



Leicester
City Council

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

Held: TUESDAY, 12 DECEMBER 2023 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor March
Councillor Modhwadia

Councillor Zaman

Councillor Sahu
Councillor Singh Sangha

In Attendance

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

Kash Bhayani – Healthwatch

Eashan Naik – Youth Representative

Mario Duda – Youth Representative

Swetha Subaskaran – Youth Representative

* * * * *

23. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that there were no apologies for absence.

24. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Sahu declared that she co-owned a business which delivered training to the NHS.

25. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 7 November 2023 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

It was further noted that additional information requested at the last meeting had been circulated but further enquiries had been made.

AGREED:

- Members confirmed that the minutes for the meetings on 7 November 2023 were a correct record.

26. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

27. PETITIONS

The Monitoring Officer noted that none had been received.

28. ICB 5 YEAR FORWARD PLAN - PLEDGE 4 GP ACCESS

The Deputy Chief Medical Officer and Head of Transformation presented the item, and it was noted that:

- Integrated care boards across the country are required to develop system-level access improvement plans for primary care.
- The main commitments in the LLR Plan includes addressing the 8am rush, continuity of care and reducing bureaucracy between primary and secondary care.
- General Practices across LLR provided over 360k additional appointments in 2022/23 than the previous year. The plan intends to ensure additional appointments are maintained by increasing the workforce and creating multidisciplinary teams to meet the needs of the community.
- LLR practices exceeded the 70% target of face-to-face appointments, but feedback has been received that patients would like more. There is a national push to move towards digital appointments but face-to-face will not be eliminated.
- Understanding and improving patient experience is a focus and whilst a national survey is undertaken further information will be collected through a local patient experience survey, due to launch in 2024.
- Variability will inevitably exist across practices to identify and meet the needs of the population. The ICB are aiming to promote some consistency however in relation to cloud based telephony, using a wider workforce to ensure patients can be seen appropriately and working with community pharmacies for better access.
- Over the winter period primary care networks are enabling additional appointments to support patients in the community, particularly focussing on acute respiratory conditions.

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

- Demand inevitably outstrips capacity as primary care is the initial contact of healthcare system. As part of the system level framework, general practices are looking to identify demand and build capacity to be flexible to the needs of communities through training, creating multi-disciplinary teams with varied roles and building relationships with community pharmacies.
- The national feedback survey has limitations in information it asks and the rate of response from Leicester has been low previously. A local survey is due to launch in 2024 to enable further data to be collected.
- There is variation between GP practices on access to services, but incremental changes are visible, and many practices are utilising features of the NHS App to improve patient experience. The local feedback survey will enable further work to be undertaken.
- Uptake of the NHS App across LLR is 54% of patients registered although functionalities vary but work is underway to increase.
- Communication teams across the health system and the local authority are promoting the NHS App although the features enabled by each GP practice currently varies. The local authority also utilises the *Your Leicester* newsletter to share health information.
- Recruitment has been lower in the city compared with the wider LLR area but there has been a good uptake for the GP fellowship scheme.
- It was agreed additional information would be shared with the Commission regarding increasing staff in GP surgeries and the number of GPs across the city compared with previous years.
- A robust programme is in place to ensure resilience and support GP practices that have limited partners that may be nearing retirement to ensure patients other practices can support with patients and prevent contracts being handed back to the ICB. It was agreed further information would be shared on the number of GP practices operated by one or two partners who are nearing retirement in the city.
- GP Practices are required to create health inequality plans which includes identifying support for elderly patients and proactive outbound work for prevention.
- There are various pathways that enable patients to access services without GP referrals, including mental health and musculoskeletal. It was agreed that information would be shared on all pathways available for self-referral.
- The judgement of a clinical practitioner will determine the urgency of a health case. Care navigator will use a flowchart agreed by the clinical team but if there is doubt staff should seek clinical guidance.

As part of discussions the Chair invited Healthwatch and youth representatives to make comments and it was noted that:

- Appointments are being made available for patients to book online, although the number of appointments will vary between practices. Some practices in the city are also interacting with patients online to determine whether advice can be provided without needing an appointment.
- Primary Care Networks are making a difference and providing resilience

to enhancing GP access to patients with practices working together and providing additional appointments including evening and weekend.

The Chair invited Cllr Haq from the public gallery to ask a question in which it was noted that:

- Further information in relation to the breakdown of NHS App users across LLR, particularly the uptake in the city will be reviewed and shared if available.
- Various plans are in place and workstreams underway to support patients in the community and prevent additional pressures on local hospitals over winter.

The Deputy City Mayor for Social Care, Health and Community Safety noted that whilst A&E has started to see pressures, the recent situation was better than the previous year. Cllr Russell also shared a tweet with the Commission by an A&E Doctor, not from University Hospitals of Leicester, to highlight that health workers are doing all they can in light of challenges.

It was further noted that ICB funding is being utilised by the local authority to alleviate fuel poverty and prevent admissions, particularly relating to respiratory conditions.

AGREED:

- The Commission noted the report.
- Members comments and concerns be noted by health partners.
- Additional information requested be circulated.
- The Commission receive a report in 2024 regarding the results of the local satisfaction survey and health inequalities plan.

29. LEDER ANNUAL REPORT

The Director of Strategy & Business at Leicestershire Partnership Trust presented the item, and it was noted that:

- A partnership approach is in place between the health service and local authority, particularly adult social care, to support individuals with a learning disability and/or autism.
- The 'Learning From Lives and Deaths of People with a Learning Disability and Autistic People' (LeDeR) Programme is important to improving understanding and engaging with families to learn and promote the appropriate support for individuals. This includes all aspects of health and wellbeing and connecting appropriate services.
- During 2022/23, 83 deaths were reported to the LeDeR programme, in which 82% were white. Inequalities are recognised for diagnosing an individual with a learning disability and/or autism.
- Respiratory remained the key issue and leading cause for death, particularly aspiration pneumonia where food or liquid is breathed into

the lungs instead of swallowed to the stomach.

- The programme is looking at how it can develop more bespoke services to provide more time and different mechanisms for diagnosis as blood tests can be frightening for individuals.
- The agenda pack includes a list of the top ten things to do to support the programme and prevent deaths of people with a learning disability and autistic people, including promoting the programme, ensuring individuals attend screening appointments and supporting vulnerable individuals to have a long-term difference.

The Deputy City Mayor for Social Care, Health and Community Safety noted the importance and positive impact from undertaking reviews and engaging directly with individuals and families but also more widely including the learning disability partnership, carers and professionals, to ensuring learning and implementing actions.

The Director for Public Health noted that he Chairs the Child Deaths Overview Panel in which a co-ordinated approach has been established with the LeDeR programme to review the death of a child with a learning disability. It was further noted that the Panel has also completed an annual report for 2022/23 which could be shared with the Commission.

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

- Reporting death with autism as a standalone condition was introduced in 2022 and is included in the report for the first time. Across LLR there were 3 deaths reported to the programme and 36 nationally.

As part of discussions the Chair invited youth representatives to make comments and it was noted that:

- The Child Deaths Overview Panel has a statutory duty to review all deaths of children residing in LLR. Where a child died and had a learning disability the LeDeR programme were also reviewing the death which was duplicating the process and a decision was therefore taken to solely review by the Child Deaths Overview Panel with representatives from LeDeR attending for such cases.

AGREED:

- The Commission noted the report.

30. COVID-19, FLU AND MEASLES UPDATE

The Director of Public Health provided a verbal update to the Commission, and it was noted that:

- Testing is not reported as it was previously in the community although trends can be tracked for Covid-19 as some community settings and

hospital report data. Rates currently remain relatively low and steady.

- Positive tests for flu have increased nationally over recent weeks but is still quite low, and admissions to hospital remain stable - this is expected to rise with winter season.
- A slight increase had been reported by GPs diagnosing influenza like symptoms.
- Vaccine uptake for Covid-19 and flu is lower than national rates and there are large disparities across the city. The local authority and health partners are working collaboratively to promote vaccines by targeting communities with low uptake.
- No new measles cases have been confirmed since the previous meeting, but public health continue to work with health partners to encourage residents to be vigilant and get vaccinated if not already protected.

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

- Public figures and faith groups have supported the vaccination campaign, but the current focus is to ensure residents have easy access and aware of the importance of vaccines.
- Disparity of vaccine uptake in the city is consistent with deprivation levels and a pattern quite typical across the country. A collaborative approach is being taken to ensure information is being promoted through various mechanisms and in different locations to encourage vaccine uptake. Understanding barriers is also a priority to plan for improving vaccine uptake and utilising community health champions.

As part of discussions the Chair invited youth representatives to make comments and it was noted that:

- Children and young people made a huge sacrifice during the pandemic to protect vulnerable communities and should continue to take the necessary precautions to protect others if they feel unwell and have contact with vulnerable individuals.
- Vaccines are available for vulnerable children and young people to continue to protect against new variants.

AGREED:

- The Commission noted the report.
- A detailed report be provided to the Commission at the next meeting.

31. WORK PROGRAMME

The Chair noted the latest work programme was listed in the agenda pack and included items for upcoming meetings. It was further noted that there were some items at the joint meeting with Adult Social Care that the Chair would discuss with Cllr March to add to the appropriate work programmes.

It was highlighted that the next meeting will be held on 6 February with proposed items including consideration of the budget before Council, 0-19 Contract, elective care waiting lists, the response to recommendations on the BLM and NHS Workforce review and looking in more detail at Covid-19, flu and measles.

The Chair reminded Members to share any areas of interest for consideration.

32. ANY OTHER URGENT BUSINESS

The Chair reminded Members that the site visit to the East Midlands Planned Care Centre was taking place on 13 December 2023.

There being no further business, the meeting closed at 19.10.