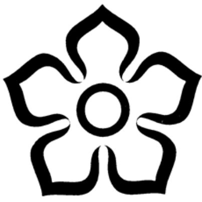

Leicester
City Council

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

Held: TUESDAY, 10 SEPTEMBER 2024 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham	Councillor Clarke
Councillor Haq	Councillor Joannou
Councillor Kaur Saini	Councillor March
Councillor Orton	Councillor Sahu
Councillor Singh Sangha	Councillor Westley

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72. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Zaman and the Deputy City Mayor for Social Care, Health and Community Safety – Cllr Russell

73. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings for which Cllr March declared that she is an employee of Citizens Advice.

74. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 9 July 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 9 July 2024 were a correct record.

75. CHAIRS ANNOUNCEMENTS

The Chair thanked the ICB for hosting a briefing session on virtual wards providing members with assurance of the process and expressed the members commendation for the expansion of virtual wards to ensure people can continue to receive care whilst returning home safely.

It was further noted that the Chair and Cllr Sahu had met with the ICB, LPT and DHU for an update on actions agreed following concerns about the number of GP mental referrals being sent back to practices for children and young people. The Chair highlighted that it was pleasing that terminology had been changed and concerns has been taken on board as health colleagues committed to work with the LMC and a number of GPs to review the PRISM form. It was noted that to allow time for these changes to be implemented, a report has been requested to be presented to the Commission in the New Year.

The Chair also highlighted that assurances are being provided through regular communication with the ICB who are monitoring GP collective action situation and ensuring details of urgent care centres are promoted. It was noted that details can be circulated to members and any issues that may arise would be shared with the Commission.

The Chair thanked Members who had expressed their interest to form the task group with the Housing Scrutiny Commission to look at services and the impact of homelessness on health, particularly those with complex needs. Members were reminded that if they wished to take in the inquiry day to contact the governance officer as soon as possible.

76. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

77. PETITIONS

It was noted that none had been received.

78. HEALTH PROTECTION

The Director of Public Health gave a verbal update of the latest position of health protection, and it was noted that:

- TB had previously been mentioned as a topic of concern as rates are higher than would like in the city. There was a successful reduction of TB rates in the early 2000’s but there had been an upward trend, with Leicester now having the second highest rates in the country. New

figures will be released next month, and it is suspected Leicester will be rated as having the highest rates of TB.

- Work has been ongoing across the public health team, the ICB and UK Health Security Agency (UKHSA) and a new strategy has been developed with a steering group Chaired by the Director of Public Health with a host of actions.
- University Hospitals Leicester have an amazing TB service, but it does not have the resources for managing the levels of TB in the city. A business case has been created to increase the capacity for the service.
- TB treatment is difficult and lengthy taking 6 months. Latent cases are particularly difficult to maintain treatment as patients feel healthy in themselves, yet the treatment can have side effects making them feel ill.
- Identifying and treating cases of latent TB screening is a main objective through GP practises, however funding is an issue. A case has been made to NHS England for doubling funding locally in order to reduce TB rates in the city.
- The Loughborough strain is more severe and contagious, and treatment can take up to 9 months but there are fewer cases.
- Mpox has become a global concern with a new (clade 1b) potentially more severe and contagious to affect younger people although data is not yet available. There have been cases in Europe but none in the UK to date. The UKHSA has outlined a plan should it come to the UK and is monitoring the situation.

Members were reassured that there is a strategy in place for controlling the rates of TB, but concerns were acknowledged in that Leicester was likely to have the highest rates in the country.

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

- Public Health are hopeful that the request for additional resources for latent TB testing would be successful.
- A joint letter from the Health and Wellbeing Board, the Deputy City Mayor for Social Care, Health and Community Safety and the ICB had been sent to the UK Health Security Agency to request additional funding. The business case had been put through urgently with the hope that an outcome would be achieved before the usual time span of 6-8 weeks.
- As part of the strategy implementation to address TB there had been lots of work with health partners around screening, data analysis, communications, and a particular focus on addressing the stigma that is often associated with TB to help break down barriers for screening or treatment.
- TB requires a resource intensive treatment, so it is important to ensure the local infrastructure has the capacity to support the most vulnerable to sustain the treatment.
- There were 200 cases of TB in the city last year, and one case of the Loughborough strain; so is not comparable to covid or flu numbers but concerning and higher than other areas in the country.

- TB is usually related to patterns of migration. Leicester has high numbers of refugees and asylum seekers, as well as individuals travelling to areas of high prevalence of TB so it is vital to make sure screening, particularly latent screening, occurs.
- The TB vaccination is not as effective as vaccinations for other conditions.
- It has not been a requirement for migrants to get a latent TB test, just an active one which is not always reliable. Nationally, there needs to be a more effective screening programme.

The Commission expressed the importance of seeking additional funding and hoped the city would be successful to tackle the current rates. It was further noted that Members suggested health checks at border controls would be most effective in bringing down rates and that lessons should be learnt from previous decades with clear messaging.

As part of discussions the Chair invited the youth representative to make comments and it was noted that there are different campaigns to encourage vaccination uptake for different vaccinations and these differ dependent on targeted population. There had been lots of work in schools and communities to target vaccination campaigns.

AGREED:

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

79. WINTER PLANNING

The Chair asked members that the various reports all be presented, and that comments and questions be taken at the end in which members agreed.

The LLR Director of Emergency and Urgent Care presented the LLR winter planning update. It was noted that:

- Vaccination programmes are important to ensuring citizens and staff are safe during the winter and communication campaigns encourage take up to help ensure immunisation coverage. There has been a slower take up of coronavirus vaccines amongst health workers, but communication is ongoing to promote safety to staff, families and patients when vaccinated.
- The RSV vaccination programme commenced nationally in September and paediatric consultants are confident of a positive impact on children. The programme is aimed at under 2's, pregnant women, and those over 75.
- Seasonal planning is crucial and partners across health and care work collaboratively to develop and refresh plans. They have also been reviewed by clinical and operational leaders to ensure the right areas are being focussed on.
- Staff wellbeing and support has been identified to ensure resilience and

that services are equipped to serve patients.

- Communication leads have been working on joint campaigns for citizens and staff to ensure clearer messaging on the right pathways and access to services.
- There is a focus to increase capacity for urgent treatment and joining up the frailty offer. There are good services across adult social care and acute community services but are not always interlinked in the best way so will be a focus.
- There is confidence in discharging patients requiring social care in the city.
- Data indicates a clear increase in demand and activity of zero length of stay and same day access, including use of virtual wards. A focus will therefore be to ensure there is awareness of alternative services for ambulances and primary care to access for patients to be treated sooner.
- There has been an increase in investment in the voluntary and community sector for supporting individuals with mental health, learning disability or autism and evidence from last year highlights support helped alleviate individuals attending the emergency department.

The Strategic Director for Education and Social Care presented the adult social care winter plan update in which it was noted that:

- Adult Social Care services are considered to experience consistent pressures year-round and escalation plans are therefore developed and monitored throughout the year by analysing data. The service looks across the system to ensure there is a balance of care providers across care homes, domiciliary care and exit planning for all pathways at any given time.
- Hospital discharges and supported for patients who require social care support. There has been investment through the discharge grant which has allowed the reablement offer and timely discharge of patients seven days a week. A domiciliary care contract is in place and provision can be accommodated for discharged later in the day to receive required support during the evening when returning home.
- There tends to be low numbers of patients waiting for social care to be discharged at any given time - across 1,800 beds, there are usually less than 30 patients waiting for discharge.
- Leicester has an elderly population and more chance of hospital admission; therefore, there is a focus on reducing admissions.

The Heads of Service for Independent Living and Health Transfers reiterated the strengths of the discharge offer, and it was noted that double handed care has now been addressed to ensure an equitable offer for reablement. The latest data illustrated 92% patients requiring social care support were able to return home in August as opposed to a care home. Admissions avoidance was also highlighted as an area of focus with responding to falls and supporting residents to prevent calls to the East Midlands Ambulance Service. The positive work on virtual wards had also contributed to avoiding residents being admitted to hospital as well as returning home sooner and there had been an

increase in flow for the reablement offer and there was confidence in the joined-up approach across health and social care.

The Director of Public Health presented the fuel poverty and health programme, and it was noted that:

- Fuel poverty has different definitions, with England considering income and the energy performance of a property whereas Scotland and Wales identify fuel poverty is a household have to pay more that 10% of their income to keep warm. The English definition is being reviewed as it is not clear, but millions are estimated to be in fuel poverty.
- The two-year programme has been funded by the ICB and delivered in partnership by National Energy Action (NEA) and public health which is due to end this year. NEA have secured additional funding through the gas distribution network and agreed to continue with elements of the programme in Leicester next year.
- The programme was established in recognition of the cost-of-living crisis and whilst fuel prices have reduced, they remain higher than before and are expected to increase again in October. The crisis therefore remains real with thousands of city residents unable to keep warm which can have a detrimental on physical and mental health, increase frailty and risk of falls and colder homes can be associated with damp and mould which also have health risks.
- The NHS look at health inequities through the CORE20PLUS5 model. Four of the five conditions for the biggest differences in health inequality can be associated to fuel poverty and emphasises the importance of the programme to tackle inequalities in the city as Leicester generally has low income and poorer energy housing standards and high excess winter deaths.
- The programme has been based on NICE guidelines for training and issuing energy advice as well as identifying people at risk. The team consists of 5 NEA energy advisors and trainers and 2 public health officers. The programme includes providing advice for energy and maximising income as well as outreach and engagement. Education programmes are also provided in schools to inform children of the importance of health and climate change.
- Referrals were initially being made mostly in the west of the city where there are higher social housing tenants, but the programme has had a good spread of referrals across the city through council services, health partners and the voluntary and community sector. Residents supported through the programme often have ill health and therefore benefit from help and signposting to other appropriate service. Around £181k direct extra income has been generated for residents supported through the programme.
- Qualified energy advisors are undertaking outreach in communities and training other individuals to promote energy awareness and ensure the programme and impact is sustained.

The Chair invited the youth representative to make comments and it was noted that respiratory services for children in community hubs as opposed to

attendance at the emergency department received positive feedback, but families highlighted, they were unaware of the offer. A proactive approach is being undertaken this year to share information within school and neighbourhood settings.

The Commission commended the positive working relationships across health and social care to support residents, particularly the timely discharge of patients and reablement service. Members raised concerns about the impact of the withdrawal of the winter fuel payment to elderly residents' health and pressures on the health service.

In response to Members comments and questions in was noted that:

- The eBed system enables monitoring across the system of where people are for their pathway to being treated.
- Paediatric virtual wards have been designed by clinical leads to identify cases that may benefit from a virtual ward. Patients will be assessed and only those deemed low risk and safe to use a virtual ward will be provided the option to return home. A 24hour telephone line will provide support if required.
- The vaccination programme and engagement for vaccines will continue as in previous year but learning has been identified to improve the offer. For example, the roving unit has been popular in communities, but feedback of appropriate locations and times has been accounted for to have the most impact.
- It is recognised that high levels of standing charges can attribute to fuel poverty and debt even where residents have not used energy. NEA are campaigning nationally for fairer solutions as it is a concern.
- Energy advisors work to maximise income and proactive work has been underway to identify individuals who may be eligible to support to apply for pension credit as it is recognised to be underclaimed and can open access to other benefits. If cases are complicated, they may be referred on to other organisations such as citizens advice. Health also completes a checklist when discharging patients to identify patients who may be in fuel poverty and work is underway to improve advice and signposting for health contacts across the system.
- NEA have secured funding from gas networks to replicate the fuel poverty and health programme in other cities, but assurances have been provided that it will continue in Leicester to offer sustainability, although it may not include the education programme.
- The roving mobile unit can be accessed for vaccinations as an alternative to attending GP practices to provide flexibility for residents.
- Pharmacy and transport can delay discharge; a new transport provider has been commissioned and working to increase capacity over the coming weeks. Take home medication is reliant on a doctor prescribing the medication, pharmacy processing and dispensing to the ward which is being looked at for quality improvement. Patients discharged to a care home or community bed can be relocated and medication follows.
- New hubs at Leicester General Hospital and Hinckley will create 30k additional appointments for all types of therapy.

- 48% of referrals to the Leicester Energy Action programme are from deprived areas across St Matthews & Highfields North, New Parks & Stokeswood, Braunstone Park West, Kirby Frith and Eyres Monsell.
- Volunteers support patients being discharged from hospital across Leicester, Leicestershire and Rutland and further details of organisations would be shared with the Commission.
- A critical incident was declared at Leicester Hospitals throughout winter 2023-24 and unfortunately negatively impacted wait times but this did not result in the closure of the emergency department. A site visit is being arranged for members to visit the emergency department and understand the processes ahead of winter.
- Pressures are expected for winter 2024-25 as there is increased demand with a 20% higher disease burden in the city compared to pre-pandemic which is being analysed locally. Plans are in place to alleviate the strain on services with a focus on same day emergency care to ensure patients are taken to an appropriate service as opposed to waiting in the emergency department and admission avoidance through virtual wards being promoted.
- Same day care is where a patient is admitted to the right pathway on the same day as presenting to the emergency department. The proactive care model is a national programme for GPs to use population data to identify patients at risk of hospital admission and optimising their care through tests and suitable care and crisis plans. This model has been trialled over recent years and has positive results of patients being in control of their health. The challenge with expanding this model is around resources. Intermediate care is ensuring patients are supported by the appropriate pathway when discharged, for example into a specialised care home or reablement. A partnership approach is taken for all models of care, and they can be altered if circumstances require it.
- Public health data and societal changes shows that alcohol dependency has reduced in the city and although some people may present at the emergency department intoxicated there are also an alcohol liaison team and mental health liaison team to support patients.
- The health inequities hub is now in place.
- All posts have been filled to support the Leicester Energy Action programme over the last 18months and will continue. The number of complex cases being supported have been higher, and a judgement is taken on where cases may need to be referred to a separate organisation or where they can continue to be supported by the team, but all individuals referred and requiring support will receive appropriate help.
- A contract is in place with Derby for the local 111 service and looking to increase call handlers for winter to support residents. It was agreed that further information on call back times would be circulated to the Commission.
- Checks are available and being encouraged when in contact with patients at GPs and pharmacies for monitoring blood pressure, pulse and cholesterol as earlier identification is better to manage. It was

agreed that information would be circulated for Members to help promote services and checks.

Members raised concerns about lack of information provided directly to councillors about services to promote to residents and the variation of information issued by health providers. It was noted that various communication methods are used to target different audience and that information requested would be collated to share with Members. It was further agreed that the process for informing all ward councillors would be reviewed for future communications and Members input for identifying information to be shared was requested.

AGREED:

- The Commission noted the report.
- Additional information to be circulated to Members.

80. WORK PROGRAMME

The Chair requested that adult mental health be added to the work programme and be discussed at the next meeting to be considered alongside the suicide strategy.

Members were also invited to make suggestions for the work programme in which it was noted that the suicide strategy item include provision for self-harm and that an item be added for the commission to further discuss why Leicester residents are 20% sicker than they were four years ago.

The Chair reminded members that the next meeting would take place on 5 November 2024 and that the inquiry day with housing scrutiny commission would be taking place beforehand.

81. ANY OTHER URGENT BUSINESS

Councillor Haq raised concerns in relation to parking and the use of surrounding streets to avoid hospital parking charges. It was requested that joint consideration be given to improve transport services and encourage use of public transport.

AGREED:

- Communication and engagement of transport options to be reviewed and enhanced where possible.

There being no further business, the meeting closed at 19.27.