Leicester
City Council

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

Held: Tuesday, 1 September 2026 at 5:30 pm

P R E S E N T :

Councillor Halford (Chair)
Councillor Westley (Vice Chair)

Councillor Clarke
Councillor March

Councillor Sahu
Councillor Singh Patel

Councillor Singh Sangha

In Attendance

Rob Howard

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53 Welcome and Apologies for Absence

None were received.

54 Declarations of Interests

The Chair asked members to declare any interests in proceedings for which there were none.

55 Minutes of the Previous Meeting

The Chair highlighted that the minutes from the meeting held on 30th June 2026 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 30th June 2026 were a correct record.

56 Chairs Announcements

No announcements were made.

The Chair advised a change of item order which was requested by officers and approved by the Chair.

57 Questions, Representations and Statements of Case

It was noted that none had been received.

58 Petitions

It was noted that none had been received.

59 Health Protection

The Director of Public Health provided an update on health protection activity since the previous meeting. It was noted that:

- There had been no reported cases of salmonella in Leicester. Members heard that there had been 259 reported cases nationally, including one death.
- Investigations suggested that a number of cases may be linked to imported eggs and residents were encouraged to purchase eggs carrying the British Lion quality mark where possible.
- An increase in cases of viral meningitis had been reported and continued to be monitored through health protection arrangements.
- Work continued to promote vaccination uptake across different age groups.
- A local communications campaign was being developed to help parents, carers and schools better understand the childhood vaccination schedule and the ages at which vaccinations should be administered.
- National surveillance arrangements remained in place for seasonal flu and Respiratory Syncytial Virus (RSV).
- Whilst the RSV vaccination programme had demonstrated positive benefits, uptake remained below desired levels.
- Current RSV vaccination uptake amongst pregnant women in Leicester was approximately 48%, compared with a national average of 62%.
- Uptake amongst older people was approximately 48%, compared with a national average of 68%.
- No new cases of measles had been reported since the previous update.
- Tuberculosis rates in Leicester remained amongst the highest in the country, however a decline in cases had been recorded during the first half of 2026.

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

- Members discussed the accessibility of vaccination records through the NHS App and highlighted the benefits of enabling parents, carers and young people to easily access and monitor vaccination histories.
- It was noted that access to vaccination information through the NHS App was dependent on arrangements within individual GP practices.
- Members considered that improved access to vaccination records could help remove barriers to vaccination uptake by making it easier for residents to identify missed vaccinations and access reliable information.
- Officers acknowledged the value of a consistent approach and agreed that improved digital access to vaccination records would support wider vaccination promotion efforts.

AGREED**:**

1. The update on health protection activity be noted.
2. The Governance Officer be requested to write to the Leicester, Leicestershire and Rutland Integrated Care Board, on behalf of the Chair and Lead Member, seeking support for improved access to vaccination records through the NHS App.

60 <u>Healthwatch Annual Report</u>

Healthwatch Leicester and Leicestershire submitted their Annual Report, “Speaking up for Better Care” to the Commission.

The Chair of Healthwatch Leicester and Leicestershire provided an overview of the report. Key points to note were as follows:

- Healthwatch Leicester and Leicestershire was an independent structured consumer champion for Health and Social Care. The experiences, views and concerns of patients, residents, service users and the local community were heard and used to influence the planning, commissioning and delivery of health and care services across the city and county.
- During 2025, Healthwatch had engaged with over 46,000 people, receiving information on health experiences, also providing information and signposting.
- 38 enter and views had taken place, and a number of reports had been published.
- 8 GP practices within the Willow Group had been visited as requested by the ICB. Inconsistencies had been identified which resulted in commitments to improve.
- A survey review was planned to identify any underrepresented groups and encourage wider participation.
- 24 neighbourhood mental cafes had been visited, and referral pathways were being improved.
- Women’s health focus had included access to specialist support, continuity of care, better information and joined-up pathways.
- A review had been undertaken on supported living. Issues included communication, inclusion, health instability, social isolation and support and planning.

- A further significant area of focus was hospital discharge, experiences were gathered and issues identified around decision making, medication, follow up support, planning and communication.
- Work around access to healthcare for the deaf and hard of hearing community was revisited, significant barriers were found to remain around booking appointments, interpreters and receiving accessible information.
- For 2027, the three main areas of focus would include:
    - Pharmacy First. A survey had gone live in July 2026 and there would be an inclusivity drive.
    - Digital access to NHS services, particularly within Primary Care.
    - Tackling health inequalities whilst strengthening partnerships.
- Young people's experiences around healthy weight and lifestyles would be explored.
- 20 enter and views were planned throughout the year, to include same day access.

In response to Member questions and comments, the following was noted:

- Survey findings were shared with relevant bodies, including the ICB, with follow-up reviews undertaken to assess progress. Where improvements were not evident, matters would be escalated.
- Regarding patient feedback for The Willows, an improvement had been seen through the quality group, it was important to capture patient voices alongside metrics.
- Concerns about GP practices were triangulated with the CQC and ICB, with findings reported to stakeholders and follow-up undertaken to monitor recommendations and escalate unresolved issues where necessary. Safeguarding issues were raised immediately.
- A wider report could come back to the scrutiny commission in the future on wider practice issues.
- Further communications were planned to promote the Mental Health Cafes. It was noted that utilisation had increased.
- Conversations were ongoing with UHL and the ICB regarding digital access barriers, with a refresh of the digital strategy.
- Addition support had come from the Local Authority to fund work on women's health and a research project. Further information could be provided to the commission on additional funding.

AGREED:

1) That the report be noted.
2) For further information on additional funding to be provided to members.

61 <u>Winter Pressures Update</u>

The Chief Medical Officer for the LLR Integrated Care Board introduced the item and presented an update on winter planning and system preparedness across Leicester City for winter 2026/27.

It was noted that:

- Winter planning formed part of a year-round approach to managing system pressures, with increasing challenges also being experienced during periods of extreme weather during the summer months.
- Learning from previous years had resulted in improved resilience across the system, strengthened partnership working and clearer escalation arrangements when pressures arose.
- The NHS 10-Year Plan emphasised a shift towards neighbourhood and community-based care, with a focus on prevention and reducing avoidable hospital admissions.
- Pre-transfer clinical assessment services enabled patients to be assessed by UHL and LPT services where appropriate, helping to avoid unnecessary admissions.
- Partnership working with local authorities, adult social care and home care providers remained a key component of winter planning arrangements.
- Pathways such as Same Day Emergency Care, Pharmacy First and community response services continued to provide alternatives to Accident and Emergency attendance and hospital admission.
- A single point of access remained an important element of the urgent care offer, helping patients access the most appropriate service first time.
- Vaccination programmes remained a key priority, including flu and RSV vaccinations, with targeted outreach activity planned to support uptake, particularly within the city and amongst priority groups.
- Additional investment had been made to support vaccination delivery and improve protection against respiratory illness during the winter period.
- Improving access to mental health support and maintaining workforce resilience across the system remained priorities.
- Community hospital beds, virtual wards and enhanced community services would continue to support patient flow and reduce pressure on acute services.
- Demand and capacity modelling had been undertaken to assess likely activity levels and identify additional capacity requirements during the winter period.
- Public communications activity would focus on improving awareness of available healthcare services and promoting vaccination uptake.

The Commission heard that system-wide planning arrangements had involved all health and care partners, including local authorities, to ensure organisational plans complemented one another and formed part of a single LLR winter plan.
It was further noted that:

- Governance and escalation arrangements had been reviewed in preparation for winter.
- Local and regional winter planning exercises would be undertaken to stress test arrangements and identify any remaining risks.
- Surge and escalation plans had been modelled against a range of scenarios, including levels of demand beyond those experienced during a typical winter period.
- No significant risks had been identified at the present time, although planning assumptions and resilience arrangements would continue to be tested through the forthcoming exercises.
- Additional capacity had been identified across acute, community and primary care services to support anticipated demand.

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

- Members acknowledged that summer pressures were becoming increasingly significant and expressed disappointment that previous reporting had not included sufficient performance information and assurance measures.
- The Pharmacy First service was recognised as a positive development which had improved patient access to care and reduced pressure on other parts of the system.
- Workforce pressures remained a concern, particularly given the increasing impact of extreme weather conditions throughout the year.
- UHL intended to undertake a review of lessons learnt from summer pressures to inform future planning.
- Staff across the health and care system were commended for their work in responding to sustained demand pressures.
- Improvements had been achieved in ambulance handover performance, although challenges remained on periods of exceptionally high demand.
- Demand modelling was informed by historical activity levels, seasonal demand patterns and current growth trends.
- Historically, the first two weeks of January represented the most challenging period of the winter, with Mondays and Tuesdays continuing to experience the highest levels of demand.
- Activity during the winter period was currently forecast to range between approximately 950 and 1,050 attendances per day, with the highest recorded day during the previous winter having exceeded 1,050 attendances.
- Current modelling identified an approximate shortfall of 40 beds and this would continue to be tested through scenario planning exercises.
- Members sought assurances regarding the impact of access to GP appointments on Accident and Emergency attendances.
- It was acknowledged that supporting residents to access the most appropriate healthcare service remained a key priority across the system and that public communications would play an important role in achieving this.

AGREED:

1. The Commission noted the update on Winter Pressures planning and preparedness across the Leicester, Leicestershire and Rutland health and care system.
2. Members support the promotion of vaccination programmes and public awareness campaigns encouraging residents to access the most appropriate healthcare services.
3. A further update on winter pressures, demand and system resilience be brought to the Commission at an appropriate point during the winter period.

62 **<u>Leicester Neighbourhood Approach</u>**

The Integrated Care Board (ICB) provided the Commission with an update on the development of the Leicester City Neighbourhood Programme, including progress on neighbourhood footprint development, stakeholder engagement, and plans for the next phase of work. The report also highlighted the potential implications of Local Government Reorganisation (LGR). The Commission was asked to note the progress made to date. The report was taken as read, with an overview provided. Key points to note were as follows:

- The landscape was continuing to evolve towards greater provision of community-based care and preventative support.
- From the ICB perspective, progress had been slower in recent months due to organisational restructuring.
- Services would need to be transitioned safely, supported by workforce collaboration, community engagement and partnership working with the LA's and the VCSE sector, alongside developments in care delivery, digital methods and vaccination programmes.
- It was noted that Local Government Reorganisation was likely to have an impact on outcomes.
- 4 delegated workshops had taken place with elected members attending.
- Key strategies included coordination of services, clear and simple pathways and digital focus.
- The 3 main focuses were: frailty, children and young people and wider premature mortality.
- Clinical assessment days had been piloted with a wider team of health care professionals available at Physiotherapy sessions.

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

- Work was ongoing to strengthen data sharing between the partner organisations.
- Benefits of the neighbourhood strategy included the LUCID programme for chronic kidney disease, which would enable more patients to receive care closer to home and reduce the need to travel to hospital.
- Other areas which would benefit included mental health services. £8m of funding had been provided to develop weight management strategies.
- Further details on strategies for premature mortality and weight issues could come back to the scrutiny commission.
- The engagement events had been beneficial and had identified a number of key themes, which would be reflected in future commissioning arrangements.
- Opportunities to learn from other areas in the South-West on Frailty were noted.
- Planning would focus on a transference of care services, rather than a duplication of delivery.
- The strategy was not linked to a specific budget but was based on a pathway approach. Greater investment in prevention was needed, funding for new services could be shared across providers where appropriate.

AGREED**:**

1. That the report on the Leicester Neighbourhood Approach be noted.

63 <u>Work Programme</u>

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the senior governance officer.

64 <u>Any Other Urgent Business</u>

There being no further business, the meeting closed at 7.20pm