



Leicester  
City Council

MINUTES OF THE MEETING OF THE  
LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY  
COMMITTEE

Held: THURSDAY, 30 APRIL 2026 at 10.00am

P R E S E N T :

Councillor Pickering - Chair  
Councillor Hill – Vice Chair

Cllr Agath  
Cllr Durrani  
Cllr Haq  
Cllr King  
Cllr March  
Cllr Morris  
Cllr Ross  
Cllr Sahu  
Cllr Stephenson  
Cllr Taylor

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**83. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr Harvey and Cllr Poland. Cllr Ramsey and Cllr Taylor were in attendance as substitutes.

**84. DECLARATIONS OF INTEREST**

No interests were declared.

**85. MINUTES OF THE PREVIOUS MEETING**

AGREED:

That the minutes of the previous meeting held on 23<sup>rd</sup> February 2026, were

confirmed as a correct record.

Councillor March noted that she had been marked as absent from the meeting, although apologies had been provided to the Chief Whip. The Governance Officer noted this and updated the record to reflect that apologies had been received.

## **86. CHAIRS ANNOUNCEMENTS**

No announcements were made.

## **87. PETITIONS**

A petition was submitted by District Councillor Butcher for information only to Members of the Commission before formally submitting the petition to the Integrated Care Board (ICB).

Cllr Butcher said:

The people in Melton Mowry are fed up of being overlooked in terms of essential health services. We are fed up of the 8am dash to get urgent care access, which is tricky for our more vulnerable and elderly residents to navigate and leaves those who are successful feeling more like they have won the lottery against all odds than simply accessing NHS services they fund through their taxes. We are fed up with being told by sorry, that the capacity by receptionists that are at capacity for the day, we should go to the walk-in in Loughborough instead. This simply is not an option for many and why we can have our own fit for purpose walk-in centre in another is another discussion.

We are fed up of waiting months, not days or weeks, at a time for routine appointments and the continual changes of our named GPs, meaning those with complex needs are repeatedly having to retell their stories and crossing their fingers that the new doctor will understand.

As these experiences show, the urgent need for a second GP practise cannot be overstated. As a town, we deserve better. We deserve robust health care infrastructure that meets our growing needs. GP services also play a vital role in protecting our NHS as fewer patients present to hospitals, if they can be seen more quickly in the community, this should be something that the ICB supports.

The current health care facilities are clearly struggling to meet the demand, leading to long waiting times and reduced access to timely medical care.

Many residents have expressed frustration and worry over the ability to see a general practitioner when needed. I have 3,268 signed the petition, formally urging the ICB to reconsider their decision to commit again to the immediate establishment of a second GP surgery practice, or at the very least to restart their previous expiration of the matter. No more excuses. It is time for the ICB to recognise the pressing health care needs of Milton Mowbray and for once listen to the views of our community. This is about patient choice and forward thinking, ready for the expansion of all the houses on the local plan.

Toby Sanders, Chief Executive of the Leicester, Leicestershire and Rutland Integrated Care Board (ICB), responded that an invitation would also be extended to Councillor Butcher to attend the next ICB Board meeting in public in June to raise the matter directly. It was acknowledged that the concerns outlined had also been recognised by the ICB Chair and Chief Executive.

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

Cllr Ramsay Ross submitted the following questions to the Scrutiny Committee:

### **1. LRI-A&E**

What progress has been made on the issues of Staffing and Alternative Provision of Services and what further steps are envisaged for 2026:  
Staffing:

- What reduction has there been in the number of agency and bank nursing staff between January 2024 and December 2025?
- What increase has there been in the number of consultant, middle and junior level medical staff between January 2024 and December 2025
- Staff sickness rates – what reduction has been achieved since 2024?

The following response was provided:

What reduction has there been in the number of agency and bank nursing staff in ED between January 2024 and December 2025?

There has been a 45% reduction in bank and agency usage in ED from January 2024 to December 2025.

What increase has there been in the number of consultant, middle and junior level medical staff in ED between January 2024 and December 2025.

University Hospitals of Leicester NHS Trust has appointed four additional consultants in the adult emergency department and two additional consultants in the children's emergency department. There has been no change in the number of middle-grade or junior doctors during this period.

Staff sickness rates in ED – what reduction has been achieved since 2024?

Staff sickness rates in the emergency department have reduced overall since January 2024, from 5.25% to 4.72%, representing a decrease of 0.53 percentage points.

### **2. Alternative Provision, Utilisation and the Management of Flows:**

- The use of NHS111 – Market Harborough and Rutland MH Urgent Care Clinics now require appointments, with no walk in provision (and the Corby Health Centre proposes to introduce similar measures).
- Is this approach to patient access consistent with addressing the CQC findings highlighting those LRI-A&E patients who either could not gain access to, or had not attempted to get a GP appointment or

Out-of-Hours clinical appointment?

- Has the utilisation of facilities, such as the Merlyn Vaz Centre, increased since January 2024?
- What steps have been taken to address the level of demand for mental health provision?

The following response was provided:

On 1 April 2026, new same-day appointments were introduced in Leicestershire during evenings, weekends and bank holidays. Patients may be offered one of the new appointments, when they contact NHS 111 with an urgent health need. A small number of appointments are also available via GP practices and patients who go to the emergency department for minor health problems may also get an appointment booked for them. All appointments are with a GP, are 15 minutes long and take place at one of eight locations. It is an appointment-only service and replaces what were known as extended access appointments and taking place from urgent care centres in Enderby, Coalville, Hinckley, Lutterworth, Market Harborough and Melton Mowbray.

The minor injury units in Melton and Market Harborough and the urgent treatment centres at Loughborough, Oadby and Merlyn Vaz can all continue to be used on a walk-in basis.

Also on 1 April 2026, the Rutland Minor Illness and Injury service opened at Rutland Memorial Hospital, replacing the previous urgent care centre and minor injury unit. This is mainly an appointment-based service, with appointments available through NHS 111 and GP practice. Initially, a small number of walk-in appointments are available for minor injuries only.

Both of these new services are making it easier for people to get help quickly for urgent but non-life threatening health problems and support the NHS aim of matching each patient to the right level of care, from the right health professional, in the right part of the NHS, first time - known as Right Care, Right Place.

By asking people to contact NHS 111 or their GP practice when they have an urgent health problem helps ensure the NHS makes best use of all the available appointment options, including at GP practices, pharmacies under the Pharmacy First scheme, urgent treatment centres or the new same-day appointments described above. The approach reduces the number of places people need to contact and avoids unnecessary waits or trips to services that may not be suitable.

In addition, the NHS has increased the number of appointments overall:

- Since mid-2024, Pharmacy First referrals have more than doubled to over 4,000 per month and referral rates per 1,000 population have risen across most primary care networks (PCNs). The latest year statistics for 2025 show the growth of referrals per 100,000 patients is the best in England.
- Total number of General Practice appointments offered in LLR for Apr-Feb (latest month's data) was 7,328,852, representing a 1.68% increase from the same period in 24/25 and an additional 120,826 appointments.
- Over 35,000 of the new Leicestershire same-day appointments are available annually representing a 1.9% increase compared to the previous extended access/urgent care model

Recognising the right care, right place approach, demand for urgent treatment

centres has been relatively stable since January 2024, but with fluctuations though winter depending on the timing of the flu season. If demand exceeds capacity, the provider is able to flex their workforce to manage patient flow and avoid the need to pass patients onto further care pathways.

Mental health care follows a similar approach to ensure patients are treated in the right place for their needs. For urgent mental health matters, patients are encouraged to call NHS 111 and choose the mental health option. They will go through to the Central Access Point where a mental health call taker will triage their needs. They may arrange for a mental health professional to speak to them, advise them to go to the Mental Health Urgent Care Hub at the Bradgate Unit, or advise on more local support available such as a mental health Neighbourhood Café.

**3. The Role of Councils: The CQC noted that demand in A&E was higher than planned due to the increased length of stay for patients who could not be transferred to other hospital Depts, in part due to discharge rates (bed-blocking). It further noted that discharge rates were impacted by problems with provision of community care, support for people living with deprivation, and homelessness.**

- Is the ICB content with those steps that have been taken by Councils since 2024 to address patient discharge issues and what further steps are required in 2026?

The following response was provided:

The ICB works in close partnership with local authority colleagues and wider system partners across Leicester, Leicestershire and Rutland to support timely and effective discharge from hospital. We recognise that discharge is a shared system responsibility, requiring coordinated action across health, social care, housing, and voluntary sector partners.

Since the 2024 CQC report, there has been clear and evidenced progress across the system. This includes the strengthening of intermediate care services, with increased capacity to support discharge and admission avoidance, alongside more responsive pathways to support patients presenting through the Emergency Department. These improvements reflect a collective focus across partners to enhance patient flow and reduce delays.

Local authorities have contributed to this progress, including taking action to address housing-related barriers to discharge through the introduction of additional temporary accommodation for individuals who are medically fit but require short-term housing solutions. This has been supported by wider system changes to improve coordination and oversight of discharge pathways. Recent CQC inspections with local authorities has recognised improvements in discharge arrangements, reflecting a more coordinated and effective system-wide approach.

Looking ahead, discharge remains a priority across all partners. Local

authorities have set out plans for 2026/27 to continue strengthening community-based provision and support individuals, alongside ongoing work across the NHS and system partners to further improve discharge processes and patient flow.

The ICB is assured that appropriate steps have been taken since 2024, and that there is a clear and shared commitment across the system to continue building on this progress.

**4. Ambulance Waiting Times and Utilisation of Services: East Midlands**  
service response times have worsened in the period from August to October 2025, having been stable earlier in the year. What are the top three reasons for the recent change in service provision to December 2025?

- Out of Area Patient Discharge - the CQC noted the under utilisation of the independent provider of patient transport services. Has this been addressed?

The following response was provided:

The CQC report states that the ICB-contracted patient transport service was not available for out of area patients.

Each ICB is responsible for arranging patient transport for its own patients. The responsibility for arranging repatriation for out of area patients is decided between ICBs on a case-by-case basis, depending on the hospital where the patient is currently located and where they need to go.

#### **5. NHS Dentistry Provision Crises**

In December 2024 there were c. 8000 foreign qualified dentists on the waiting list to take the two-part General Dental Council (GDC) overseas registration exam. In 2025 there were 350, or 4% of such dentists, who took the GDC exams. What specific written representations has the LLR-ICB made over the past 2 years, concerning the rapid accreditation of these dentists?

The following response was provided:

The ICB is not able to verify the specific figure cited regarding “8,000 foreign-qualified dentists on the waiting list” for the General Dental Council (GDC) Overseas Registration Examination, as this data is held nationally by the GDC and NHS England.

Over the past two years, NHS Leicester, Leicestershire and Rutland ICB has not made formal written representations directly to the GDC regarding the rapid accreditation of overseas-qualified dentists. Responsibility for professional regulation, examination capacity and accreditation processes sits nationally rather than with ICBs.

The ICB has, however, contributed to this issue through NHS England regional and national channels, including workforce and dental commissioning forums,

and by supporting national work led by the Office of the Chief Dental Officer for England and the British Dental Association with the GDC. Nationally, ORE examination capacity was increased in 2024, with a further expansion announced by NHS England in March 2026.

Locally, the ICB has focused on measures within its remit, including supporting streamlined supervised practice arrangements for overseas dentists entering NHS primary care and participating in the NHS England Dental Recruitment Incentive Scheme.

For further detail on accreditation processes or national correspondence, NHS England and the General Dental Council would be the appropriate bodies to approach.

Cllr Ramsey raised the following additional questions, that would be picked up outside of the meeting.

1. Alternative Provision, Utilisation and Management of Flows, Can utilisation data for Minor Injury (ideally) and Urgent Treatment Centres (certainly) be provided on a rolling monthly basis, alongside LRI A&E data, to support wider “public messaging” on the proper use of LRI A&E services and the understanding of Cllrs?
2. From the Integrated Care Journal of 14th April 26 Cheshire East have initiated an Early intervention programme for frail and vulnerable residents which has resulted in a sharp fall in emergency admissions for this patient group. Is there such a programme within LLR?
3. Noted that there are over 35000 new appointments via the new Leicestershire same day appointments, representing a 1.9% increase. What are the equivalent figures for the City and Rutland?
4. Independent provider of patient transport services confirmation that there is no issue with LLR utilisation of this service?
5. NHS Dentistry Provision confirmation that the LLR-ICB has made no such representations to NHS nationally/Govt on the issue raised in the question?

Cllr Haq submitted the following questions:

**1. Please could we have an update on the creation of a Maggie’s Cancer Centre in Leicester, why is this taking so long ?**

The following response was provided:

- Maggie’s are a national cancer charity whose aim it to bring people together in a calm and friendly spaces in new, modern, and well-furnished buildings that would help them to find comfort in the experiences of others.
- There are several centres across the UK, and recently one has opened

in Northampton.

- Until late in 2025, there was no commitment to build a Maggie's centre in Leicester. However, Maggie's have confirmed their desire to build a centre in Leicester, and a Leicester scheme is included in their 5-year fund raising plan.
- UHL are meeting with Maggie's to plan this centre, although no date has yet been agreed for it to commence construction.

## **2. Why are the people of Leicester, Leicestershire and Rutland losing out on the world leading Cancer treatment and Support?**

The following response was provided:

### **Cancer waiting times**

- The average waiting time for cancer treatment continued to improve in 2025/26 with further improvements required against the 62-day Standard in 2026/27.
- Gynaecology, Head & Neck, Skin and Urology services have all demonstrated improvements, with fewer patients waiting over 62 days than in 2024/25.

### **What the LLR system is proud of in 2025/26**

- Improved waiting times for patients with Prostate and Breast Cancer receiving hormone therapy prior to Radiotherapy.
- Secured funding to continue with the Non-Specific-Symptoms pathway. So far this has supported 158 patients receiving an earlier cancer diagnosis.
- FIT tests are now distributed and processed by UHL providing quicker results.
- The Liver surveillance programme has been extended secured for a further year to support earlier identification of cancer.
- Expanded our Robotic surgical programme in line with the National NHS and Cancer plans – this means offering patients less invasive surgery, reduced length of stay, reduced complications, less pain and faster return to normal activities.
- Continued to work collaboratively with University Hospitals of Northamptonshire to provide mutual aid support for Oncology patients across both counties.
- Reduced the time patients are waiting on the day for oncology treatments though improved scheduling.
- Upgraded our Brachytherapy equipment with state-of-the-art. The unit also received a visit from HRH Prince Edward.

## **89. UPDATE ON ST MARY'S BIRTH CENTRE**

The Integrated Care Board (ICB) and University Hospitals of Leicester NHS Trust (UHL) provided the Committee with an update following the decision taken by the ICB Board on 19th March 2026 regarding St Mary's Birth Centre.

The following was noted:

- The decision followed a lengthy period of engagement, discussion and public debate, including a public meeting held in Melton to hear directly from residents and stakeholders.
- It was acknowledged that there continued to be differing views on the decision however, the Board was satisfied that due process had been followed and that the decision had not been taken lightly.
- Safety concerns relating to St Mary's had increased since 2021, with only 92 births recorded during 2024/25.
- Low activity levels and workforce pressures had created increasing clinical risks, including difficulties maintaining staffing resilience and clinical confidence.
- Approximately 30% of staff had been unavailable at points during the review period, further impacting sustainability of the service.
- The importance of maintaining safe oversight for mothers and babies and compliance with national maternity safety standards was highlighted as a key factor in the decision making process.
- National delays to the New Hospitals Programme had impacted the planned maternity developments across Leicester, including proposals linked to Leicester General Hospital (LGH).
- UHL remained committed to developing maternity and postnatal provision at LGH using existing facilities and creating a calmer postnatal environment for women and families.
- Work was underway to reconfigure postnatal wards at LGH within the next 3 months to provide more dedicated and supportive postnatal spaces.
- Feedback gathered through engagement activity demonstrated that families highly valued the calm environment, postnatal support and community feel previously offered at St Mary's.
- Concerns raised by local residents and families had included increased travel times, parking pressures and reduced local choice for mothers in rural areas.
- It was acknowledged that the closure process and temporary pause had been upsetting for staff working within the service.
- Transition arrangements were in place to support staff, including opportunities for midwives to work within services at LGH or continue working within Melton based provision where appropriate.
- Community based maternity support and home birth services would continue to form part of the wider maternity model across Leicester, Leicestershire and Rutland.
- Leicester was reported to have one of the higher home birth rates nationally at approximately 2% to 3%, although it was acknowledged that further work was required to improve awareness of available choices for women.
- Home births were subject to detailed safety assessments and delivered through a dedicated specialist team.
- National guidance required maternity services to continue offering a range of birth choices, including home birth, planned caesarean section

and vaginal birth options.

- Community based perinatal mental health services remained available locally, whilst specialist inpatient provision continued to operate on a regional basis due to the small number of beds required across the East Midlands.
- Despite delays to the wider New Hospitals Programme, £39 million in enabling funding had been secured to support essential works across the Leicester Royal Infirmary, Leicester General Hospital and future children's and maternity hospital developments.

In discussion with Committee Members and Officers, the following was noted:

- Historically St Mary's may not have been consistently promoted and low activity levels may have reflected a lack of awareness amongst expectant mothers regarding available birth options. Questions were raised regarding how maternity choices, including home birth and midwife led care, would be communicated and promoted more effectively in future.
- Whilst birth choices were technically offered, women and families did not always feel fully informed regarding the full range of available options or settings, which could result in women feeling directed towards larger hospital sites by default.
- Many women had reported positive experiences at St Mary's, particularly in relation to the calm environment, postnatal support, breastfeeding support and continuity of care. Questions were raised regarding how similar "home from home" environments could be recreated within larger hospital settings.
- Work was underway to redesign postnatal spaces and strengthen postnatal care provision at Leicester General Hospital within the next 3 months to create a calmer and more supportive environment for women and families.
- Questions were raised regarding whether all postnatal services and support previously available at St Mary's would now be delivered in one location and whether women and families would be made fully aware of the services available to them.
- Community postnatal and breastfeeding support services remained in place, although inpatient postnatal provision at Melton was no longer available.
- Inpatient perinatal mental health provision continued to operate on a regional basis due to low patient numbers, although community based support remained available locally.
- Home births continued to operate safely within Leicester, Leicestershire and Rutland through dedicated teams and established safety assessments.
- Standalone midwife led units required minimum staffing levels, including at least 2 midwives on site, and the very low number of births at St Mary's had made the service increasingly difficult to sustain safely.
- Delays to the New Hospitals Programme could impact long term plans

for maternity services across Leicester General Hospital and Leicester Royal Infirmary, although enabling funding had been secured to continue essential development works across the sites.

- Travel times, parking and accessibility remained significant concerns for rural families travelling into Leicester for maternity care, including the impact of longer journeys on women experiencing stress and anxiety. Discussions were taking place with local councils to improve parking arrangements at both Leicester Royal Infirmary and Leicester General Hospital.
- Clarification was sought regarding whether future maternity provision at Leicester General Hospital would include all postnatal services within a single dedicated area for women and families.
- The length of the review process and delays between the original consultation and final decision had contributed to uncertainty for families, campaign groups and staff. Lessons had been learned regarding engagement, communication and the handling of long running service reviews.
- The significance of St Mary's to local families and communities may not always have been fully reflected through activity data and numerical measures alone.
- Ongoing scrutiny of maternity services, including birth choices, postnatal provision and support for women and families following the closure of St Mary's Birth Centre, was requested to ensure any gaps in provision or support were identified and addressed.

AGREED:

1. That the update be noted.
2. That further updates on maternity provision, birth choices and
3. postnatal services be included within the Committee's ongoing
4. maternity scrutiny work programme.

## **90. SPEECH AND LANGUAGE THERAPY SERVICE IN LEICESTER, LEICESTERSHIRE AND RUTLAND**

The Leicester Partnership Trust (LPT) submitted a report to the Committee providing information about Speech and Language Therapy Services (SALTS) in Leicester, Leicestershire and Rutland.

The Group Director of Strategy and Partnerships provided an overview of the report. The following was noted:

- The report included parental feedback on Early Language Support for Every Child ELSEC, which had been a focus at the previous Scrutiny meeting.
- Performance information on SALTS waiting times were provided. 2024 had seen a drop in recorded performance for referral assessments, this had now recovered due to a balancing of resources.
- The target was to keep monthly follow-up support at or below 4,000 young people, figures were currently just within threshold.
- Schools were identified as a key source of support, and it was vital that

teachers were able to provide sufficient assistance within the school setting. Developing the Expert at Hand Offer was key.

- The focus was on developing ways to improve Family Empowerment.
- The ICB had 3 key priorities, one of which was to give children and young people the best start.

In discussion with Committee Members and Officers, the following was noted:

- The report included 5 years of performance data.
- The SALTS pathway was dependent on need. The first appointment included both assessment and commencement of treatment. Some children might require several appointments, with others requiring lifelong support with links to SEND. Further data could come back to Scrutiny, including on numbers referred for community support.
- Feedback demonstrated a high level of satisfaction for service users. Preferences were for intensive support, with early intervention.
- It was vital to utilise professionals to their maximum to manage caseloads, preferably within the school setting. There was an inbuilt capacity of knowledge within the city schools.
- The Expert at Hand offer was pending implementation. It was hoped that ELSEC could be rolled out as part of the offer.
- LLR was one of nine locations across the country receiving additional funding of £2.2m under the Changing People Programme (CPP). ELSEC had already performed well. Funding updates would come via Children, Young People and Education (CYPE) Scrutiny.
- The 18 week target referenced the national Referral To Treatment (RTT) target.
- The SEND Reform Plan had been established in a Central Government White Paper. Work was ongoing to embed the new policy.
- All referrals were triaged on need and risk. It was noted that whilst clinical cases were remaining stable, referrals relating to delay were doubling due to increased need. Research as to causation was ongoing. It was noted that poverty, screen time and modern family ways of living could all contribute to speech issues amongst children.
- GPs and Health Workers constituted the largest number of referrals.
- SALT was being embedded within the schools and long term case-loads would be reviewed.
- A key challenge for the NHS, education and the Local Authority was preventative work and the implementation of early support.
- Sufficient resilience was in place within the schools to enable the programme which would develop over time. NHS support would be provided to all schools.
- The NHS had been requested to become the delivery programme manager, reporting to the Director of Children's Services. Partnership working was key.
- Members raised concerns about capacity and 'burnout' for young people and their families. It was noted that NHS services were working with young people and their families in numerous ways which included forums and wider engagement methods. The NHS was working with the City Council on

Children's strategies. Members were urged to champion the services available

- Members recommended that the item return to Scrutiny as a joint item with Adult Education, CYPE Scrutiny and other relevant services such as CAHMS.

AGREED:

- 1) That the Committee note the report.
- 2) For figures to be circulated to members on community support referrals.
- 3) Funding updates would come via Children, Young People and Education (CYPE) Scrutiny.
- 4) The item would return to Scrutiny with relevant stakeholders invited.

#### **91. MEMBERS QUESTIONS NOT COVERED ELSEWHERE ON THE AGENDA**

No questions were raised.

#### **92. WORK PROGRAMME**

The Chair noted that this was the final meeting of the municipal year and thanked Members and Health Partners for their contributions and work throughout the year.

The Chair reminded Members that any suggested items for inclusion in the work programme should be shared with the Chair and the Senior Governance Officer

#### **93. ANY OTHER URGENT BUSINESS**

With there being no further business, the meeting closed at 11.50am.