



Leicester
City Council

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

Held: TUESDAY, 9 JULY 2024 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Zaman

Councillor Clarke
Councillor Westley

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Kash Bhayani – Healthwatch

Swetha – Youth Representative

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58. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sahu.

59. DECLARATIONS OF INTEREST

The Chair asked Members of the Commission to declare any interests in the proceedings. Cllr Westley declared that he is chair of a patient panel at a GP practice in the city.

60. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 16 April 2024 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

AGREED:

- Members confirmed that the minutes for the meetings on 16 April 2024 were a correct record.

61. MEMBERSHIP OF THE COMMISSION 2024-25

The membership of the Public Health and Health Integration Scrutiny Commission for 2024-2025 was noted.

62. DATES OF THE COMMISSION 2024-25

The dates of the Public Health and Health Integration Scrutiny Commission were noted for 2024-2025, with the next meeting being 10 September 2024.

The Chair also reminded Members of the dates for the Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee.

63. SCRUTINY TERMS OF REFERENCE

The Commission noted the scrutiny terms of reference.

64. CHAIRS ANNOUNCEMENTS

The Chair highlighted that in discussion with the Chair of the Housing Scrutiny Commission it is intended that an informal scrutiny inquiry day will be arranged to explore homelessness and the impact on health. Members across both Commissions will be invited to participate in the task group and further details of the scope and arrangements will be circulated in due course.

The Chair further highlighted that she had attended a recent Women's Health and Wellbeing workshop at Loros on Groby Road on the menopause and sexual health which is relevant to areas on the work programme.

It was also noted that following concerns raised by Councillor Sahu about children and young peoples GP referrals for mental health, a briefing session was scheduled to discuss progress and that the Commission would be updated on outcomes.

The Chair assured the Commission that a session on virtual wards was being arranged following concerns raised and details of this would be circulated.

65. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

66. PETITIONS

It was noted that none had been received.

67. HEALTH PROTECTION

The Director of Public Health provided the Commission with an update of the latest position of health protection, and it was noted that:

- Rates for TB had risen in Leicester in recent years and the city currently had the 2nd highest rate in country which raised significant concerns.
- Leicester is a complicated area due to issues of migration, travel, country of origin, poverty, homelessness, and substance misuse.

- TB kills around a million people a year globally. It is entirely preventable; however, it requires an extremely long and hard treatment over 6 months often with side effects.
- There had been lots of work in the city including the development of a new strategy and an action plan. A presentation was provided at Health & Wellbeing Board and discussion at the ICB clinical executive meeting enabled people to discuss how to resource and improve screening and treatment.
- There have been some unusual strains in the county which have been more infectious and have had more severe outcomes. These strains have been around for decades but being monitored as if were to transmit to the wider community it would be concerning.
- The outbreak of whooping cough had also raised concerns although there were more cases in the county than the city. The lower uptake of vaccinations particularly by pregnant women as newborn babies are most vulnerable was noted of particular concern. Another concern is the limited protection of the vaccine as it reduces over time and is less effective than other vaccinations.
- Close attention to monitor the situation will continue moving forward with the incident management team, ICB and UKHSA. Partnership working is required to overcome the hesitancy amongst communities.
- There had been a measles outbreak across East Midlands and the highest rates were in the city. There had been lots of work on this with health partners for focused efforts on communications, a roving mobile unit for vaccinations and working with communities to overcome vaccination hesitancy and this had made a real difference as there had been hundreds vaccinated since the campaign started. Rates had reduced with no new cases reported in recent weeks for the first time since the outbreak began.
- The national issue of an e-coli outbreak associated with lettuce was highlighted. There had been only one case in the city but Public Health, the Food Standards Agency and Environmental Health were continuing to monitor.
- The identification of a couple of salmonella cases was also highlighted which was also being monitored by Environmental Health and Regulatory Services.
- During the pandemic there was a significant drop in the screening programme, with cervical screening rates much lower than the national average and lots of work with partners around this issue.

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

- The Deputy City Mayor for Social Care, Health and Community Safety is writing to the Secretary of State to request funding to tackle TB in Leicester as the city has the second highest prevalence in England. The highest prevalence area received funding.
- The effectiveness of health protection so far has demonstrated the benefits of partnership working.
- The data on screening uptake needs to be analysed to identify barriers that are preventing uptake and how they differ between communities. These could be due to cultural sensitivities or practical factors. It was highlighted that cost-of-living crisis may have worsened practical barriers preventing uptake.
- Responsibility for screening lies with NHS England, however from next year it will lie with the ICB.
- The pandemic was the largest factor in vaccination and screening decline and poor re-uptake.
- The biggest challenge in addressing TB rates had been that many cases are latent (No symptoms and not infectious but with potential to become 'active' TB). However, it was found that there was not a good correlation between

areas affected with TB and the GP surgeries offering screening.

- The exemplary response demonstrated in Leicester during the pandemic should be built upon, allowing best practise to be applied to health protection or in the event of another outbreak.

AGREED:

- The Commission noted the report.
- The draft TB strategy and updated action plan to be added to the work programme.
- Screening to be added to the work programme.

68. HEALTH OVERVIEW

The Director of Public Health provided the Commission with an overview and it was noted that:

- Public Health is considered as both the science and art of preventing disease, prolonging life and promoting physical health through organised community efforts.
- The understanding of 'health' has changed over time and encompasses mental health and wellbeing as well as physical health.
- One of the key features of Public Health has been tackling the health inequalities and differing outcomes between communities and areas to address the stark differences in life expectancy, healthy life expectancy and disease rates etc. that are preventable and unjust.
- There is a strong link between poverty and health outcomes. 10% of the world's population lives in poverty. The population of an area impacts the demands and priorities of Public Health.
- Leicester's population is characterised by:
 - Younger population than national average.
 - Large increase of population in last few decades.
 - Ethnicity change – huge diversity and census shows that for the first time, the white population is now the minority.
 - Significant deprivation in Leicester wards compared to England. There are large disparities between different areas of the city.
- Deprivation in the city impacts life expectancy and healthy life expectancy. This has meant people die younger and get ill earlier in Leicester which consequently has implications for health and social care and service demands.
- Life expectancy was improving in Leicester until 10 years ago when it plateaued. Leicester's life expectancy has been consistently below the national life expectancy.
- A further dip in life expectancy during the pandemic but this was sharper in Leicester than the national average due to deprivation across the city meaning people often live in crowded conditions and more likely to have underlying health conditions.
- Public Health is based within the City Council and has followed their values, with the premise of working with partner organisations to benefit residents. The overall vision of Public Health is a fairer society where we can live with health and happiness.
- The aim has been to prevent ill health, rather than treat. Working with partners has allowed a more targeted, cost-effective approach but required hard conversations around priorities.

- Core 20 is an NHS initiative focused on 20% of most deprived neighbourhoods in the country. In Leicester, Leicestershire and Rutland over 90% of those in the 20% are in the city.
- The priorities of Public Health for the next year are to be focused on primary and secondary prevention. An upcoming workshop in August will enable discussion of key priorities.
- Wider determinants of health are influenced by the Council such as leisure centres, economic development, housing etc. all impact on health and wellbeing.

The Chief Operating Officer at the Integrated Care Board provided the Commission with an overview of health services in which it was noted that:

- The NHS developed new organisations to replace former Clinical Commissioning Groups. The Integrated Care System (ICS) aims to bring together public sector organisations to do what is right for local people supporting social and economic determinants.
- The Integrated Care Board (ICB) commissions services and convene professionals to work collaboratively and identify solutions to achieve outcomes. The Integrated Care Partnership has worked with the Local Authority to promote an alliance of partners including the fire service, police and VCSE who promote the health and wellbeing of the local population.
- The ICB 5 Year Forward Plan is a statutory requirement which has been developed through partner and community engagement to identify 13 pledges. It aims to improve outcomes for the population, tackle inequalities and improve access.
- Key programmes of work include elective care, urgent care, mental health and addressing inequities for individuals with learning disabilities. A different approach to working has been developed with a focus on collaborative models and partnerships whereby organisations are provided a mandate to lead with the ICB as a partner.
- The ICB operates across Leicester, Leicestershire and Rutland – each are identified as places and in partnership with Local Authorities Place Based Plans have been developed to identify what is needed for their communities.
- Lots of work is ongoing with partners and working with organisations who know their communities to address concerns and improve health services for local people. Examples of recent improvements include elective care waiting lists, 62day cancer backlog, cervical screening and health checks for individuals with a learning disability and/or autism.
- Primary care continues to experience issues with the 8am rush to book GP appointments but multiple other ways have been implemented, including the NHS app and SystmOnline. These options are most popular in the under 50 population. There is a current recruitment drive for increasing GP numbers as it is recognised there are not enough but will take time and will need to be routed into areas that need it most.
- Ongoing issues are evident in with emergency care and residents are waiting too long across all areas. A revised governance programme has been established and led by the Chief Executive at UHL. It is hoped measures being taken will help improve performance, particularly during winter.

The Chair requested that the Commission receive the presentation on the ICB 5 year forward plan pledges and would then allow discussion, questions and comments from Members in relation to both items which was agreed.

AGREED:

- The Commission noted the report.

69. ICB 5 YEAR FORWARD PLAN - PLEDGE 1 'IMPROVING HEALTH EQUITY' & PLEDGE 2 'PREVENTING ILLNESS'

The Head of Population Health Management at the Integrated Care Board presented an overview of the pledges and it was noted that:

- Pledges 1 and 2 within the ICB 5 year forward plan are centred around improving the health of the most disadvantaged and marginalised communities across the city.
- The World Health Organisation defines health as being more than the absence of sickness. The NHS is often seen as a sickness system as opposed to a health system with a prevention agenda to keep people well and have a positive contribution in their future.
- There is a current debate in the NHS at a national level about the structure of local ICBs and where the line should be drawn in its remit to co-operate with partners such as local authorities and the VCSE sector to address wider determinants of health, such as social and economic factors.
- Life expectancy in Leicester is significantly lower than in Leicestershire and Rutland and has always been lower than the national average as a whole. Common illnesses and prevalence are often vaccine preventable. There are close working relationships between the ICB and Public Health to identify and address inequities and identify solutions.
- Leicester has led in developing a model in selected GP practices for patients with chronic or complex needs to see the same GP. Around £3m discretionary funding has also been allocated to GP practices where the national formula doesn't allocate sufficient recourse for the local population, generally in the most deprived areas.
- Public Health have distributed around £1.1m funding to and provide support to residents in city to address fuel poverty as there is a correlation of living in cold and damp housing with poor mental health, respiratory and neurological health conditions.
- As a deprived city, Leicester has lots of risk factors for bowel cancer. Residents are likely to have a highly processed diet and low health literacy and there is generally a poor uptake of bowel screening. There has been some innovative work across the city, particularly with the Somali community on screening, as if caught earlier there is a much higher survival rate. Work is still needed to address how to improve communication more clearly and respectfully for residents to come forward and not be embarrassed.
- Progress has been made since the pandemic for tackling high cholesterol and improving blood pressure readings of residents in the city.
- The life expectancy of individuals with a learning disability compared with their peers is lower by 19years, although this has improved by 3 years since 2021. Further work is required and continues to be a commitment –to further improve.
- Air quality is an important determinant to health and the City Mayor and his Executive have led on programmes to improve cleaner air. Work is also ongoing with the Space Centre and respiratory team at Glenfield Hospital to monitor air quality and the impact on asthma rates in children.

In response to questions and comments from Members in relation to the health overview and current item, it was noted that:

- Developing the ICB 5-year forward plan included the input of Local Authorities and communities to ensure the identified pledges were associated to need and also aligned to NHS and adult social care frameworks. Targets and metrics are monitored and reported at a national and local level with a more focused performance dashboard established locally to provide assurance and identify improvements where there are gaps. It was agreed that a session could be arranged to showcase the dashboard to Members of the Commission if desired.
- Health profiles are available although are generally focussed at a MSOA level as opposed to wards to ensure the data is illustrative at a more neighbourhood level and does not mask what is going on due to size and variances across wards. For example, western ward includes neighbourhoods such as New Parks, Braunstone Frith and Western Park, all of which may experience different health needs.
- A system approach is taken to address healthy food provision with a renewed action plan currently being developed that could be discussed in more depth at a future meeting. It was further highlighted by the Deputy City Mayor for Social Care, Health and Community Safety that where the Authority has direct responsibility, for example pop-up pantries, balanced food is offered to provide healthier choices alongside other public health initiatives such as free toothbrush and toothpaste. A holiday activity programme has also been delivered across the city for eleven years which includes a variety of fruit and vegetables as lunch provision but often find children may not initially choose to eat until they see those they trust modelling eating healthier options.
- 71% of patients are seen by clinical staff in GP practices, such as a GP, nurse or medic. Webinars have been run to share best practise between GPs about the use of multidisciplinary teams to ensure patients are seen by the right person although there is not one size fits all for different community needs. It was agreed a further breakdown could be shared if requested.
- Additional support has been put in to register refugees and asylum seekers although many remain unregistered. Promotion is ongoing to raise awareness that documents are not required to be produced at GP but may deter individuals where secondary provision is needed. Members were encouraged to directly raise cases with the ICB and Deputy City Mayor where individuals are being asked to provide documentation to register with a GP and Cllr Russell agreed to write to all Members.
- There is a home first ethos across the city that is evidently successful with working alongside adult social care to ensure patients are able to safely return home and receive the support needed. Sometimes this may not be possible and patients may be discharged to alternative locations but will be return home or be relocated to provision nearer as soon as possible.
- Primary care appointments are available but an issue has been identified with missed appointments impacting effective use of resource and consultations. Work is ongoing to determine why patients may book and not attend appointments, including barriers to improve attendance.
- It would be transformative to move to a flag system in primary care so that when vulnerable patients, those with complex needs or require continuity with the clinician they see make contact with a GP surgery it is automatically flagged even if the receptionist doesn't know them. Work is underway locally and regionally to identify the resources that would be required to implement this and it was agreed that options could be shared with the Commission when further developed.
- An extensive review of GP data since 2019 has been completed regarding GP

funding under the national model where practices are underfunded. Data illustrated there are 10% more appointments available but the population has increased by around 15% and therefore not aligned, particularly as the population appear to be sicker and require more appointments since the pandemic.

- 36 Health Inequity Champions from a range of primary and secondary care settings as well as adult social care have completed NHS England training. Funding was also secured to enable work with Sharma Womens Centre to inform VCSE on health inequities such as cancer, high blood pressure and respiratory disease. The Local Authority also deliver a Community Wellbeing Champion programme with over 190 organisations and 400 individuals designated to deliver outreach work to communities.
- Severe mental health conditions are such as psychosis and delusional schizophrenia are considered as much harder to treat and lead to larger cognitive issues that can be impacted by stigmas and beliefs. Mental health services have received increased funding over recent years with Leicestershire Partnership Trust recognised as a mature partner to deliver services to support residents.
- Caroline Trevithick is the Chief Executive Officer for the ICB and an Acting Chair of the ICS has been appointed with NHS England recruiting for the substantive post.

The Chair invited the Healthwatch representative to participate in the discussion in which it was noted in response to questions that:

- A GP practice is required to temporarily register a patient if they attend and require an appointment. It was reiterated that any known cases where patients are asked to provide documentation to register at a GP practice should be shared with the ICB.
- Primary Care Networks are very successful in some areas and others could work better. Generally, PCNs offer more appointments and access to specialist roles as part of multi-disciplinary teams.
- E-consult is an additional mechanism for patients to contact GP practices and provide flexibility to address the 8am rush and should not be the only provision. Reaching people are training people to access e consults and using cascade model to get those trained to help others understand. Assurance was provided that the ICB will intervene where it is known if GP practices are using e-consult as the only option.
- 650k appointments include telephone and face-to-face consultation, with the latter now back up to 70% of appointments following the pandemic, and is increasing each month.
- The cloud-based telephony system has only just been implemented so is too early to determine effectiveness but an update can be provided to the Commission in future.

AGREED:

- The Commission noted the report.
- Food action plan to be added to the work programme.
- The Deputy City Mayor for Social Care, Health and Community Safety to contact all Members regarding access to register with a GP and to directly raise cases where individuals are requested to provide documentation.
- A separate briefing session to be arranged on the dashboard to monitor

pledges.

70. WORK PROGRAMME

The Chair highlighted that the draft work programme was included in the agenda pack, though is a live document and topics for discussion can be reviewed throughout the municipal year to respond to emerging issues. It was further highlighted that following discussions during the evening topics including GP access and vaccinations screening could be brought forward on the work programme.

Members were invited to make suggestions for consideration in which it was noted that the Commission would like to consider A&E, hospital discharges, CQC maternity inspection and

It was further noted by the ICB that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee would be discussing concerns around the 8am rush in GP Practice at its upcoming meeting in July for which the Chair reminded Members the Commission represents membership for the city at the Joint Committee.

It was also agreed that the ICB would circulate a briefing paper to the Commission on its priorities for 2024-2025 following discussion at its Board meeting in August.

71. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.06.