



Leicester
City Council

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

Held: TUESDAY, 24 MARCH 2026 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Agath – Vice Chair

Councillor Haq
Councillor Sahu

Councillor March
Councillor Singh Johal

Assistant City Mayor – Councillor Dempster

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15. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed those present to the meeting.

Apologies were received from Cllr Clarke.

16. DECLARATIONS OF INTERESTS

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

There were no declarations of interest.

17. MINUTES OF THE PREVIOUS MEETING

It was noted that ICBs had been written to regarding Neighbourhood 2 and a reply was being awaited.

AGREED:

That the minutes of the meeting of the Public Health and Health Integration Scrutiny Commissions held on 19th January and 27th January be confirmed as a correct record.

18. CHAIRS ANNOUNCEMENTS

Regarding Loros Hospice, in November, government funding along with the support of community donations had enabled four beds to reopen on a temporary basis. These beds plus two more had been confirmed as permanent, after the hospice was awarded a £1.2m funding increase.

Dr Nil Sanganee, Chief Medical Officer at Leicester, Leicestershire and Rutland and Northamptonshire Integrated Care Boards, had said:

“We are really pleased to be able to provide additional funding to support the reopening of more inpatient beds at LOROS. The hospice provides exceptional care for people and their families across Leicester, Leicestershire and Rutland and plays a vital role in ensuring people receive compassionate, specialist support at the end of life.”

19. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that none had been received.

20. PETITIONS

The Monitoring Officer reported that none had been received.

21. HEALTH PROTECTION

The Director of Public Health provided the Commission with a verbal update. Key points to note were as follows:

- There had been an increase in MMR 2 uptake meaning that Leicester City was now higher than many comparator areas.
- There had been an increased uptake for Flu and Covid vaccinations, detailed figures were not yet available.
- The HPV school vaccination programme had commenced in January; a new consent form appeared to have increased uptake.
- Long-term organisational changes within ICB and future structure of team responsible for immunisation and screening not yet determined.
- The TB action plan had been refreshed with a new plan and risk register.
- Regarding the Meningitis outbreak in Kent the following was noted:
 - It was an unusually large outbreak, there were now 23 confirmed and probable cases. New cases were not evident, and the outbreak seemed to be well contained. Suspected cases in Leicester had not actually been Meningitis.
 - The outbreak seemed to have centred around a nightclub due to close contact as possibly sharing of drinks and vapes.
 - Around 10% of the population were likely to carry the Meningococcal bacteria, but this was mostly harmless and did not become invasive.
 - This outbreak was Meningitis B, the vaccination was currently

only given to babies, offering good protection for the first few years and then beginning to wane. For the other strain (ACWY), vaccinations were offered to school children aged 13 and 14.

- The UK Health Security Agency and the Joint Committee on Vaccination and Immunisation will be considering whether including the MenB vaccine in the school aged schedule is now cost effective.
- Within Leicester, vaccine uptake was being encouraged via promotional materials and campaigns were being run directly with young people.
- Leicester vaccination rates for Meningitis B were at around a 90% uptake for one-year-olds and 86% for two-year-olds. The school age uptake for the ACWY vaccine was just less than 50%. It was hoped that the new consent forms would improve uptake.
- The UK Health Security campaigns were being utilised and Community Wellbeing Champions and radio publicity were raising awareness.
- The publicity information and details on signs and symptoms could be circulated to councillors.

In response to member and Young People's Council (YPC) member questions and discussions, the following was noted:

- A team from the Leicestershire Partnership NHS Trust (LPT) go into schools to carry out the vaccinations.
- Early indications are that the new process for vaccine consent had led to a 10% point increase across school vaccinations.
- Meningitis vaccine supply was sufficient.
- Teams in Public Health were working closely with ICB colleagues and at LPT to continue to promote the vaccine message. Messages had been sent to teachers via the intranet.
- The UK Health Security Agency carried out contact tracing for those in close contact with Meningitis cases. GP Practices within Leicester would be able to supply the necessary antibiotics should they be required.
- Meningitis symptoms could be confused with many other illnesses, so the advice focussed on understanding when to raise concerns and call 999. .
- Members recommended that the Commission write to the Secretary of State for Health and Social Care for more funding for the vaccination programme for the city.
- The House of Lords were setting up a committee to look at childhood vaccination rates; it was hoped that they would come to Leicester to understand the unique challenges for the city.
- Children from abroad coming to live in Leicester would have access to a catch-up vaccination programme through schools and GPs.

AGREED:

- 1) That the report be noted.
- 2) That comments made by members of this commission to be taken

- into account.
- 3) Slides on Meningitis signs and symptoms could be circulated to the commission.
 - 4) The presentation which includes data on the rate of Meningitis vaccine uptake for 14/15 year-olds would be supplied to the commission.
 - 5) That the Commission write to the Secretary of State for Health and Social Care to request increased funding to promote vaccine coverage in the city.

22. PUBLIC HEALTH AND RESEARCH

The Director of Public Health in conjunction with De Montfort University submitted a report to outline the first stages of work which includes a public health workforce research capacity audit, the appointment of a Local Authority Research Practitioner (LARP), a new research clinic, the creation of a Public Health Research Working Group, the development of a forward-looking research strategy, strengthened university partnerships, new research governance infrastructure, and a research repository.

The Acting Consultant for Public Health gave a slide presentation, key points to note were as follows:

- Leicester was unique in its demographics and applying national research evidence could be problematical. It was vital for Leicester to build strong research resources and evidence.
- Working with communities was key.
- A new Local Authority Research Practitioner post had been taken up, partly funded by the National Institute for Health Research (NIHR) and partly with De Montfort University.
- A workforce skills audit had been completed to map current capabilities and inform development.
- A research clinic had been established to support staff undertaking research.
- A cross-team working group was developing a research strategy.
- Work was ongoing to strengthen governance and ethics.
- For the workforce audit, the response rate had been 43%. A diverse skill-set was found to be in place. Most people had a lot of experience in data collection but there were other areas which could be improved upon via the ongoing workforce plan.
- There was a focus on relationship building, including with the universities. A summer research showcase was planned to promote local work.
- The research governance and ethics work focused on developing an ethical framework with the communities.
- It was hoped that a research repository would create a systematic record of all external collaborations.

- There were also examples of individual projects being worked on.
- There were 6 recommendations to Scrutiny:
 - To note the strategic direction
 - To endorse the principal of community partnerships
 - To gather views on expanding the current work
 - To note the research repository and endorse its mechanism for oversight and accountability with partners
 - To support with the progress made on governance and ethics
 - To request a further update on the implementation of the Public Health Research Strategy at a future meeting

In response to member questions and comments, the following was noted:

- Members welcomed community partnerships.
- Total annual costs for the local authority research package were £14.5k from DMU, £14.5k from the City Council, and £29k from HR contractors. The Local Authority Research Practitioner post was funded from this money.
- The funds from the Public Health budget would provide a starting point to build skills and capacity for ethical and effective research. Work had been carried out on running research clinics and best evaluation methods. There had been a large uptake from Public Health.
- Officers were satisfied with the workforce survey uptake whilst some members felt that it was low.
- Learning from COVID-19 highlighted that Leicester's communities required communication approaches that differed from national messaging.
- Programmes would include young people to gain an oversight of service users.
- The team was six months into the two-year funding period.

AGREED:

- 1) That the report be noted and the recommendations to Scrutiny be supported.
- 2) That comments made by members of this commission to be taken into account.

23. MENTAL HEALTH AND SUICIDE PREVENTION

The Director of Public Health submitted a report to update the Public Health and Health Integration Scrutiny Commission about the latest work on Suicide Prevention and to promote mental wellbeing in Leicester.

The Suicide Prevention Officer gave a presentation and made the following points:

- The focus was on reaching people that are at higher risk of suicide and providing early intervention.

- The data showed that people who took their own life were often not known through statutory services, so it was necessary to take the work the service did out to people.
- Real time real-time suicide surveillance data was collected and the service worked very closely with Leicestershire Police, Leicester Fire Service and Network Rail.
- Weekly meetings took place with Leicestershire Police to look at the data from the previous week of any suspected suicide. This acted as an immediate response in place to communities.
- Multi-agency work looked at high-risk locations and our high-risk groups.
- In the past year there were 26 suspected deaths by suicide in the city. This was similar to the national average.
- The Mental Health Regulator acted as accredited mental health and suicide prevention training through public facing and business leaders, organisations and community groups. Organisations were trained to recognise signs and symptoms of poor mental health. This helped to break down the stigma associated with mental health and helped organisations know where to signpost people for support.
- 103 organisations were 'Mental Health Friendly', including sports clubs which allowed people to have conversations.
- Resource packs were provided and could be passed over discreetly.
- The key focus was on men aged 35-54 as they were the highest risk group, consisting of 75% of suicides.
- A men's mental health conference had been put on, to try and increase awareness of what was on offer. A video was shown on this. Link to video: <https://www.canva.com/design/DAG6phFNfoo/BtgE8jZWTUEPqmxdeSAPow/edit>
- Specific men's mental health was being co-produced, this included a booklet which could be given to people, for example, if they were discharged from hospital following a suicide attempt.

In response to member and Young People's Council (YPC) member questions and discussions, the following was noted:

- Leicestershire and Rutland Football Association had been worked with, and clubs had trained welfare officers who delivered sessions known as 'my space, my game', whereby anybody could attend to play and then were invited to the clubhouse to talk to trained staff.
- It was noted that some people in the focus group had not realised that the issues they were experiencing were mental health issues.
- It was suggested that questions on low mood and suicide could be included in the NHS Health Checks. The possibility of this could be considered, although it was noted that the NHS Health Checks were commissioned on strict criteria, and it was necessary to avoid 'mission creep', making the survey too wide-ranging.
- In response to comments about the need for places for people to talk and the emergence of some faith-based groups, it was noted that the Business Intelligence Team had been consulted regarding the demographics of suicide victims. Local groups had been useful as it had been noticed that men

responded to peer-support, and the more groups that were encouraged, the better the chance of reaching men.

- In terms of health inequalities, mental health and social isolation were being considered.
- The numbers of child suicides were small, but would be covered in the CDOP Annual Report coming to the Commission.
- The way the team approached the issue was very effective, but more could always be done.
- In terms of locality friendly spaces for men, it was noted that there were many spaces specifically for men, and the existing organisations were looking at adding resources for men.
- Regarding specific mental health training, it was important to get people feeling more confident about gender differences and internal stigma for men.
- With regard to queries about where people could go in a crisis, it was noted that it was necessary to reach people where they were to avoid them reaching a crisis. It was aimed to make a safety-plan so that if people were struggling, there was a plan that they had written with someone including safety factors, including what support there was and how they could distract themselves.
- With regard to a query about targeting younger people to avoid them thinking that they couldn't reach out, it was noted that the mentality appeared to be different for younger people compared to those in the 35-54 age-group. Young people had been written into the strategy as a high-risk group and more would be coming. It was further noted that key messaging was important, and being open in lessons at school could play a part.
- With regard to a point made about targeting areas where more people were at risk of suicide, it was explained that areas with higher rates were cross-referenced and the service were doing well at getting mental health friendly places into those areas.
- Issues surrounding care-leavers could be referred to the Corporate Parenting Board.
- With regard to the booklet, organisations could distribute it. Focus groups had been asked where they thought it should be, suggestions had included GP surgeries, local gazettes, social media and making it available through QR codes.

AGREED:

- 1) That the report be noted.
- 2) That comments made by members of this commission to be taken into account.
- 3) That consideration be given to looking into including questions on low mood and suicide in the NHS Health Checks

24. WORK PROGRAMME

NHS Dentistry could be considered at the next meeting.

A report on palliative care, including information on Loros could come to the

Commission.

A Winter Plan Debrief could come to the Commission.

The work programme was noted.

25. ANY OTHER URGENT BUSINESS

There being no further business, the meeting ended at 19:20