



Leicester  
City Council

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

Held: TUESDAY, 6 FEBRUARY 2024 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)  
Councillor Bonham (Vice Chair)

Councillor March

Councillor Sahu  
Councillor Singh Sangha

In Attendance

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

Councillor Patrick Kitterick

Mo – Youth Representative

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**33. WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Modhwadia and Zaman.

**34. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**35. MINUTES OF THE PREVIOUS MEETING**

The Chair noted the minutes of meeting held on 12 December 2023 were included within the agenda pack and that some additional information requested at the previous meeting had been circulated and the outstanding requests would follow.

**AGREED:**

- Members confirmed that the minutes for the meetings on 12 December 2023 were a correct record.

### **36. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

It was noted that none had been received.

### **37. PETITIONS**

It was noted that none had been received.

### **38. CHAIRS ANNOUNCEMENTS**

The Chair highlighted that the statutory power held by health scrutiny committees to refer matters of concern on substantial variations to local health services to the Secretary of State for Health and Social Care had been removed on 31 January 2024.

It was noted that the Committee will continue to have power to hold local health partners to account but the referral process had been replaced. The Committee are able to request that the Secretary of State consider calling in a proposal through a request form which has been extended and allows for any person to make a request. The Secretary of State can also be proactive without a request at any stage of the process.

It was further noted that the ICS will be required to respond to a call-in and the Secretary of State would not intervene until local procedures have been exhausted.

The Chair reminded Members that information about the change had been shared but to contact him or the scrutiny lead if there were any questions.

### **39. WINTER PRESSURES UPDATE**

The Chief Operating Officer of the Integrated Care Board presented the item noting the full system winter plan that had been discussed at the Commission previously and the winter pressures that have been seen across all health services over recent months and likely to continue. The following comments were made:

- The local health system planned to focus on three areas, including the in flow of patients to all health and social care services, the flow through those services and flow out. The agenda included key highlights of what the system intended to put into place and updates on those measures and comparisons to the previous winter.
- Despite mitigations put into place following learning from the previous winter, pressures continue to persist in the health services due to increased demand across health and social care.
- Pressures on health services were attributed to the general winter and festive break. Unforeseen pressures such as Storm Henk and extreme weather conditions also impacted patients requiring respiratory health

support as well as two periods of five-day industrial action. Modelling accounted for a 5% increase in demand based on public health data and population growth, but this was exceeded by 8% and therefore admissions and discharges increased by 13%. Patients waiting for discharge into local authority funded care also increased by around 80 patients over winter compared with the previous year.

- The system recognises it is not where it would want to be in terms of performance statistics with an increase in time for an ambulance to respond to a Category 2 call, an increase in handover times that system had previously worked hard to reduce, and an increase in medically fit for discharge patients waiting in beds.
- Despite challenges, on performance metrics, the system has been doing better this winter compared with the previous year and will continue to work in partnership to continue to improve over coming weeks.
- Key plans for 2024/25 have been identified, including raising admission rates through the emergency department and working with the Local Authority where necessary to improve discharge of patients.

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

- Virtual wards are better from a quality perspective for patients to be discharged from hospitals and return home. This was introduced during the pandemic and an initiative continuing to be used. Current analysis indicates that it is cheaper to operate virtual wards, but further analysis is required on understanding the correlation with virtual wards and preventing admissions.
- Community based urgent care appointments has increased with 111 operators utilising appointments when liaising with patients to manage the flow at the emergency department.
- Data is collected for ambulance handover at 30minutes, one-hour, two-hours and four-hours intervals. The number of patients waiting over two hours between summer and winter of 2023 was very low but has increased with increased pressures over recent weeks. Data is monitored to ensure quality care and it was agreed that further information would be shared on ambulance handover times as well as number of deaths due to delayed handover.
- Virtual wards are used to treat patients at home for pathways where appropriate and it was agreed further information or a report for details discussion could be provided. The target is to reach 80% and currently at 79%.
- Patient safety is paramount and at the centre of services provided and as the health sector experiences pressures unfortunately some patients with less serious problems may need to wait longer to ensure patients are receiving the right care at the right time for their condition.
- Pressures are being seen across the region and nationally, particularly with increased demand, impacting performance statistics and it is important for the local system to benchmark itself to understand its position. The health sector is looking to ensure residents know the correct place to seek help to get the right care at the right time. Pharmacy First is an example of an initiative launched recently to

encourage residents to seek advice from pharmacies where appropriate for less severe problems.

- The emergency department four-hour performance target is 76% but has been 73% over winter. The target for responding to Category 2 calls is 18-minutes and work achieved this recently, but ongoing pressures has resulted in times increasing to 60-minutes over winter with a target to achieve 30-minutes currently.
- Ambulance conveyance rates nationally sit between fifty and thirty percent so 39% for EMAS and most days c30% which is good.
- Delayed discharges at UHL is around 22% and the top quartile would expect to be between 11-15%. The Integrated Crisis Response Service was piloted in the city and learning is being used to develop a consistent model across Leicester, Leicestershire & Rutland.
- The number of city residents clinically ready for discharge and waiting local authority care is generally good compared with the wider area. Figures on the day illustrated of 1,800 beds, 12 city residents awaiting discharge and within top quartile of the country. It was agreed further information could be circulated regarding numbers of city residents awaiting discharge.
- There has been a shift in discharge pathways this winter with an increase in patients clinically ready to leave hospital but require further care support under Pathway 2 compared with Pathway 1.

The Chair highlighted that following the critical incident being declared at Leicester's hospitals he visited the emergency department at the Leicester Royal Infirmary which was extremely busy and Merlyn Vaz Urgent Care Centre which was very quiet and requested whether processes could be reviewed to ensure better utilisation of health services.

The Chief Operating Officer of the Integrated Care Board thanked the Chair for his feedback and assured the Commission that discussions have taken place with Derbyshire Health United that run the Centre to improve access which will be monitored and consideration of how to further utilise the Centre. It was noted that the Centre continues to see the same number of patients but the 'Talk before you Walk' initiative encourages patients to call 111 and attend for booked appointments as opposed to patients waiting. It was further noted that patients attending the emergency department are being assessed and rediverted to booked appointments at Centres where appropriate which has received positive feedback.

The Deputy Director of Public Health provided the Commission with an update in relation to Covid-19 and flu, in which it was noted that:

- Flu rates have increased gradually over recent weeks.
- Hospital admissions and deaths from Covid-19 are key indicator measures for identifying trends as testing is not reported as it was previously in the community. Hospital admissions reduced but was remained flat and number of deaths had been relatively low.
- Leicester had a low uptake of over 65's receiving the Covid-booster vaccination at 48.5% compared nationally with 68.3%. Uptake was also lower than comparator authorities. The vaccination campaign has

concluded but work was targeted in areas with lower uptake and will be focussed in future campaigns.

- Flu vaccine rates vary in the city, but uptake was higher than Covid-19. 69% of over 65s are vaccinated and 36% under 65 at risk which is better than previous years with targeted work.

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

- Data is available for ethnicity of residents in areas of the city but not for religion. It is important to work with community organisations in areas of low uptake to understand vaccine hesitancy. Targeted work with communities is ongoing and will continue to be a focus to improve uptake.
- There is no absolute certainty around the correlation between residents who do not engage with health services and those who are unvaccinated but targeting over 65's would expect individuals to be in contact with health services. 'Making every contact count' is an initiative health providers use to promote the importance at vaccinations where possible and practices have been encouraging triple vaccine appointments but pressures on capacity and increased demand can impact the offer.

The Chair requested an update on the measles situation and highlighted the opportunity to share materials in different languages. The Public Health Consultant noted twelve cases had been reported in the city and work was continuing to promote the uptake of the MMR vaccine, including targeted work in areas of the city with low uptake and sessions in local schools.

The Deputy City Mayor for Health, Social Care and Community Safety assured the Commission that messaging continues to be shared through Health Champions, VCSE organisation, faith leaders and social media. It was further noted that whilst many communities speak a vast range of different languages in the city, not all read in a different language, and the ability to share messaging quickly that can be translated electronically is favoured.

The Chair invited a youth representative to make comments in which it was noted in response that data is not readily available for vaccination uptake for disabled residents on an ongoing basis, but targeted work allows data to be collected, for example uptake of vaccines for residents with learning disabilities.

The Deputy Director of Public Health presented information about Leicester Energy Action, in which it was noted that:

- The programme is a two-year funded initiative by public health and the NHS focussed on prevention. It enables residents struggling with fuel poverty to access support with the aim of preventing and protecting health conditions.
- The overall number of cases is lower than the target set but this did not account for the complexity of needs and support that is being provided when the programme was initiated.

- The programme is performing well with people reached far exceeding targets by attending events and training officers to promote access to welfare support as well as tips for keeping homes warm.
- The success of the programme and impact it has on residents' lives is illustrated through a case-study outlined within the agenda pack.

The Chief Operating Officer of the Integrated Care Board thanked VCSE organisations for their support with the programme and echoed the success and importance of the initiative for prevention. It was highlighted that further work is underway to identify patients with respiratory conditions that would benefit from the rollout of the programme.

The Deputy City Mayor for Health, Social Care and Community Safety commended the programme and associated work streams highlighting the importance on preventing health conditions that require medical support and improving peoples lives. It was noted that the Commission may wish to look at the item in more detail.

In response to Members comments and questions it was noted that funding is not predicated on targets which were set by the Local Authority although negotiations are underway with the contractor, National Energy Action, to review the targets given the complexity of cases officers.

AGREED:

- The Commission noted the reports.
- Members comments be considered.
- Additional information requested be circulated.
- Virtual wards be added to the work programme.
- Vaccination uptake/hesitancy to be added to the work programme.
- Leicester Energy Action to be added to the work programme.

#### **40. RESPONSE TO REVIEW RECOMMENDATIONS - THE EXPERIENCE OF BLACK PEOPLE WORKING IN HEALTH SERVICES IN LEICESTER AND LEICESTERSHIRE**

The Chair invited Cllr Kitterick to join the Commission for the response to recommendations into the experience of black people working in health services in Leicester and Leicestershire as Chair of the Task Group who undertook the review.

The Chief Operating Officer of the Integrated Care Board introduced the item highlighting the ten recommendations that were put to University Hospitals of Leicester, Leicestershire Partnership Trust and the Leicester, Leicestershire and Rutland Integrated Care Board. It was noted that the report included progress on actions to those recommendations and identified improvements for the upcoming twelve month but recognised the programme of work will be ongoing.

Concerns were expressed about the lack of information to evidence and monitor the progress in relation to the recommendations and specific focus on the experience of black workers. Further concerns were made in particular about the low uptake of The Active Bystander Programme.

The Equality, Diversity and Inclusion Lead from Leicestershire Partnership Trust responded to comments and questions in which it was noted that:

- The Just and Learning Culture Charter mark does not require approval for use. The number of people entering the disciplinary processes is quite steady with less than forty individuals from the substantive workforce and lower for bank staff. Work is underway to greater understand the experience of black members of the workforce and reviewing decision making for referrals into disciplinary processes to minimise bias.
- Data is publicly available to illustrate progress but was not specifically referenced in the report but is accessible through the links provided in the agenda pack and it was agreed that this information can be shared and discussed in a focussed meeting.
- The experience of black staff is poorer than other minority ethnic staff which has been recognised and work programmes are in place to improve over time. Since the implementation of actions and the anti-racism strategy, staff surveys illustrate improvements have been made for black staff members.

AGREED:

- The Commission noted the report.
- A meeting to be arranged to discuss progress made on recommendations.
- Information to be circulated to Members to access data and improvements.

#### **41. ICB 5 YEAR FORWARD PLAN - PLEDGE 8 - ELECTIVE CARE**

The Chair thanked health partners for facilitating a site visit to the East Midlands Planned Care Centre. It was noted that the visit was valuable for Members to see Phase 1 and the Commission look forward to visiting Phase 2 when open.

The University Hospitals of Leicester Director of Planned Care presented the item in which it was noted that:

- Progress has been made over the last twelve months to reduce waiting lists for planned care across Leicestershire. Local people were waiting the longest in the country for planned care a year ago, but the national support framework has been removed and are no longer in the worst position. New ways of working and additional capacity using the East Midlands Planned Care Centre has attributed to improved waiting times and further investment will enable continue improvements and

sustainment.

- There has been a 60% reduction in cancer patients waiting over 62 days – reducing from around 1,000 patients in November 2022 and now around 360 patients. Additional capacity and the hard work of teams meant waiting lists reduced in University Hospitals of Leicester when they were rising nationally.
- The overall lengths of stay in hospital for knee and hip replacements has reduced by almost two days and the first day first hip replacement day case was undertaken in November 2023 and first day case for knee in January 2024.
- The number of patients in the city awaiting hip or knee replacements peaked to 482 in December 2022 and reduced to 232 in December 2023 with 28 waiting over one year. The orthopaedic service launched the Leicester Enhanced Arthroplasty Pathway to standardise processes for efficiencies.
- There has been around 50% reduction in waiting lists for a diagnostic test – reducing from 44,000 patients to 24,000 patients waiting.
- The five key interventions for further improvements include productivity and efficiency; outpatient transformation with 85% of patients on waiting lists awaiting next steps in their pathway as opposed to awaiting surgery; capacity which should improve with the East Midlands Planned Care Centre; partnership working with all sectors across Leicestershire and process fundamentals including communication with patients.
- The East Midlands Planned Care Centre has seen 941 patients utilising one theatre. It is anticipated that when fully operational over 100,000 patients will be seen per year. Members were invited to return when Phase 2 opens.

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

- Patients can access average wait times for elective care through 'My Planned Care' and the NHS app is due to launch a feature to access average wait times. Communication with GP Practices is also improving to understand, and share wait times.
- There are standards around waiting times, to get to zero by 104 weeks (2 years) has been delivered, to get to zero by 78 weeks is anticipated by March – this was hoped to be 65 weeks but been impacted by industrial action – and to get to zero by 52 weeks by March 2025 which current projections indicate achieving earlier. It was noted that future reports will include data to monitor progress and compare performance nationally.
- Prior to the pandemic, waiting lists at University Hospitals of Leicester were around 66,000 patients but increased to almost 130,000 and one of the worst nationally. Waiting lists have reduced to around 106,000 patients.
- Use of the independent sector has almost doubled since prior to the pandemic to provide additional capacity to reduce waiting lists. The intention is to bring surgeries back in-house by utilising the East Midlands Planned Care Centre and Community Hospitals.



- The East Midlands Planned Care Centre has been developed to see patients from across Leicester, Leicestershire and Rutland but could be utilised by surrounding areas in future where there is capacity. It was agreed that clarity would be provided on Nottingham's elective care waiting lists.
- The target is to see 100,000 patients per year which includes high volumes of day cases and not always surgical procedures. Adverts will soon be live to recruit new staff members to operate the Centre through a phased approach, but contingencies of utilising agency staff are available to ensure opening is not delayed. It was agreed that confirmation on the number of posts to be recruited would be circulated.

#### AGREED:

- The Commission noted the report.
- Additional information requested to be circulated.
- Future reports to include data to monitor progress and compare performance nationally.
- Elective Care to remain on the work programme for future updates.

#### **42. 0-19 HEALTHY CHILD PROGRAMME, BEST START FOR LIFE WORKFORCE PILOT AND BREASTFEEDING RATES IN LEICESTER**

The Director of Public Health submitted a report which was presented by the lead consultant in public health and family services manager at Leicestershire Partnership Trust, and it was noted that:

- Healthy Together was recommissioned in October 2023 and will be delivered by Leicestershire Partnership Trust for the next seven years although it was noted that this is seen very much as a partnership.
- Adjustments were required to reduce the budget and the specific start offer of help has been altered to a step-up step-down.
- There are five mandated points of contact for children under 5 but would like to add further contact at 3-4months and 3-3½years which are being explored considering work pressures.
- Digital contact is made with children in years 7, 9 and 11 which has been effective and will continue.
- Key performance indicators have been developed to monitor performance of school nursing.
- A Helpline has been introduced to enable families to access the support available more quickly.
- Leicester compares favourably against the regional and national average and most other comparator cities generally despite workforce shortages and budget pressures. The service is achieving national mandated targets, but challenges exist particularly around antenatal performance which is 11% below the 60% target although assurance was provided that targeted work ensure vulnerable families are being identified and supported.
- A successful bid of £1.5m has been secured from the Department for

Health & Social Care for the 'Best Start to Life' pilot in the city that will be used to provide additional funding to health partners and charities to explore opportunities for growing and developing the workforce and providing additional support to vulnerable families.

- Breastfeeding rates vary across the city but overall are high and compare favourably with the national average. Work continues to encourage breastfeeding and the Best Start to Life programme includes initiatives to promote through Bumps to Babies and peer support in hospital as well as working with family hubs.

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

- The service was mandated by national guidelines during the pandemic and focus was targeted toward birth and postnatal support. Other contact with families shifted to virtual contact to ensure dialogue remained and concerns could be flagged. The introduction of the Helpline enables families to contact the service and support provided where necessary.
- Challenges around workforce is recognised and the service have been successful in utilising skills mix to ensure school nurses and health visitors are supported by other skilled professions for families. The Best Start to Life programme intends to expand the skills mix and create further opportunities for staff to develop as well as apprentice and trainee nurses locally. The NHS workforce plan also includes focus on school nursing.

The Chair invited a youth representative to make comments in which it was noted in response that school nursing is vital and has been retained despite budget pressures but is not a mandatory offer. School nursing is a universal offer but often supports individuals with additional needs or where concerns are raised during digital health contact.

The Deputy City Mayor for Health, Social Care and Community Safety congratulated the team on securing Best Start to Life funding and expressed thanks to the successful performance despite workforce challenges and budget pressures to protect the service and promote school nursing. Further thanks were noted to Leicester Mamas for their support on breastfeeding.

AGREED:

- The Commission noted the report.
- The Commission celebrated the success of the service.

#### **43. DRAFT GENERAL FUND BUDGET 2024/25**

The Director of Finance submitted a draft report proposing the general fund revenue budget for 2024/25.

The Head of Finance introduced the report and made the following points:

- The medium-term financial outlook was the most severe ever experienced by the City Council.
- Ongoing expenditure will exceed ongoing income by more than £50million in 2024/25. Further budget savings would need to be identified in the future.
- The City Council's managed reserves policy had been utilised in previous years, though without new money from the Government, the proposed budget would exhaust these reserves.
- Should the City Council be unable to balance its budget in 2025/26, a formal report under section 114 of the Local Government Finance Act 1988 would be required.
- Areas of significant budget growth included adult social care, the implementation of the real living wage, children's social care and homelessness services. These were issues which commonly impacted severely on most local authority's spending.
- In relation to Public Health, the commission was reminded that the division was funded from the public health grant, which had recently increased by 2% to £29.8million. No significant budget adjustments were being proposed for 2024/25.

In response to a question in relation to budget saving associated with the 0-19 Healthy Child Programme, the Director of Finance agreed to provide confirmation of the level of this saving and whether it was proposed to be made from this proposed budget or had been taken previously.

AGREED:

- That the draft General Revenue Fund Budget 2024/25, and particularly the elements in respect of Public Health, be noted; and
- That clarity in relation to budget savings associated with the 0-19 Health Child Programme be provide to Members.

#### **44. WORK PROGRAMME**

The Chair noted the final meeting of the municipal year has been rearranged to take place on 16 April in which the work programme included some suggested items and others may be added.

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

#### **45. ANY OTHER URGENT BUSINESS**

There being no further business, the meeting closed at 19.48.