



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 25 JANUARY 2022 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)

Councillor Aldred, Councillor March, Councillor Pantling, Councillor Dr Sangster,  
Councillor Whittle

In Attendance:

Councillor Dempster, Assistant City Mayor for Health

**53. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Fonseca.

**54. DECLARATIONS OF INTEREST**

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

There were no declarations of interest.

**55. MINUTES OF PREVIOUS MEETING**

AGREED:

That the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 14 December 2021 be confirmed as a correct record.

**56. CHAIR'S ANNOUNCEMENTS**

The Chair noted that the petition regarding Dyeworks Limited in Aylestone had yet to receive a final reply, but a joint visit from the Environmental Agency and the Council was upcoming, where the issues raised by the Commission would be considered. Responses to these would be circulated to the Commission after the visit.

It was also noted that the CQC had cancelled the registration of the Manor Park Medical Practice, meaning it was unable to provide services. This was due to a 2021 inspection which had determined that the Practice required improvement. The Chair noted that he intended to speak with Ward Councillors, Commission Members, Members of the Executive, and the CCG to look at lessons learned and discuss the necessary steps to restore service. It was noted that patients at the Practice had been informed, and that drop-in sessions would be held for patients.

It was noted that due to the nature of the public questions received for the meeting, the item on the Integrated Care System would be taken immediately after public questions.

The Chair also noted that there would be a Special Meeting of the Commission on 15 February 2022 to look at mental health issues.

AGREED:

That the position of Manor Park Medical Practice be noted, and that relevant Ward Councillors be contacted to work on a solution.

## **57. PETITIONS**

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

## **58. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported that several questions had been submitted by members of the public as set out on the agenda.

The following questions were asked:

From Sally Ruane:-

- 1. The Health Service Journal has reported that while over half of all integrated care systems published board papers in the last year, unfortunately the Leicester, Leicestershire and Rutland integrated care system did not. Can the leaders of the Leicestershire and Rutland integrated care system confirm whether or not they have published regular papers in 2021 and if so what these papers are and where they are being published? If not, please could they tell us why not.*
- 2. How is the shadow integrated care system board making itself accountable to the public?*
- 3. What input have councillors been invited to make to integrated care system governance?*
- 4. Will the integrated care system constitution be made available for public*

*scrutiny before it is finalised?*

From Jean Burbridge

- 1. Has the shadow Integrated Care System board made any decisions in private session?*
- 2. Can Integrated Care System leaders confirm that (a) no private companies and (b) no social enterprises will sit on (a) the Integrated Care System board and (b) in the Integrated Care System partnership?*
- 3. Will elected councillors sit on the Integrated Care System board? If so, how many? If not, why not?*

UHL representatives responded as follows:

- The Integrated Care Board (ICB) had yet to be fully established, papers would be available in the public domain when it was established in July.
- ICB papers were taken through the CCG Board which were in public domain.
- Statutory accountabilities included publication of annual reports and accounts. The goal was to go further than that and have an active communications process.
- There would be other forms of formal accountability such as through the Commission.
- Councillors were involved in aspects of the Integrated Care System (ICS) governance, particularly with the Health and Wellbeing Partnership. Views from Councillors on the governance of the ICS had been considered.
- The draft constitution for the ICB couldn't be finalised until full details of legislation were available, the legislation was not expected until summer. Once the draft constitution was available it would be in the public domain.
- The ICB had yet to have any executive authority, records of ICB meetings were available in CCG Board papers.
- The ICB would not have private companies on the Board.
- Draft guidance excluded elected Councillors from holding the Partnership remit for Local Government. However, 3 voting places had been offered to Local Authorities on the ICB which would be held by Officers.
- Councillors would be able to sit on the Health and Wellbeing Partnership.

The Chair invited Questioners to ask any supplementary questions. Further concern was expressed around the transparency of the shadow ICB, relating to the regularity of CCG meetings. In addition, more clarity was sought over how Local Authority representation would be allocated.

UHL representatives replied:

- The view had been taken that the current shadow ICB had sufficient

transparency, but feedback would be considered. The intent was to hold ICB meetings in public.

- The frequency of CCG meetings was presently in line with neighbouring areas.
- The ICS had two elements to it, the ICB which was a statutory body, this was required to have Local Government representation. The Integrated Care Partnership would locally be called the Health and Wellbeing Partnership at the request of partners. Details of this Partnership had yet to be finalised.

## **59. TRANSITION TO AN INTEGRATED CARE SYSTEM - UPDATE**

The CCGs submitted a paper providing an update on the transition to an Integrated Care System (ICS).

CCG Officers presented the item, it was noted that the start of the ICB was delayed to July to allow the legislation to be finalised. The ICBs work would not be delayed and would be accountable to the CCGs before the ICB launched. Most appointments to the ICB had been completed, but partnership places still had yet to be appointed.

In response to Members' questions, it was noted that there was a confidence that the changes the ICS would bring would have a positive impact on the operating of the Service. It was felt that the changes gave a legislative framework to better facilitate the kind of partnership work that was already being moved to naturally.

It was also noted that the model constitution for the ICB was available to view, and once the draft constitution was ready it would be widely shared. It was thought that the model constitution would be very close to the official constitution.

AGREED:

1. That the Commission notes the report.
2. That the Commission requests that the CCG send out a diagram explaining the structure of the ICS.

## **60. COVID 19 AND VACCINATION PROGRAMME - UPDATE**

The Director of Public Health gave a presentation and verbal update on the Covid 19 and Autumn/Winter vaccination programmes including recent data and vaccination patterns across Leicester.

In response to Members' questions, it was noted that:

- £485k had been allocated to Leicester as part of the Vaccination Champions programme. This would be used to empower community groups to take messages to their own communities regarding the vaccine and also other health issues. The Commission would be kept

informed on the work.

- The question of vaccinations for 5–11-year-olds was being asked, it was felt that Government still had a hesitancy to take this step. Clinically venerable 5–11-year-olds were eligible for the vaccine.
- There was variation in vaccination rates between schools.
- One of the larger issues with school vaccination was parental consent forms which were online only. Many had issues filling the forms out. A system level improvement plan was looking at improving this issue.
- There were areas of the city where vaccination rates were less than desired. Work was now ongoing to look at how to target these communities with engagement to increase rates.
- It was hoped that a local offer could include mobile vaccination centres that would be a short walk away for residents.
- There had been outbreaks in care homes, these tended to be large outbreaks in a small number of homes.
- More engagement work in care homes around the vaccine were upcoming.

#### AGREED:

1. That the Commission notes the update.
2. That the Commission requests that an item at a future meeting on the Vaccination Champions money and empowering communities to have their own conversations on health issues.
3. That the Commission requests that a briefing session be organised for all Councillors looking at engaging communities on the vaccine.
4. That the Commission recommends that best practice be examined from schools with high vaccination rates.

#### **61. LONG COVID - UPDATE**

The Chair noted that due to Officers having to leave the meeting, this item would be deferred and not considered at the meeting. The Commission were given the option to submit questions on this paper outside of the meeting, which officers will respond to.

#### **62. COMMUNITY PHARMACIST CONSULTATION SERVICE - UPDATE**

The CCGs submitted a paper which provided background and an overview to the NHS Community Pharmacist Consultation Service (NHS CPCS).

Officers representing the CCG presented the item, it was noted that:

- There had been 2800 referrals since November 2020 from 31 GPs. The number of referrals was increasing.
- There were 100 Community Pharmacists signed up in the city.

- There were a number of benefits to patient care from this scheme, including longer term patient education, more flexible hours, reduced contacts for GPs, and increased confidence in access to health care outside of GPs and emergency services.
- This was a national scheme, meaning there was equity across all Pharmacies. There was 97% coverage of Pharmacies across LLR.
- Work was ongoing to get urgent treatment centre referrals at Community Pharmacies. Pilots were ongoing elsewhere in England.
- 11 PCNs had been engaged face to face, and all Directors of PCNs had been engaged with.
- This service would build a foundation for wider Community Pharmacist services.
- This was funded from repurposed Pharmacy funding.

In response to Members' questions, it was noted that:

- Informed patient consent was required for the service, the patient could choose which Pharmacy they went to.
- The national service had 90% patient satisfaction, local satisfaction numbers were similar. The survey was offered to all patients who had participated in the national pilot. Cases of patient dissatisfaction were analysed.
- If the Pharmacy couldn't help the patient, they would be referred to a more appropriate service.
- One of the pre-requisites for a Pharmacy to join the service was having a consultation room with a door and soundproofing. All pharmacies in the city had a consultation room.
- There was a robust mechanism to follow up with patients, this kept patients from falling through the cracks.
- There were 3 routes for referrals for patients, online, over the phone, and face to face.

AGREED:

1. That the Commission notes the report.
2. That the Commission recommends that Officers consider further communications work to make the process more coherent for patients.

### **63. ORAL HEALTH SURVEY OF 3 YEAR OLD CHILDREN**

The Director of Public Health submitted a briefing paper which provided information on Public Health England's National Dental Epidemiology programme and included the examination of a random sample of 3-year-old children.

The Director of Public Health presented the item, it was noted that:

- Leicester had previously been at the bottom of ratings nationally in terms of oral health for under 5s, however the survey indicated an improving

picture in this area.

- Priorities and actions to tackle children's dental decay included school initiatives such as supervised brushing in an educational setting. This involved working with nurseries to support staff and provide toothbrushes and toothpaste.

In response to Members' questions, it was noted that:

- The oral health team did look at best practice from other Local Authorities.
- Oral health was now in the substantive budget for Public Health, work was presently funded from an old grant from PHE.
- There were concerns around the difficulty of finding an NHS dentist. The oral health team did try to encourage more NHS dentists, such as with highlighting achievements.

AGREED:

1. That the Commission notes the report.
2. That the Commission recommends that a future item be brought to the Commission on the broader issues of oral health, with a focus on the issue of NHS versus private practices.
3. That the Commission recommends that NHS Officers explore removing soft drinks vending machines in UHL facilities.

#### **64. DRAFT REVENUE FUND BUDGET AND CAPITAL PROGRAMME - 2022/23**

The Deputy Director of Finance submitted a report setting out the City Mayor's proposed budget for 2022/23. The Commission was recommended to consider and comment on the Health and Wellbeing element of the report. The Commission's comments would be forwarded to the Overview Select Committee as part of its consideration of the report before presentation to the meeting of Council on 23rd February 2022.

The Chair went directly to Members' questions.

In response to questions put by Commission members about the £200k reduction in the budget for the Healthy Child Program it was noted that this reduction had been agreed in previous years to take place in 2022/23. It was a general reduction in the contract price so in theory there would be no change in available services.

It was acknowledged that although applications for funding for certain schemes were ongoing, there would likely not be additional funding to Public Health Services in the future to help deliver major schemes and that this might require the Service to assess its operations and make changes to spend more efficiently. This led to a discussion around the importance of taking a holistic approach to health across the entire public sector, it was agreed that this

approach would allow more efficient spending. Health Partners suggested that a presentation could be brought to a future meeting on how work was being doing to make Health Service spending more cohesive.

AGREED:

1. That the Commission notes the Draft Revenue Fund Budget and Draft Capital Programme for 2022/23.
2. That the Commission recommends that a presentation is brought to a future meeting of the Commission on making Health Service spending more cohesive.

#### **65. WORK PROGRAMME**

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2021/22 which was noted.

#### **66. CLOSE OF MEETING**

The meeting closed at 8pm.