



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 11 AUGUST 2022 at 5:30 pm

P R E S E N T :  
Councillor Pantling (Chair)

Councillor Aldred

Councillor Khan

In Attendance:  
Deputy City Mayor for Health, Councillor Dempster

Also Present:  
Chris West – Deputy Chief Nursing Officer for the Integrated Care Board  
Julie Hogg – Chief Nurse University Hospitals Leicester  
Rachna Vyas – Chief Operating Officer for NHS Integrated Care Board  
Amit Sammy – Head of Strategy and Planning at LLR integrated Care Board  
Richard Morris – Deputy Director of People for the Integrated Care Board  
Laura French – Consultant in Public Health  
Catherine Packham – Consultant in Public Health

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**15. APOLOGIES FOR ABSENCE**

Councillor Pantling, Chair of the Health and Wellbeing Scrutiny Commission led on introductions and took the opportunity to welcome representatives of the Youth Council.

The Chair noted that apologies for absence had been received from Ruth Lake, Director of Adult Social Care and Safeguarding and from Gemma Barrow, Healthwatch Leicester.

There were no other apologies for absence.

**16. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

## **17. MINUTES OF PREVIOUS MEETING**

The Chair expressed concern that the minutes of the previous meeting did not fully reflect the meeting and all of the actions to be taken and requested that the minutes be reproduced before being submitted for approval as to accuracy.

AGREED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 21 June 2022 be reproduced as requested by the Chair.

## **18. PETITIONS**

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

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

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

## **20. COVID-19, VACCINATION PROGRAMME, AND EMERGING HEALTH ISSUES**

The Director of Public Health provided the Commission with a verbal update. It was noted that:

- The summer period had been relatively quiet but strongly suggested that Covid19 had not completely gone away and Covid pressures as well as others still existed
- Over the course of the pandemic, the city had responded well and currently the infection rate was at 75 per 100,000, relatively lower than other parts of the country
- The ongoing challenges with receiving data were still existing as the granular, local data that was made available during the height of the pandemic was no longer available from the Department of Health
- Regional data from the Office for National Statistics was available and indicated that 3% of the population from the East Midlands tested positive for Covid19 in the week of the 25 July 2022
- It was suggested that there was no indication of widespread positive cases of Covid19 which was disproportionate to the rest of the country
- Covid admissions into hospitals in the UHL had increased at the beginning of summer but these had now fallen away
- Mortality cases were also low and not disproportionate of the figures nationally

- The roll out of vaccinations and the urge for the public to take the vaccines were still on and the Director of Public health was delighted to have the representatives from the Youth Council present, as there were challenges getting young people vaccinated and welcomed the support of young people
- The spring booster roll out for the over 70's, although delayed had been positive
- There had been an increase in Monkey Pox cases and local data on this would be published in the near future
- There was a case of Polio in London which was believed to be derived from a live vaccine which was not delivered in the UK
- With the recent changes in public guidance there had been some confusions as communications had changed from broadcasting messages to engaging with people

In response to questions raised by the Chair it was noted that prolonged hot temperatures could be a cause for transmission in vulnerable people, but extensive work had been carried out to ensure that vulnerable people had been protected and that the Monkey Pox vaccines had been produced by the government and that the UHL were carrying out vaccinations for those eligible with strict conditions.

AGREED:

That the Director of Public Health be requested to provide the Commission with regular updates throughout the year.

## **21. CQC INSPECTION OF URGENT/EMERGENCY CARE**

The Chief Operating Officer for the NHS Integrated Care Board presented the report on the CQC Inspection of Urgent Care/Emergency Care and provided an overview of the report.

It was noted that the report was both a positive report and a challenging report and that the service had accepted what was in the report and understood where improvements were required, with an action plan in place to meet the required improvements.

It was noted that the 3 key areas of focus were the demand management, making sure that the right patient was in the right place at the right time, followed by the flow from one service to another and finally, capacity. The report recognised that there was not enough domiciliary care capacity out in Social Care which this Commission had discussed many times. It was noted that these key focus areas were already being actioned to ensure the service were ready for the surge in winter.

The Chief Nurse at the UHL noted that the need to improve was recognised and that things were in place to make the necessary improvements. Medical in-reach was now in place in the Emergency Department allowing patients to get their treatments quicker, cardiology was being piloted at the LRI and reablement beds were to launch tomorrow to bridge the gap between health

and social care. It was noted that the actions for the future focused around process, productivity and capacity. Making sure that there are enough beds across the system to provide care for patients that needed it.

In response to the questions and comments from the members of the Commission and the Youth Council representatives, it was noted that:

- Although patients were being triaged by consultants whilst waiting, the ambulance waiting times were not acceptable and that the ambition was to bring the waiting time down and immediate actions have been taken following the findings in the CQC report.
- Staffing rates in A&E were correct with additional post now being advertised
- Consultants staffing had now been improved with a vacancy rate of 12%
- Following the immense stress on staff over the pandemic, work was underway to understand how staff felt and what could be done to make improvements
- It was noted that the pressures were on all emergency units nationally and that the service were improving on overall planning with colleagues to improve each step and make overall improvements to the service delivery.

The Deputy Chief Nursing Officer for the Integrated Care Board noted that a patient safety risk summit would be carried out which would bring together a whole host of senior leaders, including those in attendance today, but also those people who were right on the front line who know what it feels like to be working every day in difficult situations and to see what could be done to make any difference.

The Chair took the opportunity to thank the NHS Staff for the work they do under all the pressures.

AGREED:

That the Chief Operating Officer for the NHS Integrated Care Board be requested to provide future updates on this item in 6 months.

## **22. LEICESTER HEALTH, CARE AND WELLBEING STRATEGY 2022-2027**

The Director of Public Health introduced the item and the Consultant in Public Health for Leicester City Council delivered the report, updating the Commission on the Leicester Health, Care and Wellbeing Strategy 2022/27.

The Director for Public Health noted that this was not a council document, a public health document or even a national health document, but rather suggested it was a framework of actions and emphasised on the importance of the level of engagement. It was noted that the next step would be to deliver the plan which should voice the actions raised by the Commission.

The Assistant City Mayor for Health noted that the proposed strategy would reposition Public Health, that this piece of work over arches everything else that the Council does and that the notion of living well encompasses

everything.

The Head of Strategy and Planning at LLR an Integrated Care Board noted that in consultation with the Assistant City Mayor for Health there would be a development session at the next Health and Wellbeing board to flesh out what the delivery plan for the strategy looked like.

As part of the discussions and response to questions and comments raised by Members of the Commission and Youth Council representatives, it was noted that:

- Recognise that the delivery of plans needed to focus on engagement
- Designing strategies with the public at the core
- Recognition of the impact on primary medical services as a result of the projected growth in housing.

The Director of Health further noted that the data from the latest Census Report suggest that there would be future increases to services with the projected growth and the challenge was to promote healthy living to prevent people from needing support.

In further discussions about young people and health, it was noted that advocating young people being leaders in healthy lives was the approach with other alternative ways of delivery but prioritising what has the greatest impact and the delivery of services with the resources available. The Director of Public Health noted that the National curriculum sets out the teaching in schools but the challenge was to harness all the resources to deliver the best for the young people.

It was also noted that people within the communities across the city had the reach to spread and advocate projects to the public. Beat the Streets was given as an example of innovative ways to get people out and active, but it was suggested that it was also important to balance the priorities during tough times.

In response to the Chairs question in regard to reviewing the proposed strategy, it was noted that the delivery plan would have target dates set with ongoing monitoring and reporting on progress towards actions and a mid-term review was scheduled with the final review at the end of the 5 year term.

AGREED:

- 1) That the Director for Public Health be requested to consider the questions and comments raised by the Commission
- 2) That the Director of Public Health be requested to review the proposed strategy annually and bring it to the Commission for Scrutiny; and
- 3) That the Health and Wellbeing Scrutiny Commission endorses the Strategy.

## **23. SEXUAL HEALTH SERVICES - UPDATE**

The Consultant In Public Health delivered a presentation providing the Commission with an overview of the Sexual Health Services during Covid 19.

As part of the discussions the Vice Chair of the Youth Council queried whether young people in the city knew of the service. In response it was noted that:

- This was under review as the service was relatively new and not many people were aware of the service
- There were specialist services doing the publicity work and it would also be a part of the Sexual Relationships Education programme
- The Chair noted that education and knowledge was vital in prevention

AGREED:

That the report be noted.

#### **24. 0-19 COMMISSIONING - UPDATE**

The Director of Public Health introduced the report on 0-19 commissioning and noted that the service were commissioning differently for 0-19 to allow for practical engagement with youth groups across the city.

As part of the discussions the Vice Chair of the Youth Council queried whether the Director of Public Health would consider using young people in the commissioning process and the delivery.

In response to the question raised the Director of Public Health noted that the aim was to develop services that met the needs of young people across the city and that the Director of Public Health will be using young people voices during the commissioning and delivery as Section 75 allowed for more control of the commissioning process and partnership working.

AGREED:

- 1) That the Director of Public Health be requested to further update the Commission again in a year
- 2) That the Commission support the Director of Public Health to use Section 75; and
- 3) That the Officers be thanked for the report.

#### **25. UPDATE ON PROGRESS ON ACTIONS FROM PREVIOUS MEETINGS**

Following the Rough Sleepers and Drug /Alcohol Programme item taken at the previous meeting, a visit had been arranged for Commission Members to visit Inclusion. Members were asked to respond to the emails for arranging the date.

#### **26. CHAIR'S ANNOUNCEMENTS**

Following a short-written update from Regulatory Services, an inspection had been carried out by the Environmental Agency. It was the intention of the Chair of the Commission to request a further update on the outcome of the inspection later in the municipal year, once this had been released by the Regulatory Services Team.

## **27. WORK PROGRAMME**

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

The Chair proposed that the item on GP Services be the main focus of the Commission meeting in January 2023.

## **28. CLOSE OF MEETING**

The meeting closed at 7.27pm.