



Leicester
City Council

Minutes of the Meeting of the
JOINT MEETING OF THE PUBLIC HEALTH & HEALTH INTEGRATION SCRUTINY
COMMISSION AND THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 12 SEPTEMBER 2023 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor March (Vice Chair)

Councillor Bonham
Councillor Cole
Councillor Dave
Councillor Gopal

Councillor Joannou
Councillor Kaur Saini
Councillor Orton
Councillor Russell

Councillor Sahu
Councillor Singh Sangha
Councillor Surti
Councillor Zaman

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1. WELCOME AND INTRODUCTIONS

Councillor Whittle as the Chair of the Joint Commission welcomed both Members of the Public Health and Health Integration and the Adult Social Care Scrutiny Commission and led on introductions.

The Directors from Public Health and Adult Social Care took the opportunity to introduce themselves along with Public Health Partners.

Apologies for absence were received from Councillor Westley and the Strategic Director for Social Care and Education, Martin Samuels.

2. DECLARATIONS OF INTEREST

There were no declarations of Interest.

3. CHAIRS ANNOUNCEMENTS

The Chair took the opportunity to welcome Rob Howard as the new Director of Public Health.

The Chair invited the Chief Operating Officer of the ICB to provide an update following the flooding that affected the East Leicester Medical Practice. As part of the update, it was noted that:

- Due to the unforeseen circumstances the practice was affected by the flooding incident in June 2023. Business continuity responses were put in place with immediate effect.
- Working alongside NHS Property Services, the service was again in operation by 29 August 2023.
- The robust business continuity plans in place proved to be effective as service to patients continued.
- Through the process of bringing the service back, lessons were learnt.

In response to Members concerns raised about campaigns that were taking place that suggested that the building was unsafe and not fit for purpose, it was suggested that the process carried out provided an opportunity to assess what could be done to future proof the site alongside the growing areas surrounding the site. Members of the Commission were also reassured that the service was fit for modern consumption.

Members of the Commission thanked the officers for the work carried out to bring the service back.

The Members of the Commission further queried if any of the NHS sites in the city used RAAC building material and the Chief Operating Officer of the UHL noted that none of the buildings in Leicester had been impacted. The Chief Operating Officer of the ICB noted that work was ongoing to carry out analysis of private landlords within the LPT and a full and comprehensive report would be delivered to the Commission.

The Chair requested that the acronyms provided as part of the agenda be visited and updated.

4. WINTER PLANNING

The Chair of the Commission invited Health Partners and Officers to introduce the item and addressed how the items included will be taken.

The Chief Operating Officer introduced the report and provided an overview. As part of the report the improvements on the ambulance service handover times which had a 90% reduction in the waiting times, the improved capacity and the improvements to the tiering system were highlighted. It was suggested that the service was objectively in a better place and partnerships were working well and areas of improvements were being addressed.

As part of the discussions, members of the commission queried the Flu vaccinations alongside the Covid vaccination programme. It was noted that this

would be addressed further in the presentations and any comments that were raised would be fed back to the ICB who were delivering the programme.

Members further queried the workforce retention and what impacts the industrial actions were having on the workforce. The Chief Operating Officer took the opportunity to note that the UHL were confident with plans put in place going forward and that and that the NHS Staff Surveys provided actions to support staff retention for all staff and helped recognise the changing UHL which included the cultural changes. More information was requested on the recruitment and retention of NHS Staff which was a national problem and it was suggested that the Health Partners were happy to provide this information at a future meeting but would reassure members that the UHL had become a more flexible employer with more permanently employed colleagues on the ward which had seen better improved care for patients.

The Director for Adult Social Care and Safeguarding delivered a presentation providing the Joint Commission with an overview of the Leicester City Council Adult Social Care Contribution to Winter Planning which identified key parts of Winter Planning to deliver effectively.

As part of the discussions, it was noted that:

- Issues with national communication campaigns could be identified through previous experiences and considerations of improved local communications would be addressed.
- A committee of experts decide on the cohorts of people to be vaccinated which followed a specific criteria and was not a political decision.
- The significant pathway redesign (recovery, reablement and rehabilitation) supported all appropriate discharges home and reduced the use of commissioned care at the point of discharge.

The Director for Adult Social Care and Commissioning took the opportunity to note that the discharge fund supported those who needed to draw on social care when leaving hospital and supported boosting workforce capacity. It was also noted that the Market Sustainability and Improvement Fund helped support the increased fee rates to social care providers and helped support increasing the workforce and retention of staff.

In further discussions, members of the commission queried how the delayed discharge looked across the city. The Director for Social Care and Safeguarding noted that this fluctuated daily and that few people with complex needs usually have a longer discharge wait. The early discharge planning in place supported discharge without statutory discharge requirements and the Integrated Discharge Hub coordinates the oversight which was planned through multi-disciplinary meetings and was currently being piloted. It was also noted that the UHL had the lowest number of people waiting for social care and that the current partnership was strong and working on best practice with aims to make further progress.

Members of the commission continued the discussions around the ambulance waiting times and gave examples of personal experiences which suggested

that there were concerns that the extensive ambulance waiting times continued. In response to these, it was noted that all calls were triaged, and ambulances were despatched dependent on clinical needs. Members were further reassured that the waiting times had improved and these were compliant with the target times highlighted.

Members of the Commission were impressed with the efforts put into diversifying the workforce across the service and queried how the disproportionate deaths of those from ethnic minorities were being addressed. It was noted that although Leicester had relatively few deaths amongst staff the Chief Operating Officer was confident that the UHL could provide a safe working environment for all staff. It was requested that the commission take the opportunity to consider carrying out further work in the disproportionate deaths of staff in the NHS.

In further discussions around vaccinations, it was suggested that there was an increased risk in multi-generational homes for contracting and spreading viruses, it was suggested that this was a key reason behind the introduction of flu vaccinations in schools. The key messaging the local authority uses still had influence on delivering an effective vaccination programme in the city amidst the distrust. There was continued frustration around how vaccinations were processed and how programmes were delivered nationally including the eligibility criteria.

The Vice-Chair of the commission raised concerns around planned care and cancer care which was still categorised as Tier1. The Members of the commission were reassured that the service were working hard to continue making changes to improve this and were hopeful that this tiering would be improved in the near future. It was suggested that a further request to update members on the areas that were working well and areas that could be improved would be an effective way to measure.

It was also suggested that the possibility of having 111 service staffed by clinicians would be a step in the right direction and a response on the status of this would be provided to members of the commission.

The Winter Plan addressed how the partnerships were working to avoid emergency care attendance at the LRI and that an offer for viable locations to receive emergency care provisions in the city was also an alternative consideration. There were risk factors in all industries including the NHS but the Chief Operating Officer of the UHL was confident that the UHL was a safer place to receive healthcare than it was 12 months ago.

In response to the Vice-Chair's request for information on how bariatric patients were managed with care and dignity and the stress on carers in virtual wards, the Chief Operating Officer suggested that although this information was not available at the meeting, it would be provided to the Vice Chair.

Members of the commission continued to discuss the fall in calls to the ambulance service. It was noted that the figures had returned to pre-covid

numbers and members were reassured that all calls were triaged and people who needed an ambulance received an ambulance.

The Director for Public Health delivered a presentation on the lessons learnt from the 'Leicester City Covid Story' which was available on the Council's website written by Professor Ivan Browne.

Members took the opportunity to address issues that had caused a loss of trust in city residents and suggested that it was important to connect with communities and young people to deliver the message further. Community champions had been used during the pandemic which had been an effective means of spreading the messages within hard-to-reach communities and innovative approaches should be considered.

The Director for Public Health further delivered a presentation on Fuel Poverty and highlighted the work carried out by the Energy Advice Service which had been set up locally.

Members of the commission requested that information be circulated to them so that the Energy Advice Service could be forwarded on to their contacts for additional referrals. It was noted that this service was being expanded gradually and an officer from the team would circulate the link to members. Additionally, the Director for Public Health requested members to participate in the training on fuel poverty and suggested this would be a great beneficial starting point.

AGREED:

1. That the Chief Operating Officer for the UHL be requested to provide information on the measures taken to support bariatric patients
2. That the Chief Operating Officer for the UHL be requested to clarify whether clinicians and other professionals (including those who are recently retired) will be supporting the 111 service
3. That The Chief Operating Officer for the UHL be requested to provide further details on virtual wards
4. That the Chief Operating Officer for the UHL be requested to provide further detail in respect of UHL recruitment and retention figures
5. That the Director of Public Health be requested to provide details of flu vaccination figures for 2022
6. That officers be requested to circulate the web-link to direct members to relevant online sources regarding fuel poverty support
7. The Director of Public Health invited all Members of the Joint Commission to participate in the training provided on supporting those experiencing cost-of-living/fuel poverty difficulties; and
8. The Director of Public Health be requested to further report on the health impacts of the cost-of-living crisis and a report be brought to a future Public Health and Health Integration Scrutiny Commission meeting.

5. WORK PROGRAMME

It was noted that the next meeting of the Adult Social Care Scrutiny Commission was scheduled to take place on 5 October 2023, The next meeting of the Public Health and Health Integration Scrutiny commission was scheduled to take place on 7 November 2023 and the next scheduled meeting of the Joint Adult Social Care and the Public Health and Health Integration Scrutiny Commission was scheduled to take place on 30 November 2023 and members were asked to note the dates.

6. CLOSE OF MEETING

The Chair took the opportunity to thank the Democratic Support Officer who was leaving the authority.

The meeting closed at 7.52 pm.