



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 17 JANUARY 2023 at 5:30 pm

P R E S E N T :

Councillor Pantling (Chair)
Councillor O'Donnell (Vice-Chair)

Councillor Aldred
Councillor Khan
Councillor Nangreave

Councillor Sangster

In Attendance:
Councillor Dempster, Assistant City Mayor – Health

Also Present:
Ivan Browne – Director of Public Health

42. CHAIR'S ANNOUNCEMENTS - IF ANY

The Chair led on introductions and welcomed everyone to the meeting.

The Chair invited the Director of Public Health to give a verbal update on sexual health services. It was noted that a consultation on the sexual health services would be undertaken to gain thoughts from the public on the service currently, to support the procurement of the service and ensure it was right for the City. The link to the consultation would be circulated after the meeting and members were encouraged to share this and support the consultation.

AGREED:

That the Commission be updated on results and findings of the consultation at a future meeting.

43. APOLOGIES FOR ABSENCE

There were no apologies for absence.

44. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business on the agenda.

There were no declarations of interest made.

45. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 1st December 2022 be confirmed as a correct record.

46. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS (NOT ELSEWHERE ON THE AGENDA)

The Commission received an update on the following items that had been considered at a previous meeting:-

The Task Group Report – The Experience of Black People Working In Health Services – The responses from Health Partners to the task group review findings on the experience of black people working in Leicester and Leicestershire would be provided later in the year to the Commission.

School Nursing Provision – Officers had now made contact with the co-producers group, so they could form part of the ongoing consultation exercise.

The Maternity Services update would now be taken at the next meeting on 16th March 2023.

47. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

48. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

49. PHARMACEUTICAL NEEDS ASSESSMENT REPORT

The Director of Public Health submitted a report providing a summary of the findings of the Pharmaceutical Needs Assessment 2022 published on behalf of the Health and Wellbeing Board.

Representatives from the Public Health Team, the ICB and NHS England delivered a presentation providing the Commission with an overview of the report submitted.

As part of the discussions, it was noted that:

- It was a statutory requirement to produce a Pharmaceutical Needs Assessment (PNA) every three years, to identify pharmaceutical services currently available.
- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNA's.
- A number of statements were included within the PNA, which covered services which were necessary to meet the current needs that were not provided.
- Two further surveys were carried out:- a Pharmacy Contractor Questionnaire to gain an understanding of the services that had been currently provided and a public questionnaire to gain the public views on the service provision.
- Leicester had experienced high levels of deprivation, with around 35% of the residents living in the 20% most deprived areas in the country.
- Health needs within Leicester were not evenly distributed, the worst outcomes were often concentrated in the most deprived areas.
- Life expectancy for men and women in Leicester was significantly lower than the England average.
- As of March 2022, there were 85 pharmacies in Leicester, which was equivalent to 2.4 pharmacies per 10,000 population, which was slightly higher than the 2.1 England average.
- Four types of services were covered in the PNA: Essential, Advanced, Locally Commissioned and National Enhanced Services.
- The ONS population projections for 2021-2043, that were based on the Census 2021 data suggested the population in Leicester was predicted to grow by around 29850 to give a total population of around 398459. With the current provision this would take the pharmacy rate to 2.1 per 10000.
- A mandatory consultation was held from 6th July to 4th September 2022. There were 48 respondents to the consultation and the majority agreed that the PNA had been clearly explained and reflected the current community pharmacy provision in Leicester.

In response to Members questions, it was noted that:

- Public Health England and NHS England had no jurisdiction over where pharmacies should be located.
- The ICS had soft powers to be able to engage new pharmacies to offer additional services.
- For a new pharmacy to open, there must be a gap on the PNA, showing that there was an actual provision gap and that was separate to highlighting health inequalities.

AGREED

That the commission note the conclusions and recommendations in the presentation.

50. NHS WINTER URGENT AND EMERGENCY CARE PROVISION - UPDATE

The Chief Operating Officer (COO), for NHS Leicester, Leicestershire and Rutland gave an update to the commission on the NHS winter urgent and emergency care provision.

It was noted that:

- Two assessments had been completed through the LLR Winter Board.
- The first assessment was based on the question “Did the intervention actually deliver what it said it would do in terms of numbers?” the second was based on “What impact did that have on the quality of experience or care that the patient received?”
- The assessments were different to exercises completed in previous years, which usually involved counting the numbers and actioning them as green if the criteria had been met.
- The only red box in the report was for the implementation of virtual wards. The NHS had implemented the correct amount, but patients were still in acute beds, when they could be using the virtual wards.
- At the last commission it was reported that the handover time for ambulances was almost over an hour. In the previous days to the meeting the national target of 30 minutes had been achieved for the first time in many years.

The Chair took the opportunity to thank the NHS Staff for the work they do under all the pressures.

In response to members questions, it was noted that:

- That NHS staff were doing the best they could with the available tools.
- Work had been done alongside the ambulance service to ensure welfare vans were on site at the LRI and the Glenfield Hospital to achieve a quicker handover for patients and staff, to certify that staff are able to take meal breaks and leave once their shift had finished.
- Change was starting to be seen and at the next meeting, hopefully a update would be available to show that we had sustained , despite the increase in demand.
- Leicester currently had one of the highest 999 core rates in the country, we also have one of the smallest conversion rates.
- There is plenty of work that could be done in partnership, to engage with communities to gain a better understanding of which service should be called on.

AGREED

- 1) A letter to be written by Councillor Dempster on behalf of the Commission to the Government to address the need for

cultural change within the NHS.

- 2) A report to come to a future commission on how the NHS and partnerships are working to address cultural change.
- 3) The commission notes the report and recommendations.
- 4) An update be given at the next meeting in March on the NHS Winter Urgent and Emergency Care Provision.

51. WINTER HEALTH PRESSURES AND VACCINATIONS UPDATE

The Chief Operating Officer (COO), for NHS Leicester, Leicestershire and Rutland gave an update to the commission on the NHS winter urgent and emergency care provision.

It was noted that:

- Two assessments had been completed through the LLR Winter Board.
- The first assessment was based on the question “Did the intervention actually deliver what it said it would do in terms of numbers?” the second was based on “What impact did that have on the quality of experience or care that the patient received?”
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In response to members questions, it was noted that:

- NHS staff were doing the best they could with the available tools.
- Work had been done alongside the ambulance service to ensure welfare vans were on site at the LRI and the Glenfield Hospital to achieve a quicker handover for patients and staff,
- Steps had been taken to ensure that staff were able to take meal breaks and leave once their shift had finished.
- Leicester currently had one of the highest 999 core rates in the country, along with one of the smallest conversion rates.
- There was plenty of work that could be done in partnership, to engage with communities to gain a better understanding of which service they should be calling upon.

AGREED

- 5) That a letter to be written on behalf of the Commission to the Secretary of State for Health to address the need for cultural

change within the NHS.

- 6) That a report to be provided to a future meeting on how the NHS and Health partners were working to address cultural change.
- 7) That the commission notes the report and recommendations.
- 8) That an update be given at the next meeting in March on the NHS Winter Urgent and Emergency Care Provision.

52. LEICESTER ALCOHOL HARM REDUCTION STRATEGY REPORT

The Director of Public Health submitted a report updating the commission on the implementation of the Leicester City Alcohol Harm Reduction Strategy since its launch in September 2022.

Councillor Dempster, Assistant City Mayor for Health introduced the report and thanked NHS Partners for an incredibly important piece of work.

Dr Robyn D'Cruz, Public Health Registrar, delivered a presentation providing the Commission with an overview of the report submitted.

As part of the discussion it was noted that:

- During the Covid-19 Pandemic, changes were seen in peoples drinking patterns and more people were drinking at high risk levels.
- In Leicester around 50% of adults were non-drinkers, yet alcohol related hospital admissions were still above the national average for men and similar levels for women.
- Alcohol dependency rates were significantly higher than the national average, with around 6000 dependent drinkers in the city.
- The overall aim of the strategy was to reduce alcohol harm in Leicester, in all its forms for 5 years.
- The strategy included 6 priority areas and each area had an action plan. The six areas were:
 - Promoting cultural responsible drinking
 - Protection of children, young people and families from harm
 - Improved health and wellbeing through early identification and recovery focused treatment
 - Promoting responsible selling of alcohol
 - Reducing alcohol related crime, disorder and antisocial behaviour
 - Emerging issues
- The strategy was launched on 30th September 2022, at City Hall with 70 people in attendance. There was a range of talks and stalls and the feedback was positive. In particular it was highlighted how useful the networking aspect of the event was.
- In November the implementation phase of the work began, bringing people together who had been involved in writing the strategy, those who came to the launch and relevant partners to explore how best to move the strategy forwards. It was agreed at the workshop that there would be 3 task and finish groups that would align with the priority areas and feed into an overarching implementation group for the 5 year

strategy.

In response to Members comments around historic data being used, the Director of Public Health noted that community champions would be an important part of the delivery that sits around this data in terms of identification. This was a high level strategy, with an action plan underneath it, which included intelligence that needed sensitivity, because there was still a taboo. Officers agreed to provide a further report that would include supporting data..

AGREED:

1. That the contents of the report be noted,
2. That the commission receive a regular update report on progress.

53. DRAFT GENERAL FUND REVENUE BUDGET

The Deputy Director of Finance submitted a report setting out the City Mayor's proposed budget for 2023/24. The Commission was recommended to consider and comment on the Health and Wellbeing element of the report. The Commission's comments would be forwarded to the Overview Select Committee as part of its consideration of the report before presentation to the meeting of Council on 22nd February 2023.

Martin Judson, Head of Finance presented the item.

It was noted that:

- The budget for 2023/24 was 345 million, with the expected spend to be 378 million.
- To balance the budget, the Councils managed reserves would need to be used.
- The reserves were currently 55 million, with 33 million being used to support the 2023/24 budget.
- Following the usage of reserves for 2023/2024 budget, only 22 million remained in reserves to support 2024/25 where a 44 million gap was estimated. In 2025/26 there would be no reserves at all, with an estimated gap of 65 million.
- In order to address the lack of reserves, savings would be brought forward throughout 2023/24 with appropriate consultation, to reduce the gap over the next coming years. To support the Council being reliant upon reserves to balance the budget.
- To date £6 million of savings had been identified for the financial year ahead. The savings would be detailed in the period 6 revenue monitoring report, which will be going to the next meeting of the Overview Select Committee on 9th February.
- The background to this severe financial position is due to the 10 years of austerity, the rising social care costs for both adults and children and that costs have not been matched by increases in income.
- There had not been any additional money in the settlement for inflation.
- The Governments autumn statement outlined that there would likely be

further austerity from 2025/26.

- New funding had been made available for Councils to use for social care this year, due to the delay in adult social care reforms on capping the individuals social care costs over their lifetime.
- Although additional funding of 12 million had been received for social care, this would not exceed the additional costs that the Council would face in terms of adult social care which were 19 million.
- The Government had allowed the Council to increase Council Tax by 5%, which included 2% social care levy, as recommended in the report.
- The public health grant for next year, was not currently known, the national position was a 2% increase over all.

In response to Member's questions, it was noted that:

- There was no suggestion that there could be a reduction in the Public Health Grant, the suggestion proposed was to incorporate the grant within the overall Local Authority Funding.

54. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme.

55. CLOSE OF MEETING

There being no further business, the meeting closed at 7:55pm.