

Leicester  
City Council

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

**DATE: TUESDAY, 7 NOVEMBER 2023**

**TIME: 5:30 pm**

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

**Members of the Committee**

Councillor Whittle (Chair)

Councillor Bonham (Vice-Chair)

Councillors Gopal, March, Sahu, Singh Sangha, Westley and Zaman

**Members of the Childrens, Young People and Education Scrutiny Committee**

Councillor Batool (Chair)

Councillor Cole (Vice-Chair)

**Standing Invitee (Non-voting)**

Representative of Healthwatch Leicester

Youth Council Representatives

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

For Monitoring Officer

**Officer contacts:**  
**Georgia Humby, Scrutiny Policy Officer**  
**Katie Jordan, Democratic Support Officer**  
Tel: 0116 4546350, e-mail: [committees@leicester.gov.uk](mailto:committees@leicester.gov.uk)  
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

## **Information for members of the public**

### **Attending meetings and access to information**

You have the right to attend formal meetings such as Full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes.

However, on occasion, meetings may, for reasons set out in law, need to consider some items in private.

Due to Covid we recognise that some members of the public may not feel comfortable viewing a meeting in person because of the infection risk.

Members of the public can follow a live stream of the meeting on the Council's website at this link:  
<http://www.leicester.public-i.tv/core/portal/webcasts>

Anyone attending in person is very welcome to wear a face covering and we encourage people to follow good hand hygiene and hand sanitiser is provided for that purpose.

If you are displaying any symptoms of Coronavirus: a high temperature; a new, continuous cough; or a loss or change to your sense of smell or taste, and/or have taken a recent test which has been positive we would ask that you do NOT attend the meeting in person please.

A guide to attending public meetings can be found here on the Decisions, Meetings and Minutes page of the Council website.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at [www.cabinet.leicester.gov.uk](http://www.cabinet.leicester.gov.uk), or by contacting us using the details below.

### **Making meetings accessible to all**

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at [www.leicester.gov.uk](http://www.leicester.gov.uk) or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in

advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc..

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### **Further information**

If you have any queries about any of the above or the business to be discussed, please contact:

**Katie Jordan , Democratic Support Officer on 0116 454 2616 or 0116 454 6350.**

Alternatively, email [committees@leicester.gov.uk](mailto:committees@leicester.gov.uk), or call in at City Hall.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151.**

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

<b>Acronym</b>	<b>Meaning</b>
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**

This meeting will be webcast live at the following link:-

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

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

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

### **FIRE / EMERGENCY EVACUATION**

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

#### **1. WELCOME AND APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members will be asked to declare any interests they may have on any items to be discussed on the agenda.

#### **3. MINUTES AND ACTIONS OF THE PREVIOUS MEETING**

**Appendix A**

The Minutes of the meetings held on 9 August 2023 and 12 September 2023 are attached and Members will be asked to confirm them as a correct record.

#### **4. CYP MENTAL HEALTH**

**Appendix B**

Leicestershire Partnership Trust submits a report updating the Commission about NHS funded mental health support to Children and Young People within Leicester City.

#### **5. COVID-19 AND WINTER PRESSURES UPDATE**

**Appendix C**

The Director of Public Health and Integrated Care Board submits a report updating the Commission on Covid-19 and Winter pressures, including vaccinations, infection rates and hospital admissions.

Members will be asked to note the contents of the report.

**6. MATERNITY CQC INSPECTION - UHL**

**Appendix D**

The University Hospitals of Leicester submits a report on the outcome of the CQC inspection of maternity services.

Members will be asked to note the contents of the report.

**7. UHL RECONFIGURATION**

**Appendix E**

The University Hospitals of Leicester submits a report to update the Commission on the reconfiguration programme.

Members will be asked to note the contents of the report.

**8. RAAC IN HEALTH ESTATE - ICB**

**Appendix F**

The Integrated Care Board submits a report regarding the Reinforced Autoclaved Aerated Concrete (RAAC) in the health estate.

Members will be asked to note the contents of the report.

**9. SEXUAL HEALTH SERVICES RE-PROCUREMENT**

**Appendix G**

The Director of Public Health submits a report regarding the re-procurement of Sexual Health Services.

Members will be asked to note the contents of the report.

**10. WORK PROGRAMME**

**Appendix H**

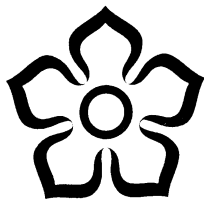
The current version of the Work Programme is attached.

Members of the Commission will be asked to forward any item they wish to consider on the work programme for the Commission to the Chair or the Scrutiny Policy Officer.

**11. ANY OTHER URGENT BUSINESS**







Leicester  
City Council

# Appendix A

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

Held: WEDNESDAY, 9 AUGUST 2023 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)  
Councillor Bonham (Vice Chair)

Councillor Gopal

Councillor Kitterick

In Attendance

\* \* \* \* \*

**1. APOLOGIES FOR ABSENCE**

Councillor Whittle as the Chair led on introductions.

Apologies for absence were received from Councillor March, Westley and Zaman.

**2. DECLARATIONS OF INTEREST**

There were no declarations of Interest.

**3. MINUTES OF THE PREVIOUS MEETING**

AGREED:

The minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 17 January 2023 and on 16 March 2023 were confirmed as a correct record.

**4. MEMBERSHIP OF THE COMMISSION 2023/24**

The Membership of the Public Health and Health Integration Scrutiny Commission 2023/24 was noted.

Councillor Kitterick informed the Commission that Councillor Sahu may be replacing Councillor Kitterick on the Commission for future meetings.

## **5. DATES OF THE COMMISSION 2023/24**

The dates of the Public Health and Health Integration Scrutiny Commission were noted.

## **6. QUESTIONS, REPRESENTATIONS AND STATEMENT OF CASE**

The Monitoring Officer noted that none had been received.

## **7. PETITIONS**

The Monitoring Officer noted that none had been received.

## **8. OVERVIEW OF PUBLIC HEALTH AND HEALTH INTEGRATION**

The Director for Public Health introduced the item and provided an overview of Public Health and a brief history of the service and highlighted the priorities of Public Health to address health inequalities. The presentation drew Members attention to the 90% of most deprived places in Leicester, Leicestershire and Rutland (LLR) that were in the city.

As part of the discussions, Members queried how the analysis of the information provided could develop council policy and what practical measures could be taken to encourage healthy living environments. It was noted that there were a wide range of decisions that needed to be taken. Furthermore, a programme Manager had been appointed to work across the Council to undertake health impact assessments, which would look at large council projects, policies and programmes and do an independent and robust review on the impact of schemes on peoples health and that other departments had welcomed this.

The Deputy City Mayor for Social Care, Health and Community Safety noted that the Active Leicester Strategy that had just launched which addresses inactivity in areas of the city, demonstrated the active approach to address health concerns in the city and that although this was just a beginning, work was starting to be delivered.

The Vice Chair of the Commission noted that development in local neighbourhoods were impacting local services and requested Officers to provide a breakdown of local neighbourhoods in the city and for the Commission to explore how local planning policy could be linked to public health matters.

Public Health Partners continued to deliver the presentation to help Members of the Commission understand key service areas, some of the priorities and challenges. The Chief Operating Officer for the Integrated Care Board provided an overview on the Integrated Care System and the focus on integration going into the future. The presentation highlighted 4 core purposes and 13 pledges which would help develop a plan over the next 5 years to meet the health

needs of the population and manage the budget set by the Department for Health and Social Care.

As part of the discussions, it was noted that:

- Measures were in place to measure both qualitative and quantitative to demonstrate the success on pledges which will be received by the Health and Wellbeing Board
- The Plan was created with the main audience considered to be the Department of Health and Social Care but the short sharp videos were created to engage communities and were proving to be effective and would be rolled out further to reach within communities
- Practical changes and improvements on the reorganisation would support improved services for the population
- GP appointment availability within 2 weeks for face to face appointments was a metric in the plan, this was clearly heard from the city population and a trajectory was available for Members

The Chair took the opportunity to note that there was an item on GP accessibility on the Work Programme and this would come to Commission in due course.

The Chief Nurse further delivered a presentation providing an overview of University Hospitals Leicester (UHL) and the 7 priorities currently being worked on which made up the interim strategic plan with the new strategy co created with the public, that will be published in September 2023. It was also noted that the Urgent and emergency Care plan and a robust plan for the access to plan care had been published in March 2023 and the two went hand in hand and as a system work was being delivered to provide a safe, timely and sustainable service for all.

As part of the presentation, it was also noted that:

- Preparations for winter 2023 were well underway and although it would be challenging, the service were in a better starting position than last year
- Ambulance handover times had reduced by 85% compared to last year due to a range of interventions, including the new ambulance escalation unit at the LRI, delivering a better experience for patients coming into the hospital and allowing for the ambulance to be back in the community as soon as possible
- Following the pandemic, Leicester's hospitals had the most challenging recovery trajectory in the country and now significant inroads were being made on the recovery
- 2 year wait times had been eliminated and fewer patients were now waiting list for a year, these numbers have been disrupted due to the industrial action, but phase 1 of the East Midlands Planned Care Centre was having a positive impacts on patients waiting list.
- UHL has been approved to deliver on its preferred way forward for the reconfiguration programme with huge investments in Leicester's hospitals and patient care and the new facilities were due for completion by 2023.

The Group Director, Strategy and partnerships provided an overview on the Leicestershire Partnership Trust (LPT) vision, key focusses and how this was delivered with a workforce of about 76,000 people. As part of the discussions Members of the Commission requested more information on the Crisis Cafes also known as Wellbeing Cafes which was a local initiative, making services more accessible run by local community groups. It was suggested that the these were really beneficial hubs in the community supporting a range of innovative examples within the community.

**AGREED:**

- That the overview presentations be noted
- That the arising issues from the meeting around access to GP practices and the link between Public Health and Planning be considered for the work programme
- That the Public Health Team and the Health Partners be requested to consider how the Integrated Care Services topic be can be broken down and each individual strand added to the work programme for consideration by the Commission.

## **9. CHILDREN'S HEALTH AND WELLBEING SURVEY**

The Deputy City Mayor for Social Care, Health and Community Safety, introduced the item on the Childrens Health and Wellbeing Survey.

The Director for Public Health delivered a presentation providing the Commission with an overview of the findings of the survey. It was noted that:

- Survey results were available on the Leicester Open Data Platform and that further analysis of the findings of the survey was an option for the Commission
- The survey results would be used for commissioning targeted provisions and services
- Each school that had participated in the survey have had a breakdown of their results and feedback had been positive with schools designing their own strategies following the findings.

As part of the discussions, it was noted that, alternative activities to get children away from screens should be considered. Although technological devices were considered to be beneficial, it was also suggested that if used incorrectly, they could be problematic. The Director of Public Health noted that there were tools to balance and manage children's consumption on devices, but it was also important to ensure an alternative was available and that tools were in place so that children use their time on devices to benefit them independently.

In response to the Chairs query on representation in the survey, the Director for Public Health noted that the survey had a good representative sample which was compared to different types of measures.

In further discussions Members of the Commission queried the high level of bullying in schools. In response to the queries raised it was noted that although

bullying took up different forms and was difficult to police, schools had made huge progress on tackling bullying. It was suggested that observed bullying was easier to tackle and that school nursing services also provided social education on bullying.

Members of the Commission raised their concerns with sanitary products for a high proportion of teenage girls who may not be able to afford them due to the current economical climate. It was noted that all schools were required to provide sanitary products and that as an authority it was evaluating how this could be rolled out across more council buildings.

AGREED:

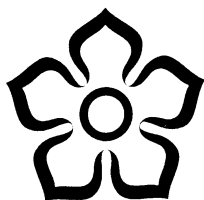
- 1) That the Officers be thanked for the report
- 2) And that the report be noted.

## **10. WORK PROGRAMME**

That the arising issues from the meeting including a written report on the Hospitals Building Plan be considered for the work programme for the municipal year.

## **11. ANY OTHER BUSINESS**





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

\* \* \* \* \*

**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.

---

# CYP Mental Health Update

Public Health and Health Integration Scrutiny Commission

Date of meeting: [07/11/2023]

---

### **Useful information**

- Ward(s) affected: All City
- Report author: Paul Williams
- Author contact details: paul.williams56@nhs.net
- Report version number: 1

## **1. Summary**

**This report provides an update regarding NHS funded mental health support to Children and Young People within Leicester City**

## **2. Recommendation(s) to scrutiny:**

Public Health and Health Integration Scrutiny Commission are invited to:

- Note the multi-organisational offer for Childrens Mental Health in the City
- Note the challenges faced in the CAMHS system, particularly with associated referrals for Neurodevelopmental Disorders
- Note the support offer in place to support Children and young people whilst waiting.
- Accept the recommendations for supporting the children's mental health agenda in Leicester City

## **3. Detailed report**

NHS Funded Mental Health support is provided to Children and Young People (CYP) within Leicester City through a variety of different providers. Further work is required by all system partners to dispel the misnomer that mental health support is only provided by CAMHS services.

Since 2019, there has been a significant increase in mental health investment into health services. Specific areas of investment include.

- Expansion of CYP Eating Disorder services which experienced a significant increase in referrals following the Coronavirus Pandemic, a trend replicated nationally. The investment has enabled funding of the First Steps charity, to support CYP with disordered eating to prevent escalation into a clinical eating disorder. A Home Intervention Team has also been established to support CYP waiting for Specialist Eating Disorder Inpatient Treatment or to avoid escalation into this pathway.
- The expansion of CYP Crisis services to include 24/7 access to urgent mental support in person and via telephone, an expansion of the Crisis offer at Childrens Emergency Department at the LRI
- The creation of and expansion of the mental health support teams in schools programme which has to date enabled mental health support to be offered to an increasing number of schools in Leicester City.

- The procurement of a Triage and Navigation Service to effectively triage all referrals for mental health support coming via primary care and more recently self-referral
- The expansion of early intervention mental health services provided by a number of VCS partners in local communities. This has included an expansion of mental health chill out zones in local communities and a mental health mentoring programme delivered between LPT and Leicester City Football Club

### Impact

The expansion of the mental health offer has seen an increase in the number of CYP in Leicester City accessing MH support – by 50% during the past year. The rolling 12 month average for CYP in Leicester City is now nearly 6000 CYP.

Strong compliance with the national referral to treatment targets for CYP Eating Disorders and CAMHS Crisis

A reduction in the number of CYP requiring inpatient mental health support.

A reduction in the number of CYP with a Learning Disability or Autism in an inpatient MH unit.

### Challenges

An increasing number of referrals to CAMHS Outpatients in 2022/23 (up 67% from previous year) had seen an increasing number and length of time waiting for initial assessment. Investment into outpatient CAMHS during this financial year has seen the number reduce significantly. As of the 14<sup>th</sup> October 2023, in Leicester City, there are 121 CYP waiting for an initial assessment, with the longest waiting for 24 weeks. This is predicted to reduce to within the 13 week target by the beginning of December 2023.

CYP referred for urgent assessment by CAMHS are being seen within the 4 week target. As of the 14<sup>th</sup> October 2023, there were no children waiting over 4 weeks for an appointment.

An increasing number of requests for neurodevelopmental assessment has been a significant contributory factor for pressure in the system. CAMHS currently offers assessment for ASD and ASHD for secondary school age children. These referrals have accounted for more than 50% of all referrals into CAMHS in the past year.

As of 23<sup>rd</sup> October 2023, in Leicester City, there are 241 CYP in CAMHS waiting to start an ND assessment, with 69 waiting over a year.

### Supporting CYP Whilst waiting

There is a comprehensive offer for CYP waiting for mental health support in CAMHS. This includes comprehensive signposting and advice to useful resources.

### A QUICK GUIDE TO WHAT YOU CAN FIND ON THE HEALTH FOR TEENS WEBSITE



**HEALTH FOR TEENS**

Health for Teens is a website that offers a great choice of content and quizzes across all areas of your health, from sexual health to your feelings, growing up, lifestyle and much more. Our Doctor's, Psychologist's, Nurses and other clinician's at CAMHS create lots of content for this website, such as information on **Tics**, **Avoidant Restrictive Food Intake Disorder**, a 'Safety Support Plan' more!

**DID YOU KNOW?**

CAMHS has its own section on Health for Teens? [Click here to have a look!](#)



### QUICK TIPS

By clicking on the [green text](#), you'll be directed to their webpage!

#### YOUNG MINDS

Young minds is a mental health charity for younger people. You can also text YM to 85258.

#### keoth

Keoth is a digital mental health service. Their website has a free online counselling service for young people.

#### childline

Childline is there to help anyone under 19 in the UK with any issue they're going through. You can talk to them by calling 0800 1111 or by visiting their [website](#).

#### Free 24-hour Mental Health Helpline

Anyone needing mental health support for themselves or others can call the [Mental Health Central Access Point](#) on 0800 800 3302, 24 hours a day, seven days a week.

#### THE MIX

The Mix offers online counselling and has a crisis messenger for young people under the age of 25. They have a free, confidential helpline (0808 808 4994).

#### First Steps

First Steps can provide help to anyone who is facing difficulty with mood, anxiety or depression, or anyone who's relationship with their body or food is impacting their life. You can refer yourself to this service.

### RESOURCES THAT MAY BE USEFUL

#### coram

Coram supports children either currently in or been in the care system.

#### The Decider

The Decider Skills use Cognitive Behaviour Therapy to teach children, young people and adults the skills to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health.

#### CALM

CALM has a helpline and a live chat that are open from 5pm to midnight everyday.

#### ADHD Solutions

ADHD Solutions is a charitable organisation based in Leicester. They help families, and professionals anywhere, cope with the challenges of ADHD.

#### ChatAutism

Chat Autism - a non-emergency text-based support service for autistic people and their families. Send a text to: 07312 277097

#### Start a Conversation

Start a Conversation offer advice and support to those who have been bereaved or affected by suicide.

**For even more resources, [click here!](#)**

Following assessment, CAMHS operates a duty system to review CYP whilst waiting for further support or assessment.

## Feedback

CAMHS actively seeks feedback from service users and their families whilst waiting. Improvements made during 2023 include an extension of Specialist CAMHS Outpatient operating hours to include evenings and a capital programme to improve the accommodation on the Westcotes House site, with the opening of the new Westcotes Lodge in October 2023.

## The Future

The CYP mental health providers are increasingly working together to reduce health inequalities and improve access to mental health support in the City.

Continued work across organisations to support CYP with early developmental concerns and to resubmit a business case to support an ND diagnostic service with capacity to meet the current demand.

## Support requested

Champion the importance of good mental health and well-being across the city. Public Open Spaces, housing, employment, public safety all make large contributions to good mental health and well-being.

Recognise and promote the range of providers across Leicester who are able to help CYP with MH needs – there is so much more than CAMHS



Support continued partnership working between children's services, education, communities and the NHS to enable helpful conversations that move us from diagnosis to meeting needs.

Championing national and local discussions on solutions and supporting this increase in demand, particularly for ND diagnosis. Supporting children and families now, makes a big difference for their future.

Support us in promoting the great work that is done within Leicester City for Children.





Leicestershire Partnership  
NHS Trust

# CYP Mental Health Update

19



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

Child Mental Health = CA ~~X~~ HS = V ~~X~~ ts

20

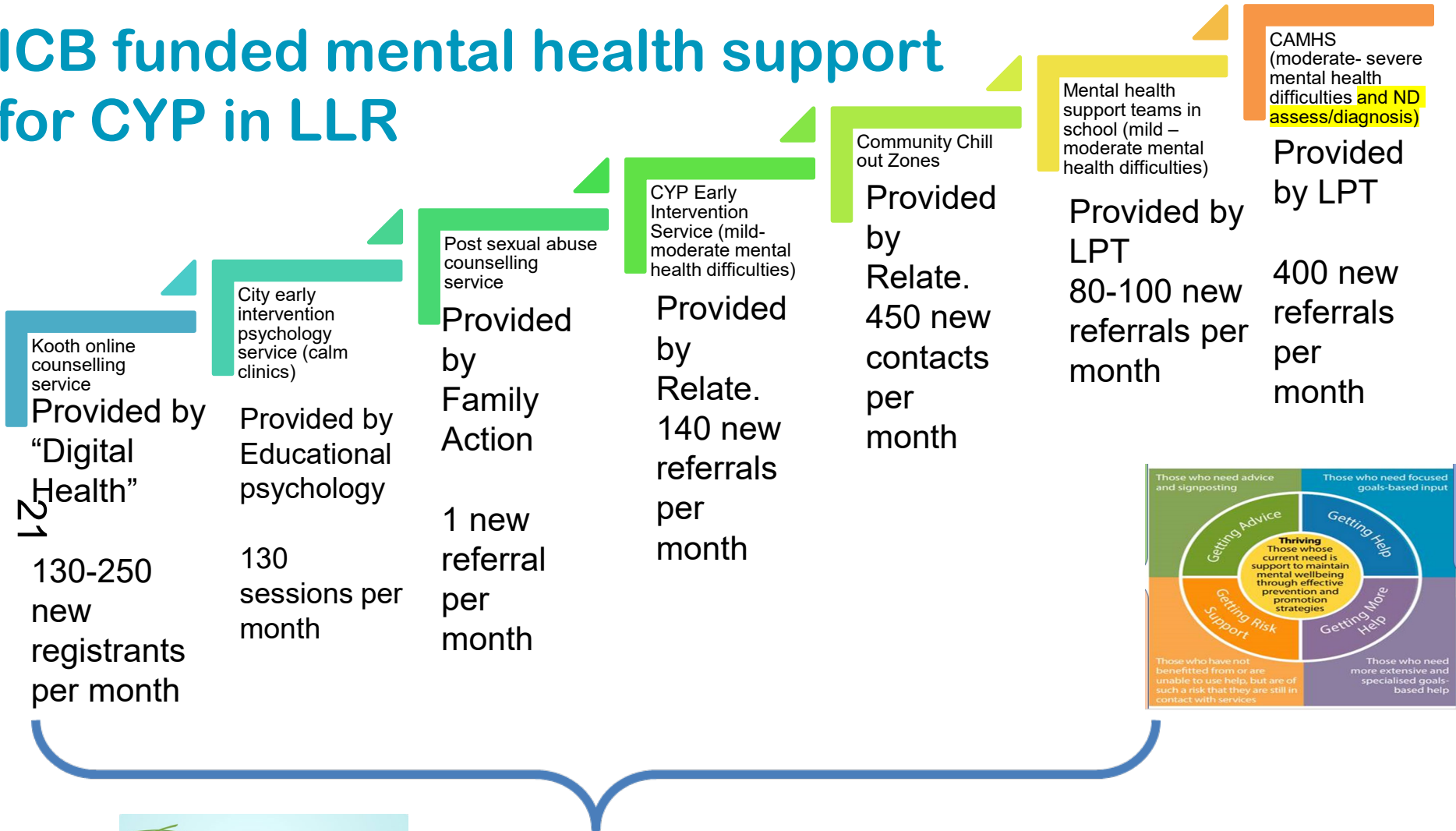


LATEST NEWS

Mental health services for children 'increasingly overstretched' new survey reveals



# ICB funded mental health support for CYP in LLR



Triage and Navigation service (provided by DMU)

<https://www.myselfreferral-llr.nhs.uk>



# Increasing Investment in CYP mental health over past 5 years

Significant investment and expansion of:

CYP eating disorders

CYP crisis

CYP early intervention

Core CAMHS

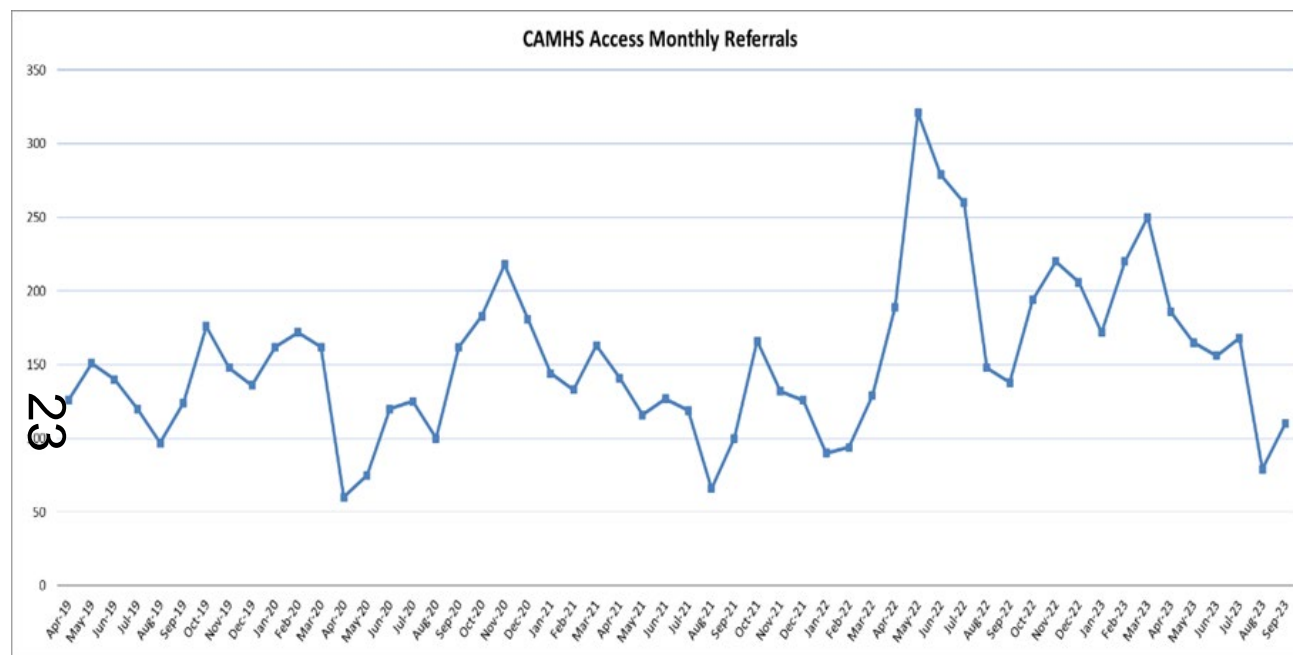
VCS Partners (eg First Steps; Advantage Programme)

Mental Health support in schools

Impact:

- 50% increase of CYP in Leicester City receiving support (2023 compared to 2022)
- Strong national target compliance (Eating Disorders ref. to treatment, Crisis assessments)
- Increased capacity generic CAMHS and coverage of MH in schools and communities
- Urgent care offer expansion with development of escalation pathway – health and LA
- Strong partnership with LCFC, Youth Advisory Board, First Steps ...
- Opening of Westcotes Lodge and Westcotes House site.

# Demand for CAMHS



67% increase in referral rate in 22/23 compared to 21/22

Current waiting lists:

121 City CYP waiting for a routine initial assessment. Longest waiting 24 weeks.

This is predicted to be back within the 13-week target by the beginning of December.

Urgent requests for assessment are compliant with the 4-week target.

# Neurodevelopmental Assessment Diagnosis:

Primary school age  
Community  
Paediatricians

Secondary school age  
CAMHS



Mental health  
concerns (35-40%)

Neurodevelopmental  
Concerns (60-65%)



# ND Challenges:

a national issue needing direction from DHSC

Increased demand (all services)

Lengthy wait complaints/concerns

Private provider : Patient choice

Unsuccessful recurrent funding business case

Unable to use MHIS funding for recurrent investment (ND)

Increasing requests to start CYP medication (privately diagnosed) for ADHD

Quality concerns of private provider assessment / diagnosis / prescribing

25

## What we are doing:

- ✓ Internal non-recurrent funding to increase capacity; Recurrent business case submitted
- ✓ Benchmark against NHSE National Autism Framework
- ✓ Transformation programme:
  - 1) Set up dedicated ND assessment hub
  - 2) review pathway and increase digitisation (elements of ADHD follow up and support for families)

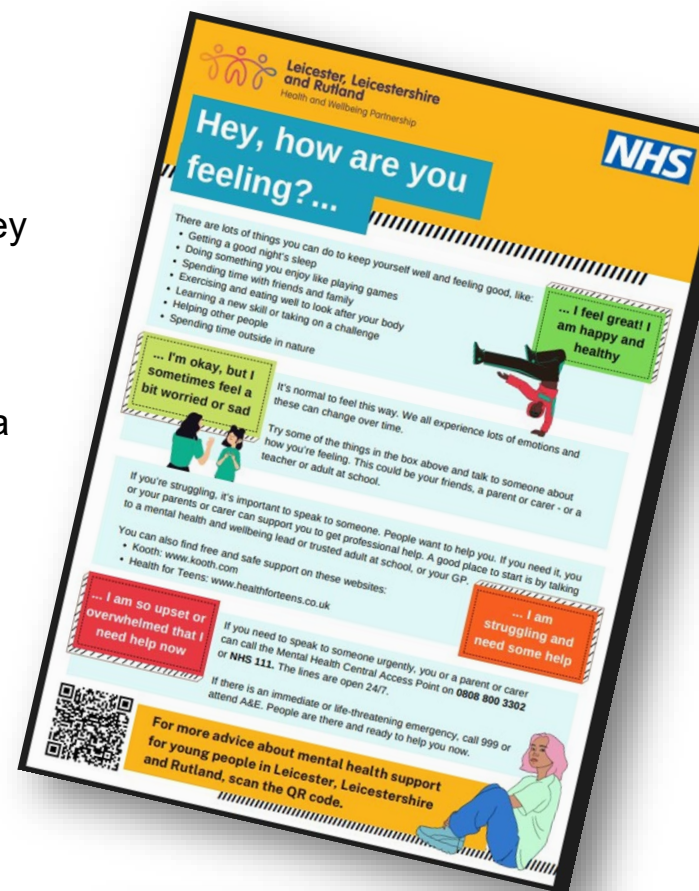
## Further solutions being explored

- ✓ Pre-diagnosis/referral education (Primary Care)
- ✓ Expanding pre-diagnostic support models
- ✓ Revise referral thresholds inc. second opinions
- ✓ Work with primary care to develop new approaches to follow-up and review including medication (shared care)
- ✓ Review of optimal skill mix based on the National Framework guidance e.g. ACP role in Autism

# Avoidable Harm: how do we keep CYP safe whilst waiting?

## Waiting for an initial appointment:

- Cases remain under the care of primary care services until they have been assessed by secondary care
- Urgent cases are prioritised
- Clear information about how to access urgent mental health support (24 hour urgent mental health line) and what to do in a crisis
- Informed of who to contact in CAMHS should there be a deterioration
- Signposted to sources of support whilst waiting
- Significant investment in digital offer with sources of support
- Free access to Solihull online parenting courses
- Health promotion campaign on sources of mental health Support
- Contacted by the service at 13 weeks
- Early intervention offering support
- Improving access- CAMHS mental health practitioners/ CWP's in GP practices- pilot



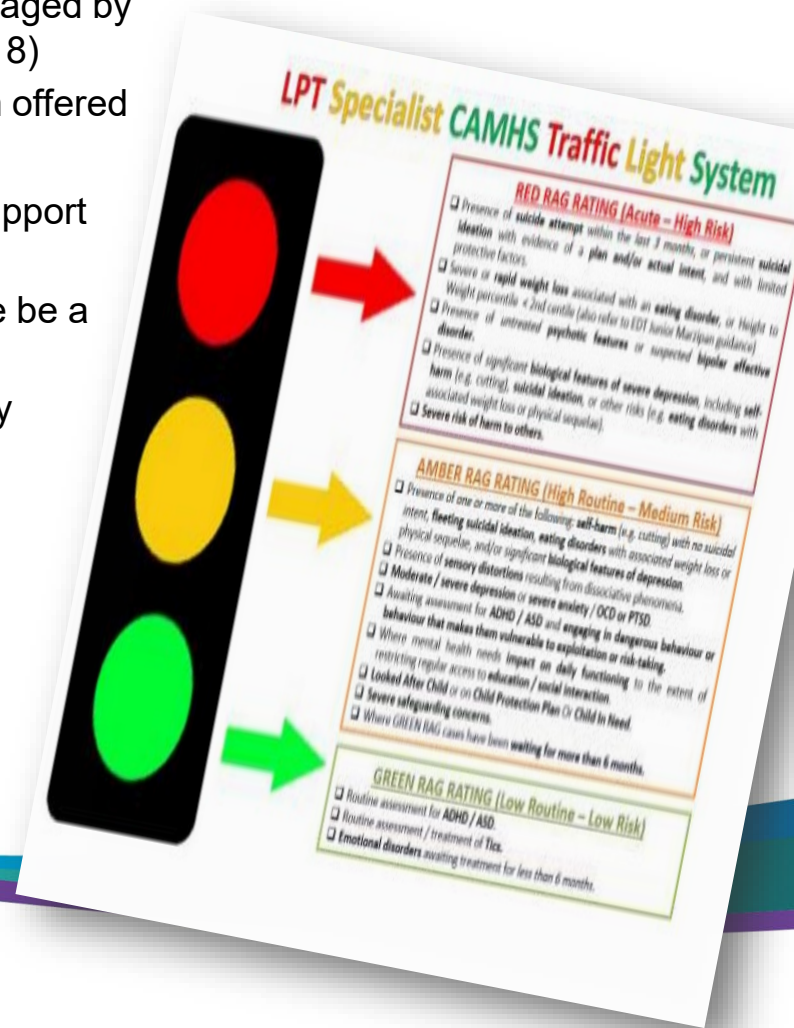
26

# New guidance for CYP and families whilst waiting



# Waiting internally within CAMHS for further assessment / treatment

- Full mental health & risk assessment completed at initial assessment
- Urgent cases for treatment (based on severity of mental health presentation and risk) are prioritised – acute allocation
- Well established waiting list management system in place managed by a duty team (shortlisted for national patient safety award in 2018)
- Duty reviews – review of mental health/ risk – brief intervention offered
- Internal escalation process if deterioration is noted
- Clear information about how to access urgent mental health support and crisis support
- Clear information about who to contact in CAMHS should there be a deterioration
- Access to universal and targeted digital support – including “My Guidance” if indicated
- Signposted to other sources of support
- Daily acuity call
- Attendance at strategy meetings





# Feedback

We actively seek feedback from CYP and their parents/carers who are waiting and being managed by our duty system

In April – May 2023 we received 34 responses

29

26 from CYP

5 from parent/carers

3 unknown

70% on the waiting list for a neurodevelopmental assessment

85% said they had been told about the waiting times

41% stated the wait was much longer than they expected (18% “a bit longer” and 41% “what I expected”)

60% stated they were happy with the information they had been given about how to contact CAMHS/other services/ sources of support whilst they were waiting

# How you can support us?

- ✓ Champion the importance of good mental health and well-being across the city. Public Open Spaces, housing, employment, public safety all make large contributions to good mental health and well-being.
- ✓ Recognise and promote the range of providers across Leicester who are able to help CYP with MH needs – there is so much more than CAMHS
- ✓ Support continued partnership working between children's services, education, communities and the NHS to enable helpful conversations that move us from diagnosis to meeting needs.
- 30 ✓ Championing national and local discussions on solutions and supporting this increase in demand, particularly for ND diagnosis. Supporting children and families now, makes a big difference for their future.
- ✓ Support us in promoting the great work that is done within Leicester City for Children

---

## **Covid-19 & Winter Pressures Update**

**Public Health and Health Integration  
Scrutiny Commission**

Date of meeting: 7<sup>th</sup> November 2023

---

## **1. Summary**

The following report and presentation are intended to provide the Public Health and Health Integration Scrutiny Commission with the latest data on Covid-19 and winter pressures, including vaccinations, infection rates and hospital admissions.

## **2. Recommended actions**

The Commission is asked to note the contents of this report.

## **3. Detailed Report**

### **LLR Provider Network for Autumn/Winter 2023/24 Vaccination Programme**

- 91 Community pharmacies with a further 15 expected to join the programme, subject to NHSE approval.
- 21 PCNs representing 82 GP practices.

### **Programme Timings**

This year's autumn flu and Covid-19 vaccine programmes started earlier than planned in England as a precautionary measure following the identification of a new Covid variant, BA.2.86, which was first detected in UK in August.

The Covid-19 vaccination programme was originally supposed to start on 2 October with care homes initially, however the start date was brought forward to September to align with the flu programme. Covid-19 vaccinations began on 11 September for those most at risk, including adult care home residents and people who are immunosuppressed.

From 18 September, other eligible patients were able to take up vaccination offers from their GP practice or could book a vaccination appointment via the National Booking System.

The Covid-19 vaccination programme is due to finish on 18 December 2023, whilst inequality work involving Covid-19 vaccinations can continue until 31 January 2024. The flu vaccination campaign is due to finish on 31 March 2024.



**City Flu Vaccination Uptake by Cohort** (figures correct at 23 October 2023)

Flu Cohorts	Eligible Population	Doses Administered	% Vaccinated
Over 65 years	54,530	30,886	56.6%
Care homes	1,434	1,067	74.4%
Children aged 2 & 3 years	8,769	1,564	17.8%
At risk	54,982	15,408	28.0%
Frontline HCSW (ESR)	10,330	1,873	18.1%
Frontline HCSW (self-declared)	5,853	894	15.2%
Frontline social care workers	3,587	332	9.3%
Household contact of IS patients	10,684	294	2.8%
Pregnant women	2,498	76	3.0%
Primary school*	36,161	2,171	6.0%
Secondary school*	27,864	722	2.6%
<b>TOTAL</b>	<b>216,692</b>	<b>55,287</b>	<b>25.5%</b>

\*Leicestershire Partnership NHS Foundation Trust's School Aged Immunisation Service (SAIS) is providing flu vaccinations to children and young people across LLR in educational settings. The SAIS flu programme commenced with Leicester City primary schools on 25 September and include secondary schools. The programme is due to finish on 12 December. Flu vaccinations were offered to children attending special educational needs schools on 25 September. Catch-up vaccinations will be offered on 4 January 2024 to children that missed their initial flu vaccination offer.

**City Covid-19 Vaccination Uptake by Cohort** (figures correct at 23 October 2023)

COVID-19 Cohorts	Eligible Population	Doses Administered	% Vaccinated
1. Care home residents	1,386	1,034	74.6%
2. Health care workers	21,782	3,830	17.6%
3. Social care workers	2,840	688	24.2%
4. 80+ years	11,109	5,643	50.8%
5. 75-79 years	9,101	4,574	50.3%
6. 70-74 years	12,436	5,463	43.9%
7. 65-69 years	16,305	5,491	33.7%
8. At risk	51,524	6,451	12.5%
9. 12-15 at risk	718	22	3.1%
10. 12-17 years – household contacts of immunosuppressed patients	923	4	0.4%
11. 5-11 years at risk	343	7	2.0%
12. 60-64 years	0	359	0.0%
13. 55-59 years	0	289	0.0%
14. 50-54 years	0	211	0.0%

15. 40-49 years	0	224	0.0%
16. 30-39 years	0	186	0.0%
17. 18-29 years	0	129	0.0%
18. 16-17 years	0	3	0.0%
19. 12-15 years	0	6	0.0%
20. 5-11 years	0	0	0.0%
<b>TOTAL</b>	<b>128,472</b>	<b>34,615</b>	<b>25.8%</b>

**Care home residents:** This cohort has been prioritised for vaccination due to their vulnerability and providers have been incentivised accordingly. By 23 October, 74.5% of care home residents had taken up the offer of a Covid-19 vaccination and 74.4% had accepted a flu vaccination. Vaccinations will be continued to offered to this cohort.

**Housebound patients:** From a total population of 2,841 eligible patients, 1,080 vaccinations have been administered; 98 declined, leaving a further 1,663 visits to complete. Now the care home deadline has passed for initial vaccination visits (22 October), the focus will now be on this vulnerable group of patients.

**Covid vaccinations for children aged 5-11 years and in a clinical at-risk group:** This cohort are being offered a vaccination within specialist clinics at UHL. Due to appropriate vaccination supply, these clinics only opened w/c 9 October. A further four satellite sites are due to open across LLR to provide convenience/ease of access to patients.

### **Inequalities Offers**

- **6 months to 4 years at risk:** Vaccination invitations have been issued for UHL specialist clinics and GPs can refer eligible patients, who have not had an invitation.
- **Allergy pathway:** Patients previously referred via Prism/allergy service will already have access to the VidPrevtyl Beta vaccine via UHL specialist allergy vaccination clinic. New patients thought to have PEG allergy can be referred by GP via PRISM to allergy clinic for assessment. Patients who do not suffer anaphylaxis/allergy to PEG but who are clinically severely intolerant of mRNA vaccines may be eligible for VidPrevtyl Beta and GPs can refer their eligible patients.
- **Learning disability patients:** Dedicated provision is being scoped to provide a specialist service with dedicated learning disability nurses in attendance.
- **Mobile vaccination units:** To make Covid and flu vaccinations as accessible and convenient as possible, two mobile vaccination units (operational in city and county respectively) are deployed to target communities of low vaccination uptake.

### **MMR / Measles Elimination Plan**

The LLR ICB has devised a measles elimination plan to outline a series of actions that are required to reduce the risk posed by measles. Since 2022 there has been an increase in measles cases both globally and in the UK. Measles and rubella can be eliminated, and congenital rubella infections prevented by achieving high uptake of the combined measles, mumps and rubella (MMR) vaccine in national childhood immunisation programmes. This plan aims to mitigate the risk of measles, by the ICB working collaboratively with other

agencies, undertaking a series of initiatives to increase uptake & reduce health inequalities.

Since 2022, measles activity has been slowly increasing. To achieve & maintain measles elimination, the World Health Organisation recommends that a 95% uptake with two doses of MMR by 5 years of age and by using all opportunities to catch up older children and adults who missed out when they were younger. Unfortunately, current UK performance for the second dose is sub-optimal at around 88%. Due to the national concern of increasing cases, this plan aims to address any current issues, plan future objectives and be proactive at tackling this challenge.

The objectives of the plan are:

### **Primary Objectives**

1. Ambition to achieve and sustain  $\geq 95\%$  coverage with two doses of MMR vaccine in the routine childhood programme (5-years-old) by 2025.
2. Ambition to achieve  $\geq 95\%$  coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) by 2025.
3. Improvement in uptake in key priority groups eg students (the 'Wakefield cohort'), traveller communities, women of childbearing age, underserved communities and ethnicity groups with the lowest uptake, new entrants, etc.

### **Secondary Objectives**

1. Provide leadership and public health expertise to address the decline in MMR vaccination.
2. Bring together partners to develop a multi organisational approach to increasing MMR uptake.
3. Develop engagement activities that seek to understand why some people are not taking the MMR vaccination offer.
4. Develop a communications campaign that will raise awareness about the risks associated with measles and promote positive messages about the importance of vaccination uptake.
5. Develop innovative interventions that will support increased MMR vaccination uptake, tailored to the differing needs of the population.
6. Respond to the potential change in age of delivery of MMR2 (likely from 2025 approximately) and work with stakeholders including GPs to identify potential issues and develop appropriate capacity and engagement plan at that time.



# COVID-19 and winter pressures

---

## Local incidence in Leicester

37

### **SOURCES:**

**Leicester COVID-19 reported positive test data (UK Health Security Agency - UKHSA)**

**University Hospitals Leicester COVID-19 Admissions**

**ONS mortality data**

**NHS vaccination data**

**NOTE: Last updated 24/10/23**

**Prepared by:**

**Gurjeet Rajania [Gurjeet.Rajania@Leicester.gov.uk](mailto:Gurjeet.Rajania@Leicester.gov.uk)**

**Division of Public Health, Leicester City Council**



**Leicester  
City Council**

# Measuring COVID-19 in the community

- **National flu and COVID-19 surveillance:** National influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses.
- **Testing:** Regular testing and reporting in the community is no longer occurring and this makes it difficult to measure how widespread COVID-19 is in our communities. Testing tends to occur in health and social care settings such as hospitals. This should be considered when assessing rates. For example, a higher proportion of positive tests are amongst older people – reflecting this age groups higher use of health care.
- **Infection survey:** UKHSA/PHE previously commissioned the Coronavirus Infection Survey, carried out by the ONS during the pandemic from April 2020 to March 2023. A study to gather data on COVID-19 this winter has been launched, the Winter COVID-19 Infection Study will run from November 2023 to March 2024.  
[About the Winter Coronavirus \(COVID-19\) Infection Study - Office for National Statistics](#)
- **Hospital admissions:** Existing surveillance systems rely upon information on hospital and intensive care unit (ICU) admission rates.
- **Mortality:** ONS continue to monitor deaths where COVID-19 is listed on the death certificate.
- **Vaccination:** Vaccination information continues to be collected. Currently awaiting national publications on Autumn boosters data.

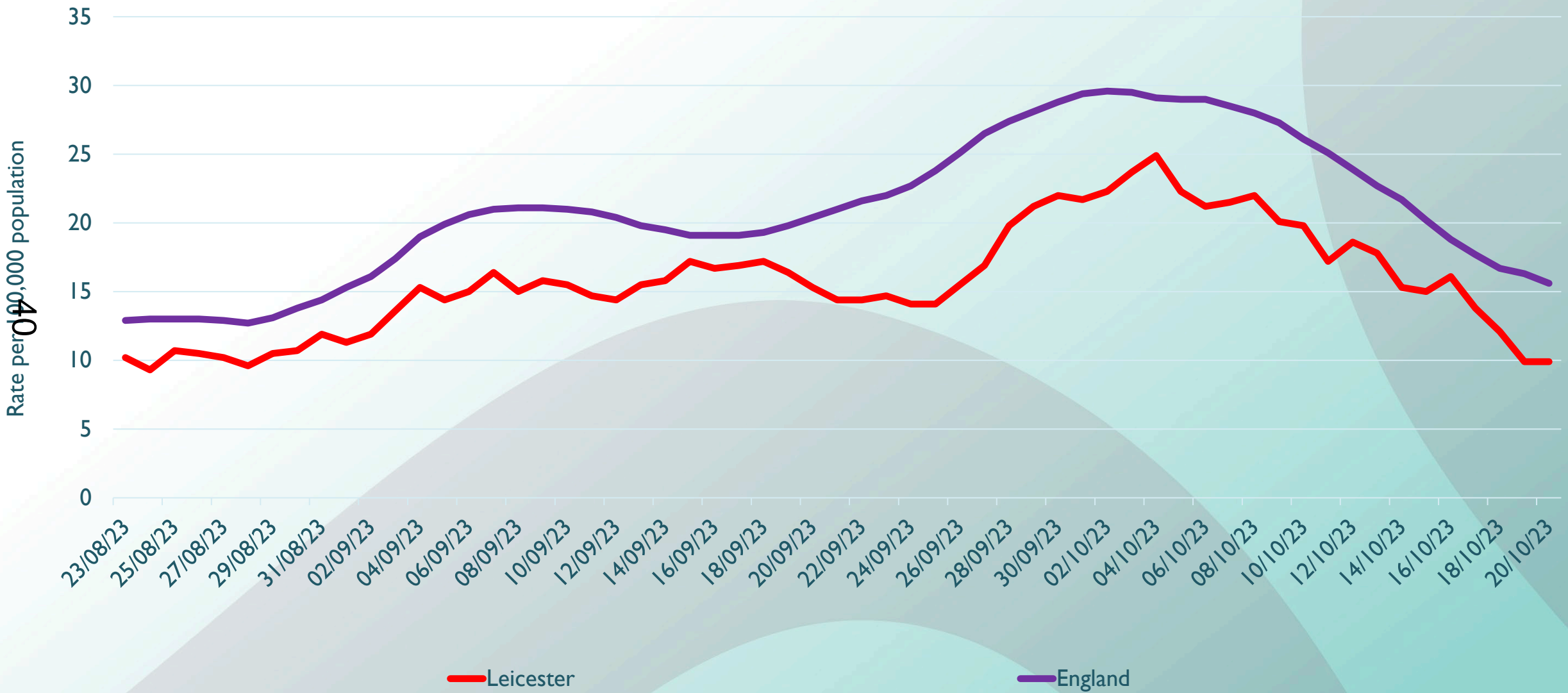
# National Influenza and COVID-19 surveillance report week 42: 26th October 2023

- Influenza positivity remained stable at 1.2% in week 42 compared to 1.2% in the previous week.
- Through primary care surveillance, the influenza-like-illness consultations indicator increased slightly to 3.5 per 100,000 in week 42 compared to 3.2 per 100,000 the previous week.
- Emergency department attendances for influenza-like illness remained stable nationally.
- COVID-19 activity showed a decrease of activity across most indicators, positivity decreased to 10.1% in week 42 compared to 10.8% in the previous week.
- COVID-19 ICU admissions remained low and stable in week 42 compared to the previous week.



**COVID-19 Positive results:** The rate per 100,000 of the population can be seen below in Leicester and England. *Regular testing and reporting in the community is no longer occurring. Testing tends to occur in health and social care settings.*

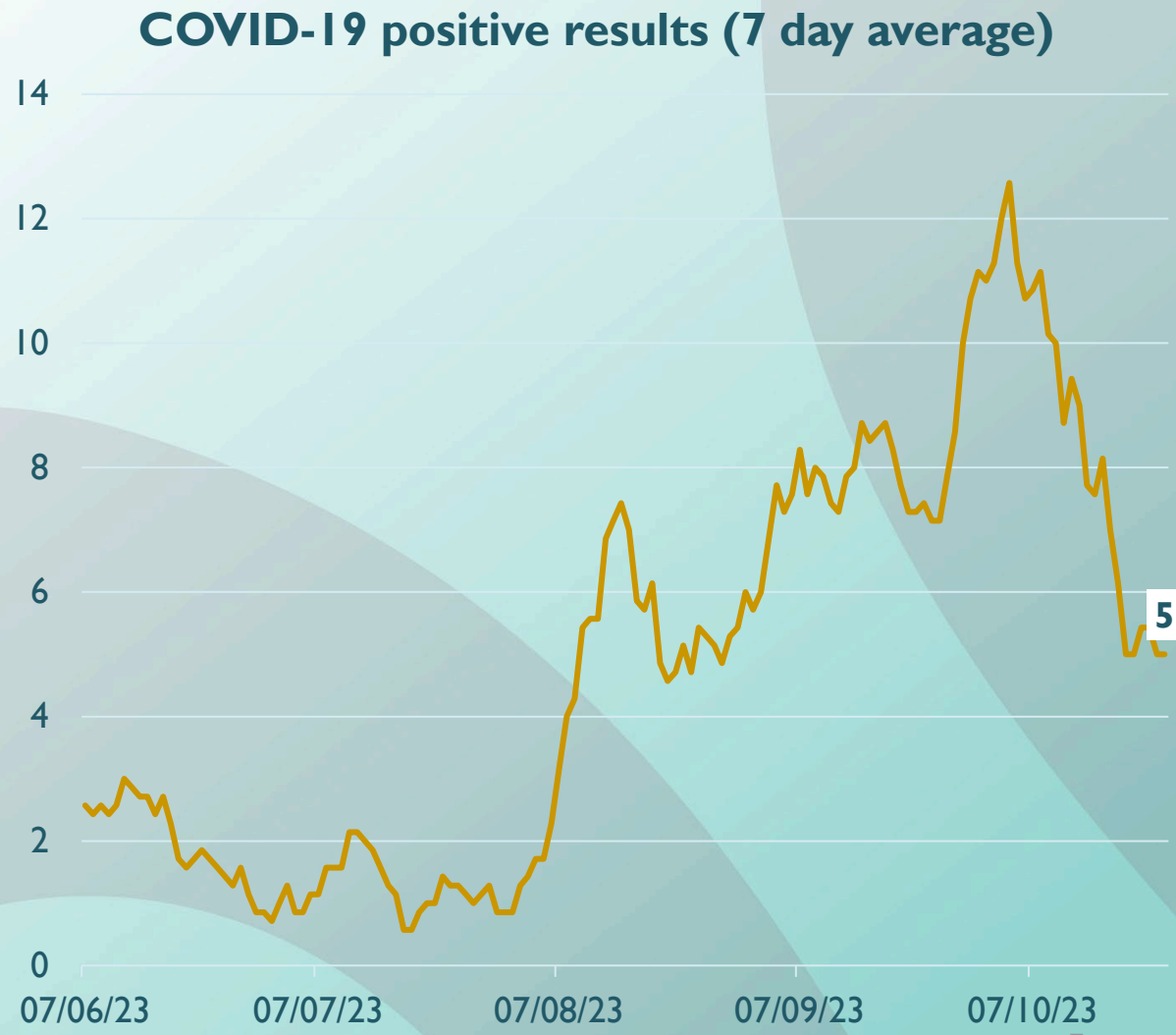
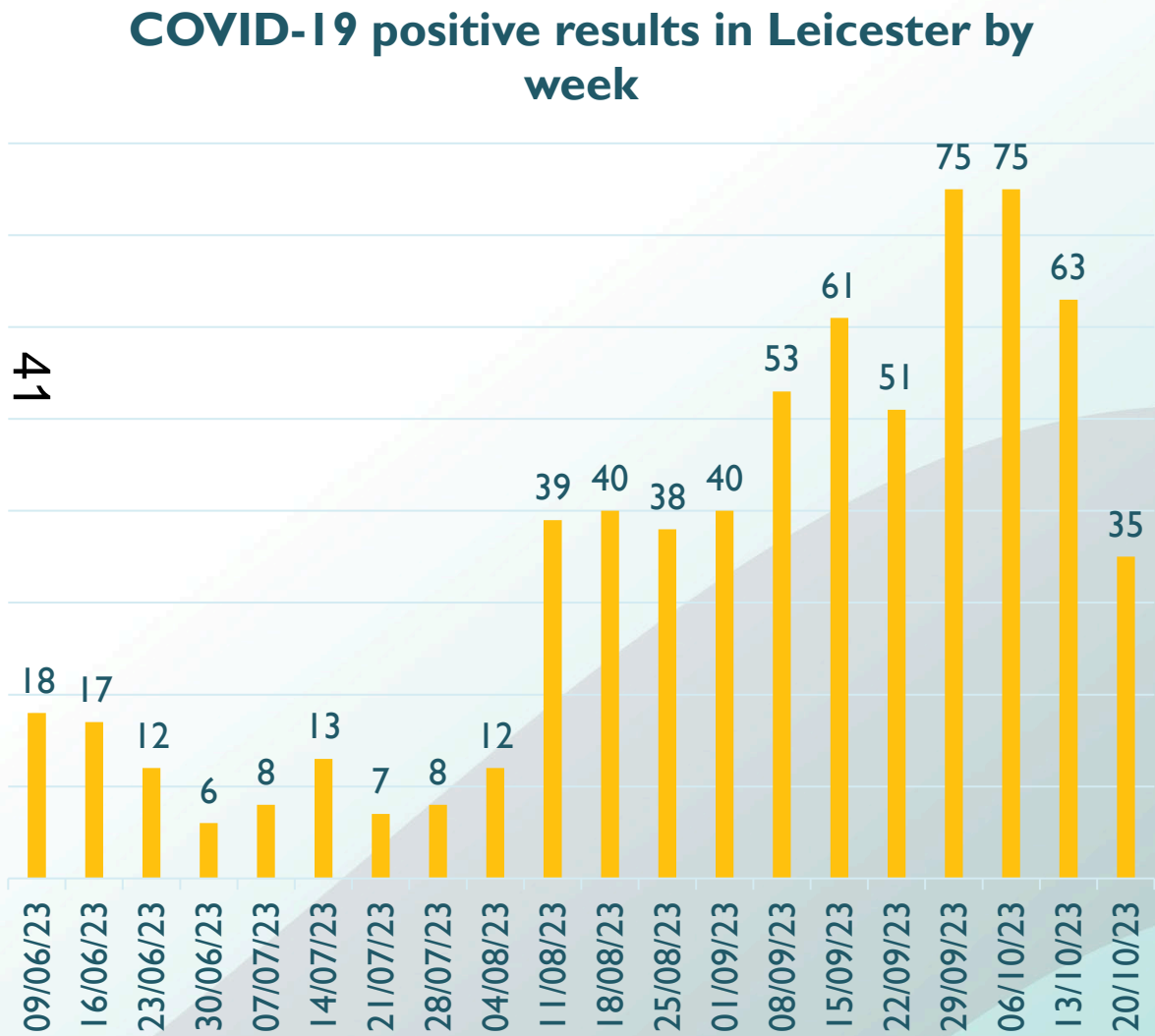
**7-day COVID-19 cases per 100,000 in Leicester and England**



Source: DHSC National Tracker – based on reported COVID-19 positive test data



**COVID-19 Positive results:** The weekly number of positive cases and the daily average over the last 7 days can be seen below. Regular testing and reporting in the community is no longer occurring. Testing tends to occur in health and social care settings. This has an impact upon demographics with older people more likely to test positive, likely because of their higher use of health care.

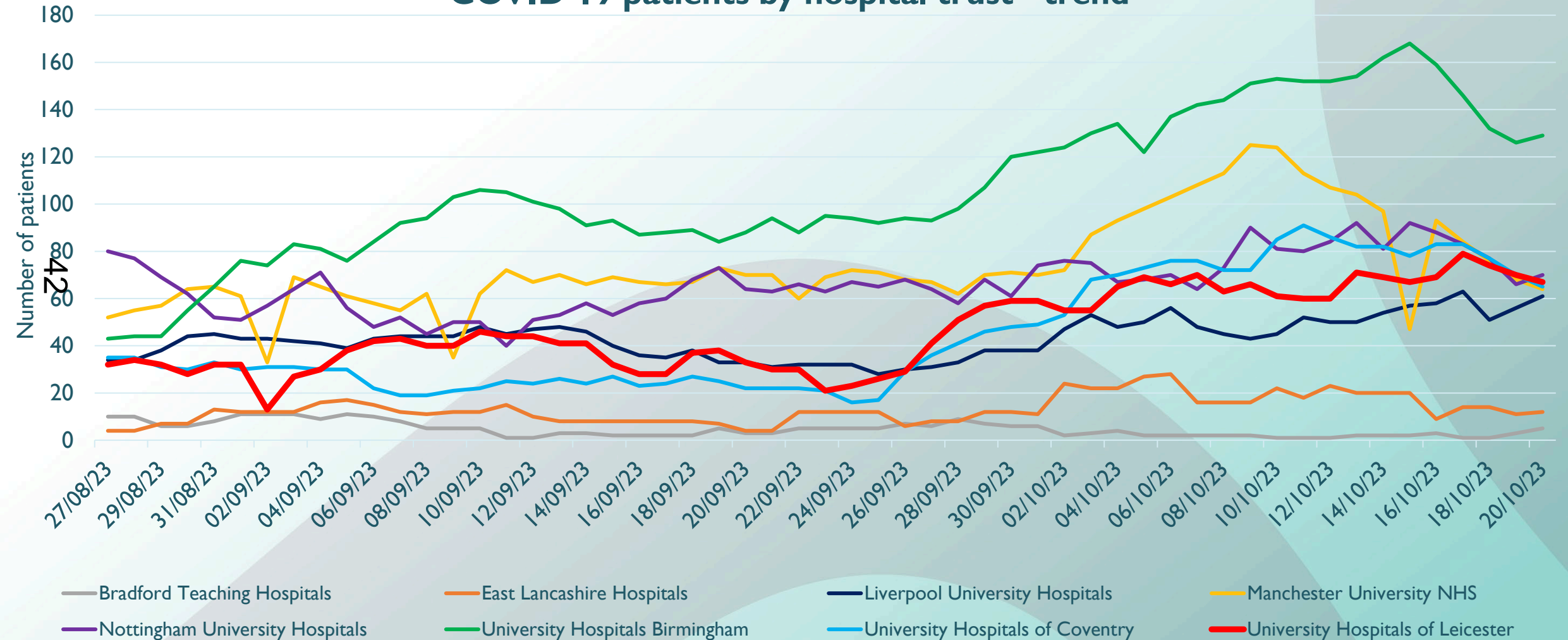


Source: UKHSA Linelist – reported positive test data

**COVID-19 hospital cases by trust:** The number of current COVID-19 hospital cases by trust can be seen below.

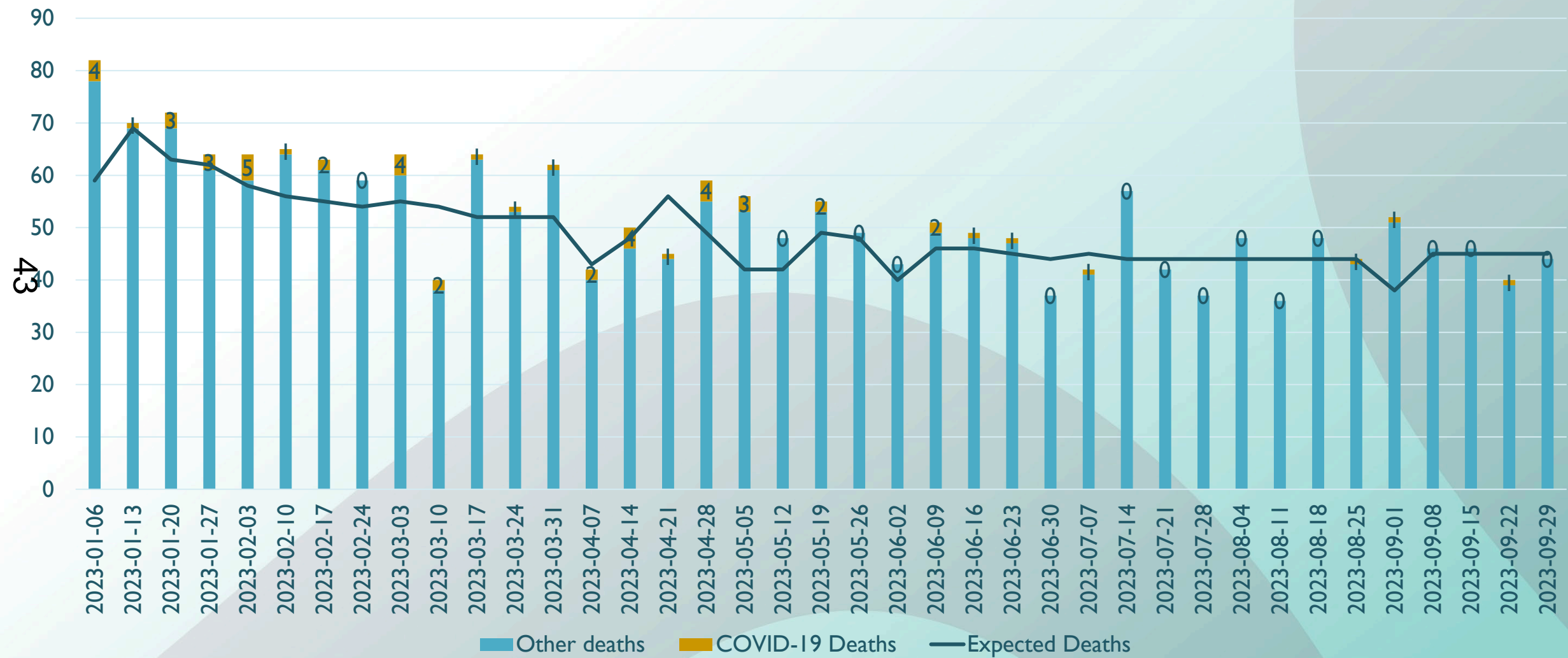
**Please note:** A population rate cannot be calculated because population estimates are not available by trust. The trusts listed below include our neighbours and comparators. The population sizes and demographics that each trust serves differs considerably.

## COVID-19 patients by hospital trust - trend



**COVID-19 mortality:** There have been a total of 1246 COVID-19 related deaths in Leicester since the start of the pandemic; 473 in 2020, 554 in 2021, 167 in 2022, and 52 so far in 2023.

Leicester COVID-19 deaths and deaths from other causes by week



Source: ONS Mortality data. These figures show the number of deaths involving COVID-19, based on any mention of COVID-19 on the death certificate.

**Flu and COVID-19 vaccinations:** The tables below show the numbers and percentage vaccinated for flu and COVID-19 in the following eligible groups.

Flu Cohorts	Eligible Population	Doses Administered	% Vaccinated
Over 65 years	54,530	30,886	56.6%
Care homes	1,434	1,067	74.4%
Children aged 2 & 3 years	8,769	1,564	17.8%
At risk	54,982	15,408	28.0%
Frontline HCSW (ESR)	10,330	1,873	18.1%
Frontline HCSW (self-declared)	5,853	894	15.2%
Frontline social care workers	3,587	332	9.3%
Household contact of IS patients	10,684	294	2.8%
Pregnant women	2,498	76	3.0%
Primary school*	36,161	2,171	6.0%
Secondary school*	27,864	722	2.6%
TOTAL	216,692	55,287	25.5%

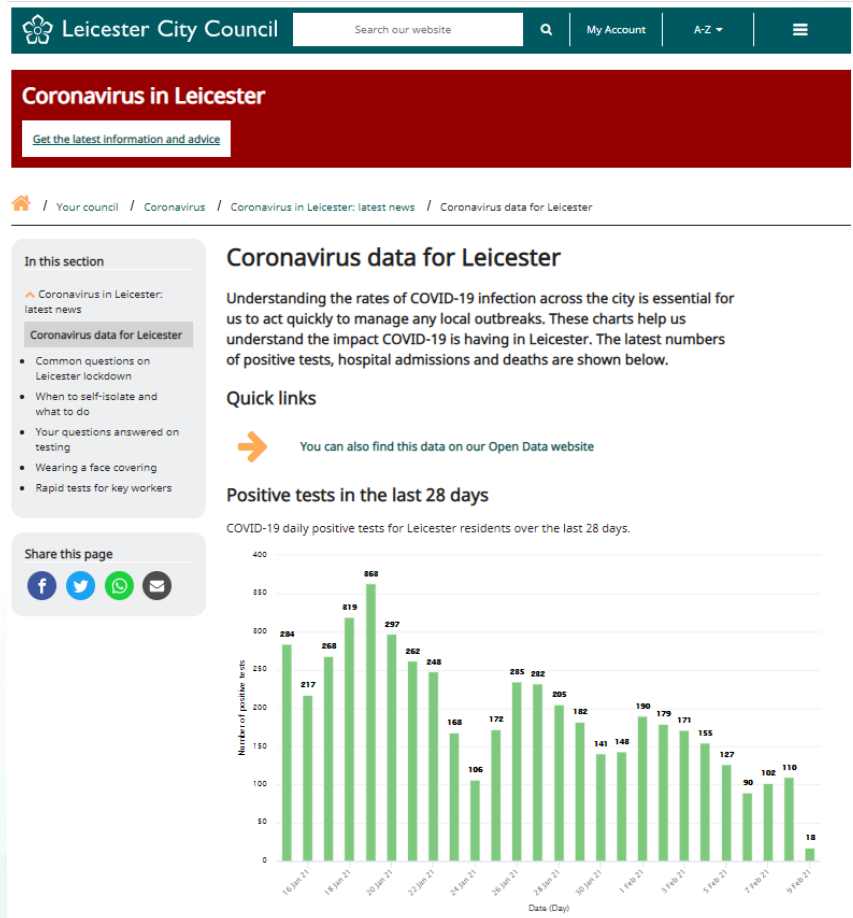
\*Leicestershire Partnership NHS Foundation Trust's School Aged Immunisation Service (SAIS) is providing flu vaccinations to children and young people across LLR in educational settings.

Source: Leicester, Leicestershire and Rutland ICB 2023 (up to 23<sup>rd</sup> October)

COVID-19 Cohorts	Eligible Population	Doses Administered	% Vaccinated
1. Care home residents	1,386	1,034	74.6%
2. Health care workers	21,782	3,830	17.6%
3. Social care workers	2,840	688	24.2%
4. 80+ years	11,109	5,643	50.8%
5. 75-79 years	9,101	4,574	50.3%
6. 70-74 years	12,436	5,463	43.9%
7. 65-69 years	16,305	5,491	33.7%
8. At risk	51,524	6,451	12.5%
9. 12-15 at risk	718	22	3.1%
10. 12-17 years – household contacts of immunosuppressed patients	923	4	0.4%
11. 5-11 years at risk	343	7	2.0%
12. 60-64 years	0	359	0.0%
13. 55-59 years	0	289	0.0%
14. 50-54 years	0	211	0.0%
15. 40-49 years	0	224	0.0%
16. 30-39 years	0	186	0.0%
17. 18-29 years	0	129	0.0%
18. 16-17 years	0	3	0.0%
19. 12-15 years	0	6	0.0%
20. 5-11 years	0	0	0.0%
TOTAL	128,472	34,615	25.8%

# Latest data on COVID-19 in the city can be found on our interactive webpage and the Leicester Open data Platform:

## Coronavirus data for Leicester



## Explore — Leicester Open Data



### Covid-19 - Patients at UHL

Number of Covid-19 patients currently at University Hospitals Leicester. This includes data for both Leicester and Leicestershire residents and could also include those residing out of the city or county.

**Publisher** Leicester City Council

**License** Open Government Licence v3.0

COVID19 COVID-19 Coronavirus Covid

- Table
- Analyze
- Export
- API



### Covid-19 - Leicester Testing and Positivity (%)

Number of people in Leicester tested for Covid-19 (PCR tests only) in previous seven days by specimen date and 7 day Covid-19 positivity (%).

**Publisher** Leicester City Council

**License** Open Government Licence v3.0

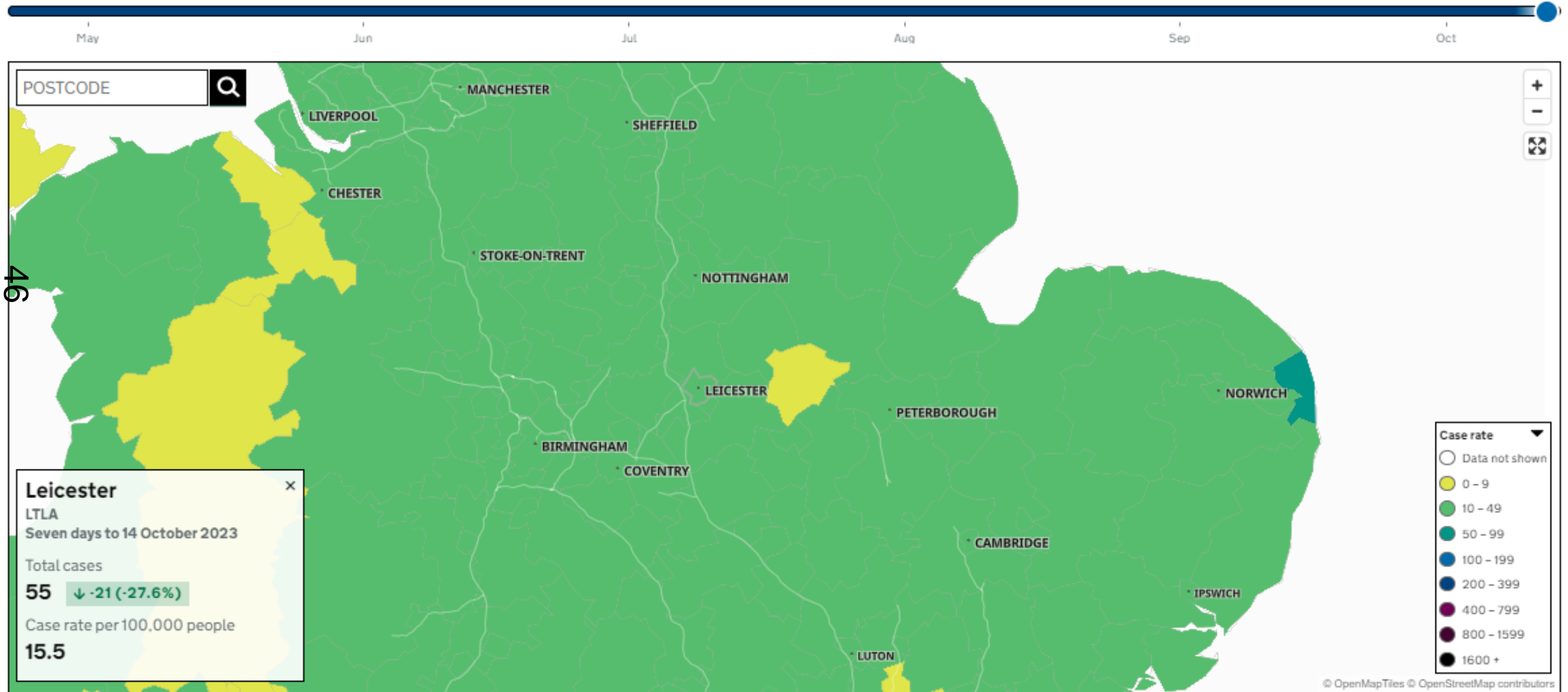
COVID19 COVID-19 Coronavirus

- Table
- Analyze
- Export
- API



The national tracker and interactive map (Local Authority and MSOA) can be accessed here:  
[Interactive map of cases | Coronavirus in the UK \(data.gov.uk\)](https://data.gov.uk/data-visualisation-api/coronavirus-cases-uk)

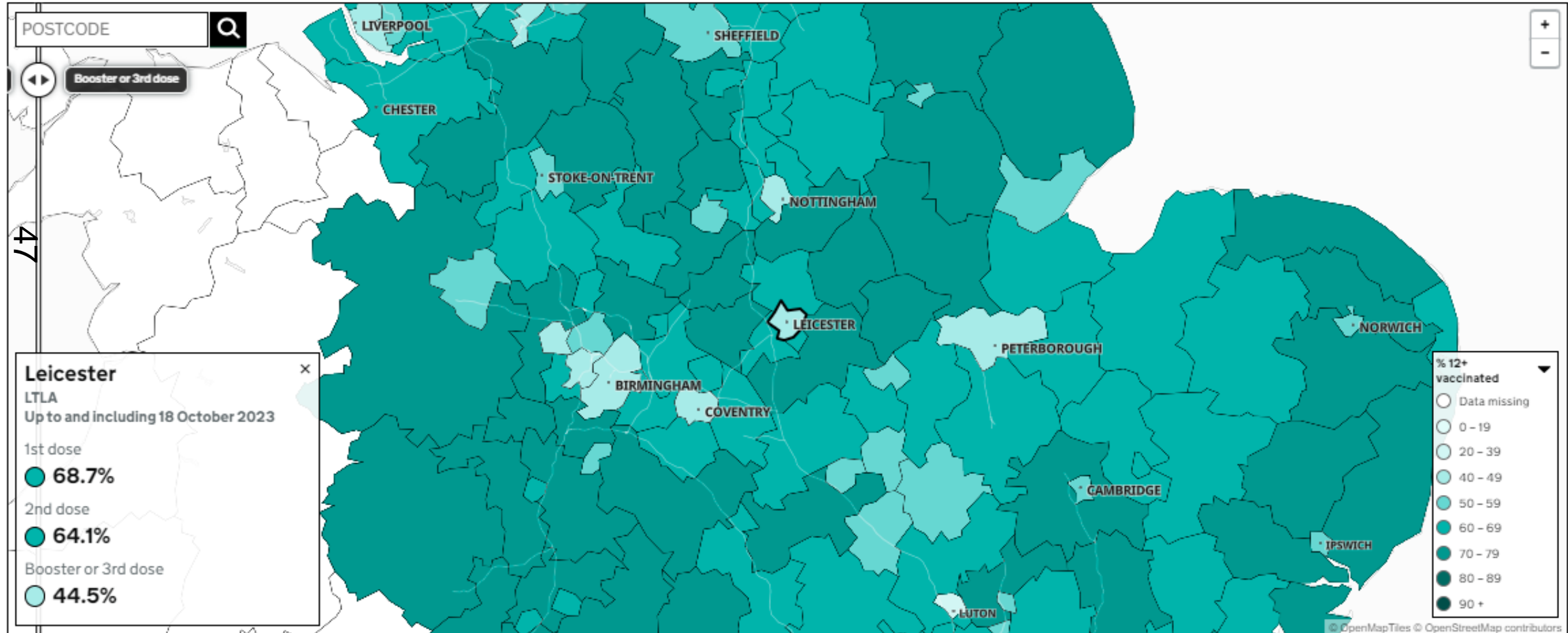
Case rate per 100,000 people for 7-day period ending on 14 October 2023:



The national interactive map (LA and MSOA) includes dose one, dose two and booster/3<sup>rd</sup> dose vaccination uptake for adults

## [Interactive map of vaccinations | Coronavirus in the UK \(data.gov.uk\)](#)

Percentage of people aged 12+ vaccinated up to and including 18 October 2023:







<b>Meeting title:</b>	Public Health and Health Integration Scrutiny Committee					
<b>Date of the meeting:</b>	November 2023					
<b>Title:</b>	National Thematic Review - Maternity CQC Inspection (including S29a Warning Notice) Update					
<b>Report presented by:</b>	Julie Hogg, Chief Nurse & Andrew Furlong, Medical Director					
<b>Report written by:</b>	Danni Burnett, Director of Midwifery & Julie Hogg, Chief Nurse					
<b>Attachments</b>	None					
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update	X
<b>Where this report has been discussed previously</b>	Patient Safety Committee Quality Committee					

## Purpose of the Report

The purpose of this paper is to brief the committee on the outcome of the CQC inspection of maternity services at University Hospitals of Leicester (UHL). The inspection formed part of a national thematic review of maternity services.

## Summary

The CQC carried out focussed inspections of UHL's maternity services in February and March 2023, looking at the 'safe' and 'well-led' domains.

The CQC published its findings on 20 September, rating the overall service as 'Requires Improvement', a move down from 'Good'. Services at the LGH and LRI were rated inadequate for the 'safe' domain.

We take the report and its findings very seriously and will use them to drive further improvements for women and families.

The service is not yet at the standard we want or need it to be, but prior to the CQC visits we had already identified many of the challenges raised, with plans in place to tackle them. These changes – including a significant strengthening of our maternity leadership and staffing - are now embedding.

The golden thread running through the CQC's report is not having enough people to safely staff our units – and this is a challenge we share with Trusts across the country. We have made real improvements on this over the last 12-18 months and are working hard to attract and retain the colleagues we need to provide an exceptional service in the future.

Since April last year, 35 new neonatal nurses have joined us, with 25 new midwives joining us from January. Another 24 midwives will join us in November, and we have strengthened the maternity leadership team, bringing in a new Director of Midwifery this year. Our turnover rate remains low and below the national average. We will therefore see a real reduction in the vacancy rate when these colleagues join. The CQC report notes the progress we have made in this area.

We have also made improvements to the way the service is run, to reduce delays and improve safety. This includes improvements to our triage systems, daily safety checking of our

equipment, and progressing plans to separate the theatre space we use for planned and emergency caesareans at the Leicester General.

Overall, we are in a very different place today than we were in February and March and have invited the CQC back to see the impact of the changes we have made.

We are encouraged by the positives in the report, not least recognition for our dedicated maternity staff, who continue to put the needs of women and birthing people at the centre of everything they do.

Leicester remains a safe place for people to give birth, and anyone with concerns is encouraged to raise them. We promise to listen to you and take your concerns seriously.

### **The Inspection and Outcome**

The CQC conducted a planned inspection to maternity services; the visit excluded Gynaecology, Termination of Pregnancy Services, and Neonatal Services and was as follows:

- Leicester General Hospital 28 February 2023 (team of 8)
- Leicester Royal Infirmary 1 March 2023 (team of 8)
- St Mary's Birth Centre 2 March 2023 (team of 4)

In line with normal practice, we received immediate feedback on 3 areas for improvement and 3 areas of good practice. These were as follows:

1. 3 improvement areas which require attention:
  - a. Staffing medical and midwifery
  - b. Triage – staffing and processes
  - c. Oversight of systems and processes
2. 3 areas of good practice
  - a. Development of the JANAM app
  - b. Empowering Voices programme
  - c. Leadership - receptive and responsive to concerns raised by the CQC team during the visit

**On 12th June 2023 the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement and a regulation 29A (warning notice) was issued to UHL. The warning notice covered five areas. The subsequent section outlines the measures already taken or underway to address these notices.**

### **Effective governance**

Governance systems are not operating effectively to ensure risk and performance issues are identified, escalated appropriately, and addressed with timely action. *Significant Improvement Required by 30 September 2023*

### **Treatment delays**

Delays in treatment including induction of labour were evident. This meant some service users experienced delayed inductions and some did not receive induction of labour as planned for clinical reasons. *Significant Improvement Required by 30 November 2023*

### **Staffing levels**

There were not enough midwives to provide safe care and treatment to service users. *Significant Improvement Required by 30 November 2023*

## Equipment checks

Some equipment, safety checks, and documentation were out-of-date or not fit for purpose, and daily checks were not always completed. *Significant Improvement Required by 31 July 2023*

## Risk documentation

Staff did not adequately document and respond to ongoing risks to the safety of service users, in line with national guidance *Significant Improvement Required by 30 September 2023*

## Overall report breakdown

The final report was published on 20<sup>th</sup> September 2023 the overall rating for UHL remains at requires improvement. The overall rating for maternity reduced to requires improvement with site breakdown as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
LRI	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
LGH	Requires Improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
St Mary's	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Good 2023	Domain Not Inspected			Requires Improvement 2023	Good 2023

## Response - progress made to date

We have made progress over the last 7 months and, while we have more to do, it is important to recognise the significant improvements so far, these include:

### Effective governance

1. Maternity & Neonatal Improvement Programme Launched September 2023 supported by new Quality Improvement team including 2 New Lead Midwives for Quality Improvement commencing August 2023
2. Executive-Led Maternity Assurance Committee (MAC) in place May 2023
3. Perinatal Mortality Deep Dive & Peer Review (NHSE Public Health input August 2023)
4. External Independent Review of Governance arrangements commissioned May 2023; Governance Team Development Session June 2023 & September 2023
5. Plans in place to transition complaint function to Corporate Team (October 2023) and increase capacity for PMRT
6. Obstetric Consultant job plan review to ensure dedicated input into quality and safety (August 2023)
7. Audit Programme refreshed and approved August 2023

8. Implementation of 2x Daily Tactical Operational Calls (7 Days a Week)
9. Refreshed Daily SitReps to encompass all parts of the service
10. Implementation of refreshed Escalation Policy to improve oversight of risks and performance
11. New Perinatal Surveillance Scorecard
12. Safe Staffing Policy updated March 2023
13. 3 New Safety Champions recruited (July 2023)
14. Quality Improvement Projects- Post-partum Haemorrhage / Perineal Trauma / Induction of Labour (IOL) Working Group re-established
15. Introduction of Surgical Site surveillance programme
16. Utilisation of Microsoft Forms for ultrasound scan referrals

### **Treatment delays**

Reduce delays to the induction of labour pathway:

1. Induction of Labour (IOL) Working Group re-established
2. Manager on Call (MoC) onsite presence 7 days per week
3. Recruitment to increase the number of Labour Suite / Maternity Coordinators 24/7
4. Change in process in relation to communication with women on day of IOL
5. IOL prioritisation tool developed for use within unit and on tactical huddles
6. Decision made to book IOLs using gestational ranges; notable increase in the number of IOLs during July and August 2023 in response to a change in guidance for Post Dates IOL following HSIB recommendations
7. New QI Lead Midwife initiated IOL project (August 2023) working with Regional QI NHSE Team - sharing of resources, tools and guidance in relation to successful IOL QI projects across the region
8. Working with Birmingham Womens Hospital to gain insight regarding successful IOL service project
9. Engagement - Walkarounds completed across both sites to gain staff insight and feedback including meeting with delivery suite coordinators. Meeting held with MNVP (23 August) to discuss IOL project and to gain service user involvement. Patient feedback survey relating to IOL developed in multiple languages and UHL's Engagement Officer has commenced daily walk-arounds at both sites (from 11/09/23) to collate completed surveys
10. Formal review of the current IT systems used for monitoring IOL referrals, bookings and on-going IOLs has taken place. Online digital prioritisation tool developed
11. Audit of all IOLs performed in July 2023, to create a baseline for improvement
12. Review of the IOL pathway coordinator role providing recommendations to improve effectiveness and flow
13. Draft SOP in development in relation to delayed IOL to enable knowledge of clear process/escalation routes to provide safety and effectiveness
14. Pop-up' DAU in place since June 2023 to ensure safety and monitoring of delayed IOLs

### **Staffing levels**

1. Workforce Plan focused on recruitment, retention, and wellbeing
2. Safe Staffing Matron in post

3. Recruitment, Retention, and Pastoral Midwives x 3 in post, and 1 for Maternity Support Workers, International Recruit Pastoral Midwife in post to support onboarding
4. Staffing Summit (December 2022 and June 2023)
5. Leadership Development Opportunities –e.g., LEO, Connect, RCN Leadership, Chief Nurse Fellowships
6. Recognition –e.g., Long Service, Daisy Award
7. Launch of the Microsite to support recruitment
8. BirthRatePlus Awareness and Education
9. Twice-Weekly Skill-Mix Reviews led by Heads of Midwifery
10. Launch of Self Rostering Pilot
11. Incentive Schemes
12. Collaboration with Universities to improve conversion rate and support packages
13. Empowering Voices Culture Programme
14. RCM/RCOG Professional Behaviour & Safety Pilot
15. Strengths & Motivators Profiling for Labour suite Coordinators
16. Preceptorship programme for Band 2-8 and updated Career pathways

### **Equipment checks and documentation**

1. Daily Assurance Ward Checks integrated into Tactical Calls
2. Scoped automated and digital solutions for ward level checks, interim solution in development.
3. Matron Weekly Spot checks
4. A customised Microsoft Power App developed (30 August 2023) currently undergoing testing in live environments, specifically the Maternity Assessment unit at the Leicester Royal Infirmary and the neonatal service. Aim is for go live by 1 November 2023
5. Trust-Wide scoping audit tools for potential purchase and implementation across the entire organisation to support the ward Exemplar programme and consistent safety checks
6. Communication Campaigns with teams
7. Head of Clinical Engineering work programme to service all equipment, 100% compliance achieved by 31 July 2023 with future plan under development for monitoring
8. Invested in new IT equipment (laptops, iPads and phones) for staff working in the community and upgraded IT systems and processes
9. Maternity EPR Options Appraisal complete and funding identified
10. Immediate attention and resolution of all equipment issues / concerns identified by CQC

### **Risk documentation:**

1. Mobile phones delivered to both sites and are in use, NerveCentre alerting is built and in LIVE environment and alerts in place for Medical Baton phones
2. NerveCentre permissions adjusted (30 August) to allow midwifery sign off of results; live dynamic blood results lists in place for ward areas
3. Neonatal observations: Audit proforma designed, plans to integrate as part of the ATAIN program. Latest evidence reviewed and unit decision made to move to the

- latest tool - new guideline being produced with plans to adopt NEWTT2 with appropriate training to support
4. Maternal observations Observations collected in NerveCentre for >18 months in Maternity, tracker developed. Digital system has been implemented, optimisation is key
  5. UHL Fetal Monitoring in Labour Guidelines (May 2021) suggests where stickers are not available all elements of pneumonic DRCBRAVADO are used and completed - Deep Dive Audit commenced around fresh eyes/ classification and embedding of the stickers in practice. Spot check audit from yearly fetal monitoring audit currently ongoing to monitor baseline.
  6. Sepsis: eAssessments Live (July 2023), amendment to rules requested, data extraction underway, once testing has been produced this will provide a daily report. SBAR Maternity Sepsis Action Tool disseminated 31 May 2023
  7. Review & Update of Guidelines: Latent Phase, Caesarean Section, Fetal Monitoring, Water Birth (particular focus on evacuation), and a SOP for babies who are not medically fit for discharge
  8. Plans to increase infrastructure to support guidelines and audit team – greater scrutiny around derogations and best practice

#### **Improving access to Maternity Assessment Unit (MAU) services**

1. Separation of MAU and telephone triage helpline, now known as single point of contact (SPOC)
2. Implementation of NetCall digital, which diverts unanswered calls to the MAU to a new Telephone Triage team, with protected staff to answer calls.
3. Monitoring of call volume in place including average time to answer and number of abandoned calls, to ensure adequate cover is in place, managed via eRostering.
4. A crib sheet has been developed with a pathway showing to whom external calls should be diverted.
5. Daily tactical Women's and Maternity Calls to include SPOC and MAU activity are in place, with checks to confirm that the MAU / TT is discussed three times per day.
6. Development of NerveCentre reports into the Daily Tactical calls and the Trust has fully implemented BSOTS and conducted subsequent audits to check it remains embedded.

#### **Response – governance structure, workstreams and action plan**

The maternity and neonatal improvement programme has been developed and is included in appendix 1. The bring together compliance actions for CQC, Maternity Incentive Scheme, Ockenden immediate and essential actions and the NHS England 3 year plan.

A 'three lines of defence' assurance process is being established within the CMG to ensure actions are delivered, embedded and checked robustly. The first line of defence is workstream level; these meet weekly for planning as well as confirm and challenge sessions. These report to the programme group (second line of defence), which examines the completion evidence and decides whether the action has been delivered or assured or needs further work. Those that pass scrutiny are presented to the Maternity Assurance Committee, which has final say on whether the action has been delivered and assured to an acceptable level.

The CMG plans to introduce a 'reverse RAG' (red, amber, green) method to ensure that the CQC actions have been delivered and assured in full. All CQC recommendations have been marked as 'not yet delivered' (red) by default, until sufficient evidence has been produced to



prove otherwise. Once concrete action has been taken to deliver the recommendation, and evidence

Typical delivery evidence might be the installation of new software or processes, an update to an SOP, or co-produced information improvements made in partnership with the MNVP. Typical assurance evidence would be audit or survey findings which prove (to pre-agreed parameters) that the changes are having the desired effect and are resulting in significant improvement.

The forum that takes the decision as to whether an action has been delivered and then assured is the Maternity Assurance Committee. This group will also provide guidance and direction for follow-up audits (sample size, regulatory of repetition and standards to be achieved) to ensure that the standard remains embedded.

The CMG has set up a fully resourced QI team who will be responsible for updating the CQC response plan. The CMG is also forming the four workstreams mentioned above, each of which have clinical leadership and triumvirate representation and are assigned specific tasks from the plan.

### **Response - Next Steps**

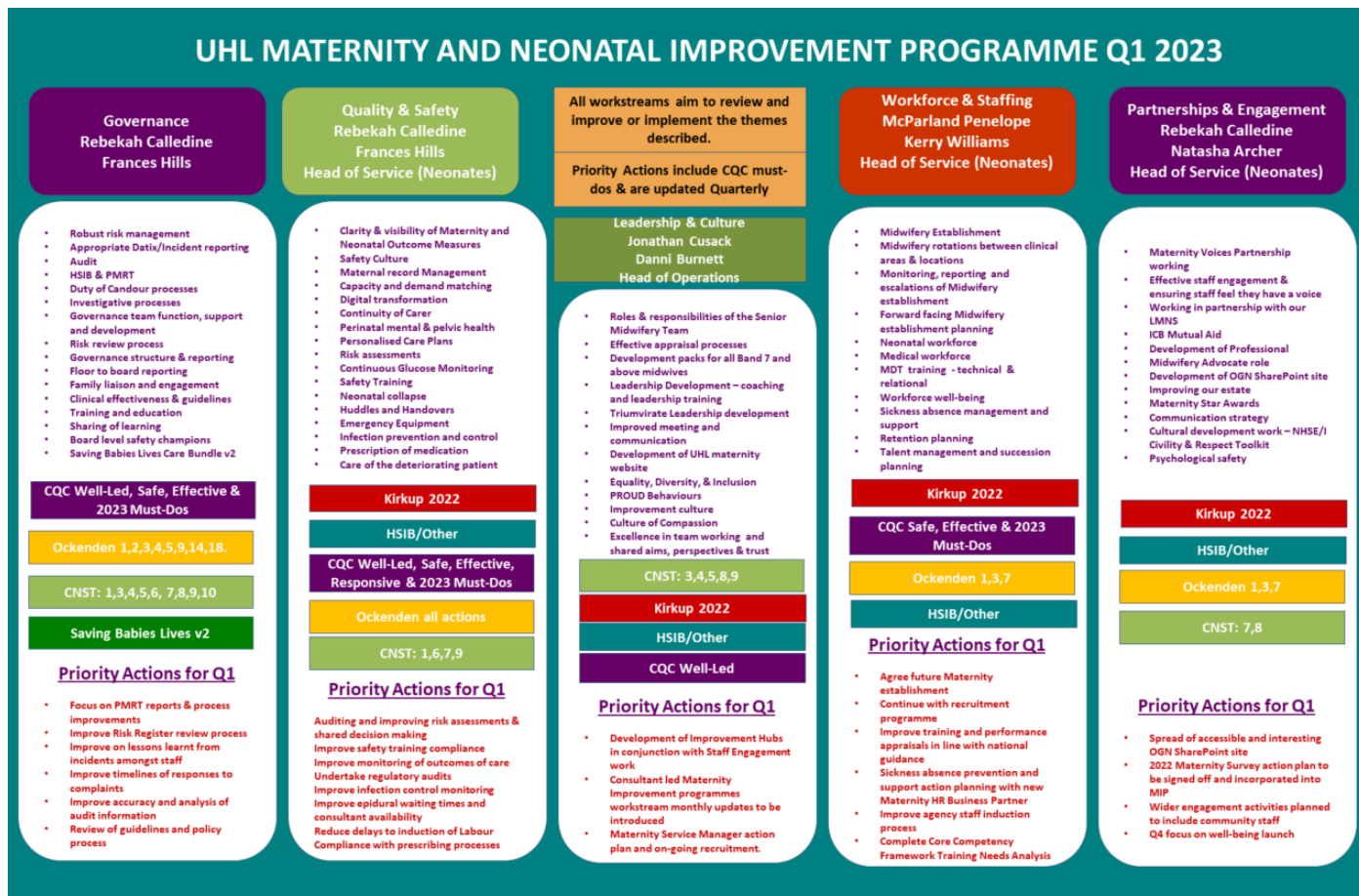
- Progress Actions to address Significant Improvement Requirements as per S29A Warning Notice
- Action Plan being developed to address Must & Should Do's from the CQC findings aligning with MNIP / MIS / 3 Year Plan / Ockenden / Empowering Voices
- Proactive Engagement & Staff Support as part of publication
- Engage in Post-Inspection Survey

### **Recommendation**

The committee are asked to:

1. Receive and note the feedback from CQC and confirmation of S29a and final reports
2. To be assured by the significant progress to date
3. To be assured by the maternity & neonatal improvement plan that has been developed

## Appendix 1





## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPRT TO:** Public Health and Health Integration Scrutiny Committee  
**FROM:** Simon Barton; UHL Deputy CEO and Programme SRO  
**DATE:** 7 November 2023  
**SUBJECT:** Our Future Hospitals Programme Update

---

### Background

Recognising that there are new Committee members, we have provided some background to Our Future Hospitals Programme.

UHL is proud to provide high quality healthcare to the people of Leicester, Leicestershire and Rutland, enabling people to live full and fulfilling lives, contributing as they are able to our vibrant, diverse communities. However, healthcare needs are changing, with a growing and aging population, and increasing prevalence of long-term conditions. The Trust cannot continue to operate in its current format.

Medical and nursing resources are spread thinly, many buildings are not fit for the needs of modern healthcare and have significant and expensive maintenance requirements. We need to better integrate our services to provide more joined up care, and deliver care that is closer to home.

This means we need to rethink how we provide healthcare across Leicester, Leicester and Rutland whilst remaining true to our unshakeable determination to provide care to all who need it.

Our ambition is to be leading in healthcare and trusted in communities. To achieve this, two of our priorities are to provide high quality care for all and to make UHL a great place to work. One of the ways we will achieve this is through Our Future Hospitals (previously known as Building Better Hospitals), a multi-million pound transformation of our services with funding from both the national New Hospitals Programme (NHP) and other NHS sources. (Further information on the national New Hospitals Programme can be found in Appendix One). This is a once-in-a-generation opportunity to create world class facilities and transform patient care for people in Leicester.

In September 2019, £450m funding was confirmed by the government to progress with this programme; following which a full public consultation process was undertaken in 2020.

### A consulted programme of activity

The consultation process identified overwhelming public support for the proposals we made, covering the key areas below, which we now aim to complete by 2030:

- a new women's and family health hospital at the Leicester Royal Infirmary
- a dedicated children's hospital at the Leicester Royal Infirmary
- expanded intensive care facilities at the Leicester Royal Infirmary and Glenfield Hospital

- the development of new facilities at Glenfield Hospital including new wards, theatres, and outpatient settings

We remain committed to delivering our services across our three sites, with a main focus of providing complex and acute care at Leicester Royal Infirmary and Glenfield Hospital, and high-volume low acuity services at Leicester General Hospital.

Further information on the consultation process is available on request.

### **Digitally enabled services supporting patients and clinicians**

Digital has a positive impact in people's daily lives, and we aspire to replicate this in our services. Through incorporating digital technology into Our Future Hospitals programme, care will be increasingly tailored to people's individual needs. Modern facilities will lead to more accessible and responsive care that keeps our diverse and growing population healthier for longer. Research will be fully embedded into clinical practice and settings to both ensure that patients benefit from the latest advances, and we grow the next generation of healthcare professionals.

Our future hospitals will embed mobile technology that eliminates paper records, enhances safety and saves time - improving patient experience. The new facilities will incorporate smart buildings, remote-monitoring devices and other new technologies that will radically improve care and outcomes.

Colleagues will have access to the up-to-date intelligence they need to provide high-quality care for every patient, every time. We will streamline systems, consolidate records and provide teams with comprehensive access to information - including data from connected medical devices and diagnostic equipment.

Real-time support from Artificial Intelligence (AI) decision support tools will enhance the care we provide. Patients will be able to access and contribute to their health records and make appointments that suit them through the NHS App.

### **Progress to date**

The redevelopment of UHL is well underway, with over £200m investment made in our hospitals since 2017 enabling us to continue to make progress towards achieving the aims of our clinical strategy with the following projects:

- creation of two expanded critical care units at Glenfield Hospital and Leicester Royal Infirmary. The Interim reconfiguration project in summer 2022 moved HPB, Renal and Transplant inpatient services to Glenfield Hospital, and non-elective general surgery to Leicester Royal Infirmary.

children's services. All acute children's services are now located at LRI. Further work will consolidate all children's services at LRI into a refurbished Kensington Building.

- planned/emergency split: with the move of specialties to Glenfield Hospital and the provision of more specialist elective surgery there, and the development of the East Midlands Planned Care Centre at Leicester General, work continues to provide a split between emergency and elective work.

### A summary of investment into UHL:

Year	Value	Project
- 2017	£13m	Vascular moves from LRI to Glenfield Hospital
2018	£50m	New Emergency Floor at the LRI
2019	£14.5m	East Midlands Congenital Heart Centre moved from GH to the LRI
2022	£31m	Interim ICU scheme: Level 3 ICU beds and associated services moved from the LGH to the LRI and GH
2023	£6.7m	Phase one of the East Midlands Planned Care Centre at LGH opened
2024	£40m	Phase two of the East Midlands Planned Care Centre at LGH to open
2024	£16.7m	New Endoscopy Unit at LGH to open
2024/25	£30m	Three new wards at Glenfield Hospital

### Live Projects:

#### East Midlands Planned Care Centre - Leicester General Hospital

UHL has one of the largest and longest waiting lists in the country with a stark difference in health outcomes between the most and least deprived areas in one of the most ethnically diverse cities in the UK. To address this, we have been supported by NHSE to develop the East Midlands Planned Care Centre on the LGH site to offer additional ring-fenced capacity to protect planned care from emergency pressures, support the ongoing elective recovery and reduce long waits. The hub brings with it the flexibility to adapt to the changing needs of the LLR population.

Phase One of the Centre opened in May 2023. The development consists of the construction of two modular theatres to see high volume low acuity patients such as gall bladder removals (via key hole surgery), hernia repairs and minor urological procedures

Phase Two is the refurbishment of the Brandon Unit. By the time Phase Two is fully open in late 2024, the Centre will see around 100,000 people each year, further reducing waiting lists and improving care and involves the refurbishment of the former Brandon Unit. This includes development of wards protected for patients on our waiting lists for inpatient and day case procedures. There will be fourteen outpatient rooms and four clean rooms as well as the modular theatres from Phase one.

#### Endoscopy New Build Unit - Leicester General Hospital

Also at the Leicester General and adjacent to the East Midlands Planned Care Centre, we are building a new specialist endoscopy unit. This is a dedicated facility that will see approximately 17,500 patients each year once it is open in late 2024.

The planning application has been submitted and is awaiting validation, with demolition work is planned to commence in January 2024.

### **Enabling works – Leicester Royal Infirmary and Glenfield Hospital**

Whilst waiting for the NHP to confirm the funding envelope to progress the design of our new buildings, we have received funding from the NHP this year to prepare both the Leicester Royal Infirmary and Glenfield Hospital sites for our large-scale building works. This is an excellent sign of the support we have for our programme.

Leicester Royal Infirmary Enabling scheme: £41.8m

- The preparation of Knighton Street campus on the Leicester Royal infirmary site in readiness for the building of the new Women's/ICU Hospital. The business case will be made up of multiple elements, including:
  - extension of the Windsor Building with a multi-storey new build extension for Pharmacy, Clinical Genetics and Immunology
  - relocation of a range of offices, clinical services and research facilities within the LRI site
  - relocation of Education and Training
  - Hearing and Balance and Medical Records relocation
- Construction will start in 2025 and complete in 2026.

Glenfield Hospital Enabling scheme: £16.7m

- relocation of the ambulance drop off, bus/ cycle shelter
- diversion of main road
- re-provision of displaced car parking

### **Conclusion**

Our Future Hospitals is a complex, highly integrated and multi-dependent project. Nonetheless, it represents a once in a lifetime opportunity to transform forever the care of our diverse communities across Leicester, Leicestershire and Rutland. We are relentless in our determination to bring this to fruition and look forward to keeping the Scrutiny Committee involved and informed throughout, and to working with our communities to deliver the care they need and deserve.

## **Appendix One**

### **The New Hospitals Programme - the national approach**

Our Future Hospitals sits within the delivery of a national programme of hospital developments, called the New Hospital Programme (NHP). This constitutes 48 new hospitals in five cohorts. Cohort 1 are already in construction, and Cohort 2 are agile small hospitals that are being expedited. UHL sits in Cohort 3 as one of eight new hospital developments, which are expected to start to deliver a standardised building approach, such as net zero carbon, a digital hospital, optimum space standards e.g. generic rooms and modern methods of construction. It is anticipated that savings can be achieved through this standardised approach, and construction times improved.

Design development on the main new buildings has been slowed down whilst the NHP develop the next iteration of their Programmatic Business Case, to strengthen the case to Treasury in justifying the strategic, financial and economic rationale of the national hospital building programme. The last iteration was approved by the government's major projects review group (MPRG) in March 2023; and is expected to be presented again in March 2024 in order to identify scheme specific detail on individual funding envelopes, and timescales for delivery for cohort 3 and 4 developments.

Since 2019, inflation and the need to deliver a standardised scheme (Hospital 2.0) including net zero carbon has increased the costs of the scheme, and we hope to understand our full funding envelope when this is approved in Spring 2024.



---

# **Briefing Note – RAAC in Health Estate**

Public Health and Health Integration Scrutiny Commission

Date of meeting: 7<sup>th</sup> November 2023

Lead director/officer: Director for Public Health

---

## Useful information

■ Ward(s) affected: All

■ Report author: Lorna Simpson, Head of Strategic Estates, LLR ICB

### 1. Summary

A briefing note about the presence of RAAC (Reinforced Autoclaved Aerated Concrete) in the health estate has been requested and the LLR (Leicester, Leicestershire and Rutland) ICB is happy to share its understanding.

The ICB has looked at the acute service, secondary care services and general practice estate across LLR.

The results received are reassuring to the ICB that essential health care provision will not be disrupted by the presence of RAAC in the LLR health estate.

### 2. Briefing Note

#### University Hospitals Leicester NHS Trust.

In regard to the statement issued on 8<sup>th</sup> Sept 2023 by UHL below, reassurance has been provided that the 3 acute hospitals in Leicester have no RAAC in their estate. *“No RAAC was identified when UHL surveyed the estate following the Alert issued by The Standing Committee on Structural Safety (SCOSS). The report stated that no further action required.”*

#### NHS Property Services

In regard to NHS PS, who own a national portfolio of health centres and general practice premises, their statement issued 13<sup>th</sup> Sept 2023 below provides reassurance that they have no RAAC in their estate.

*“NHSPS has completed investigations on 693 freehold properties. We can confirm remedial works to make them safe on five of seven buildings found to have RAAC are now completed. Of the remaining two, one site is vacant and is due to be redeveloped and one has temporary supports and is planned to be vacated. (Author note – neither of these two sites is in LLR)*

*237 leasehold properties have been checked, with no RAAC identified. We are working closely with NHS England, our customers, building landlords and specialist external consultants, including surveyors, to plan any required remedial work as well as necessary additional safety measures.”*

#### Leicestershire Partnership Trust

In regard to the LPT, who operate some community hospitals in Leicestershire and Rutland and community health centres in Leicester and Leicestershire, the analysis of their large estate is ongoing, but as of 16<sup>th</sup> Oct 2023 they determined that no LPT inpatient sites have RAAC, and across the remaining estate no RAAC had yet been identified. They have identified areas of 6 buildings where they have commissioned further analysis, with results expected by end Oct 2023.

#### EMS Community Ventures Limited



Community Ventures (CV) operate the seven LIFT buildings in Leicester City that accommodate a number of GP practices and pharmacies. They have confirmed that no RAAC was used in the construction of their estate.

### **PHP Group**

PHP operates 5 medical centres (4 in Leicestershire, 1 in Leicester City) and provided the following statement on 18<sup>th</sup> Oct 2023.

“RAAC was used in buildings between the mid-1950s and mid-1990s per latest Government guidance, so we can confirm that no RAAC would be present in all the above sites.”

### **Breakdown of Results for General Practice**

Category	No of Practices	Percentage
Landlord confirmed no RAAC	27	20.5%
Practice confirmed no RAAC	17	12.9%
Practice looking into presence of RAAC	36	27.3%
No reply	52	39.4%

### **General Practice Premises**

To highlight the national issue, the ICB contacted all GP premises in LLR, sending them guidance from NHSE about what RAAC was, where and when it might have been used and what to do if you suspect you have any. The ICB cannot fund building surveys, nor can it force the owners to undertake them.

## **3. Conclusion**

There are some gaps in knowledge (LPT has some surveys to complete and 40% of GP practices have not responded to the request for assurance). However, the survey results from LPT are due to be received and mitigation is in place until the results are known.

Regarding general practice premises, RAAC was most used in larger commercial properties, and independent general practice premises are usually smaller and of traditional build, so it is unlikely that any RAAC will be found in the GP estate.

Additionally all practices are required by the CQC to hold and keep updated business continuity plans, so in the event of RAAC detection, they would be able to enact a service recovery plan.



---

# Sexual Health Services Re- Procurement

For Consideration by Health Scrutiny Commission

Date of meeting: 7<sup>th</sup> November 2023

Lead director/officer: Rob Howard, Director of Public  
Health

---

### **Useful information**

- Ward(s) affected: All
- Report author: Laura French, Consultant, Public Health
- Author contact details: [laura.french@leicester.gov.uk](mailto:laura.french@leicester.gov.uk)
- Report version number: 1.0

## **1. Summary**

The current contract for providing sexual health services to the city comes to an end in March 2024. The process of re-procurement has now been completed, with the new contract being awarded to the incumbent provider, NHS Midlands Partnership Foundation Trust. The process has involved a detailed programme of stakeholder and community engagement as well as a sexual health needs assessment for the city and discussions with experts in the field and consulting of the national specification. This exhaustive information gathering has all been used to inform the design of a model and specification which will work well for our communities. There have also been some additional benefits of the engagement and model development process which includes newly forged relationships and strengthened existing ones with local community organisations and groups.

Previously, sexual health services have been co-procured with Leicestershire County and Rutland Councils. On this occasion however, the authorities have procured separately, with Leicester City undertaking one process and Leicestershire and Rutland together undertaking another. This paper therefore relates to the Leicester City integrated sexual health service (ISHS) only from March 2024.

## **2. Recommended actions/decision**

The commission is asked to note the contents of this report, and with it, the public health and commissioning team's appreciation and thanks for all of those who have worked with us to make the process successful, particularly those members of the public who took the time to fill out our surveys and engage with our focus groups.

## **3. Scrutiny / stakeholder engagement**

A previous report issued to the Scrutiny Commission detailed the engagement process undertaken as part of the re-procurement exercise. A summary of the findings and actions in the format of 'we asked, you said, we did' is available on the citizen space portal here: [We Asked, You Said, We Did - Leicester City Council - Citizen Space](#)

#### **4. Background and options with supporting evidence**

Since the Health and Social Care Act in 2013, Local Authority public health teams have had responsibility for commissioning an integrated sexual health service for their populations, which should be open access and provide both testing and treatment of sexually transmitted infections, and advice and provision of contraception/family planning services. Open access in this instance means that anyone from anywhere in the country can access a sexual health service wherever they are; they are not restricted to accessing services where they are registered with a GP for example. This is true for face-to-face services, but not always true for online services, which are often geography-specific.

In addition to these functions, sexual health contracts also encompass elements of community outreach work with specific groups, sex and relationship education in schools and colleges, psychosexual counselling and HIV prevention work including pre-exposure prophylaxis (PrEP). Some elements of sexual and reproductive healthcare such as termination of pregnancy, vasectomy services, gynaecology and HIV medicine have remained the commissioning responsibility of NHS colleagues and are not within the scope of the local authority contract.

The population of Leicester City is, on average, younger than other cities in England. The combination of this fact, and the presence of two universities in the city, along with the diverse nature of the communities and the high levels of deprivation in parts of the city can make responding to the sexual health needs of the population challenging. Poor sexual health outcomes are not evenly distributed throughout the population and, though these inequalities are complex and multi-factorial, an important part of tackling them is working with communities to help design and build services that work for them. As part of this process, a detailed health needs assessment of sexual health was undertaken. The full findings have been published here: [Sexual health in leicester: A summary Needs assessment](#) and can be found on the City Council website here: [Joint Specific Needs Assessments \(leicester.gov.uk\)](#).

#### **5. Detailed report**

After a procurement process where tenders were invited from suitably qualified and experienced providers of sexual health services, and then appraised and scored by a panel, the contract was awarded to Midlands Partnership University NHS Foundation Trust- Inclusion (MPFT). The contract has been awarded for an initial term of four years to 21<sup>st</sup> March 2028, with the option to extend for two further periods of one year. Many of the fundamentals of the model and contract have remained the same as the current service, but there have also been some important changes.

##### **What will remain the same?**

The service will remain open access as per the statutory guidance, which means that anyone can attend, regardless of their place of residence.

The service will still be provided via a 'hub and spoke' model, with the central hub in the Haymarket in Leicester City Centre and several 'spoke' clinics in the community offering various different services from contraception to STI testing and advice. The hub in the Haymarket will provide all services from levels 1 to level 3 care which includes complex

contraception, all STI testing, treatment, contact tracing and counselling. The 'spokes' will vary in what is provided between levels 1 and 2, depending on the skill mix and facilities available. The face-to-face service at the hub and other clinics will be supplemented by an online service offering access to STI testing, oral contraceptive prescribing and emergency contraception. People will be able to access the service through a mixture of pre-booked appointments, 'sit and wait' clinics, online and telephone appointments.

As it does now, in addition to the statutory functions of contraception and STI testing and treatment, the service will work with local organisations and system partners to provide:

- Outreach for vulnerable groups who are at particular risk of adverse sexual health outcomes.
- A programme of sex and relationship education for children and young people in educational settings.
- Psychosexual counselling services.
- The 'c-card' scheme which allows users to access free condoms and lube at various places across the city.

Long-acting reversible contraception (LARC) such as coils and implants will also continue to be provided by GP surgeries across the city, though this is a separate contract and is procured differently.

Likewise, emergency oral contraception will still be available without charge to those under 25 by participating pharmacies. Again, this is a separate contract and has been procured separately.

### **What will be different?**

The current service provided by MPFT is highly regarded by users and other commissioners alike and receives excellent patient feedback, thus there has been no drastic changes from the existing model. That said, through a combination of user and public engagement, review of the new national specification and consultation with subject experts, we discovered elements that could be improved or altered to improve the responsiveness and suitability of the model for our communities in Leicester.

#### **Appointments:**

We discovered via our engagement process and service user feedback that people value the flexibility of being able to book in advance or turn up at a 'sit and wait' clinic that does not need advance booking. Consequently, both sorts of appointment will be available in the service moving forwards. Additionally, people fed back that they liked being able to book online as well as via telephone as it is easier and more convenient. Online appointment booking will therefore continue to be available, and we are working with the provider to make telephone access faster and more straightforward for those things that cannot be booked online or those that prefer to phone up.

#### **Access:**

The many different elements of the sexual health service can mean that it can feel unclear about how to access what and where, and when. This came through from our engagement work when people often stated that they didn't feel that they knew exactly what was on offer and how to get it. In order to tackle this, as part of the sexual health service website, the plan is to include a 'self-help hub' which will include:

- A section where people can self-triage to support managing their own care where appropriate, including STI self-testing
- Online appointment booking (where possible)
- *Information on access points for things like STI testing and contraception, including key links to provision offered in General Practice and beyond*
- *Clear descriptions of what is on offer for the following areas: sexually transmitted infection (STI) screening and treatment services, free pregnancy testing, contraception, emergency contraception, HIV PEP and PREP, psychosexual counselling, sexual violence, domiciliary services, C-Card*
- Ability to request an interpreter or translator for an appointment
- Automatic appointment booking for three-month post STI testing with a text reminder
- Signposting to other useful services and sources of help
- A professionals page for links to those delivering other sexual and reproductive health services such as GPs, pharmacies, public health nursing, maternity.

This will provide a 'one stop shop' for information on all aspects of sexual health, as well as allowing users to see where these are offered and how to get appointments. It also aligns with the greater emphasis on self-managed care which is seen in sexual health services nationally and results from service user's increased usage of online services during the pandemic. Although it is important to maintain a high-quality face to face service as there are many things that cannot be adequately managed via an online self-service, many users enjoyed the flexibility and empowerment that self-managed care offered them and therefore the new model needs to have a mix of both aspects.

The providers plan to work with partners in primary care to simplify community access to LARC with the aim of creating a single point of access phone number/website where anyone from anywhere in the city can find out what options are available to them for fitting a coil or implant and get them booked in for the appropriate appointments.

Increased work with communities:

Our network of community wellbeing champions (representatives from communities, organisations and faith groups across the city) continues to grow and has become an invaluable resource in working with communities to improve health and wellbeing. These groups assisted us greatly in facilitating engagement with their communities during the process of defining the new model and improving knowledge and access to the service. In our consultation we also asked our respondents if they would like to see more partnership working in this way and the majority were in favour.

The current sexual health service has always worked closely with partners in the VCSE sector as well as community groups to help provide outreach and improve access for diverse communities, but the new model will see an increased emphasis on this work, building on the relationships with our CWC network partners and even seeking to establish community link worker roles within the service who help facilitate access and care for people in the City.

### **Where do we go from here?**

Now the procurement process has been successfully completed and the contract awarded to MPFT, work has begun on planning for the implementation of the new model and contract. Though there is a lot of work ahead, the commissioning team are looking ahead

with anticipation of what promises to be an excellent service with new and exciting developments for the people of Leicester. A particular area of focus going forwards will be system integration, and making sure that as the new contract is mobilised, there is seamless cross-system working between the ISHS in the City, primary care, community pharmacies and any other work going on, such as the implementation of the national Women's Health Strategy and Women's Health Hubs. It is also important that the city service works closely with their counterparts in the county to ensure everyone is provided for.

## **6. Financial, legal, equalities, climate emergency and other implications**

### **6.1 Financial implications**

- There are no direct financial implications arising from this report.

#### **For information:**

- The contract will be for an initial period of 4 years to commence on 1st April 2024 to 31st March 2028 (initial term) with an option to extend, subject to satisfactory performance outcomes and agreement by the Authority, for two further periods of one year to 31st March 2030, taking the contract term to a maximum of 6 years.
- The contract value assigned to this service is £3,255,100 per annum excluding VAT for the initial 4 years.
- A one-off 'Management of Change Implementation Fund' of £200,000 is available to assist with changes to the staffing structure to reflect new ways of delivering the service. Access to this fund will be subject to the Provider submitting a plan and full costings against such requirements which is approved by the Authority, as referred to in the Contract Appendix O Management of Change Implementation Plan. The Authority expects that this fund would be accessed before 31st March 2025.

Rohit Rughani, Principal Accountant, Ext. 37 4003

### **6.2 Legal implications**

There does not appear to be any direct legal implications arising from the information contained within this report. The service has been successfully procured in accordance with the Public Contract Regulations 2015 and the Authority's internal Contract Procedure Rules.

Ongoing legal advice and assistance should be sought in the event of any changes to the information contained within this report, to ensure continued compliance with any legal requirements.

Mariyam Suleiman, Commercial Lawyer. 0116 454 3867



### 6.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report includes a description of key service priorities, including a focus on community engagement to support the reduction of sexual health inequalities.

An equalities impact assessment has been conducted and iterations of this should continue to be active throughout the process. Consultation that has taken place should be used to help to inform the impact assessment. The Equality Impact Assessment process should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public Sector Equality.

The services aim to help to make communities safer, improve the health and wellbeing of local residents and protect our most vulnerable people by preventing the spread of sexually transmitted infections and supporting family planning. This should lead to positive impacts for people from across many protected characteristics.

Equalities Officer, Surinder Singh Ext 37 4148

### 6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

### 6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

n/a

## **7. Background information and other papers:**

**N/A**

**8. Summary of appendices:**

**N/A**

**9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No**

**10. Is this a “key decision”? No**

**Public Health & Health Integration Scrutiny Committee**

**Work Programme 2023 – 2024**

Meeting Date	Item	Recommendations / Actions	Progress
9 August 2023	<b>Introduction to health LCC, ICB, UHL, LPT</b>  <b>Leicester children's health and wellbeing survey</b>	Overview presentations to be circulated to all members.  Items to be considered for the work programme: <ul style="list-style-type: none"><li>- Public Health links to planning and development.</li><li>- Access to GP Surgeries.</li><li>- Strategic Priorities of ICB, UHL and LPT</li><li>- UHL reconfiguration</li></ul>	Two presentations from public health and health partners distributed.  Items added to work programme suggested list to consider.

[illegible]

Meeting Date	Item	Recommendations / Actions	Progress
7 November 2023	<p>ICB 5 Year Forward Plan – Pledges 10 &amp; 11 Mental Health (ICB / LPT)</p> <p>Covid 19 &amp; Winter Pressures Update (Public Health &amp; ICB)</p> <p>Maternity Inspection Update (UHL)</p> <p>UHL Reconfiguration (UHL)</p> <p>RAAC Update (ICB)</p> <p>Sexual Health Re-Procurement (Public Health)</p>		
12 December 2023	<p>Suggested items tbc:</p> <p>ICB 5 Year Forward Plan – Pledge 4 GP Access (ICB)</p> <p>LeDeR Annual Report (LPT)</p> <p>Health and Wellbeing Strategy (Public Health)</p>		

Meeting Date	Item	Recommendations / Actions	Progress
<b>6 February 2024</b>	<p>Suggested items tbc:</p> <p><b>Public Health Budget (Public Health)</b></p> <p><b>0-19 Contract (Public Health)</b></p> <p><b>ICB 5 Year Forward Plan – Pledge tbc (ICB)</b></p>		
<b>2 April 2024</b>	<p>Suggested items tbc:</p> <p><b>Oral Health Services (Public Health and ICB)</b></p> <p><b>ICB 5 Year Forward Plan – Pledge tbc (ICB)</b></p>		

#### Forward Plan Items (suggested)

Topic	Detail	Proposed Date
<p>Health Inequalities Update – impact of the cost-of-living crisis</p> <p><b>Public Health</b></p>		
<p>Update on UHL Finances</p> <p><b>UHL</b></p>		

Review Report – BLM and NHS Workforce: response to recommendations <b>LPT</b>		
ICB 5 Year Forward Plan – Pledges <b>ICB</b>		
Vaccinations <b>ICB</b>		
Mental Health <b>LPT, Public Health &amp; ASC</b>		30 November 2023 Joint meeting with ASC
Drug and alcohol services <b>Public Health</b>		30 November Joint meeting with ASC
Active Leicester <b>Public Health</b>	To be discussed at Culture and Neighbourhoods Scrutiny Commission.	

