



Leicester  
City Council

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

**DATE: TUESDAY, 29 APRIL 2025**

**TIME: 5:30 pm**

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

**Members of the Committee**

Councillor Pickering (Chair)

Councillor Joel (Vice-Chair)

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

**Youth Council Representatives**

To be advised

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

For Monitoring Officer

**Officer contacts:**

**Katie Jordan (Governance Services), Governance Services (Governance Services) and Kirsty Wootton  
(Governance Services),**

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

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

| <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**

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

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

#### **2. DECLARATIONS OF INTERESTS**

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

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

**[Appendix A](#)**

The minutes of the meeting of the Public Health and Health Integration Scrutiny Commission held on 4<sup>th</sup> March 2025 have been circulated, and Members will be asked to confirm them as a correct record.

#### **4. CHAIRS ANNOUNCEMENTS**

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

**5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

**6. PETITIONS**

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

**7. HEALTH PROTECTION**

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

**8. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH REFERRAL UPDATE** [Appendix B](#)

The Leicestershire Partnership Trust and the Integrated Care Board submits an update and a presentation on Children and Young People's Mental Health referrals and the services provided in Leicester.

**9. SYSTEM PRESSURES ON THE BRADGATE MENTAL HEALTH UNIT** [Appendix C](#)

The Leicestershire Partnership Trust and the Integrated Care Board will provide an update on the system pressures experienced by mental health services in the Bradgate Unit through the winter period.

**10. NEIGHBOURHOOD MENTAL HEALTH CAFES** [Appendix D](#)

The Leicestershire Partnership Trust submits a report and presentation to update the Commission on the Neighbourhood Mental Health Cafes scheme which was launched in 2021/22 to support adults in local neighbourhood settings when experiencing mental health distress.

**11. WORK PROGRAMME** [Appendix E](#)

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

**12. ANY OTHER URGENT BUSINESS**









Leicester  
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# Appendix A

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

Held: TUESDAY, 4 MARCH 2025 at 5:30 pm

### P R E S E N T:

#### Councillor Pickering - Chair

Councillor Bonham  
Councillor Dempster  
Councillor Sahu

Councillor Clarke  
Councillor Haq

\* \* \* \* \*

Assistant City Mayor – Councillor Dempster

Kash Bhayani – Healthwatch

Mario Duda – Youth Representative  
Swetha Subaskaran – Youth Representative

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

Apologies for absence were received from Councillor Zaman.

### **109. DECLARATIONS OF INTERESTS**

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

### **110. MINUTES OF THE PREVIOUS MEETING**

The Chair noted that the minutes of the meeting held on 21 January 2025 were included within the agenda pack and asked members to confirm that they could be agreed as an correct record.

#### **AGREED:**

- Members confirmed that the minutes for the meeting on 21 January 2025 were a correct record.

### **111. CHAIRS ANNOUNCEMENTS**

The Chair invited Councillor Sahu to update the commission on her meeting

with the Integrated Care Board. This meeting was organised to discuss disabled women's access for smear tests and mammograms. Councillor Sahu informed the commission that further information was being sought following the meeting.

## **112. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

It was noted that none had been received.

## **113. PETITIONS**

It was noted that none had been received.

## **114. HEALTH PROTECTION - TB FOCUS**

The Director of Public Health and the Public Health Consultant gave a verbal update of the latest position of health protection, focusing on TB. It was noted that:

- There was no significant change in the other areas of health protection usually covered in this item.
- A TB update was provided 6 months ago at this scrutiny commission. The key points were that it is a disease of poverty, but it is curable and preventable.
- TB mainly affects the lungs, but it can affect any other part of the body. It is only infectious when in the lungs however.
- 10% of cases of latent TB, developed into active TB.
- The symptoms experienced depend on the location of the disease in the body.
- TB rates peaked in the UK in 2011, England had the highest rates due to the highest population level in the UK. In the period after this, there was a reduction in cases.
- Last year saw a sharp rise in rates of TB in Leicester, whilst the England average had decreased. This was the first time in over 10 years that there had been an increase.
- The measured rates only considered active TB and do not account for latent TB.
- Leicester was now the highest rates of TB in England. This was previously Newham, but their rates reduced following financial help that enabled resources to tackle the disease.
- Leicester would like to see similar financial help to ensure appropriate resources can be targeted.
- The disease had impacted primary care services – between 2016/17 and 2023/24, 10111 inpatient days were attributed to TB and 82% of these were emergency admissions.
- There was increased numbers of cases with antibiotic resistance

which had increased the complexity of cases, but this had not been a huge issue in Leicester.

- Post Brexit, changes in economic migratory patterns had seen increased migrations from different areas of high incidence. Country of origin had been identified as the single biggest contributor to case numbers.
- There were ongoing budgetary pressures. More resources were required for further case identification.
- Leicester has a TB strategy. This received input from national services and the UKHSA. The key points of the strategy were:
  - Increase detection and control of active and latent TB.
  - Ensuring a skilled workforce and building on successes as well as working within capacity and resources.
  - Raise awareness and reduce stigma around TB.
  - Prepare for the future and plan for need.
- The strategy fed into the Health and Wellbeing Board, East Midlands TB Board and the Leicester, Leicester and Rutland TB Strategy and Network.
- A TB JSNA was being finalised. This was going to help identify gaps in services and where and who the cases were.
- A business case had been made to increase TB staffing resources and recruitment was taking place.
- There had been successful lobbying of NHS England for further resources to increase the number of tests performed.
- A research group had been collecting data on the variation found across GP practises in the screening of TB, patient treatment choice, and audits of latent TB screening and patient pathways.
- A new communications strategy was being developed, as well as an online focus group that aimed to further understand the stigmas attached to TB amongst communities.
- A workforce group had been created to work with large key employers and care homes.
- Next steps included:
  - Update strategy following completion of JSNA.
  - Expansion of TB workforce and available clinic time.
  - Ongoing research projects.
  - Continued increase in latent screening. Development of latent screening process for eligible social care staff.
  - Push on communications and engagement work.
  - Update of NICE guidelines.
- World TB Day is 24<sup>th</sup> March 2025.

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

- There were excellent partnership workings across all systems in putting together such a persuasive case for additional funding for testing latent TB.
- More information on areas of high prevalence in the city was

requested, along with further information which would help Councillors support those affected as well as understand the social complexities that affect the spread of TB. Councillors requested a working group be formed.

- There was uncertainty around how effective the chest x-ray was.
- There had been variation on what latent screening was on offer across the city. Ongoing work with the ICB hoped to address the variation and the efficiency with which the screening was delivered.
- The TB Joint Specific Needs Assessment was awaiting the final proofread and was then to be sent to the strategy group. After this, it was to go to the JSNA Board prior to publication.
- Additional funding had been provided to cover additional nursing staff and clinical times, this has been predominantly outpatients based.
- Concerns were raised that without more funding for prevention and treatment, there would be a greater cost to emergency services.
- It was queried whether the increased rate of TB in Leicester means that what is being done is not working. However, the increased rates were considered to be an outcome of increased testing.
- An issue with treating TB had been that some people who are positive feel well in themselves.
- The testing and treatment cost money. A latent TB test was approximately £140.
- A longer-term financial case needed to be considered.
- Officers had met with Newham representatives. It was not shared what additional funding they received to address TB. Their approach had consisted of a heavy focus on community engagement, investment in a mobile unit which could offer chest x rays and moved around high prevalence areas and involvement of those with lived experiences who promoted treatment and access to treatment. It was considered that a mobile diagnostic van in Leicester would have a significant impact.
- The JSNA included a lot of work around population projects. It is expected that more individuals will come to the area to work and bring their families, as well as an expected increase in international students. These projections suggested that numbers were going to increase.
- It's an individual's choice whether to be screened for TB and the emphasis was on inviting people to attend. Work was instead focused on engagement and education to reassure communities.
- The target was to perform 1400 tests this year, which was on track and demonstrated that inviting communities was working.
- It was not known which areas of India had high prevalence of TB to inform the approach.

As part of discussions the Chair invited Healthwatch and youth representatives to make comments and it was noted that:

- Very little work had occurred with young people to help address

stigmas in the community or to encourage vaccination uptake, but officers stated they were keen to work with young people on this.

AGREED:

1. The Commission noted the update.
2. Formation of a TB working group.
3. Work together to continue to lobby for funding.

## **115. HEALTH RESEARCH**

Representatives from De Montfort University and Public Health provided the commission with an overview of how research benefits the communities of Leicester and addressed health inequalities. It was noted that:

- Health research entails systematic collection or analysis of data with the intent to develop generalisable knowledge to understand health challenges and mount an improved response to them.
- To be generalisable, research had to be completed in a population that would allow researchers to understand the wider population.
- A quote from the World Health Organisation (WHO) was shared with the commission, “Research is indispensable for resolving Public Health challenges”.
- Although it was important for research to be generalisable, it was known that both research populations and researchers did not currently reflect what they should.
- Research applications from ethnic minority researchers were less likely to be successful. People from ethnic minority groups were under-represented on funding committees.
- Applications from female researchers decline with higher career stages.
- Uk geographies with the highest burden of disease had the lowest number of individuals taking part in research.
- There had never been a UK based cohort study that specifically looked at the health of black women.
- In April 2023, Leicester City Council entered a research bid to become an National Institute for Health and Care Research (NIHR) Health Determinants Research Collaboration (HDRC).
- The ambition was to become a research active organisation and to collaborate with academic and voluntary and community sector partners to evidence base the high quality work that was happening in Leicester City.
- The bid received backing from the City Mayor, Director of Public Health, the two Leicester Universities and colleagues from the voluntary and community sector organisations.
- Unfortunately the HDRC bid was unsuccessful, however the ambition remained. The judging panel were complimentary about the bid and were keen to work with Leicester. Subsequently two bits of funding were awarded for a Local Authority Research Practitioner and Public Health Engagement Lead.
- De Montfort University is one of only two Universities that are a hub for

Strategic Development Goals. De Montfort was given the Strategic Development Goal 11 which focuses on sustainable cities and communities.

- De Montfort University was in the process of developing a master's in Public Health.
- The Universities working together to look through the lens of health inequalities and to contribute to tackling local research priorities that are overseen by the Local Authorities, in Leicester this includes:
  - Civic Universities Partnership - Health, Wellbeing and Sport theme.
  - University of Leicester – Centre for Ethnic Health Research, Leicester Diabetes Centre.
  - De Montfort – Stephen Lawrence Centre, Centre for Primary care Research
  - Health and Wellbeing in Society, Global Health.
  - Ambition to the national leaders in research related to community.

As part of discussions the Chair invited members to make comments and it was noted that:

- The research was not just about residents of Leicester being subjects in research, but ensuring there was more diversity in research. The research needed to apply to a diverse community.
- Talking to communities and having an informed agenda was very important for research.
- Work needed to be done to ensure researchers were more robust in terms of policies that sit around the allocation of resources for research.
- Work around inequity, inequalities and disparity were often down the list in terms of research.

Agreed:

1. The Commission noted the report.

## **116. LONG TERM CONDITIONS**

The Programme Manager in Public Health presented the report, and it was noted that:

- The strategic justification for the Long-Term Conditions programme came from the Leicester Health, Care and Wellbeing Strategy 2022-2027, the Prevention and Health Inequalities Steering Group, Primary Care Networks City Priorities and the Core20Plus5 national framework.
- The principles were to prevent as far as possible; reduce health inequalities; ensure well-meaning work hadn't compounded health inequalities; that it was data driven and evidence based whilst also being innovative; and that it addressed gaps and prevented duplication.
- Hypertension is persistent high blood pressure and was often referred to as the silent killer as it was symptomless.

- The high levels of cardiovascular disease in Leicester had contributed to the higher than average under 75's mortality rate. In order to improve the health outcomes, those who had not been diagnosed needed to be found.
  - Interventions had included the NHS Health Check, Community Pharmacy and Primary Care Network case finding. It had been proposed to engage with those being missed through a community pharmacy outreach model, a roving health unit, targeted NHS health checks, PCN case finding and optimisation and working with GP practises where there was high prevalence.
- An increasing number of people had been living with multiple long-term conditions.
  - Engagement work was done with GP's who had higher than average prevalence of cases of multiple long-term conditions to conduct focus groups and development sessions which considered the barriers and challenges faced.
- The Health and Wellbeing Board had scheduled a development day in April to consider long-term conditions.
- Lots of other work had occurred across the city addressing long term conditions including cardiovascular disease, respiratory disease, cancer, obesity and mental health.
- There was an ongoing partnership with the PCN's.
- Part of the prevention strategy was the 'Make Every Contact Count' initiative. This was a national approach to behaviour change which focused on the numerous contacts that occur with members of the public to help them make healthy behaviour changes. This initiative considered broader determinants of health as well, such as poor housing and debt alongside more obvious ones.
- Next steps of the programme were to consider what had been learnt from the hypertension programme and allow this to influence the direction of future programmes, to consider where public health intervention had best been used, to continue the roll out of 'Make Every Contact Count' and to further identify areas of need.

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

- A prevention team was working on a whole systems approach to obesity and all the factors that influence this.
- This was a big partnership for the whole systems approach and the NHS had been asked to sign up.
- Many factors influenced healthy weight, including environment, access to healthy food and education. The structures and environment can make it more difficult to live a healthy life. This included the big companies, and work was needed in advertising and planning to address their influence.

- To assess how approaches worked, they would be piloted in a small area initially, such as working with take aways or access to green spaces. More input was required on both a national and international level though.
- A report was requested by members on the whole systems approach to healthy weight.
- Communities had been engaged through the Community Wellbeing Network which was coordinated by Public Health. They worked in partnership with over 500 VCSE groups on common problems. Information was sought, but mainly Public Health wanted to listen to what they have to say and to what is important to them.
- Community pharmacies appeared to be working well on hypertension.
- Training was provided to help those working with the public to have the confidence to participate in conversations on mental health. Healthy Conversations training was available to everyone, and it was suggested that anyone who had customers who sit in a chair for a length of time should be encouraged to participate in this training.
- More vendors of fruit and vegetables in certain areas that lack accessibility to these products was suggested. It was encouraging to see these types of vendors appearing outside of places such as hospitals.

AGREED:

1. The Commission noted the report.
2. Whole systems approach to healthy weight to be added to the work programme.

## **117. HEALTH AND WELLBEING STRATEGY**

The Director of Public Health submitted a report to update the commission on the progress of the Health and Wellbeing Board and the progress made by the Health, Care and Wellbeing Strategy. It was noted that:

- The Health and Wellbeing Board is a statutory board of the Council, that was established under the Health and Social Care Act 2012.
- The forum is for public accountability, all recordings and minutes from the meetings can be accessed via the Councils website.
- It is a partnership forum, rather than an executive decision-making body, with Members from various organisations that sit on the board. Including Elected Members, NHS partners, ICB representatives, Public Health, the Police and Fire services, members of the Local Authority, the Voluntary Sector and the wider community.
- A key function of the board was to oversee the Health, Care and Wellbeing Strategy, which dictated a range of work that is completed within Public Health and Social Care departments.



- A key function of the strategy was to outline the approach in reducing health inequalities.
- The strategy outlined key themes in areas that could be focused on at the time of drafting the strategy and it identified a delivery plan on how the issues could be addressed and be structured into priorities.
- Within the strategy that has been published to the Councils website, 5 themes had been listed, which were:
  - Healthy Places
  - Healthy Minds
  - Healthy Start
  - Healthy Lives
  - Healthy Ageing
- Within those 5 priorities there were 19 more tangible goals that had been outlined.
- In the previous Health and Wellbeing Annual Report, the focus was on 6 key strategic priorities. One for each of the themes and under healthy minds the focus was on 2 areas. They are called due priorities, and they are the actions that were being focused on.
- In the Healthy Places theme, the focus was on improving access to primary and community health care services. A more tangible outcome of this had been the work on enhanced access services in primary care, which included the Stork Programme for supporting families with newborn babies.
- The focus on Healthy Lives was focused on increasing early detection of heart and lung disease and cancer in adults. This included work to promote cancer screening and producing videos around cancer screening for people with learning disabilities.
- Healthy Minds focused on improving access to primary and neighbourhood level mental health services for adults. Work around mental health cafes for adults was still ongoing along with increasing access support for children and young people within schools and more disciplinary approaches.
- Healthy Ageing was to support residents to age comfortably and confidently.
- The Pathway 1 discharge to assess and work around effective discharge.
- The Health and Wellbeing Boards Annual Report is a requirement that was set out in the terms of reference. The report outlines the progress that has been achieved, the strategy and the delivery plan monitoring.
- The annual report included updates on case studies, the Better Care Fund and proposals for the next 12 months.
- The Health and Wellbeing Boards current priorities were:
  - Childhood immunisations
  - Hypertension – prevention and case finding
  - Mental health and wellbeing related to social inclusion and supportive networks

- Healthy weight

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

- Work was being completed to support 15 schools to get back in to doing the daily mile. A large number of schools stopped participating during the pandemic and it wasn't revisited once restrictions were lifted. A lot of evidence had shown the daily mile had helped support concentration and behaviour for children and young people in education.
- The Mental Health Cafes were working well, a number of them had expanded and the model was being used for a basis for other programmes.
- Members raised concerns about the Joy Platform. Leicester Partnership Trust coordinate the platform and there was currently a working group considering ways to improve the use of the platform and its functionality. A review of the Joy platform was being conducted by the Leicester Health Integrated Group who are members that attend the Health and Wellbeing Board.
- The Healthy Minds Strategy was working towards 'no deaths by suicide'. This was a part of the National Suicide Prevention Strategy. There was acknowledgement that it was realistically, unachievable but it was believed an ambition was what should be strived for.
- A range of different work was being undertaken to help improve childhood vaccination rates. They were split across preschool and school age. The rates of the HPV vaccine against cervical cancer had gone down considerably since they were paused in the pandemic due to the fact they were administered in schools. The rates across England had picked up, but Leicester's had not. A number of different initiatives were in place, including a Cervical Cancer Elimination Strategy by NHS England. This had the aim of eliminating cervical cancer by 2040.
- In Scotland a study showed girls who had received the doses at age 12, showed no cases of cervical cancer when followed over several years.
- There were a number of reasons that rates had decreased, including schools not wanting to engage or push out the message. Trust and relationships had been affected by the pandemic and the Covid-19 vaccine roll out.
- Work was continuing with individual schools on the school age immunisation programme. They were currently going through a tendering process and there would be a new contract awarded in July 2025 to begin in September 2025.
- The ICB and Vaccination Team were working on how the messages were being circulated and a roving unit that goes into different places.
- A letter had been sent to all secondary school Head Teachers from the Director of Public Health and the Principal Education Officer asking if there would attend a working group to look at

consent and vaccination rates.

AGREED:

1. The report and presentation were noted.
2. More information to be shared with members and schools on supporting schools to complete the daily mile.
3. Mental Health Cafes to be added to the work programme for the Integrated Care Board to bring.

## **118. HEALTH AND WELLBEING SURVEY**

The Principal Public Health Intelligence Analyst presented the report, which showed the results of the most recent Health and Wellbeing Survey. It was noted that:

- The survey was carried out in 2024. The last one was in 2018. It ran from April to October.
- The full report of the survey was included in the agenda pack.
- The data had been used and was intended to be explored further.
- The survey interviewed those aged 16+. Children specific ones were previously completed.
- The primary purpose of the survey was to inform strategic and specific needs assessments.
- The surveys had previously been used across the council and its partners, including the VCS.
- The survey provided levels of intelligence not everyone had access to.
- 2100 interviews were completed, which reflected about 100 per ward. This was a weighted sample to reflect population data in the census to ensure it was representative.
- Sensitive questions were self-completed to encourage reliability.
- The team reflected the diversity found in the city allowing for various languages.
- A huge range of topics was covered, including new areas such as gambling, covid implications, mental health and wellbeing, food insecurity and some around vaping.
- The top 5 positives identified by residents were:
  - 4 in 5 residents rated their general health as good or very good.
  - There was a decline of 4% in those who smoked cigarettes compared to 2018.
  - 3 in 4 residents had used waterways, parks and green spaces at least monthly.
  - Most residents felt they had support they could rely on in difficult times.
  - 4 in 5 residents said they tended to bounce back quickly after difficult times.
- The top 5 challenges identified were:
  - Nearly a quarter of residents had faced difficulties paying

their food and energy bills, this was double the figure of 2018.

- Challenges were faced by residents accessing medical services, particularly NHS dentists or GP appointments.
- 1 in 14 residents with children at home say they smoked in the home.
- 1 in 7 residents had an alcohol consumption that was classified as 'increasing risk' or higher.
- 1 in 20 households had reported damp or mould in their home.
- Within Leicester, there had been an increase in the amount of shisha smoked.
- Older age bands were more likely to consider themselves to be struggling to access a GP.
- Half of the population abstained from drinking alcohol.
- The figures around resilience showed disparities between age and gender in the results. Older groups were less likely to feel resilient, as well as those with multiple conditions.
- 11% of residents had felt socially isolated at least often, this may not appear a large figure but when considered as the number of individuals, the percentage was deceiving.
- Culture related questions allowed local communities to be understood. Football and Rugby clubs had been in touch to use this type of data.
- The key issue found around homes was tenure breakdown. When owner occupied, the focus was on the cost of heating and the mortgage. For those in private rentals, it was that rent was too expensive. For those with a social landlord, the issue was the size of the property, mould and damp issues or the need for repairs.
- The difficulties affording food seen in the data can be broken down by gender, socio economic group and ethnicity.
- The data can be mapped by ward, for example it was seen that the lowest rates of difficulty paying energy bills were in Knighton and the highest rates were in Beaumont Leys.
- Data from the Health and Wellbeing Survey was to inform JSNA's Health and Wellbeing strategies, local health profiles, health equity audits, equality impact assessments, funding applications along with being used in presentations and promotional materials in Public Health campaigns. It also provided insights for partners in academia and the VCS, as well as supporting press and media briefings and academic papers.

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

- Community centres were suggested as something to be included in the cultural section.
- White British were highest for smoking, alcohol consumption, gambling and the highest risk of not paying bills.
- The White British category had a high proportion of social

housing. Social housing tenants were at higher risk of smoking, alcohol consumption, gambling and not paying bills.

- This sample size was used as it was considered representative. A larger sample size had a higher cost, so it had to be a balance between what is hoped to be achieved and the cost.
- The further breakdowns there were in a ward, the fewer response meaning data was less representative and statistically robust. There were other ways data could be broken down that maintained it's reliability.
- As well as ethnicity, language spoken and religion categories allowed further insight into cultural influences.
- The numbers of individuals who were not confident using the internet was considered interesting considering the drive for digitalization, particularly within the NHS.
- Everything was done as far as practically possible to allow respondents to be transparent in their answers.
- The survey was now available on the Council's website.
- It was hoped that moving forward, members of the public would be able to interact with the data.

Agreed:

1. The report was noted.

## **119. WORK PROGRAMME**

The Chair noted that the topics noted in the items would be added to the work programme.

## **120. ANY OTHER URGENT BUSINESS**

There being no further business, the meeting closed at 20.17.



## Leicester City Council Health Oversight Scrutiny Committee (HOSC) 29th April 2025

### Leicestershire Partnership Trust, Children and Young People (CYP) Mental Health Referral Update

Dr Jeanette Bowlay-Williams, Justin Hammond, Dr Tiffany Webster, and Paul Williams

*\*Paper briefing to accompany slidedeck presentation*

#### LLR ICB Commissioned CYP Mental Health Services and Referral Routes

- Triage & Navigation: Single point of entry for MH and emotional wellbeing support. CAMHS is accessed via this route with the exception of some specialist services. Referrals are via two routes: GP or CYP/parent/carer self-refer via My Self-Referral - [www.MySelfReferral-LLR.nhs.uk](http://www.MySelfReferral-LLR.nhs.uk).
- Relate (VCSE): Early Intervention Service – 1:1 counselling, Flourish Groupwork Programme, Prosper Parent Programme for CYP 5-18yrs and their parents/families, and targeted ADHD support (in-house pathway providing support for CYP with ADHD following the closure of ADHD Solutions). Referral via Triage & Navigation (GP or online Self-Referral).
- Community Chill-Out Zones – Mental Health and wellbeing workshops for CYP delivered in schools and community venues (preventative focus). Referral via Triage and Navigation (GP or online Self-Referral).
- First Steps ED (VCSE): Support for CYP 5-25yrs with mild to moderate eating disorder symptoms or poor body image. 1:1 counselling support, parent/carer support, and befriending service. Referral via Triage & Navigation (GP or online Self-Referral) or via website - First Steps ED | Eating Disorder Support & Recovery Charity.
- Tellmi (VCSE): Digital peer support app for anyone aged 11+, pre-moderated with pre-emptive counsellor intervention. Therapy offer (solution focused) for ages 11+. Download the App.
- Mental Health Support Teams in Schools (LPT): Early intervention service, supporting CYP with mild to moderate mental health difficulties. 1:1 interventions, workshops around emotional wellbeing, and parent intervention. Currently in 57 City schools. Referrals via school mental health leads, pastoral lead, SENCO, etc.
- Family Action Post Sexual Abuse Service (VCSE): Specialist trauma informed and attachment focused social work interventions for CYP up to age 18 (support up to age 25 for SEND and LAC) who have experienced sexual abuse. Referral via Triage & Navigation (GP or online Self-Referral) or via website Leicester Post Sexual Abuse Service (PSA) - Family Action
- City Early Intervention Psychology Support (Leicester City Council): Support for CYP via 1:1 and groupwork. Both early intervention and higher threshold of need provided by educational and trainee psychologists. Involvement of parents and

teachers and can be delivered both in schools and home environment. Referrals via school mental health leads, pastoral leads, SENCO etc.

- CYP Directory of mental health services (VCSE): Co-produced and co-designed with CYP, this new directory of services contains both local and national services of mental health services and resources. A QR code was developed for easy access that can be used by CYP, parents/families, and professionals alike to find resources and support for mental health and emotional wellbeing. Currently working with the Local Authority to embed on the Local Offer.

### The Structure of Leicestershire Partnership Trust's CAMHS Services

- CAMHS comprises of one large generic Outpatient Team (which includes Access, Duty, Treatment, Transitions, and Neurodevelopmental) and 7 Specialist Teams:
- Crisis Resolution and Home Treatment - 24/7 service, 365 days, assess CYP with urgent MH need. Intensive Home Treatment 365 days a year (08.00-20.00) for 6 weeks.
- Crisis + - based at urgent care and UHL, assess CYP who have presented at A&E with MH needs.
- Intensive Community Support Team - intensive support for CYP (3 appointments a week) who have had repeat crisis presentations/at risk of DBT service admission (08.00-19.00) + out of hours telephone support.
- Eating Disorders Team - assessment and treatment service for CYP presenting with ED (anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder).
- Young People's Team – MH assessment and treatment service for CYP who Looked After, Adopted, Unaccompanied Asylum Seekers and YP known to Youth Justice services. Specialist trauma informed interventions, YOS-ACES project (preventative support), indirect training/support/consultation to the network.
- Paediatric Psychology - psychological and family support for CYP with significant physical health conditions who are struggling to adjust/cope with living with their condition.
- Learning Disabilities Team – for CYP with a moderate to profound LD presenting with MH difficulties and/or associated challenging behaviours.

Specialist teams were established to provide targeted services to those CYP identified as being at higher risk, who are more vulnerable/less likely to engage in services, or for whom family stress/burnout is more likely. They are proportionately better resourced which improves access, reduces waits, and provides more targeted support. Resource is directed in a way to safeguard CYP who are at greater risk.

### Wait Reasons and Reduction Interventions (to accompany latest KPI performance data)

The following circumstances impact KPI performance:



- Patient choice, preference, and availability
- Ability to contact patient
- Staff capacity
- KPI may be misleading – 50% may mean 1 CYP out of 2

The CAMHS services have the following wait reduction interventions in place to improve access and reduce waits:

- Increased operational hours in Community Outpatient CAMHS to Monday – Thursday, 8am - 8pm
- Increased workforce offering initial CAMHS assessments
- CAMHS Mental Health Practitioner in City PCN
- Skills mix review of professionals in all CAMHS services
- Collaborative working across all emotional and mental health wellbeing services to provide longer transitional pathway.

### Neurodevelopmental Waits

Neurodevelopmental referrals are triaged by two services:

- Community paediatrics – for CYP under 11 (90% of referrals relate to ND)
- CAMHS – for CYP 11+ (50% of referral relate to ND)

CAMHS:

- Significant increase in referrals to CAMHS has been driven by the increase for ND assessments - the referral rates for ND conditions (autism and ADHD) have increased by 89% since 2020 and now represent 50% of all referral into CAMHS.
- CAMHS receives approx. 51 referrals a month for ND assessments from the City - the Routine assessments are disproportionately for ND queries.
- There are 426 City CYP waiting for an ND assessment within CAMHS.
- The longest wait for a City CYP in CAMHS for ND is 176 weeks.

Community Paediatrics:

- ND conditions are not mental health conditions.
- Increase has also been seen in Community Paediatrics who receive approx. 125 referrals a month for ND assessments from the City (90% of all referrals into Community Paediatrics are ND).
- There are 2277 City CYP waiting for an ND assessment within Community Paediatrics.
- The longest wait for a City CYP in Community Paediatrics for ND is 184 weeks.

What support do we offer CYP who are waiting?

- Urgent cases are prioritised (based on severity and risk) Clear information about how to access urgent mental health support (24 hour urgent mental health line) and what to do in a crisis and how to contact CAMHS should there be a deterioration
- Significant investment in mental health advice and support on Health4Teens and Health4Kids and social media sites
- Digital resource pack with tips/advice and sources of support (Welcome to CAMHS resource, While you are waiting resource)
- Free access to Solihull courses (parenting courses and courses for young people)
- Free access to targeted digital support and workshops (Guidance)
- ChatHealth and ChatAutism text messaging services
- Well established waiting list management system in place managed by a duty team with regular reviews of mental health/ risk – brief intervention offered at these reviews. Internal escalation process if deterioration
- Early intervention offering support
- Improving access- CAMHS mental health practitioners/ CWP's in GP practices- pilot

### Challenges and What We're Doing

CYP Mental Health Services are currently facing the following challenges:

- Increase in demand in all CYP emotional wellbeing and mental health services.
- Increase in demand for ND assessments (autism and ADHD) - national challenge.
- Increase of complexity/acuity of CYP presenting to services across the System.
- Under representation within communities in LLR accessing both CAMHS and ND pathway.

LPT, the LLR ICB, and LLR ICS partners are doing the following to mitigate and manage these challenges:

- Continued roll out of the Mental Health Support Teams in Schools – commitment to be in all schools in LLR by 2030.
- Innovation in the way support is accessed and delivered – self-referral, youth workers, wellbeing practitioners, digital footprint, localised support, and outreach models of care.
- Closer working with communities – CAMHS Community Participation Lead post - working to understand barriers to accessing services/improving access from communities who don't typically access services, engaging with faith leaders and community groups. Shared learning amongst providers/System partners on how access can be improved through this. Utilising the Improving Access meeting to help reduce health inequalities and focus on areas of deprivation.
- Working with all System partners to for transformative change in response to growing ND need – such as PINS and the Change Programme.
- Enhanced crisis pathways – implementation of Crisis+ and ICST.

### Partnership Success Stories.

Partnership working is a core part of our success with the following schemes being particularly noteworthy: Play On with Leicester City Football Club, CAMHS Social Media Account, Our Voice, Leicestershire Police and Violence Reduction Network, and Collaboration with the University of Leicester's media course to create video content on social media awareness.



# Leicester City Council HOSC

## 29<sup>th</sup> April 2025

Leicestershire Partnership Trust  
NYP Mental Health Referral Update

Dr Jeanette Bowlay-Williams, Justin Hammond, Dr Tiffany Webster, and Paul Williams

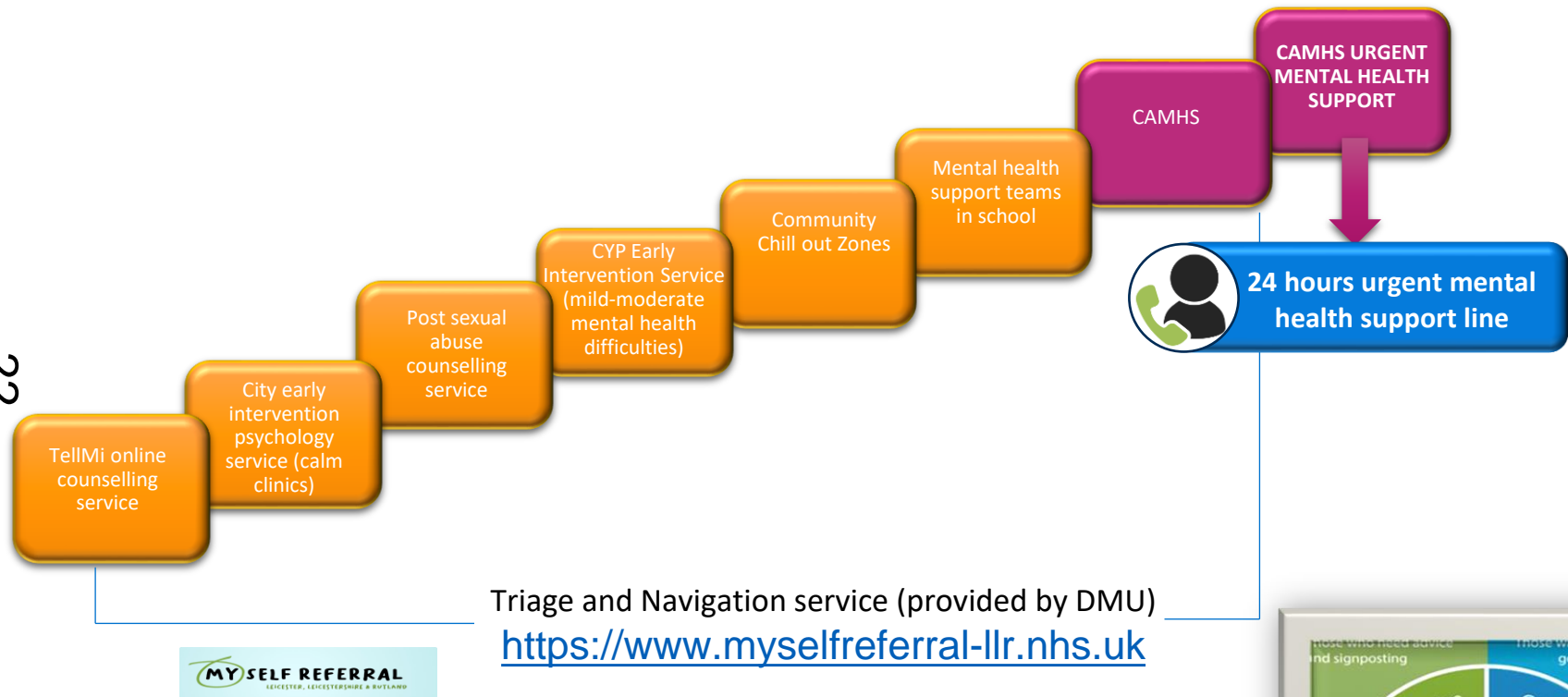


A proud partner in the:

Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership

# LLR CYP Mental Health Services

22



Services span partners across the ICS to provide the right support at the right time. A new directory captures all offers – coproduced with CYP, families, and partners.

Leicester, Leicestershire & Rutland

**NEW DIRECTORY OF SERVICES  
CHILDREN & YOUNG PEOPLE'S  
MENTAL HEALTH & WELLBEING**

Leicester, Leicestershire and Rutland

DOCS MEDIA CENTRE

SCAN QR CODE



# Specialist Services & Latest Performance Data (March 2025)

CAMHS comprises of one large generic **Outpatient Team** (which includes Access, Duty, Treatment, Transitions, and Neurodevelopmental) and **7 Specialist Teams**: Crisis Resolution and Home Treatment, Crisis+, Intensive Community Support, Eating Disorders, Young People's, Psychology, and Learning Disabilities.

The specialist teams were established to provide targeted services to those CYP identified as being at higher risk, who are more vulnerable/less likely to engage in services, or for whom family stress/burnout is more likely. They are proportionately better resourced to improve access and reduce response time. **Resource is directed in a way to safeguard CYP who are at greater risk.**

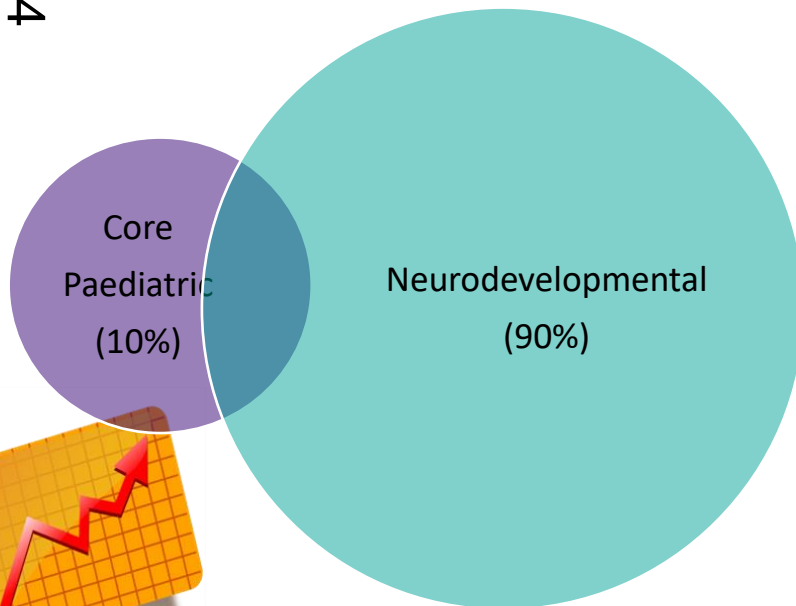
| KPI Delivery (March 2025)            | KPI                  | Delivery | Average Wait | Longest Wait |
|--------------------------------------|----------------------|----------|--------------|--------------|
| CAMHS Access Team                    | 4 Week Urgent        | 100%     | 2 weeks      | 4 weeks      |
|                                      | 13 Week Routine      | 77%      | 10 weeks     | 15 weeks     |
| CAMHS Crisis and Home Treatment Team | 4 Hour Telephone     | 100%     | 42 mins      | 3hrs 48 mins |
|                                      | 24 Hour Face to Face | 88%      | 13 hours     | 55 hours     |
|                                      | 72 Hour Follow-Up    | 85%      | 64 hours     | 98 hours     |
| CAMHS Eating Disorders Team          | 1 Week Urgent        | 50%      | 12 days      | 18 days      |
|                                      | 4 Week Routine       | 50%      | 23 days      | 29 days      |

KPI performance explained: patient choice, preference, and availability; ability to contact patient; staff capacity; KPI may be misleading – 50% may mean 1 CYP out of 2.

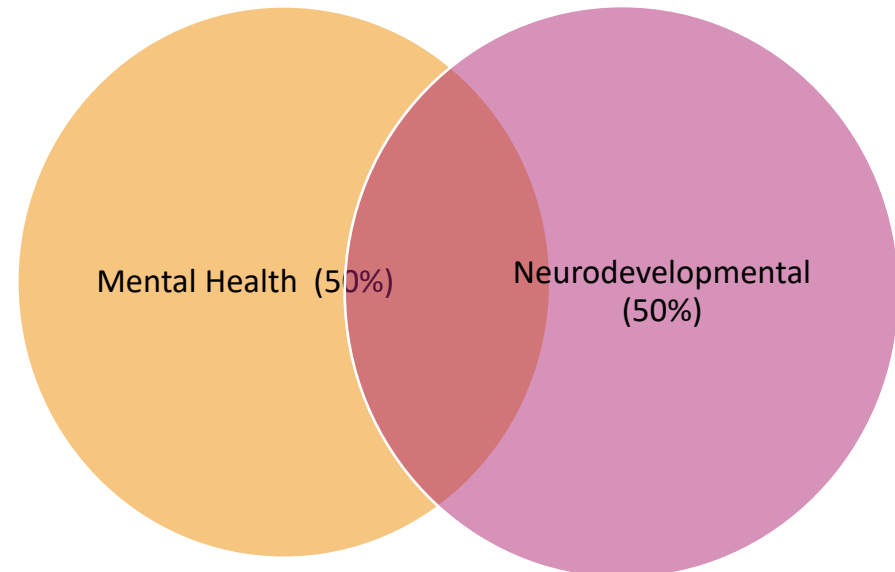
# Neurodevelopmental Assessment & Diagnosis

Primary School age (under 11):  
Community Paediatrics

24



Secondary School age (11+):  
CAMHS







# Neurodevelopmental Waits

## **CAMHS:**

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# Partnership Success Stories

- Partnership between CAMHS and Leicester City Football Club (Leicester City in the Community)
- The Play On Programme aims to support CYP aged 10-17 that present with mild to moderate mental health concerns. Through 1-1 mentoring for up to 12 weeks, and enrichment opportunities, the Programme aims to enhance the wellbeing of CYP across **Leicester** and **Leicestershire**.
- The Programme is specifically designed to provide support to CYP who may not typically engage with CAMHS or NHS services for several reasons. These groups are:
  - Minoritised ethnic communities
  - Low socio-economic groups
  - Males
  - Young carers
  - Military families
- 26 CYP per cohort (4-6months).

Data collection from cohorts 1 and 2 showing demonstrable impact:

- Enhanced feelings of wellbeing in **87%** of participants.
- **90%** reported that Play On sessions make them feel happier.
- **90%** reported that they would take part in future LCitC opportunities.
- Average attendance at 1-1 mentoring sessions is **81%**.

[https://m.youtube.com/watch?si=4ss4XAI2oQlwUM7&fbclid=IwZXh0bgNhZW0CMTAAAR0zewqiE3Vi4-4MLD83oLMnbDRb9FsVTII0Zs2awQL6HqTHrCMYTnNEKYw\\_aem\\_Qknb9cptqgBryAX5W-kQ1g&v=ZZo1BfJEuDk&feature=youtu.be&sfnsn=scwspmo](https://m.youtube.com/watch?si=4ss4XAI2oQlwUM7&fbclid=IwZXh0bgNhZW0CMTAAAR0zewqiE3Vi4-4MLD83oLMnbDRb9FsVTII0Zs2awQL6HqTHrCMYTnNEKYw_aem_Qknb9cptqgBryAX5W-kQ1g&v=ZZo1BfJEuDk&feature=youtu.be&sfnsn=scwspmo)



**LEICESTER CITY**  
IN THE COMMUNITY

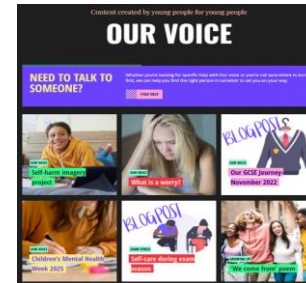
# Partnership Success Stories

27



**NEW:** CAMHS social media account aimed at teenagers.

Partnership with Leicestershire Police and Violence Reduction Network to produce a series of short videos on knife crime, to be shared across websites, social media platforms and in school assemblies



“OUR VOICE” on the Health for Teens website is a dedicated section hosting content created by young people for young people - empowering young people to share their thoughts and experiences.

Collaboration with the University of Leicester's media course to create video content on social media awareness.





## System and Winter Pressures on the Bradgate Mental Health Unit

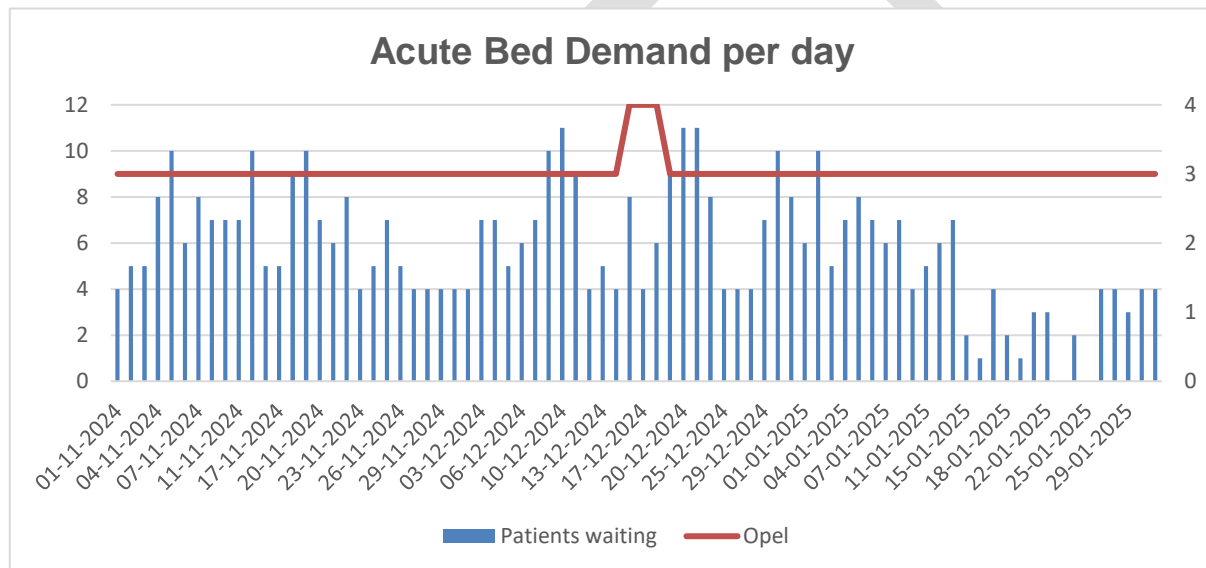
### Purpose of the paper

This paper outlines system pressures during winter months (Nov 24 – Jan 25) and how adult inpatient services maintained patient flow throughout.

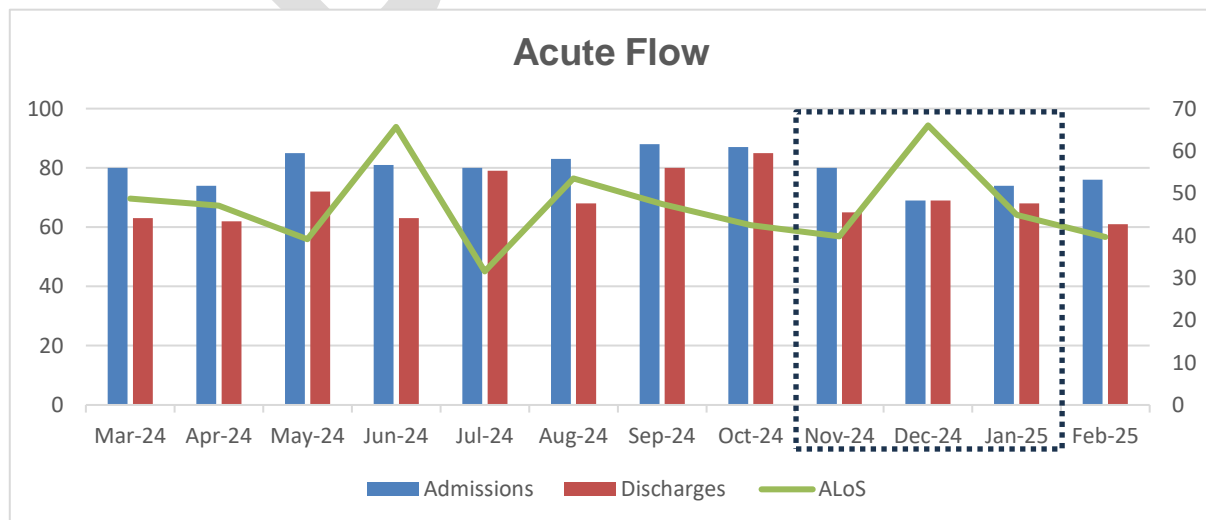
### Analysis

During winter months, the average number of patients waiting for an acute mental health bed per day was 6. On 9 occasions this increased to 10.

An Opel score of 3 was maintained 96% of the time only escalating to an Opel score of 4 during 3 days over the winter months.



Over the winter months the numbers of discharges reduced which is mirrored in the decrease in the number of patients that were admitted. During the same period LoS for patients discharged did see an increase with an average of 47 days increasing to 66 during December.



## Actions taken to strengthen flow during winter

### Flow In

As part of additional winter monies during 2024/25, Mental Health Liaison Service were able to increase capacity to an additional 1x Mental Health Practitioner per day during peak hours. This initiative was to support mental health patient movement within the Emergency Department.

The following shifts were offered to all staff within the team and those who bank:

6am – 12 midday

6pm – 2am

4pm – 12 midnight

Mental Health Liaison Service also received investment monies for 2024/25 for 2x Link Worker posts to support patients in Emergency Department and to strengthen relationships with UHL colleagues. These posts were successfully recruited to March and are expected to start in June 2025.

The actions within the Opel framework used by mental health services in LPT were reviewed and updated in September 2024 in preparation for winter. One of the actions included was that when the Bradgate Unit was declaring Opel 3, twice daily bed huddles were implemented at 1030 and 1400hrs each day. The Bed Huddles included representatives from inpatient, urgent care (Crisis and MH Liaison) services and the senior management team to review the waiting list for an inpatient bed to plan to ensure all patients waiting for a bed remained safe, with a clear plan with each case being prioritised according to their ongoing needs. This also included a focus through winter in minimising the number of patients waiting for a mental health bed in Emergency Decisions Unit (EDU) with these patients being prioritised higher on the waiting list to maximise flow across the system, if clinical presentations and risks were equal. All efforts were made to minimise the waiting time so that it did not exceed 24 hours in EDU.

In December 2024, NHS England published, for the first time, national Opel guidance for use in mental health services. The new framework uses a number of sources of occupancy data including, occupied beds, empty beds and clinically ready for discharge data to automatically calculate the opel score. LPT and the ICB have been shadow reporting this into SHREWD since 1<sup>st</sup> January 2025 ready for the go live date of 1<sup>st</sup> April 2025. The new opel scoring process is fully automated and in retrospect, we have seen that it reflects a similar

### Flow through

The trust spent the second half of 2024 planning for a full refurbishment of Belvior Unit, the male psychiatric intensive care unit (PICU) due to safety concerns with the unit as it is over 20 years old. The refurbishment commenced on 27th January 2025 for a period of 15 weeks however, in the period leading up to the refurbishment, for safety reasons the ward needed to reduce the number of beds available from 10 to 6. This did impact on flow across the Bradgate unit as a whole due to having less beds overall.

Bed pressures during winter months did lead to out of area placements to ensure those most at risk were admitted to hospital. Patients were sent to an out of area provider throughout most of the winter when there were no available local beds.

| <b>OOA Admissions</b> | <b>Sep-24</b> | <b>Oct-24</b> | <b>Nov-24</b> | <b>Dec-24</b> | <b>Jan-25</b> | <b>Feb-25</b> |
|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Acute</b>          | 5             | 2             | 2             | 2             | 0             | 5             |
| <b>City Patients</b>  | 2             | 1             | 2             | 2             | 0             | 1             |
| <b>PICU</b>           | 0             | 0             | 0             | 0             | 4             | 4             |
| <b>City Patients</b>  | 0             | 0             | 0             | 0             | 3             | 1             |

Due to the demand on male beds, acute male beds were blocked booked in the lead up to winter at a local private hospital within LLR to provide additional bed stock local to Leicester to prevent further patients being sent far away from home.

| <b>Admissions</b>    | <b>Aug-24</b> | <b>Sep-24</b> | <b>Oct-24</b> | <b>Nov-24</b> | <b>Dec-24</b> | <b>Jan-25</b> | <b>Feb-25</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Acute Blocked</b> | 6             | 2             | 6             | 3             | 0             | 0             | 5             |
| <b>City Patients</b> | 3             | 2             | 4             | 0             | 0             | 0             | 2             |

Step down beds were also utilised and during the winter months 24 patients were transferred to a step down ward for care in a more suitable environment providing bed capacity for new admissions.

### Flow Out

Over the winter months patients declared as clinically ready for discharge (CRFD) remained high adding additional pressures to flow. The average number of adults clinically ready was 18, 40% of those were City patients awaiting accommodation or residential care.

| <b>Acute Mental Health - Bradgate Unit - City and County</b> |                                 |        |        |        |
|--|---------------------------------|--------|--------|--------|
| Sep-24   | Oct-24                          | Nov-24 | Dec-24 | Jan-25 |
| 5.8%   | 4.8%                            | 3.5%   | 2.5%   | 1.1%   |
| <b>Mental Health – Rehabilitation – City and County</b>      |                                 |        |        |        |
| Sep-24   | Oct-24                          | Nov-24 | Dec-24 | Jan-25 |
| 24.4%  | 21.8%                           | 16.9%  | 12.4%  | 13.5%  |
| <b>Months</b>  | <b>No of City Patients CRFD</b> |        |        |        |
| <b>Oct</b>   | 10                              |        |        |        |
| <b>Nov</b>   | 6                               |        |        |        |
| <b>Dec</b>   | 6                               |        |        |        |
| <b>Jan</b>   | 4                               |        |        |        |

Weekly meetings take place with representatives from health, social and housing to support with reviewing progress of existing CRFD and any new delays identified. All actions allocated in the meeting are tracked and concerns escalated to prevent any further delay.

April 2025

As part of additional winter monies during 2024/25, the patient flow team utilised bed and breakfast (B&B's) to facilitate discharge. During the winter months B&Bs were utilised on 13 occasions with an average stay of 6 days resulting in 80 days of bed availability allowing capacity for new admissions.

Discharge packages were also prepared from the winter monies for patients to utilise, this included home living essentials to support patients' package of care on discharge.

#### Decision required – Please indicate:

|                                   |   |
|-----------------------------------|---|
| Briefing – no decision required   |   |
| Discussion – no decision required | X |
| Decision required – detail below  |   |

#### Governance table

|   |                                    |   |
|---|------------------------------------|---|
| For Board and Board Committees:   | HOSC                               |   |
| Paper sponsored by:   |                                    |   |
| Paper authored by:  |                                    |   |
| Date submitted:   |                                    |   |
| State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): |                                    |   |
| If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:                                    |                                    |   |
| State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning   | One off report                     |   |
| LPT strategic alignment:  | Great Health Outcomes              | X |
|   | Great Care                         | X |
|   | Great Place to Work                | X |
|   | Part of the Community              | X |
| CRR/BAF considerations:   | List risk number and title of risk |   |
| Is the decision required consistent with LPT's risk appetite:   |                                    |   |
| False and misleading information (FOMI) considerations:   |                                    |   |
| Positive confirmation that the content does not risk the safety of patients or the public   |                                    |   |
| Equality considerations:  |                                    |   |



## Report for the Health Overview Scrutiny Committee, 29<sup>th</sup> April 2025

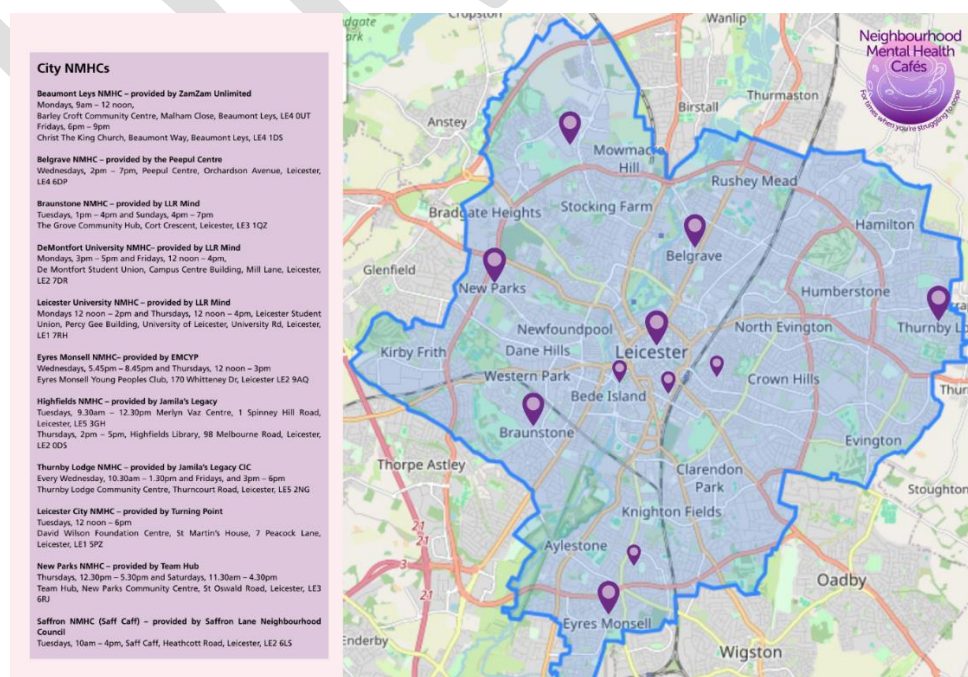
### Neighbourhood Mental Health Cafes – Leicester

Prepared & presented by: Rob Melling, Mental Health Improvement & Transformation Lead, Leicestershire Partnership NHS Trust

#### Background information

1. The Neighbourhood Mental Health Café (NMHC) scheme launched in 2021/22 as part of a national drive to increase mental health crisis alternatives. The local ambition at that time was to have twenty-five cafes in place by 2023/24 across Leicester, Leicestershire & Rutland, which originally equalled the same number of Primary Care Networks.
2. This NMHC scheme is focused on increasing local access for adults to get help in neighbourhoods when they are experiencing mental health distress, without the need to book, as an alternative to attending A&E or booking GP appointments.
3. The locations of the cafes have been identified in partnership with local stakeholders, such as Public Health, and are situated in areas which have higher rates of deprivation and/or higher referral rates to urgent mental health services (see figure 1). The cafes are generally based in local authority or VCS owned/rented community centres, as opposed to NHS buildings.

**Figure 1 – NMHC Café Locations**



4. A grant approach has been used to provide funding for local Voluntary Community Sector (VCS) organisations to deliver the cafes. This approach was chosen as local VCS tend who have a high degree of insight, understanding and skills to meet the diverse needs of communities in Leicester. There are currently 9 organisations (see figure 2) who provide café 20 sessions per week, equating to 70 hours across Monday to Sunday (predominantly Monday to Friday) in Leicester.

**Figure 2 – NMHC VCS Providers**

|  |   |                                 |
|--|---|---------------------------------|
| Eyres Monsell Children & Young People's Centre | Team Hub  | Jamilla's Legacy                |
| Peepul Health                                  | Saff Caff in association with Saffron Acres                 | Leicester City in the Community |
| Turning Point                                  | Zam Zam Unlimited Possibilities CIC with Amitai Counselling | LLR MIND                        |

5. Neighbourhood Mental Health Cafes offer face-to-face support in a safe a calming environment, types of support include, working on coping strategies and skills, actions planning & problem solving and developing safety plans. A comprehensive service specification provides organisations with expectations and guidance as to how the cafes should operate, to ensure a higher degree of continuity across the cafes.
6. A pathway is in place where café Providers can contact the Mental Health Urgent Care Hub or into the Central Access Point via the professionals' route where an individual's needs are beyond the capability of the café to support.
7. From a quality perspective, a provider network meeting is held regularly with VCS Providers to ensure key areas are discussed in relation to the performance, training, and information sharing. This forum provides the opportunity for organisations to contribute towards developments and required changes. A coproduction group for people with lived experience is also in place which has developed products such as the café welcome pack.
8. The LLR Neighbourhood Mental Health Café scheme was included in a review carried out by Black Country Healthcare NHS Foundation Trust in 2025, which benchmarked café/crisis alternative schemes commissioned in the Midlands region including Black Country, Birmingham & Solihull, Coventry & Warwickshire). From a cost perspective, the average expenditure per contact for LLR equates to £101.27, which when calculated for activity in Leicester, reduces to £77 per contact. The review identified this sits in the lower range comparatively with other ICB areas, which range from £74 - £315 per contact, offering confidence from a value for money perspective. The review also highlighted that Leicester cafes are effective in the way the engage and provide support for non-white people comparatively with other schemes in the region.

### **Activity, performance and outcomes**

9. In 2024/25 the scheme has achieved the following across the cafes within Leicester.
- Total visitors – 3,689
  - New visitors – 1,004
  - Repeat visitors – 2,685
10. People attending the cafes are asked for up to three reasons they have attended the café for support. The most common presenting issues currently are as follows.
- Anxiety (24.2%)
  - Depression (14.2%)
  - Isolation & Loneliness (9.8%)
  - Stress (9.2%)
  - Needing practical support & advice (7.9%)
  - Family issues (5.7%)

Other common reasons for presenting at a café include bereavement, carer strain, debt & financial issues, domestic abuse, employment issues, family issues, gambling harms, homelessness, housing, memory issues, mood disturbance, physical health issues, psychosis experiences, relationship status, self-harm, substance misuse and suicidal ideation.

11. From a demographic perspective, in 2024/25, those attending the cafes reflect similar rates in comparison with the general population which is important considering the factors that affect people's health in Leicester.

| Ethnicity                                   | Café (% of attendees) | *Ethnic groups in Leicester (%) |
|---|-----------------------|---------------------------------|
| White                                       | 43.23%                | 41%                             |
| Asian/ British Asian                        | 43.07%                | 43%                             |
| Black/ African<br>/Caribbean/ Black British | 7.35%                 | 7.7%                            |
| Mixed multiple ethnic<br>groups             | 1.4%                  | 3.8%                            |
| Other ethnic groups                         | 0.8%                  | 4.1                             |

\*Source, Adult Joint Strategic Needs Assessment, Leicester City, Nov 2023

\*\*151 individuals 'preferred not to say'

The data above highlights people from a black heritage background have slightly lower contacts at the cafes compared to the population rate in Leicester. To address this, and other challenges faced by the black heritage community in relation mental health, Leicestershire Partnership NHS Trust have formed a partnership with the African Heritage Alliance to improve engagement, awareness and support with the community. The intended outcome is to increase preventative activity and increase earlier identification of mental health issues.

12. From an age perspective the highest numbers of café attendees are aged between 41-64yrs old (46%). People between 18-25 are the least likely to present to Neighbourhood Mental Health Cafes in Leicester currently amounting to only 9% of all contacts currently. This suggests that whilst the University's have cafes, there is more to do to ensure the scheme engages and works for people within this younger adult age group.
13. Regarding disability, 34% of all attendees suggested they had a physical or mental disability. Whilst this is higher than the findings of the 2021 Census (16%), the question at cafes does not ask the extent the disabilities limited day-to-day activity which makes it difficult to make accurate assumptions. However, the data does suggest that the cafes are accessible and being used by people with a self-defined disability.
14. An additional question was introduced in 2024 regarding neurodivergence, of which 20% of café attendees suggested they lived with a neurodiverse need or condition. National estimates suggest 1 in 7 individuals or 15-20% of the population would divert neurologically from said neurotypical "norm" (NHS England) which is consistent with footfall at the cafes.
15. In terms of outcomes, individuals attending the cafes having either receiving 1:1 or group support will have benefitted from the following.
- Discussing coping techniques
  - Developing a risk or safety plan
  - Referred to provider in-house services (wider needs inc. food banks)
  - Referral made to health services
  - Mental Health Hub contacted
  - Discussed/taught a Decider Skill
16. The data suggests that the cafes, using the techniques above, can support most individuals without the need to escalate to urgent and emergency care with only 0.6% of individuals being referred to the Mental Health Hub. This demonstrates the cafes are working effectively as a 'crisis alternative' intervention and contributing supporting to manage flow within the system. Similarly, individuals are suggesting they attended the café instead of seeing their GP, contacting the crisis team or contacting the Central Access Point (CAP).
17. People attending cafes are encouraged to give feedback on their experience of using the cafes. The following was recently received by the LPT PALS team *"In a time of crisis, I attended the mental health cafe and over a number of weeks and months was supported by friendly faces welcoming with a cup of tea and even more importantly had the chance to speak one to one through some of my issues.... Without the support of the cafe, I am not sure I would be in such a positive place in my life and so again please thank those involved"*

# Leicester City Neighbourhood Mental Health Café Data

April 2024 – September 2025

Neighbourhood  
Mental Health  
Cafés

For times when you're struggling to cope



# Neighbourhood Mental Health Cafés

20 sessions being delivered by 9 different VCSE partners

from 13 venues across Leicester



**LEICESTER CITY**  
IN THE COMMUNITY



**EMCYP**

Making our  
community  
smile since 1961.



# Maryam's story





# Alex's story





# Café Locations

## City NMHCs

### **Beaumont Leys NMHC – provided by ZamZam Unlimited**

Mondays, 9am – 12 noon,  
Barley Croft Community Centre, Malham Close, Beaumont Leys, LE4 0UT  
Fridays, 6pm – 9pm  
Christ The King Church, Beaumont Way, Beaumont Leys, LE4 1DS

### **Belgrave NMHC – provided by the Peepul Centre**

Wednesdays, 2pm – 7pm, Peepul Centre, Orchardson Avenue, Leicester, LE4 6DP

### **Braunstone NMHC – provided by LLR Mind**

Tuesdays, 1pm – 4pm and Sundays, 4pm – 7pm  
The Grove Community Hub, Cort Crescent, Leicester, LE3 1QZ

### **DeMontfort University NMHC– provided by LLR Mind**

Mondays, 3pm – 5pm and Fridays, 12 noon – 4pm,  
De Montfort Student Union, Campus Centre Building, Mill Lane, Leicester, LE2 7DR

### **Leicester University NMHC – provided by LLR Mind**

Mondays 12 noon – 2pm and Thursdays, 12 noon – 4pm, Leicester Student Union, Percy Gee Building, University of Leicester, University Rd, Leicester, LE1 7RH

### **Eyres Monsell NMHC– provided by EMCYP**

Wednesdays, 5.45pm – 8.45pm and Thursdays, 12 noon – 3pm  
Eyres Monsell Young Peoples Club, 170 Whitteney Dr, Leicester LE2 9AQ

### **Highfields NMHC – provided by Jamila's Legacy**

Tuesdays, 9.30am – 12.30pm Merlyn Vaz Centre, 1 Spinney Hill Road, Leicester, LE5 3GH  
Thursdays, 2pm – 5pm, Highfields Library, 98 Melbourne Road, Leicester, LE2 0DS

### **Thurnby Lodge NMHC – provided by Jamila's Legacy CIC**

Every Wednesday, 10.30am – 1.30pm and Fridays, and 3pm – 6pm  
Thurnby Lodge Community Centre, Thurncourt Road, Leicester, LE5 2NG

### **Leicester City NMHC – provided by Turning Point**

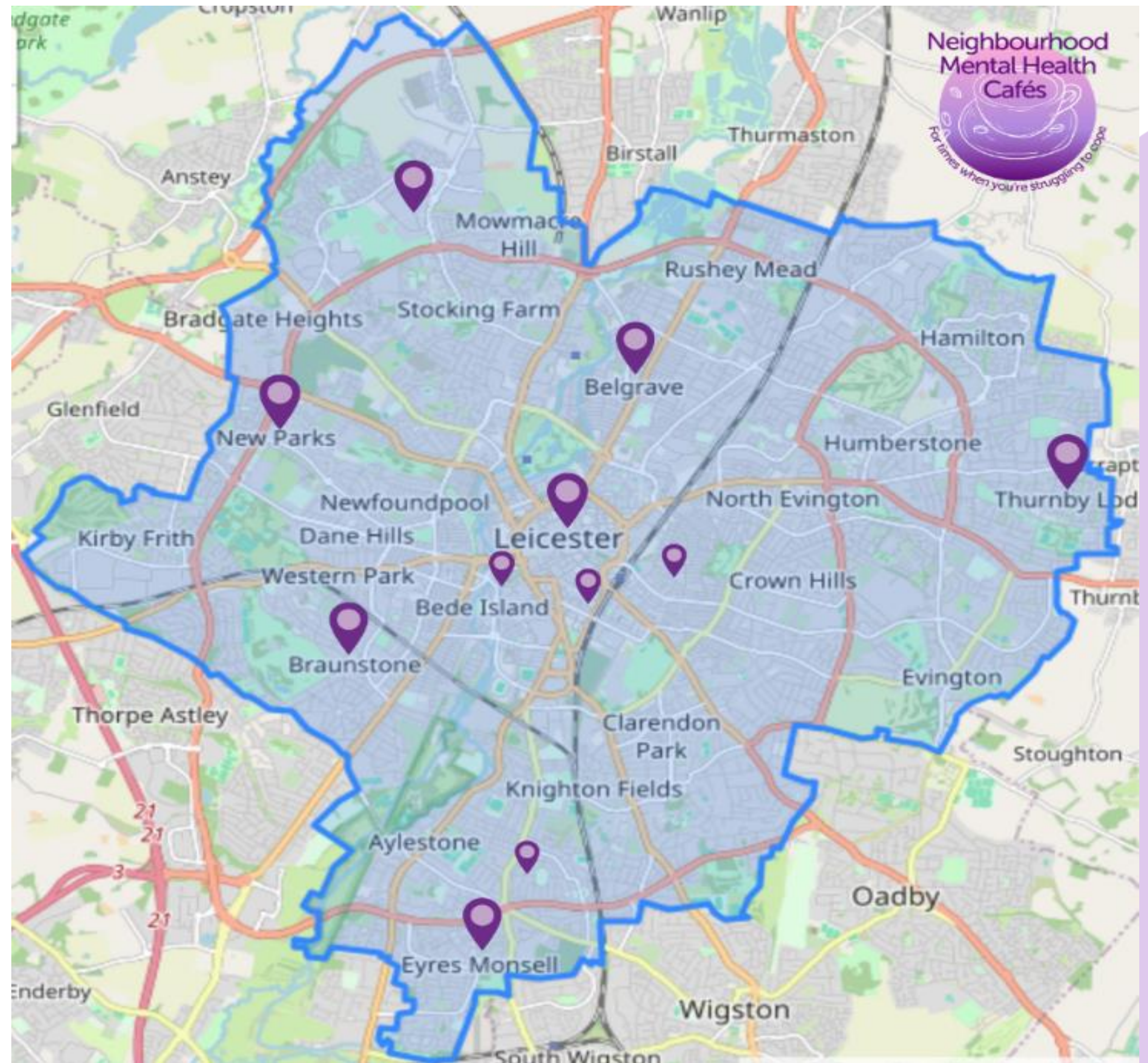
Tuesdays, 12 noon – 6pm  
David Wilson Foundation Centre, St Martin's House, 7 Peacock Lane, Leicester, LE1 5PZ

### **New Parks NMHC – provided by Team Hub**

Thursdays, 12.30pm – 5.30pm and Saturdays, 11.30am – 4.30pm  
Team Hub, New Parks Community Centre, St Oswald Road, Leicester, LE3 6RJ

### **Saffron NMHC (Saff Caff) – provided by Saffron Lane Neighbourhood Council**

Tuesdays, 10am – 4pm, Saff Caff, Heathcott Road, Leicester, LE2 6LS

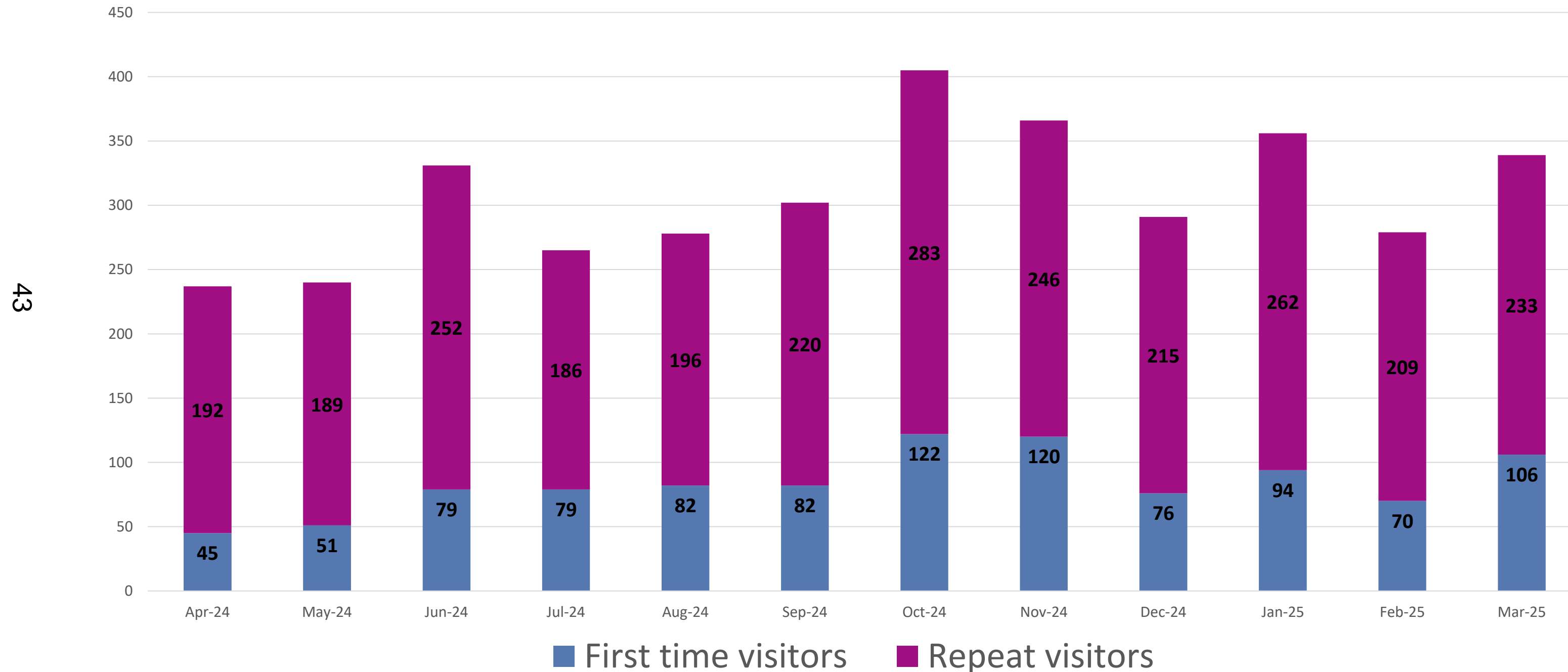




| Monday   | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  | Sunday  |
|--|---|---|---|---|---|---|
| <p>Beaumont Leys<br/><i>Zam Zam Unlimited in partnership with Amitai Counselling</i><br/>Barley Croft Community Centre<br/>9am – 12 noon</p> | <p>Highfields<br/><i>Jamila’s Legacy</i><br/>Merlyn Vas Centre<br/>9.30am – 12.30pm</p>   | <p>Thurnby Lodge<br/><i>Jamila’s Legacy</i><br/>Thurnby Lodge Community Centre<br/>10.30am – 1.30pm</p> | <p>University of Leicester<br/><i>LLR Mind</i><br/>University of Leicester Student Union<br/>12noon – 4pm</p> | <p>De Montfort University<br/><i>LLR Mind</i><br/>De Montfort Student Union<br/>1pm - 5pm</p>                                     | <p>New Parks<br/><i>Team Hub</i><br/>At Team Hub<br/>11.30am – 4.30pm</p> |   |
| <p>University of Leicester<br/><i>LLR Mind</i><br/>University of Leicester Student Union<br/>12noon - 2pm</p>                                | <p>Saffron<br/><i>Saffron Lane Neighbourhood Council</i><br/>Saff Caff<br/>10am – 4pm</p>   | <p>Belgrave<br/><i>The Peepul Centre</i><br/>Peepul Centre<br/>1.30pm – 7.30pm</p>                      | <p>Eyres Monsell<br/><i>EMCYP</i><br/>Eyres Monsell Young Peoples Club<br/>12noon - 3pm</p>                   | <p>Thurnby Lodge<br/><i>Jamila’s Legacy</i><br/>Thurnby Lodge Community Centre<br/>2pm – 5pm</p>                                  |   |   |
| <p>De Montfort University<br/><i>LLR Mind</i><br/>De Montfort Student Union<br/>3pm - 5pm</p>  | <p>Braunstone<br/><i>LLR Mind in partnership with Leicester City in the Community</i><br/>The Grove Community Hub<br/>1 – 4pm</p> | <p>Eyres Monsell<br/><i>EMCYP</i><br/>Eyres Monsell Young Peoples Club<br/>5.45pm – 8.45pm</p>          | <p>New Parks<br/><i>Team Hub</i><br/>At Team Hub<br/>12.30 – 5.30pm</p>                                       | <p>Beaumont Leys<br/><i>Zam Zam Unlimited in partnership with Amitai Counselling</i><br/>Christ The King Church<br/>6pm - 9pm</p> |   | <p>Braunstone<br/><i>LLR Mind in partnership with Leicester City in the Community</i><br/>The Grove Community Hub<br/>4 – 7pm</p> |
|  |   |   | <p>Highfields<br/><i>Jamila’s Legacy</i><br/>Highfields Library<br/>3pm – 6pm</p>                             | <p>University of Leicester<br/><i>LLR Mind</i><br/>University of Leicester Student Union<br/>7pm - 9pm</p>                        |   |   |

# Contacts

3689 visits to City Neighbourhood Mental Health Cafés April 2024 – March 2025



How people accessed café?



In person - 2836



Phone - 672



Text - 141



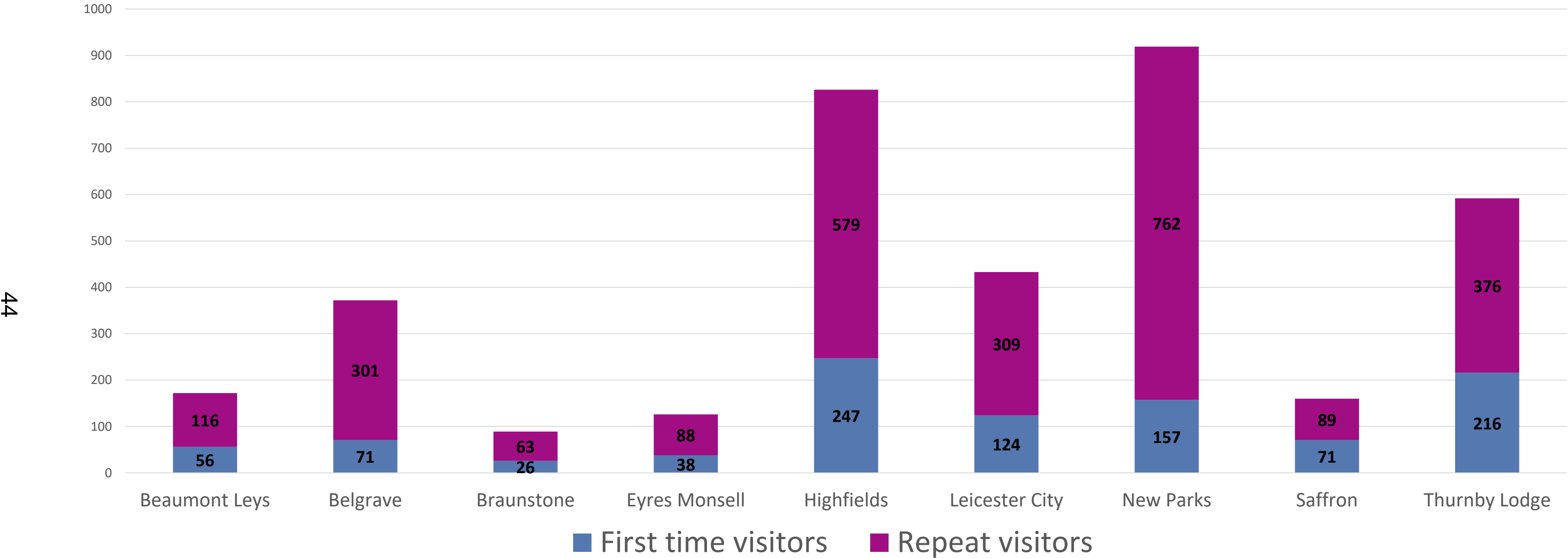
Online / Email - 28

City Neighbourhood Mental Health Cafes  
Data for 1<sup>st</sup> April 24 – 31<sup>st</sup> March 25

N.B: There has been some changes in providers and additional cafes opened in 24, which is reflected in the data. Thurnby Lodge opened in May, Universities in July, Eyres Monsell, Beaumont Leys in September and Braunstone in October



# Café Contacts Breakdown by locality

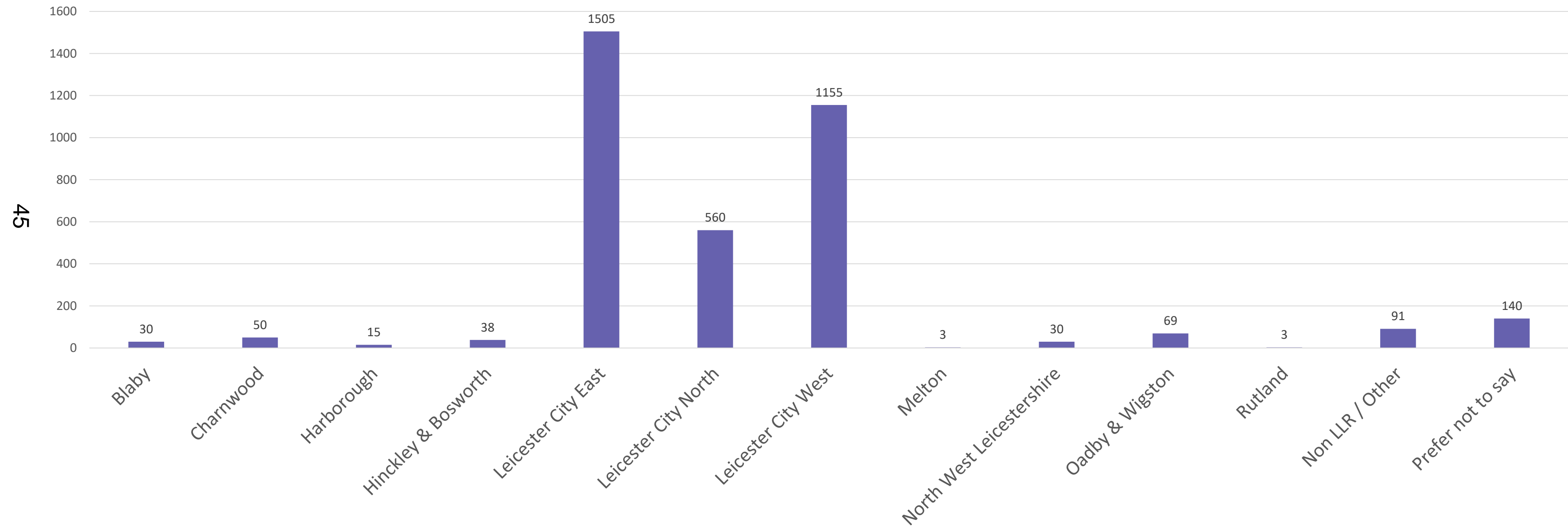


City Neighbourhood Mental Health Cafes  
Data for 1<sup>st</sup> April 24 – 31<sup>st</sup> March 25

N.B: There has been some changes in providers and additional cafes opened in 24, which is reflected in the data. Thurnby Lodge opened in May, Universities in July, Eyres Monsell, Beaumont Leys in September and Braunstone in October



# To visit the café people travelled from...

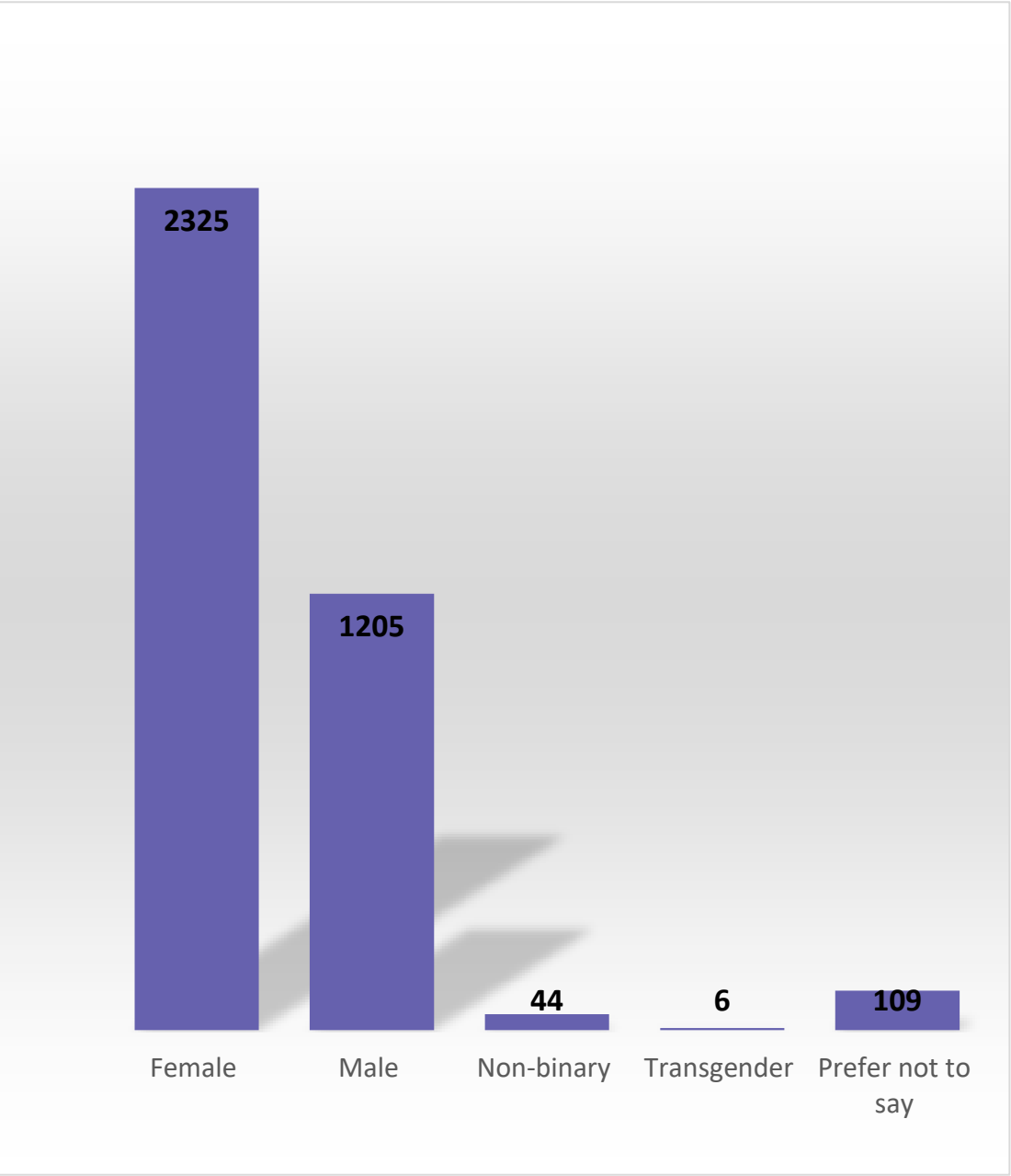


City Neighbourhood Mental Health Cafes  
Data for 1<sup>st</sup> April 24 – 31<sup>st</sup> March 25

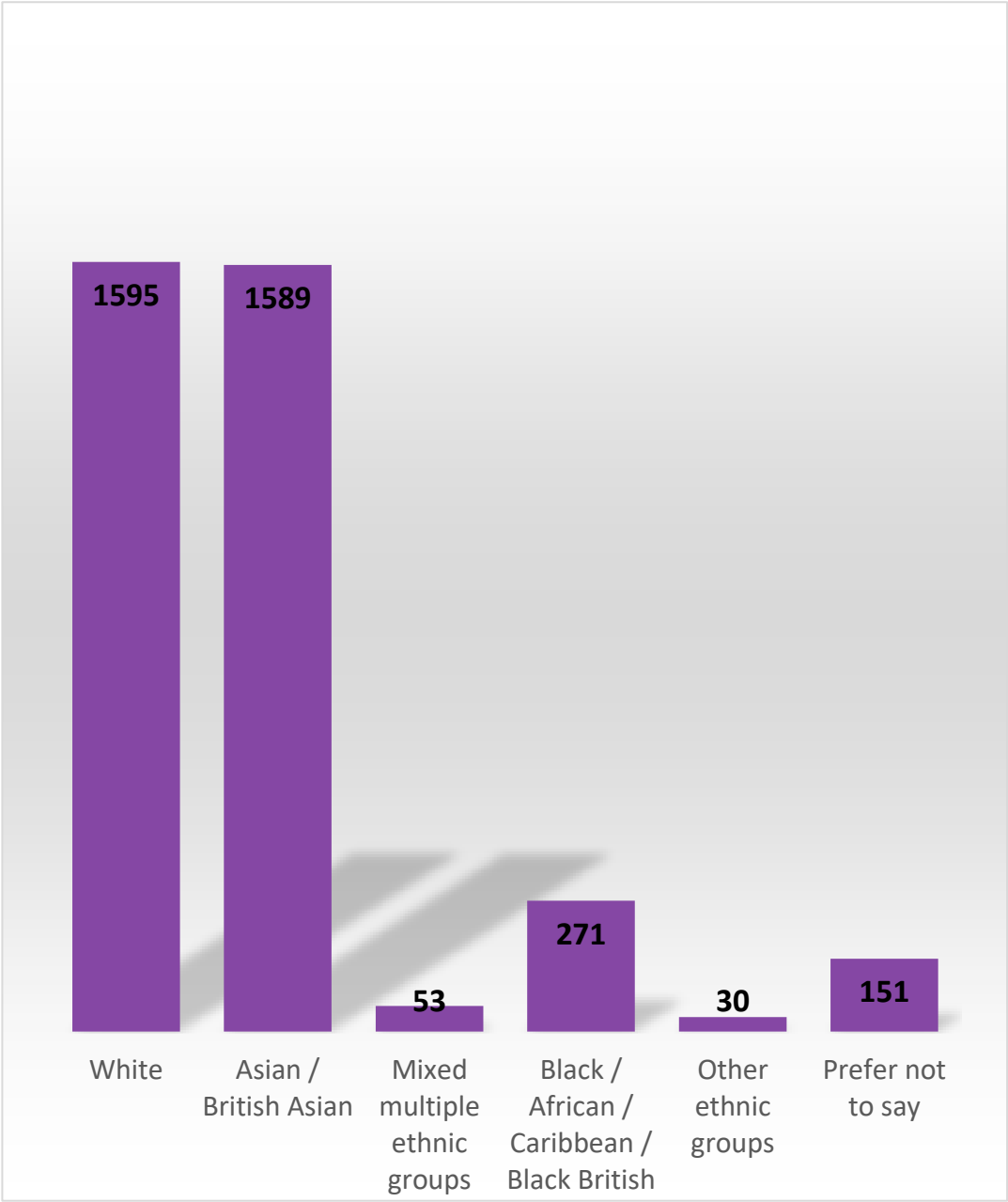


# Demographics

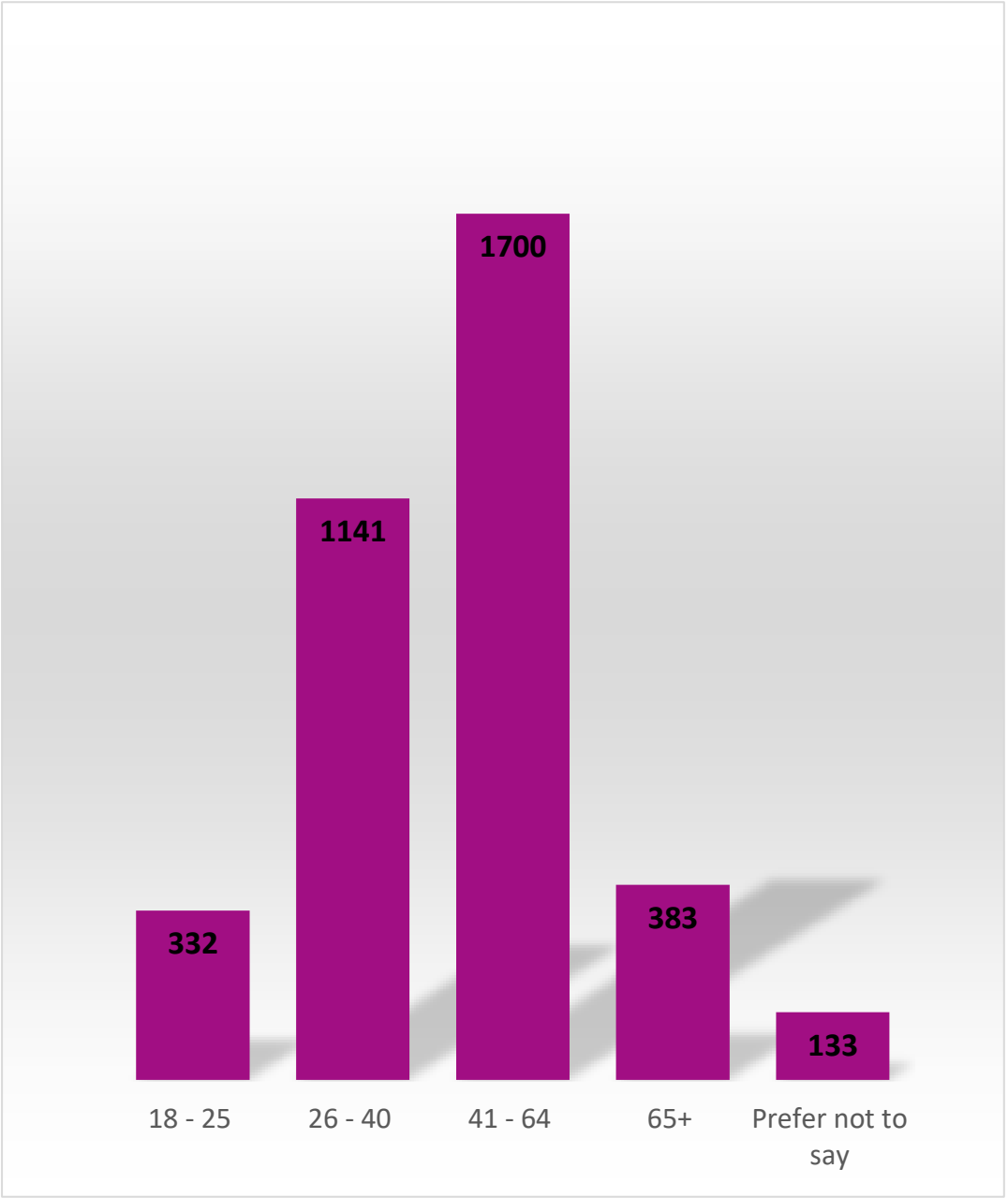
## Gender



## Ethnicity



## Age



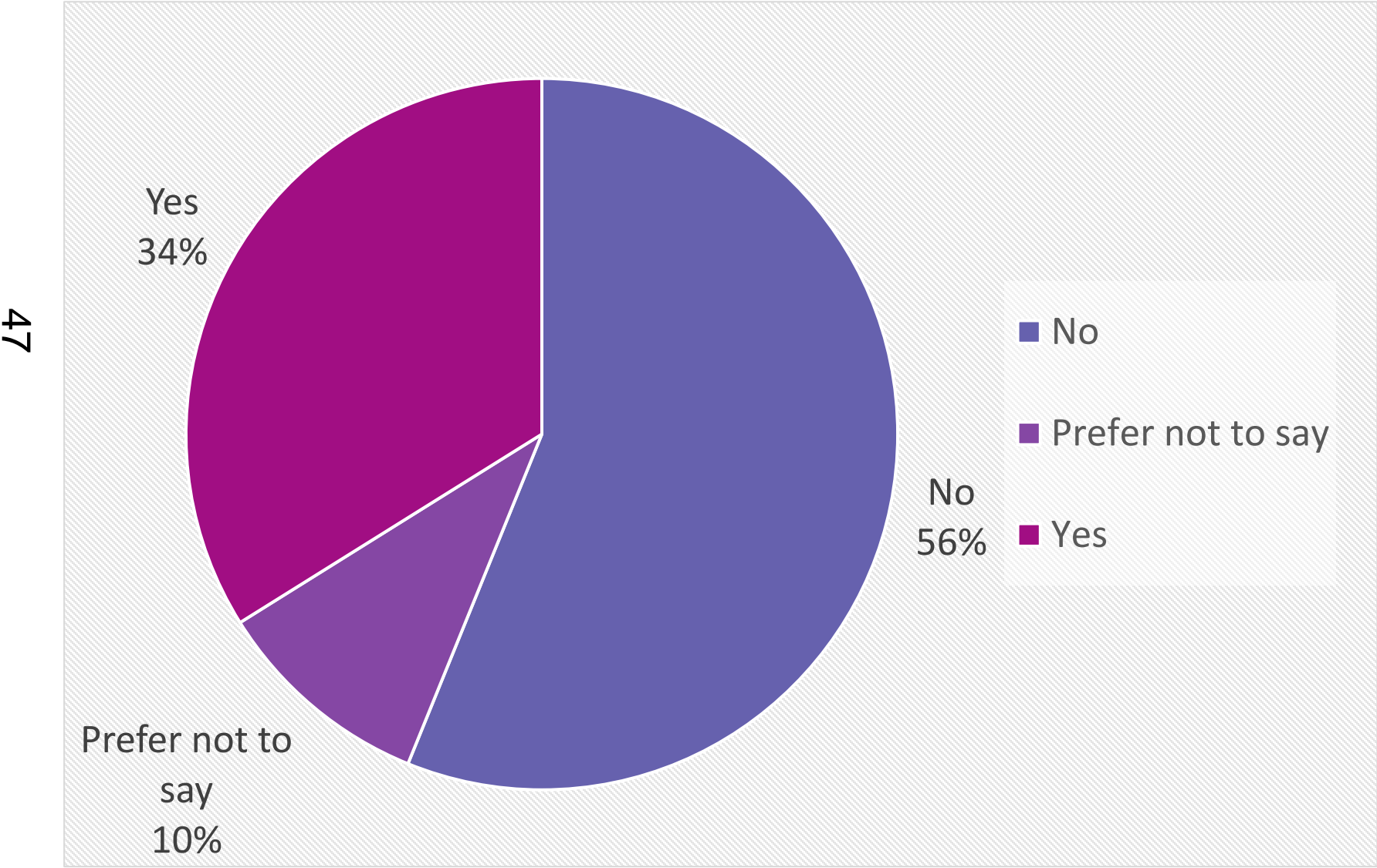
## City Neighbourhood Mental Health Cafes

*How data compares to ethnicity in Leicester data:*  
*White 41% (café – 43.23%) Asian 43% (café – 43.07%), Black 4% (café – 7.35%)*

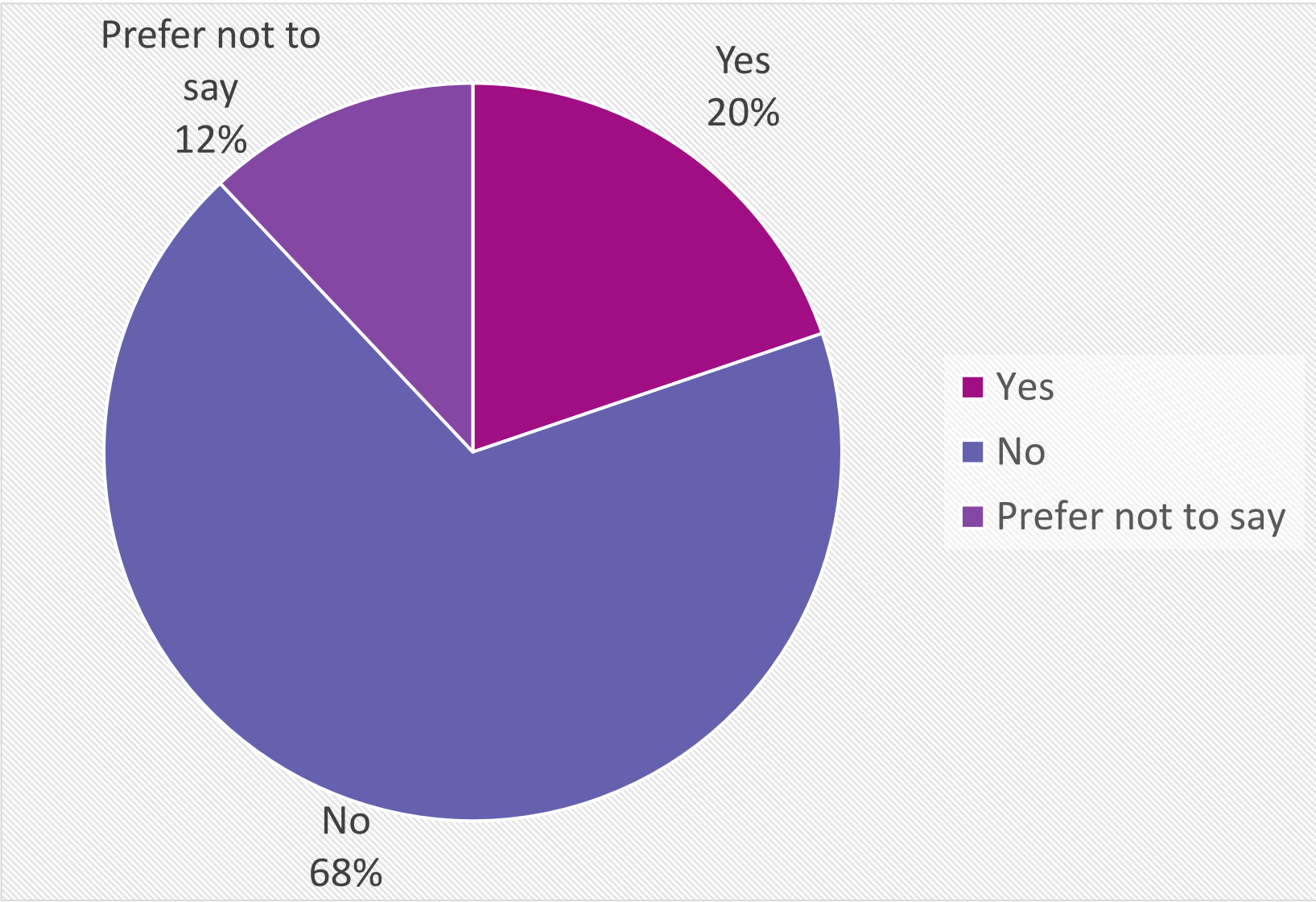


# Demographics

Do you consider yourself to have a disability?

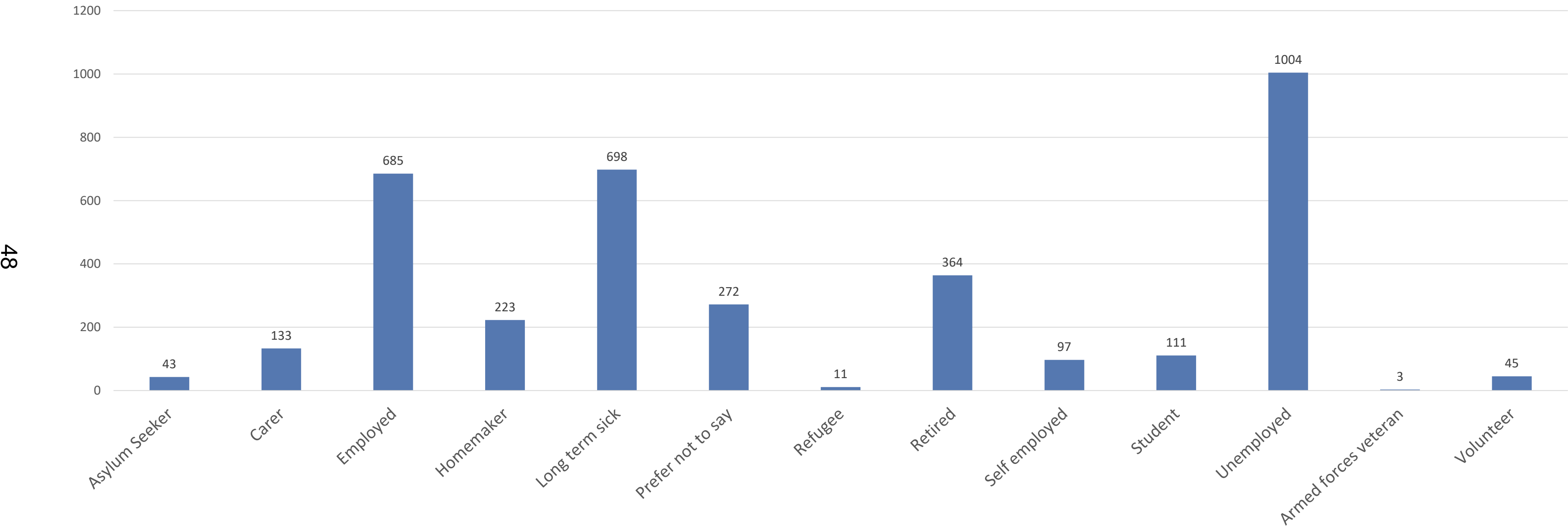


Do you consider yourself to be neurodiverse?



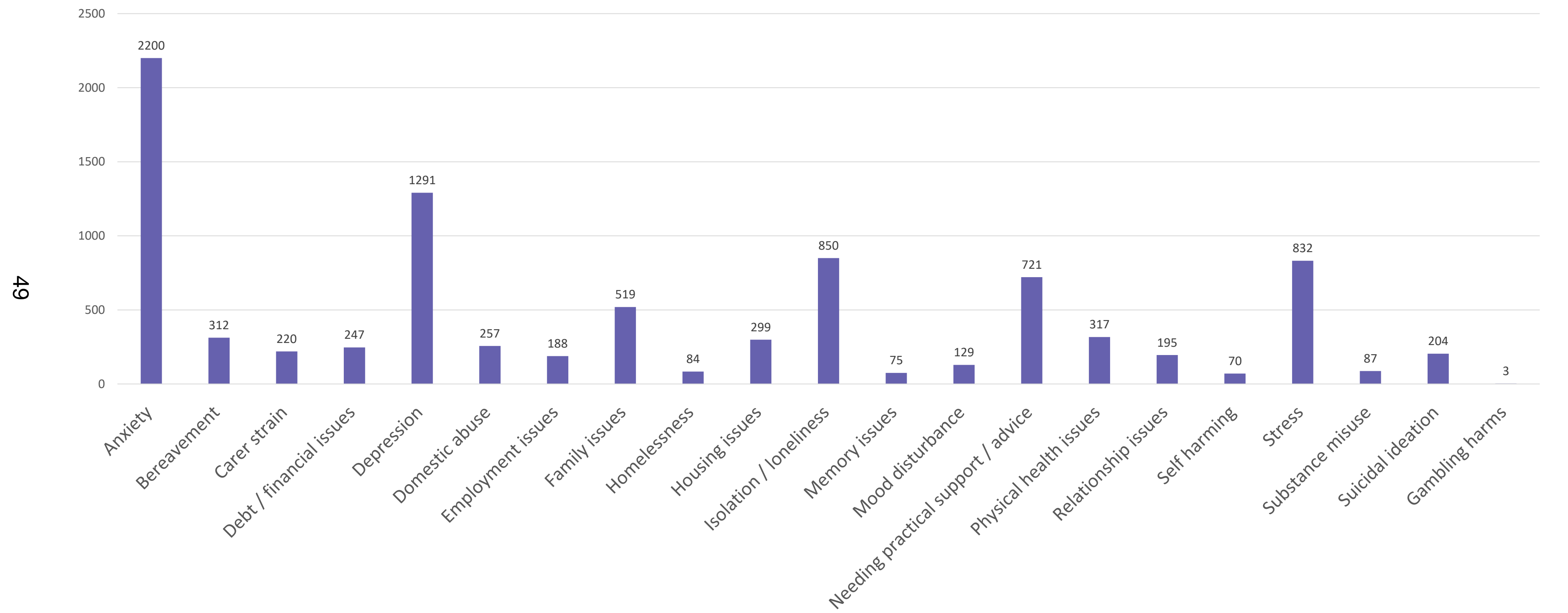
# Demographics

## Current Status...





# Presenting Issues

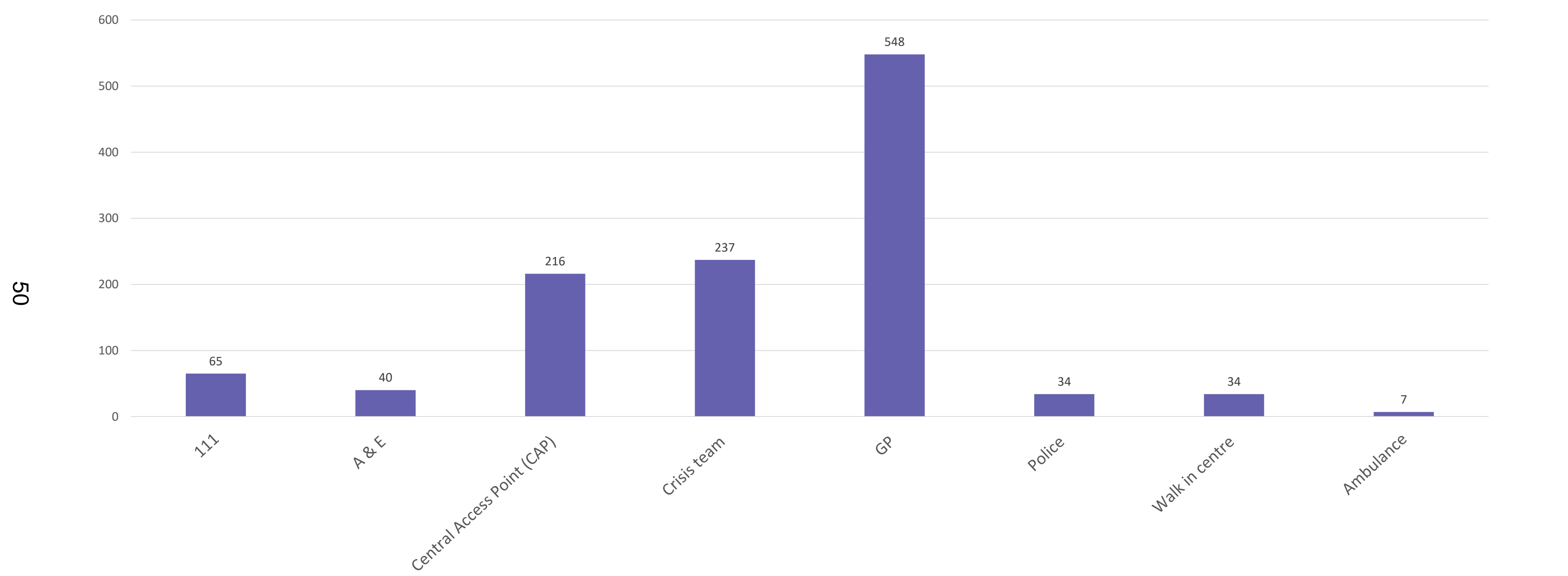


City Neighbourhood Mental Health Cafes  
Data for 1<sup>st</sup> April 24 – 31<sup>st</sup> March 25

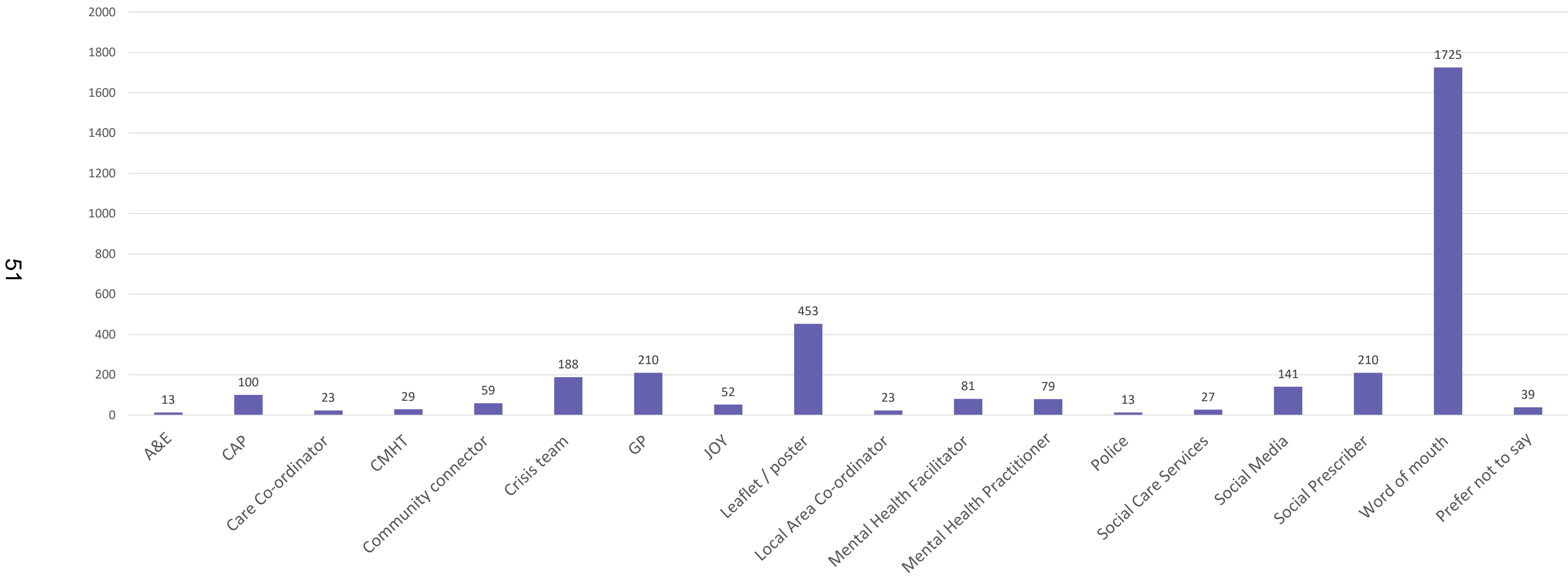
*NB: visitors asked to give up to 3 reasons why they have attended the cafe*



# Attended Café instead of accessing following services...

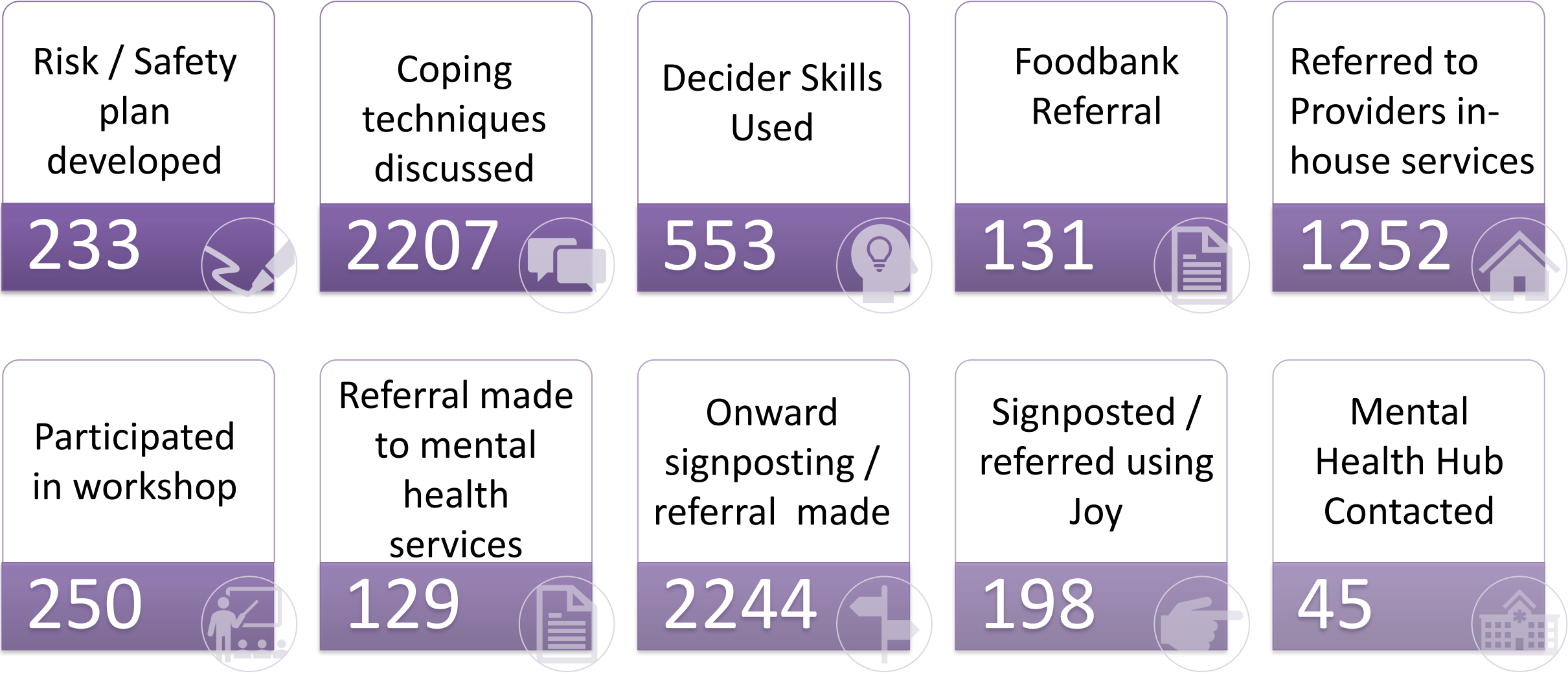


# How individual heard about the cafe...



# Outcomes for individuals attending

52



2368 people received 1:1 support

466 people accessed group/social support

824 people received 1:1 support & accessed group/social support





# Café impact....

Sally\* visited the café because she was experiencing active suicidal thoughts and was in search of help. This distress stemmed from her journey from Bournemouth to Leicester to meet her ex-boyfriend, with whom she had recently ended a relationship and was seeking closure. She had planned to take her own life if he refused to talk to her and happened to find herself at the café by chance, as she was sitting on a wall when we placed the opening sign outside. She interpreted this as a “sign” that support was available to her.

We immediately arranged for her to have a one-on-one session. During the initial assessment, as she disclosed her suicidal thoughts, we determined that it was essential for her to undergo an assessment at the Mental Health Hub.

To help support her while we arranged transportation to the Hub, we worked through some grounding techniques.

We coordinated with the taxi company to ensure she arrived directly at the Hub without any detours. She expressed deep gratitude for our support and was relieved to be receiving further support from the Mental Health Hub.

*\*named changed*





Young person presented to the cafe in crisis, had suicidal ideation and feelings of hopelessness. They had been experiencing distress that day but have had issues with their mental health for over a year.

They were offered 1-2-1 support and disclosed suicidal ideation and a likelihood of acting on the thoughts, so the Mental Health Hub was contacted and a car was arranged to take them for crisis intervention.

On subsequent visits a safety plan was created and coping strategies explored and worked through. Individual was pleased with the safety plan and felt that this was productive and will continue to use the cafe when needed.

Individuals feedback: *“Today I had a 121 and it has helped me in ways that I cannot explain. The people are amazing. Being here has helped me and changed me for the better. I walked into the Mental Health Cafe not knowing what to expect. I wasn’t sure if they would be able to help me and within a few months I walked out being the best version of myself with the exact help I needed to help me get my life back”.*

## Public Health & Health Integration Scrutiny Committee

### Work Programme 2024 – 2025

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

| Meeting Date            | Item                     | Recommendations / Actions  | Progress   |
|-------------------------|--------------------------|--|--|
| 10<br>September<br>2024 | Health Protection Update | TB Action Plan to added to the work programme.   | Updated on the work programme.   |
|                         | Winter Planning          | Fuel poverty and health programme to consider environmental impacts.   |  |
|                         |                          | Details of volunteer groups to support patients returning home/community to be circulated.   | Information sent to members.   |
|                         |                          | Communications to be shared with members on how to get vaccines, details of the roving unit, 111 service, blood pressure and cholesterol checks for promoting. The internal process for sharing health messages to ward councillors to also be reviewed. | Information pack sent to members and internal process reviewed for further communication to be shared. |
|                         |                          | Consideration to be given to use of medical jargon in communication to ensure clear for members of the public to understand.   | Noted and shared with all health partners for future reports.  |
|                         |                          | Information to be shared on 111 call back numbers and waiting times.   | Information sent to members.   |
|                         | Work Programme           | Adult mental health and health status of Leicester residents to be added to the work programme.  | Added to the work programme.   |
|                         |                          | Self-harm and suicide prevention to be incorporated into suicide strategy discussion.  | Shared with health colleagues to incorporate within report.  |
|                         | AOB                      |  | Discussions ongoing and options being considered.  |



| Meeting Date | Item | Recommendations / Actions   | Progress |
|--------------|------|---|----------|
|              |      | Consideration to be given to transport links and how this is communicated to staff to prevent parking on side streets to avoid parking charges. |          |

| Meeting Date    | Item                                 | Recommendations / Actions   | Progress  |
|-----------------|--------------------------------------|---|---|
| 5 November 2024 | Chair's Announcements – Youth Summit | Youth representatives to share presentation at CYPE scrutiny.   | Liaised with CYPE scrutiny and governance services to arrange.      |
|                 | Critical Incident Update             | Youth representatives' video to be circulated.  | Requested information.  |
|                 |                                      | System Winter Plan to be shared with Members and formally recommended that the update and 111 service is discussed at the next meeting. | Information shared with Members, along with an update from the ICB. |
|                 |                                      | Details to be given on where bottlenecks occurred in the system and how this will be addressed.   | Requested information.  |
|                 |                                      | Adult Social Care discharge figures to be shared with Members.  | Information shared with Members.                                    |
|                 |                                      | EMA productivity lost during critical incident to be requested and shared with Members.   | Requested information.  |
|                 |                                      | Information on what is being done by DHU to increase 111 call capacity to be shared with Members.                                       | Requested information.  |
|                 | Health Protection Update             | The update was noted.   |   |
|                 | Vaccinations & Screening             | Improved NHS app and information available for children's vaccinations timeline to be requested.  | Action sent to ICB.   |

| Meeting Date | Item                 | Recommendations / Actions  | Progress                              |
|--------------|----------------------|--|---------------------------------------|
|              | Adult Mental Health  | Messaging from GP practices for vaccine access/uptake to be considered for national links to be shared for more options.                               | Action sent to ICB.                   |
|              | LLR Suicide Strategy | Full slide deck to be circulated to Members and any other questions to be sent to Governance Services to pass on to ICB / Public Health to respond to. | Circulated to Members.                |
|              | Work Programme       | Update of business case to be added to the work programme - to be scheduled after spring.  | Added to work programme.              |
|              |                      | Death by suicide to be added to the work programme for Commission to be kept updated on data and workstreams.  | Added to work programme future items. |
|              |                      | Items for next meeting to be reviewed considering discussions.   | Complete.                             |

| Meeting Date    | Item                     | Recommendations / Actions   | Progress  |
|-----------------|--------------------------|---|---|
| 21 January 2025 | Health Protection Update | Slides to be shared with Members.   | Information requested.                                      |
|                 | System Pressures update  | Bradgate Unit and mental health services to be scheduled on work programme.                                       | Added to work programme provisionally.                      |
|                 |                          | 111 update on DHU tender.   | Information requested.                                      |
|                 |                          | Cost to EMAS in man hours of delays.  | Information requested.                                      |
|                 | Budget                   |   |   |
|                 | GP Access                | NHS app data to be shared with Commission, potentially Spring.  | Information requested.                                      |
|                 |                          | Wider clinical practise team to be added to future items on work programme.                                       | Added to future items.                                      |
|                 |                          | Breakdown of data for GP appointments and hubs to be shared.  | Information requested.                                      |
|                 | Smoking and Vaping       | Figures to be shared of those who engaged with smoking cessation services and are still not smoking at 12 months. | Information partially received and circulated with members. |

| Meeting Date        | Item  | Recommendations / Actions  | Progress  |
|---------------------|---|--|---|
|                     |   | Trading standard report requested on operations for smoking and vaping.  | Information requested from Trading Standards.   |
| <b>4 March 2025</b> | <p>Health Protection Update – TB focus</p> <p>Health Research</p> <p>Long Term Conditions</p> <p>Health &amp; Wellbeing Strategy</p> <p>Health &amp; Wellbeing Survey</p> | <p>Members requested a TB working group be convened.</p> <p>A report was requested on whole systems approach to healthy weight.</p> <p>Information to be provided on schools who had signed up to the daily mile. Packs to be provided to members on benefits and engagements methods.</p> <p>Mental health cafes to be added to the work programme.</p> <p>An update was requested on the Joy platform.</p> | <p>Discussions underway.</p> <p>Added to the future items on work programme.</p> <p>Information requested.</p> <p>Complete.</p> <p>Information requested.</p> |

| Meeting Date  | Item   | Recommendations / Actions | Progress |
|---------------|--|---------------------------|----------|
| 29 April 2025 | Health Protection Update<br><br>CYP Mental Health Referral Update<br><br>System pressures on Bradgate Unit and Mental Health Services<br><br>Mental Health Cafes |                           |          |

#### Forward Plan Items (suggested)

| Topic   | Detail  | Proposed Date                  |
|---|---|--------------------------------|
| Update on UHL Finances<br><b>UHL</b>              | The Chair has requested a briefing note.  |                                |
| ICB 5 Year Forward Plan – Pledges<br><b>ICB</b>   | Pledge 1 – Improving Health Equity<br><br>Pledge 2 – Preventing Illness   | 9 July 2024<br><br>9 July 2024 |
| Drug and alcohol services<br><b>Public Health</b> | Agreed at the Joint Public Health & Health Integration and Adult Social Care Scrutiny Meeting on 30 November 2023 that the item to remain on the work programme.                            |                                |
| Maternity CQC Inspection<br><b>UHL</b>            | Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates on the improvement plan.<br><br>The Chair has requested a briefing note. |                                |

|  |  |  |
|--|--|--|
| UHL Reconfiguration<br><b>UHL</b>                  | <p>Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates.</p> <p>Update to be provided at Leicester, Leicestershire &amp; Rutland Joint Health Scrutiny Committee on 27 November 2024.</p>  |  |
| Death by Suicide<br><b>Public Health &amp; LPT</b> | <p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.</p> <p>Leicestershire County Council leading suicide strategy to be shared with commission.</p> <p>Agreed at PHHI Scrutiny Commission on 5<sup>th</sup> November 2024 that the item would be added to the work programme in order that the Commission could be updated on the Strategy, data and future workstreams.</p> |  |
| Workforce – Health Apprenticeships<br><b>ICB</b>   | <p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.</p> <p>Leicester, Leicestershire &amp; Rutland Joint Health Scrutiny Committee requested a briefing note.</p> <p>Item to be discussed at Leicester, Leicestershire &amp; Rutland Joint Health Scrutiny Committee 17 March 2025.</p>   |  |

|   |  |  |
|---|--|--|
| Local Patient Satisfaction Survey<br><b>ICB</b> | <p>Agreed at the meeting on 12 December the commission be updated in 2024 with results of local patient satisfaction survey and also information on inequalities plans being drawn up by practices.</p> <p>Information to be provided to Leicester, Leicestershire &amp; Rutland Health Scrutiny Committee – 17 July 2024.</p> |  |
| Virtual Wards<br><b>UHL</b>                     | <p>Agreed at the meeting on 6 February that the item be added to the work programme.</p> <p>Agreed at the meeting on 16 April that health partners would host a briefing session for Members.</p> <p>Briefing session provided to Members.</p>   |  |
| Elective Care<br><b>UHL</b>                     | <p>Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists.</p> <p>The Chair has requested a briefing note.</p>   |  |
| CYP Mental Health<br><b>ICB</b>                 | <p>Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting in the new municipal year.</p> <p>Chair and Cllr Sahu received a briefing update in July and agreed for a report to be shared with the Commission in January 2025. The report has been postponed until April 2025.</p>        |  |



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| GP Access<br><b>ICB</b>                                     | Commission requested item be added to breakdown for an update on GP access following communications regarding how residents can make appointments and a poll that indicated Leicester residents have most difficulty accessing.<br><br>Update to be provided to Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee – 17 July 2024. |  |
| Emergency Department<br><b>ICB / UHL</b>                    | The Commission requested at the meeting on 16 April 2024 item to discuss processes and targets in the emergency department to better understand experience for patients.  |  |
| Corporate Complaints<br><b>ICB</b>                          | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.  |  |
| Transforming Care – Learning Disabilities and Autism Update | Discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.  |  |
| Pharmaceutical Issues                                       | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.  |  |
| Women's Health  | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.  |  |
| Digital Strategy  | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – date tbc.  |  |
| Healthy food provision action plan                          | The Commission raised concerns at the meeting on 9 July 2024 about healthy food options and it was highlighted that an action plan is being renewed and could be shared at a future meeting.  |  |

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| GP Vulnerable Patient Flagging System | The Commission were informed at the meeting on 9 July 2024 that work is underway and further details could be shared when developed.  |  |
| Adult Mental Health business case     | Update to be brought to the Commission after the Spring following item coming to PHHI Scrutiny Commission on 5 <sup>th</sup> November 2024.   |  |
| TB Strategy & Action Plan             | <p>The Commission were informed at the meeting on 9 July 2024 of the development of a new strategy and action plan and agreed to be added to the work programme.</p> <p>Further highlighted at meeting on 10 September and asked to be added to the work programme for an update on the action plan.</p> <p>Update was brought on 4 March and a working group was requested by members.</p> |  |
| Health Status of Residents            | The Commission requested to further discuss the health status of Leicester residents at the meeting on 10 September where it was highlighted that the population is 20% sicker than prior to the pandemic. Darzi Review circulated to Members; further discussion to be arranged.   |  |
| Fertility Policy                      | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.  |  |
| Water fluoridation                    | To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.  |  |

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| Whole systems approach to Healthy Weight<br><b>Public Health</b> | A report was requested on 4 March 2025 to look further into the whole systems approach to healthy weight and what this incorporates.  |          |
| Bradgate Unit and Mental Health Services                         | A deep dive was requested on 21 January 2025 to consider the impact of system pressures on mental health services, particularly the Bradgate Unit. LPT are due to attend April, request report for then if confirmed at agenda meeting. | 29 April |
| GP Access – wider clinical practise team                         | Discussions on 21 January touched on wider clinical practise teams and who recruitment has developed beyond just GP's. Recommended to come back as an item to consider in more detail.  |          |
| Oral Health  | Oral health was removed from April's agenda and suggested for May 2025.   |          |
| Sexual Health  | Sexual health was removed from April's agenda and suggested for May 2025.   |          |

