hall, Belgrave Neighbourhood Housing Association, Angels and Monsters, Belgrave Library, Highfields Library, and Freedom Refugee Youth Club - all focusing on energy advice.

This is a great example of how we're working to embed advice and support in communities

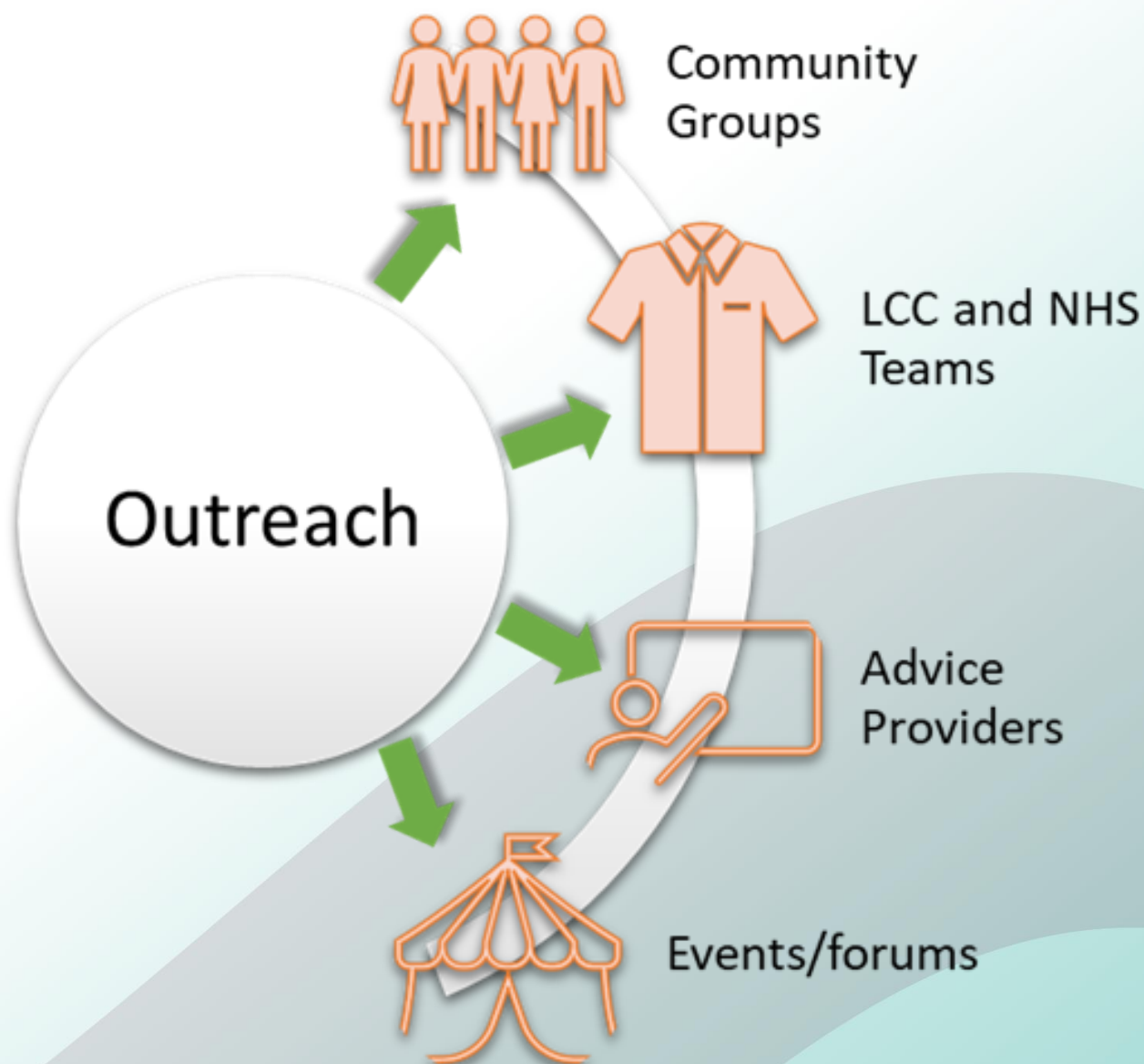
"I really enjoyed the course, honestly – it was great. I thought three days was going to feel long, but it didn't! I really did enjoy it. I was quite proud when the examiner emailed me. I was in the office. I ran downstairs to tell everyone I'd passed the exam! I was screaming because everyone knew I was waiting for the results."

"One of my first cases came into a library to see me. They felt their energy bills were too high. I went through their bills with them, and we looked at other providers, and we had a conversation about behaviour change, about what habits they could change around the house. Everyone's worried about their bills, the prices of cost of living are just affecting everyone."



Outreach includes stakeholder engagement – raising awareness of the service and on-boarding groups - and community outreach which allows us to work with community groups and organisations to deliver bespoke energy sessions to people who need support.

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highfields centre

The Community SHOP
Leicester



Saffires



Bangladesh Youth & Cultural Shomiti
বাংলাদেশ ইয়ুথ এন্ড কালচার্যাল সমিতি



NHS



The education workstream has focused on getting into primary schools, working with school networks to generate engagement. After summer 2024 we are targeting specific schools based on Low Income Family Tracker and deprivation data, ensuring we're reaching the areas of most need. So far we've reached 1070 children who take resources and learning home to their parents – helping us to generate long-term behaviour change.

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Leicester Energy Action

February 2023 to March 2024

Outreach Events: 4 | with 542 attendees*

Community Engagement Events: 3 | with 938 attendees*

City and Guilds trained delegates: 20

Webinar trained delegates: 200

Children attending school sessions: 1070

Clients referred to the advice service: 1132

*up to end of Feb 2024

Public Health & Health Integration Scrutiny Committee

Work Programme 2024 – 2025

Meeting Date	Item	Recommendations / Actions	Progress
9 July 2024	<p>Health Protection Update</p> <p>Health Overview</p> <p>ICB 5-Year Forward Plan: Pledge 1 – Improving Health Equity & Pledge 2 Preventing Illness</p>	<p>Draft TB Strategy and Action Pla, screening and food plan to be added to the work programme.</p> <p>Site visit to be arranged to UHL Emergency Department.</p> <p>Work to be shared with commission in future on GP access contact system when developed.</p> <p>Members to be informed to contact the Deputy City Mayor if aware of issues where residents are unable to register at a GP.</p> <p>Work programme to be revised to bring vaccinations and screening forward.</p> <p>Report to be circulated to Members for ICB priorities for 2024-25 following it discussion at its own Board in August. Separate briefing session to be considered to discuss pledge monitoring dashboard.</p>	<p>Added to the work programme.</p> <p>Dates being identified.</p> <p>Added to work programme.</p> <p>Revised on the work programme.</p> <p>Report circulated.</p>
10 September 2024	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>Winter Planning</i></p>		

Meeting Date	Item	Recommendations / Actions	Progress
5 November 2024	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>Vaccinations & Screening</i></p> <p><i>LLR Suicide Strategy</i></p>		
21 January 2025	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>Budget</i></p> <p><i>GP Access</i></p> <p><i>CYP Mental Health Referral Update</i></p> <p><i>Smoking & Vaping</i></p>		
4 March 2025	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>Long Term Conditions</i></p> <p><i>Health & Wellbeing Strategy</i></p> <p><i>Health & Wellbeing Survey</i></p>		

Meeting Date	Item	Recommendations / Actions	Progress
29 April 2025	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>Oral Health</i></p> <p><i>Sexual Health</i></p>		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Health Research	The Chair has requested an item to discuss the process for identifying research and the benefit to local communities. Dates are being identified with universities.	
Update on UHL Finances UHL	The Chair has requested a briefing note.	
ICB 5 Year Forward Plan – Pledges ICB	<p>Pledge 1 – Improving Health Equity</p> <p>Pledge 2 – Preventing Illness</p>	<p>9 July 2024</p> <p>9 July 2024</p>
Drug and alcohol services Public Health	Agreed at the Joint Public Health & Health Integration and Adult Social Care Scrutiny Meeting on 30 November 2023 that the item to remain on the work programme.	

<p>Maternity CQC Inspection UHL</p>	<p>Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates on the improvement plan.</p> <p>The Chair has requested a briefing note.</p>	
<p>UHL Reconfiguration UHL</p>	<p>Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates.</p> <p>Update to be provided at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee on 27 November 2024.</p>	
<p>Death by Suicide Public Health & LPT</p>	<p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.</p> <p>Leicestershire County Council leading suicide strategy to be shared with commission.</p>	<p>5 November 2024</p>
<p>Workforce – Health Apprenticeships ICB</p>	<p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.</p> <p>Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee requested a briefing note.</p> <p>Item to be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee 17 March 2025.</p>	

<p>Local Patient Satisfaction Survey ICB</p>	<p>Agreed at the meeting on 12 December the commission be updated in 2024 with results of local patient satisfaction survey and also information on inequalities plans being drawn up by practices.</p> <p>Information to be provided to Leicester, Leicestershire & Rutland Health Scrutiny Committee – 17 July 2024.</p>	
<p>Virtual Wards UHL</p>	<p>Agreed at the meeting on 6 February that the item be added to the work programme.</p> <p>Agreed at the meeting on 16 April that health partners would host a briefing session for Members.</p>	
<p>Elective Care UHL</p>	<p>Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists.</p> <p>The Chair has requested a briefing note.</p>	
<p>CYP Mental Health ICB</p>	<p>Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting in the new municipal year.</p> <p>Chair and Cllr Sahu received a briefing update in July and agreed for a report to be shared with the Commission in January 2025.</p>	
<p>GP Access ICB</p>	<p>Commission requested item be added to breakdown for an update on GP access following communications regarding how residents can make appointments and a poll that indicated Leicester residents have most difficulty accessing.</p> <p>Update to be provided to Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee – 17 July 2024.</p>	

Emergency Department ICB / UHL	The Commission requested at the meeting on 16 April 2024 item to discuss processes and targets in the emergency department to better understand experience for patients.	
Corporate Complaints ICB	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Transforming Care – Learning Disabilities and Autism Update	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.	
Pharmaceutical Issues	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Women's Health	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Digital Strategy	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – date tbc.	
Healthy food provision action plan	The Commission raised concerns at the meeting on 9 July 2024 about healthy food options and it was highlighted that an action plan is being renewed and could be shared at a future meeting.	
GP Vulnerable Patient Flagging System	The Commission were informed at the meeting on 9 July 2024 that work is underway and further details could be shared when developed.	
TB Strategy & Action Plan	The Commission were informed at the meeting on 9 July 2024 of the development of a new strategy and action plan and agreed to be added to the work programme.	