



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 1 SEPTEMBER 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)  
Councillor Fonseca (Vice-Chair)

Councillor March  
Councillor Dr Sangster  
Councillor Whittle

In Attendance:

Councillor Dempster - Assistant City Mayor (Health)

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**15. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Aldred and Pantling.

**16. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

**17. MINUTES OF PREVIOUS MEETING**

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 13 July 2021 be confirmed as a correct record.

## **18. CHAIR'S ANNOUNCEMENTS**

The Chair reminded all those present either in the meeting room or joining on Zoom of the procedures for the hybrid meeting.

## **19. PROGRESS ON ACTIONS CONSIDERED AT A PREVIOUS MEETING**

It was noted that an update following the previous meeting in relation to the reported low vaccination rate uptake in the west of the city would be provided by the CCG at Agenda Item 10 'Covid 19 and Vaccination Update' (Minute 24 refers).

## **20. PETITIONS**

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

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

The Monitoring Officer reported that no Representations or Statements of Case had been submitted in accordance with the Council's procedures.

The following Questions had been received:

From Sally Ruane:

1. In relation to the integrated care system, can the CCGs and the City Council confirm that Leicester City Council will have a place on the ICS Board and not just on the Health and Care Partnership Board
2. Is Leicestershire Partnership Trust planning to increase the number of beds it has for patients requiring inpatient mental health care?

From Stephen Score:

3. Will the Leicester Health and Wellbeing Scrutiny Commission be considering the acute hospital reconfiguration programme anew if there is a change in the Building Better Hospitals for the Future scheme following the new hospitals programme team's request for a scaled down proposal and a phased in proposal?

Ms Ruane was present and was invited to address the Commission and put her questions, as printed on the Agenda pages.

Mr Score was not present and the Chair read the Question, as printed on the Agenda pages.

In response to Question 1:

It was confirmed that Leicester City Council will have a place on the Integrated Care Services Board and that other Councils would also be involved to support the integrated system. The necessary administrative arrangements were to be put in place in due course.

Ms Ruane was invited to ask a supplementary question, and she commented that the membership of the Board remained a confusion to the public and asked that the role and composition be made more widely accessible.

In reply, it was acknowledged that a full update on the ICB was to be discussed at item 9 'Integrated Care Services' (Minute 23 refers).

In response to Question 2:

David Williams (LPT) advised that there would not be a proposal to increase beds for mental health services, as it was not considered the most effective measure for patient care. Alternative options including enhanced voluntary sector involvement and support through partnership arrangements were preferred. It was clarified that investment in such services was encouraged, rather than in providing extra beds.

Ms Ruane was invited to ask a supplementary question, and she asked whether the NHS England moratorium on bed numbers was still in place.

In reply, it was understood that NHS England would not limit the numbers of beds or oppose their need, if this was proposed as an option going forward.

In response to Question 3:

The Chair provided the reply and confirmed that the Commission would reconsider any changes in the Building Better Hospitals for the Future scheme. The information regarding the publicised scaled down proposals had been discussed internally. Any updates concerning future scrutiny would be announced as and when necessary.

## **22. COMMUNITY PHARMACY SERVICES**

Rachna Vyas (Clinical Commissioning Group) provided an update concerning community pharmacy services, as part of revised community fund service, being introduced by NHS England.

It was noted that the principles of the revised programme had been based on the Community Pharmacy Consultation scheme, which would enable GPs and team partners to refer patients to pharmacists. Patient feedback had been very positive.

The nationally agreed set of principles and participation information since the recent introduction was reported and the significantly increased numbers of available GP appointments was welcomed and noted.

It was also noted that participation at a local level had improved access to GPs and had reduced pressures, with a majority of practices being involved. There were some areas of the city where an initial reluctance to join the scheme had been noticed, although it was expected that full coverage would be achieved in the coming months.

Details of the improved promotion and strengthening of the 111 phone service were also explained and with fewer Accident and Emergency visits being recorded.

Commission members were invited to ask questions or comment on the update, and the following points were noted:

- In terms of wider support and engagement with communities, it was considered that an enhanced structure should be established involving the voluntary sector and Healthwatch.
- The proposals to allow pharmacies greater opportunities to offer advice to patients was welcomed, it was recognised that pharmacies often had a better understanding of individual patients through more regular contact and continuity of service.
- The requirement to ensure that carers were not disadvantaged or disincentivised was highlighted and accepted. It was noted that there were a range of options for carers in the scheme and there were no carer targets or sanctions. The situation would be monitored through regular service quality reports and it was confirmed that resulting feedback and information could be shared and circulated in due course.

In summary and in respect of future updates, it was suggested that a further report be submitted at the end of the next quarter when more qualitative information will be available.

**AGREED:**

That the update be noted and a further report be submitted in due course to include specific information on the service quality reports relating to carers.

## **23. INTEGRATED CARE SYSTEMS**

The Chair welcomed David Sissling (Independent Chair of the Integrated Care Board) to the meeting.

Mr Sissling provided a verbal update as an introduction to the work of the Integrated Care Board (ICB) and explained its purpose, vision and context arising from national guidance. It was noted that the context was based on a powerful principle of effective partnership working and the priority on prevention and enhanced economic and social benefit arising from healthier lifestyles was acknowledged.

It was accepted that the issues affecting health were not entirely associated with the NHS.

The relationship with the public and the proposals to make change to attitudes in relation to health were also reported, including an ambition to ensure that more attractive messages were publicised.

In terms of the structure of the Board, the legislative process was explained and noted, with some CCG and NHS England functions being transferred from April 2022.

Reference was made to the earlier item where a public question had been asked (Minute 21 refers). It was confirmed that the ICB would work with local authorities and other partners with a jointly held responsibility. It was accepted that the Board would be large in terms of the numbers of members, although it was accepted that inclusivity was key to the ambitions and to allow the sharing of best practice.

The Chair asked the Assistant City Mayor to comment.

Councillor Dempster welcomed the content of the update and reinforced the need to strengthen the partnership arrangements. In view of the significant changes to roles and responsibilities, a briefing would be held for City Councillors to explain the changes in due course.

Councillor Dempster also referred to the need to ensure that regular updates to the Commission were submitted.

The Chair invited Commission members to comment, and the following points were noted:

- Concern was expressed that the formation of the Board could lead to the beginnings of privatised services, as several references to contractual arrangements were made in the update. This view was not accepted by the Independent Chair and reassurance was provided that private sector involvement was appropriate in context. It was emphasised and reiterated that the Board was established as a partnership of public representatives entrusted with making all future strategic decisions.
- The complexities of the ensuing legislative process were raised and questioned. The Parliamentary system including appropriate pre-legislative scrutiny was explained by the Independent Chair.
- The need to ensure that local authorities retained their budgets to provide localised public health services was emphasised.
- In terms of openness and transparency, the scrutiny arrangements were discussed and it was noted that regular reports would be made available to local authority scrutiny and voluntary sector partners.

In conclusion, the Chair welcomed the update and asked the Independent Chair of the ICB to consider the comments made by the Commission, particularly in response to the issues raised concerning transparency and private sector involvement.

Mr Sissling reiterated his previous reassurances concerning public sector influence and scrutiny and welcomed the opportunity to provide an update in due course.

AGREED: That the update and position be noted.

## **24. COVID-19 AND VACCINATION PROGRESS UPDATE**

The Director of Public Health shared presentation slides, which provided an update concerning the current situation regarding Covid-19 and the vaccination programme.

It was noted that the data showed interesting information in terms of local data in comparison to the national situation due to the impact of relaxed restrictions.

In discussing the presentation and statistics, the following points were noted:

- The vaccination figures for 12-15 year olds and 16-17 year olds seemed low and displayed a discrepancy with national figures. It was considered that the UK had not progressed the issue sufficiently in comparison to other countries. The Director of Health advised that an announcement was due from Government imminently and in response to a question it was confirmed that the lack of vaccinations for the cohort was not due to a lack of vaccines, or any logistical/availability problems.
- An article from a European journal on nuclear medicine was raised and noted, where two groups had been studied as part of a research project into degenerative mental effects, loss of memory, concentration and sleep disturbances.

It was noted that the results confirmed that young people could suffer from long covid, as well as the old.

Representatives of the CCG advised that a regional bid had been awarded which would allow further local research in respect of the effect of long Covid on children including mental health.

- The statistics showing the numbers of unvaccinated people were questioned. It was reiterated from discussions at previous meetings that due to the transient nature of many residents in the city, principally due to the significant student population, the figures could be inaccurate. The need to consider options to 'refresh' GPs patient lists was recognised and would be considered by health partners.

In conclusion, the Director of Public Health indicated that ongoing pressures were causing obvious concerns in terms of Covid, as an increase in Flu cases and hospital admissions had been widely predicted this winter.

AGREED:

That the position be noted and a further update be presented to the next meeting.

*Councillor Dr Sangster left the meeting at 7.30 pm*

## **25. SEXUAL HEALTH SERVICES**

The Director of Public Health shared presentation slides, which provided an update on the operation and access to sexual health services during Covid-19.

It was confirmed that updates would be submitted to the Commission annually in order that any patterns and trends could be assessed and the Work Programme would be updated accordingly.

In making the PowerPoint presentation it was noted that a public health grant was received annually which included the requirement to commission open access to a range of sexual health services.

This included an open access clinical service providing contraception and testing and treatment for sexually transmitted infections, provision of intrauterine devices and systems and subdermal implants, and emergency hormonal contraception.

Additional non-clinical services included relationship and sex education support for schools, outreach work with men who have sex with men, sex workers and young people under 25.

A project engaging with different BAME communities was also explained.

Information on the numbers of people using the service was submitted, including analysis of gender, ethnicity and age groups. It was noted that there was 'no typical' user profile arising from the statistics.

In terms of the changes required during the pandemic it was confirmed that the service had continued to operate effectively despite being unable to provide face to face consultations.

The measures put in place were described and statistics showing a 28% reduction in people accessing services was noted. The large increase in the numbers accessing online services within the total number of users was also noted.

In concluding the presentation, details of the lessons learned and implications for future provision were confirmed. It was noted that:

- Online services and telephone consultations were well used and it was proposed that they would continue and be enhanced.
- Some communities and age groups preferred face to face services and an investigation on options was proposed. BAME work was also being progressed.
- Concern was expressed at the reduction in young people accessing the service. It was anticipated this would change when schools, colleges and universities return. Communications were to be put in place to promote the services.
- GP services had been successful and the model put in place would be expanded.
- Clinicians had worked hard to maintain services and ensure quality despite issues with workforce and restrictions to delivery.

The Chair thanked officers for the presentation and invited questions and comments. The following points were noted:

- Previous concerns with budgetary pressures were reiterated and reassurance was provided that the service could operate and expand under the current financial arrangements.
- Recognising that women predominantly access contraception; concern was raised that during the pandemic the numbers may have reduced. It was noted that pregnancy data was not currently available to allow an assessment of the situation, but this could be included in future updates.
- The 'prep' programme had begun operating on a weekly basis, with small numbers initially attending, and now with a growing demand for services.
- The balance of future initiatives to support and increase face to face consultations, alongside enhanced online pathways were welcomed.
- The educational work, with sex workers, community safe sex messages, sex education in schools and in bars and clubs was supported and welcomed.

In respect of the future update, it was acknowledged that the information showing pre-Covid data would provide a useful comparison of the longer term pattern.

AGREED:

1. That the presentation and update be noted and the proposals for the future operation of the service be supported.
2. That the annual update be added to the Work Programme, and the next report include information on the position and statistics pre-Covid.

## **26. WORK PROGRAMME**

The Commission's Work Programme was submitted for information and comment.

It was noted that a Special Meeting was being convened to discuss mental health issues and proposed programmes.

## **27. CLOSE OF MEETING**

The meeting closed at 8.10 pm.