Leicester
City Council

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

Held: TUESDAY, 16 APRIL 2024 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor March
Councillor Sahu
Councillor Singh Sangha

In Attendance

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

Mo – Youth Representative
Thaneesha – Youth Representative

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46. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr Modhwadia and Cllr Zaman.

47. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings for which there were none.

48. MINUTES OF THE PREVIOUS MEETING

The Chair noted the minutes of meeting held on 6 February 2024 were included within the agenda pack and requested outstanding information requests from the previous meeting be shared with the Commission. The Chief Operating Officer of University Hospitals of Leicester noted that he would cover outstanding actions during the update on operational issues.

AGREED:

- Members confirmed that the minutes for the meetings on 6 February 2024 were a correct record.

49. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

50. PETITIONS

It was noted that none had been received.

51. CHAIRS ANNOUNCEMENTS

The Chair updated the Commission that following the children's mental health update earlier in the municipal year, he and Cllr Sahu had met with heath partners to further discuss concerns regarding GP referrals. It was noted that the terminology had been changed in relation to referrals being sent back to GP's for further information. It was also highlighted that health partners agreed to undertake a number of actions to better understand why referrals were being sent back and that an update report would be provided to the Commission in the new municipal year.

It was further highlighted by the Chair that concerns had been raised regarding GP access – particularly Beaumont Ley Health Centre. It was noted that the ICB had investigated the issues with communication and an apology had been issued for the confusion. In light of concerns and the recent poll that suggested Leicester patients had the most difficulty contacting their GP surgery, the Chair suggested the Commission should continue to monitor GP access pathways and request a further update on the issue in the new municipal year.

The Chair also noted that an item was due to be discussed on improving health equity as part of the ICB 5-year forward plan but had been deferred until a future meeting.

52. ORAL HEALTH SERVICES

The Director of Public Health highlighted that there were a series of reports contained within the item in which the Chair invited each report to be taken individually.

The Acting Consultant Lead for Public Health presented the report in relation to the oral health survey results in which it was noted that:

- Oral Health Surveys are usually undertaken every two years by the Office for Health Improvement and Disparities as part of the National Dental Epidemiology Programme. The Survey includes a random sample of 5-year-old children attending mainstream schools.
- During 2021/22, 866 children were examined as part of the survey equating to 17% of all 5-year-olds attending mainstream city schools.
- The survey found 37.8% 5-year-old children examined had decay. This was higher than the 23% national average with Leicester ranked 9th highest of 132 upper tier authorities and 2nd highest amongst comparator

authorities.

- The prevalence of decay has remained consistent in 5-year-old children since 2017 but has reduced since 2012 where around 50% of examined children were found to have decay. Work is ongoing to further reduce decay in the city.
- There was a significant decrease of dental fillings with more 5-year-old children living with untreated areas compared to the 2019 survey. This was likely to have been influenced by Covid-19 and reduced dental access.
- Variances were identified across the city with North Evington and Wycliffe wards with significantly higher decay.
- Activities are ongoing to reduce tooth decay in children, including supervised tooth brushing in schools and early years settings, although not all have restarted following the pandemic; providing training sessions to health professionals; and issuing oral health packs at food banks and health visits.

The Commission commended initiatives to encourage supervised toothbrushing in early years but raised concerns around the limited access to dentistry to prevent or treat tooth decay.

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

- The oral health survey results were illustrative of 2021/22 and whilst it would inevitably take time to address issues, there is ongoing partnership work to improve oral health across different settings and there may have already been some improvement.
- Supervised toothbrushing paused during the coronavirus pandemic and not all settings have re-engaged. There has been a good uptake in early years settings but not all children access this provision, so focus is being targeted to encourage uptake in schools. It was agreed additional information would be shared on the roll-out of the programme.
- There are disparities of tooth decay in 5-year-old children across wards although they can also hide issues and therefore MSOA can provide more informed understanding. It was agreed that data collection areas and maps could be provided. Variances in tooth decay amongst wards and ethnicities is complex but attributing factors may be cultural, deprivation, lack of access to NHS dentistry etc.
- The survey does not provide information to gather data regarding if a child has been to a dentist or how recently; where a cavity has been filled an inference can be made that they have seen a dentist. Information may be available from data collected in the Children Health & Wellbeing Survey and it was agreed this would be reviewed and information shared.

The Chair invited the youth representative to participate in the discussion and in response to questions and comments it was noted that:

- Tooth decay in 5-year-old children has improved although is still higher than many other areas. Water fluoridation is an option that can help

reduce decay.

- Data is collected for ethnicities of children in the survey and most health outcomes along with gender and deprivation etc as structural factors in communities.
- The oral health survey of 5-year-old children is determined at a national level and conducted every two years as a mechanism to collect data and track for the future. Surveys are carried out between years for other age groups and settings.

The Acting Consultant Lead for Public Health was invited to present the water fluoridation report and it was noted that:

- Fluoride is a natural chemical that can be found in some water supplies and can be added to toothpaste and food to prevent tooth decay. Water fluoridation is the controlled adjustment of adding a concentration to the water supply. Around 10% of the nation has fluoridated water but there hasn't been much change since the 1980s.
- Evidence illustrates water fluoridation is effective with 35% fewer decayed, missing or filled baby teeth and 26% reduction in permanent teeth. Comparator authorities with water fluoridation also have lower tooth decay.
- It is proposed that water fluoridation be requested for Leicester due to tooth decay prevalence in the city although the process would take approximately 5-10 years. It would require writing to the Secretary of State for consideration; if approved a feasibility study would be required; followed by a consultation if deemed feasible; the Secretary of State would need to review consultation responses and if supported would require legal agreements and appropriate infrastructure to be established.
- Other local authorities, including Nottingham and Nottinghamshire have written to the Secretary of State for consideration. Public Health are liaising with colleagues in the region and in early discussions with Leicestershire and Rutland as it is anticipated that implementation may be more likely if there is a consensus to fluoridate a wider area.

The Chair highlighted 1.6 million people will see fluoride added to their water supply following a consultation in areas including Northumberland, Teesside, Durham and South Tyneside and therefore a direction Leicester should consider requesting.

In response to comments and questions by Members and youth representatives it was noted that:

- Local Authorities previously had responsibility for water fluoridation but the power to determine whether to fluoridate water and the associated funding of costs has reverted to Government who liaise with water companies. The larger the coverage area of water fluoridation the more cost effective it is likely to be although the process is likely to take years for implementation if agreed.
- Fluoride can be found naturally in some areas and a controlled amount

is added when water fluoridation is approved. It was agreed that information would be checked and shared to provide assurance of concerns regarding environmental impact.

The Acting Consultant Lead for Public Health presented the oral cancer action plan, and it was noted that:

- Oral cancer affects areas such as the lips, tongue, cheeks or throat whereby Leicester has the highest rate and mortality in England. Mortality in the city has been rising and more rapidly to other similar parts of the country.
- Treatment outcomes are better where oral cancer is detected early and individuals are encouraged to see a dentist or GP if they have symptoms. Issues with GP and dental access can however impact the opportunity to identify signs earlier and symptoms are not as well known.
- Risk factors attributed to oral cancer include, smoking, smokeless tobacco, heavy alcohol consumption and HPV.
- An oral cancer action plan has been developed with three strategic priorities including; improving awareness of signs and symptoms; reducing prevalence of risk factors; and improving access to medical and dental advice. A multi-agency working group has been established to meet and implement actions.

The Commission highlighted concerns around the rates of oral cancer and mortality in the city and the impact of limited access to GPs and dentists when residents may have symptoms to be detected and treated early. Further concerns were raised regarding the quality and access to recent data. It was agreed that health partners would provide access to appropriate data, but that necessary data publishing would need to be adhered to.

In response to comments and questions by Members and youth representatives it was noted that:

- The high rates of oral cancer in the city is complicated and attributed to many risk factors including smoking prevalence, low uptake of the HPV vaccine and levels of deprivation. The Health Protection Board have examined data to request health colleagues support outreach to communities.
- There is no evidence currently regarding use of vapes and oral cancer, but this will be monitored. Vaping is deemed to be safer as an alternative for people who smoke but are not encouraged generally.

The Head of Primary Care Services (East Midlands) presented the access to community dentistry report on behalf the Integrated Care Board in which it was noted that:

- There are national issues with accessing NHS mainly due to discontent with the national contract. Provision to dental care in Leicester generally has good provision with 68 primary care dental contracts, 10 orthodontic services and 2 urgent care practices. The city has also had the least

contract terminations across the wider Leicestershire and Rutland region. Access has been restored quicker across the region following the pandemic than other areas.

- A national dental recovery programme was recently published that the ICB will take into account as part of the development of their Dental Access Plan linked to the ICBs 5-Year Plan. One of the initiatives focusses on building the workforce as currently it is difficult to recruit to NHS dentistry. The programme also includes a number of initiatives to sustain and improve access including 'new patient' payment and an increase in the minimum UDA value from £23 to £28. In the city, 22 dental providers have received an increase in contract values and 2 have reduced their level of activity to bring up their UDA.
- The recovery programme also includes provision to improve the dental workforce by training in dental schools with contracts post qualification to provide NHS access. Promoting the use of skills-mix is also being explored to champion additional roles to undertake appropriate work.
- The Oral Needs Health Assessment for Leicester, Leicestershire and Rutland is being developed which will identify issues as a MSOA level in order to focus and target commissioning in areas most in need. It is anticipated to be published by the end of May and will be shared with the Commission.

The Commission welcomed the recovery plan to improve access to NHS dentistry but raised concerns surrounding the performance of commissioned contracts given Leicester's ranking as discussed in the oral health survey and oral cancer reports.

In response to Members and youth representative comments and questions it was noted that:

- Data from contracted providers illustrates around 43% of children in the city have accessed dental care compared with 35% nationally. Work is ongoing to support recruitment of children health promoters and encourage supervised toothbrushing programme.
- Clinical guidance has been issued meaning that it is no longer a requirement for 6 month recalls and therefore resources can be used most effectively. Every patient should be risk assessed to determine the frequency of visits dependent on need, but children should be seen more regularly. Those with braces would be assessed to require more frequent visits and would also be seen by an orthodontist.
- Contract management enables performance to be reviewed and dental practices to receive patient premiums where delivering in accordance with requirements. Where practices are not performing, the intention is to work with providers as opposed to terminating contracts to retain NHS access.
- Latest guidance from the Department for Health and Social Care provided a commitment to reform dental contracts and provide elements of flexible commissioning to target areas where access is required to prioritise patients, thereby improving earlier access and preventing worsening conditions.

The Deputy City Mayor for Health, Social Care and Community Safety noted that health partners are required to benchmark against national figures but requested for future papers that comparable authorities be used to provide a more informed view of the city's position.

AGREED:

- The Commission noted the reports.
- The Commission supported the proposal to write to the Secretary of State for water fluoridation in Leicester.
- Additional information to be circulated.
- Item to remain on the work programme for further consideration; including oral health survey, oral cancer action plan, local oral health needs assessment and NHS dentistry recovery plan.

53. OPERATIONAL IMPROVEMENTS

The Chair highlighted that the Commission had welcomed the improvements reported at previous meetings and that some Members attended the recent Joint Leicester, Leicestershire and Rutland Health Scrutiny meeting where the issue was discussed but made reference to two recent articles surrounding the number of patients waiting more than 24 hours in A&E and the dire state of local healthcare services.

The Chief Operating Officer at UHL presented the item and it was noted that:

- There have been improvements to services, but some patients have waited too long for planned and urgent pathways. This was recognised to not be acceptable and continues to be a motivator to improve.
- Waiting lists increased by the largest amount during the pandemic and UHL was placed in Tier 1 in 2023 but progress has been made and moved to Tier 2 for cancer and planned care and out of tiering for urgent emergency care.
- There had been a 60% reduction for patients waiting over 62 days for planned cancer treatment and a 77% reduction in waiting lists for elective care. Waiting lists remain long but improvements can be seen.
- Urgent and emergency care performance was significant improved compared with 2022 but pressures were visible with increased attendance at the emergency department. A system approach has been undertaken to alter capacity and control the flow of patients to ensure patients are being seen at the right place at the right time.
- More patients are being discharged than in 2022 but people are waiting longer to be admitted which has impacted East Midlands Ambulance Services. The intention is to ensure ambulances can respond to calls as soon as possible but performance has been better than 2022.

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

- Patients medically ready but awaiting care arrangements to be discharged was higher on the day of the meeting but generally in the city is between 10-20 on any given day. This often peaks where patients have complex needs.
- Virtual wards have received positive feedback and are looking to be expanded where appropriate. It was agreed that a briefing session could be arranged to discuss the process and mitigation of risks with Members.
- Targets are set to improve performance and progress has been made but health is central to people's lives and the intention is to continuously improve to do better.
- Health Care Assistants are valued for their role and clarity would be shared with the Commission regarding hold on recruitment.
- Information would be collected and shared with the Commission regarding deaths resulting from delayed admission or hospital wards.
- The emergency department continues to be a priority to improve performance and ensure patients are seen by the right person at the right time. 73.9% patients were treated in 4hours and the refurbished facilities enables care to be provided whilst patients are waiting to move to wards. It was agreed that a further report could be shared with the Commission on the emergency department.

AGREED:

- The Commission noted the report.
- Briefing session to be arranged on virtual wards.
- Item to be added to the work programme on processes and targets of the emergency department.

54. MEASLES AND TB UPDATE

The Director of Public Health presented the item, and it was noted that:

- There had been an outbreak of measles in the City with 90 confirmed cases and a further 26 probable cases likely to be confirmed since October. Around 35 settings have been affected, mainly primary schools and places of worship - Leicester has had the highest number of cases in East Midlands.
- The outbreak has been the result of a steady decline in vaccination rates, particularly since covid. There had been weekly meetings with the Incident Management Team and partnership working to encourage vaccine uptake including; responding to known cases; enhanced vaccination offer; and improved communications.
- Leicester has the second highest rate of TB in the country. Rates are highest among populations who were not born in the UK, but this does not mean TB was brought into the country. Individuals can be infected with TB but not present symptoms for a year.
- There was a conference on 21 March to raise awareness of TB and its

impact, and a workshop is to be held on 25 April to develop a TB strategy for Leicester. There have been various strands of work to inform the strategy such as analysis of reasons for delaying treatment.
- This response has been formed from the partnership working of ICB, UKHSA, National TB Unit, NHS England, local authority public health, TB services, UHL, local communities and community organisations.

The Commission noted that they were aware some GP practices had been proactively contacting patients to update them on vaccination status which was reassuring.

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

- An individual who has received both doses of the measles vaccine are highly likely to have lifetime immunity from the infection.
- Communications are targeted for prevalence of TB to help prevent stigma.

AGREED:

- The Commission noted the report.
- Item to be added to the work programme regarding the refreshed TB action plan.

55. HEALTH AND WELLBEING SURVEY

The Principal Public Health Intelligence Analyst presented a series of slides to inform the Commission on the proposed Health and Wellbeing Survey, in which it was noted that:

- The previous survey was completed in 2018 with the proposed survey anticipated to be undertaken for 16 weeks during summer by an independent third party.
- The survey will be carried out face to face with a sample size of 2100 participants and attempts to replicate the demographics of the city as accurately as possible.
- The survey consists of core questions as well as others that may change depending on emerging topics and interests, for example, the survey is proposed to include dental access as data is not available from other sources. It was noted that the pilot questionnaire could be shared with Members of the Commission if requested.
- The primary purpose of the survey is to inform strategic and specific needs assessment and is useful to understand local communities for the council, wider partners and the voluntary and community sector for improving health and wellbeing.
- Data collection is anticipated to be completed by September 2024 that will require analysis which can be shared with the Commission.

The Chair thanked officers for giving him sight of the survey and incorporating

long covid into the survey following feedback.

AGREED:

- The Commission noted the report.
- The Commission requested the item remain on the work programme for an update following completion of the survey.

56. WORK PROGRAMME

The Chair noted it was the final meeting of the municipal year and thanked Members for their contributions in discussing many important topics across the council's public health division, external health partner agencies and during joint meetings with adult social care. Thanks were also extended to youth representative for their attendance and contributions at meetings; the senior governance support officer in addition to the public health team and health partners for their continuous hard work during a period when health services have been under tremendous pressure.

The Chair highlighted that items remaining on the work programme would be taken forward for consideration alongside other priorities that emerge.

57. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19.40.

Leicester Health and Wellbeing Survey 2024

A briefing for Leicester City Council Health Scrutiny:16/04/24

Minute Item 55

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Leicester City Council

1. Background
2. Survey Methodology
3. Questionnaire content
4. Results

1. Background: The last adults (16+) Leicester Health and Wellbeing Survey was carried out in 2018.

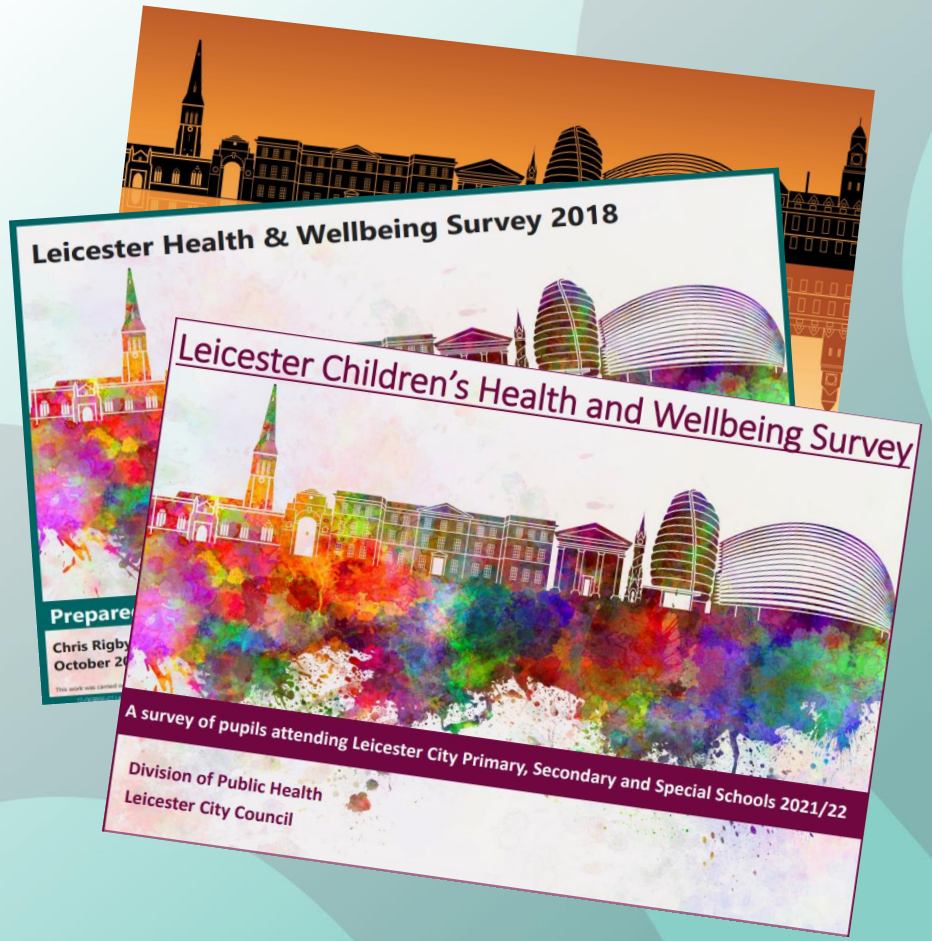
There have been a series of Leicester Health and Wellbeing Surveys for both adults (2010, 2015 & 2018) and children (2016/17 & 2021/22).

The primary purpose of the surveys is to inform strategic and specific need assessments which are essential to the council and partners' commissioning for improved health and wellbeing.

Health and wellbeing survey data is used by Leicester City Council and its partners to contribute to a wide variety of work, including needs assessment, better targeting of interventions, funding bids, and area profiling.

It provides a source of intelligence not available via other sources.

[Leicester health and wellbeing surveys]



2. Survey Methodology: To broadly follow the methodology of previous surveys to allow for trend analysis.

DJS Research have been commissioned by Leicester City Council to complete the 2024 Leicester Health and Wellbeing Survey.

It will be a face to face household survey:

- A minimum of 2,100 interviews per survey, based on 100 interviews per ward.
- A sampling method to consider every ward and deprivation levels. With target quotas by age (16+), gender, ethnicity, disability and working status.
- 20-to-25-minute survey with sensitive questions self-complete unless assistance is requested.
- DJS Research have a diverse and multi-lingual fieldwork team.
- Fieldwork to last 16 weeks and be complete by September 2024.

3. Questionnaire Content: The survey will consist of core questions which will be comparable with the 2018 questionnaire, as well as new questions to help understand emerging issues in the city.

List of health and wellbeing survey topics:

- Overall health & health services
- Long term conditions (including Long COVID) & caring responsibilities
- Healthy eating & physical activity
- Use of local assets & volunteering
- Travel method & journeys
- Smoking, vaping & alcohol use
- Mental health and wellbeing
- Loneliness & support networks
- Financial/cost of living & food insecurity
- Your home suitability
- Gambling
- Sexual health services
- Digital inclusion & confidence

3. Questionnaire Content – Personal Characteristics: Collecting personal characteristics will allow us to further segment the health and wellbeing data so that we can analyse data by certain population groups.

List of personal characteristics information:

- Sex and gender identity
- Age (16+)
- Ethnicity
- Employment status
- Long term conditions or disability
- Long COVID-19
- Carers
- Sexual orientation
- Main language
- Religion
- Education/Qualifications
- Housing tenure
- Household overcrowding
- Children under 16 in the household
- Adults 65 and over in the household

The Census 2021 is a stronger source for population characteristics data for our local population because every household is required to complete. The purpose of inclusion of Census style questions in this survey is to allow for further analysis and interrogation of the health and wellbeing survey data collected.

4. **Results:** DJS propose the following suite of outputs

Headline report: This report will outline the responses to every question, mapped against the 2015 and 2018 results, plus any benchmarking comparisons.

In-depth narrative report (in PowerPoint/pdf): A public-facing and publishable report that is visually engaging, fully accessible and screen-reader compatible. The report will include an executive summary, results broken down by demographic group and geography, tracking with 2015 and 2018, external benchmarking, statistical techniques, and infographics/charts/tables.

Raw datafile including metadata, supplementary geo-indicators and weighting factors.

Presentation at an Exec Board level.

Interactive reporting dashboard that presents the results for 2024 in comparison to 2018, with the ability to filter the data by a range of demographic and geographic variables.

Summary infographic that can be used to engage stakeholders and the public in the key findings.

Video-animation to bring the key findings to life.