



Leicester
City Council

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

Held: TUESDAY, 5 NOVEMBER 2024 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Westley

Councillor Clarke
Councillor Sahu
Councillor Zaman

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82. Welcome and Apologies for Absence

It was noted that none were received.

83. Declarations of Interests

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Westley declared he is Chair of a patient panel at a GP practise in the city and Cllr Clarke declared his wife as a social worker for Leicester City Council.

84. Minutes of the Previous Meeting

The Chair noted that the minutes of the meeting held on 10 September 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 meeting on 10 September 2024 were a correct record.

85. Chairs Announcements

The Chair highlighted that:

- A demonstration of the national dashboard has been given by the ICB following concerns raised in this Commission around ensuring the priorities in the ICB 5-year plan are targeted for the communities

in Leicester. This provided assurances around how data is used to target workstreams and how it can work with the council and the VCS, along with the limitations of the data and how this could be improved.

- The Chair thanked all involved in the Homelessness and Complex Needs Inquiry Day. This included officers from the council's housing and public health department, the local health sector – ICB, LPT, UHL - as well as Dear Albert, Inclusion Health, Leicester's Homeless Charter, The Bridge and Turning Point.
- The Inquiry Day was insightful and had found that the provision in Leicester is largely good, and a report has been drafted with several recommendations which generally supported council policies, along with seeking some improvements and identified areas which would benefit from further work.
- Following the recent news article highlighting that Leicester has the second highest number of patients per GP in the country, the Chair met with the ICB. The complexities and schemes to recruit and retain GPs to Leicester was discussed as well as the additional roles to ensure patients can be seen in their communities by the right professional at the right time. This will continue to be monitored and GP Access is scheduled on the work programme for January.

The Chair invited the Youth Representatives to give a summary of the recent Health Summit that had been attended in the October half term. They gave a presentation and highlighted that:

- Youths from across Leicester, Leicestershire and Rutland came together to highlight the issues faced by young people when accessing services.
- The top 5 issues were picked out and questions were posed to professionals around dentistry, neurodiversity awareness, communication with professionals, transitions for SEND young people and understanding of information.

In response, the Chair thanked the youth representatives, and it was commented that:

- There is a large gap in provision for young people. Once they are aged 18, support has disappeared and they are expected to manage many challenges by themselves as they transition from children's services to adult services.
- In recognition of this difficulty, there has been work to start the transitions earlier in order that a relationship can be developed and a handover given.
- The issues highlighted echoed the same conversations previously had. Videos were made by youth representatives that are the same topics being raised.
- There are many pathways for participation that would benefit from youth representatives becoming involved, such as patient panels and engagement with the ICB.
- The ICB has recently published a report on young people's voices on

healthcare following a consultation which had considered the different ways young people wanted to give their views and be involved.

- The Healthwatch representative commented that a lot of work was being done surrounding patient participation with the ICB.
- There has been a lottery funded pilot scheme in Evington for a café service supporting neurodiversity.
- The Deputy City Mayor and Members asked the youth representatives to present their findings at the Childrens, Young People and Education Scrutiny Commission and Adult Social Care Commission.

86. Questions, Representations and Statements of Case

It was noted that none had been received.

87. Petitions

It was noted that none had been received.

88. Critical Incident Update

Given the concerns around this issue, the Chair requested that the agenda order be altered, and the Critical Incident item was therefore taken first of the main agenda items.

The Chief Operating Officer of University Hospitals Leicester gave a verbal update on the critical incident which was declared by University Hospitals Leicester on 9th October 2024. It was noted that:

- The incident was called due to an increased demand on the emergency care pathways, operational delays and long waits for care.
- The incident was stood down after 30 hours.
- A critical incident has not been a common occurrence, one was declared at the start of 2024 and one in each of the previous 2 years.
- 904 patients attended the Emergency Department on 8th October.
- The focus of the organisation was for a significant number of discharges to ensure the patient flow and that patients were in the appropriate place for their onward care. Also increased discharges from system partners.
- Increased pressures have been felt across many areas including urgent and emergency care pathways and this has impacted the length of time it has taken to access emergency care.
- The winter plan for this year has been revisited. As a result of the incident, there has been further initiatives rolled out. This has included increased urgent treatment capacity. These will have

pressures due to financial constraints however.

- In the longer-term, emergency care has to be done differently to deliver better care for patients.
- The Chief Operating Officer sincerely apologised to those who have experienced delays. It can be evidenced that improvement have happened but recognise that more needs to be done.

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

- It was early in the year for a critical incident.
- The flow through the hospitals seems to have been a significant issue. More information on where the bottlenecks have occurred and how they are dealt with would be useful. The discharge figures will be shared with Members.
- The Winter Plan came in September to the Commission, it has been built on since. A more detailed plan was submitted in October in line with national guidance which is to be shared with Members.
- The critical incident allowed new initiatives to be trialled which helped to de-escalate the situation and further discussion with ICB is to occur.
- Leicester has one of the busiest emergency departments in the country and has faced challenges due to being the only emergency department in the city centre. 904 patients attended the emergency department on the 8th October. This is not particularly extraordinary, but means capacity needs to allow for these levels.
- Work is being done to promote alternatives to the emergency department for treatment, including other centres and the Pharmacy First scheme.
- There was no specific winter plan funding for the NHS. Funding has been moved to the start of the year and there are very careful discussions around additional expenditure.
- Additional funding was made available in November/ December for cradle to grave schemes. The delivery of all initiatives funded by this are to be tracked to assess impact and ensure they have delivered, or the funding will be diverted.
- Additional initiatives are planned for the winter, such as cardiology, as know there will be surges.
- The wider context of emergency care has relevance to the demand as there has been an increased complexity in the cases presented, with patients having multiple conditions and occurrence in younger populations. This has resulted in it taking longer to move the patient through the pathways.
- More community measures are needed as many patients have adverse results in a hospital.
- There is a sustained pressure across all services throughout the year and there have been significant efforts made to address this.
- More needs to be done to inform residents in the city of the correct pathways to help alleviate the demand on emergency pathways.

Agreed:

- The item to be brought back in January for a further update.
- Full winter plan to be shared with Members, including approved spending.
- 111 improvements plan to be shared.

89. Health Protection

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

- TB rates have increased slightly. Leicester now has the highest rates of TB in the country, as predicted previously.
- The Director of Public Health has been chairing a steering group for TB which has developed a strategy for LLR.
- A business case for resources to handle TB has been accepted by the ICB which will increase capacity for responding, treating, and tracing.
- Covid rates in Leicester have been similar to the England average, with the current rates quite low. 63 patients currently in UHL with covid, compared to 64 this time last year. There are no major concerns around new variants currently.
- The rate of whooping cough is low compared to other areas in the East Midlands. This may have been due to under reporting. County have now taken this over as there are higher rates there.
- There has been a tremendous response to measles by all partners. It has shown the benefits of partnership working as it resulted in far more vaccinations and increased contact tracing due to the help of communities and faith groups.
- There have been no cases of measles since the beginning of August.
- There have been recent news reports around Mpox as there has been cases of a new clade. This had been found to be more contagious and more severe but there have been few confirmed cases in the country however, and none in the city. Sexual health services and UKHSA are well prepared to respond sufficiently though in terms of treatment and contact tracing.

As part of discussions, Healthwatch was invited to comment, and it was noted that:

- Mpox does not have the same level of contagion as covid, flu or measles and requires skin to skin contact to be transmitted.

Agreed:

- The Commission noted the report.

90. Vaccinations and Screening

The immunisation lead in the ICB presented, and it was noted that:

- A national vaccination strategy was published in December 2023. The key message was that covid should be learnt from, along with the use of resources and how this can be applied to vaccinations across the life course and seasonal programmes.
- Many of the services discussed have been commissioned by NHS England as delegation is not occurring until April 2026. This deferral is to align with the screening delegation.
- Important areas that have been considered have been to address differential health outcomes and differential vaccination uptake.
- 6 key priorities have been taken forward. These were the delivery of the National Vaccination Strategy; tackling health inequalities; improving maternity, childhood and adolescent vaccine uptake; implementing seasonal vaccines; responding effectively to surges and outbreaks; and rolling out new vaccines.
- Uptake amongst pregnant women was 57%. This has been a challenge and has been affected by availability as there have been staffing shortages in antenatal clinics. Frequently meeting with UHL to address this and progress has been made.
- A communications campaign has been ongoing, along with GP outreach work. NHS England has invited pregnant women to their GP practise for vaccines and community-based clinics are going to be offered starting in December.
- The roving health care units are planned to start offering the whooping cough vaccine for pregnant women.
- Children and young people have been another challenging area due to variation in uptake.
- A neighbourhood level of differential uptake has been found. This has been a priority for practises in areas where there is low uptake as practise level data allows the identification of differential uptake. All Leicester practises want to prioritise childhood immunisations.
- Whooping cough vaccine rates are at 90% in children, but this doesn't compare to the national level.
- There has been a decline in the uptake of the measles vaccine. Mapping of the different ways this has been accessed and the messages being communicated to the public have been assessed to help address this. Accepted that improving uptake needs to be a long-term approach.
- The super vaccinator team has provided additional support in primary care allowing 83 extra shifts to be provided.
- MMR uptake has started to increase. This has reflected the work that has been put into the area, but it is recognised that it is early days.
- There is ongoing work to increase the uptake of the HPV vaccine. Uptake has been worse in males. In females, uptake has been 57%,

however the target is 90% for elimination status by 2040.

- There will be further work for improved access and uptake of HPV vaccine, including a whole systems approach with a workshop to take place in November.
- Since the outbreak of measles, there has been an incident management team in place.
- Barriers to uptake included access, theological issues and concerns, and the impact of social media and this has all informed the approach to how uptake is addressed moving forward.

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

- Improvements to the NHS app, including being able to view children's vaccination status is potentially in the pipeline. This could be key in improving uptake.
- Concerns have been expressed around vaccination side effects not being explained thoroughly. The Vaccine Hub has recently been launched which could provide better information moving forward.
- There has been a lot of variation between practises in uploading patient records and vaccinations records.
- A lack of consistency was identified in the vaccination offer between GP practises and local pharmacies. It was recognised GP surgeries have attempted to be proactive, but a joined-up offer could have more success.
- There has been more flexibility for targeted funding since the measles and whooping cough outbreak. The ICB has committed to ring fencing the inequalities funding.

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

- Children and young people are often offered vaccines through schools.
- The information for vaccinations has been available online but the information is lengthy and complex. NHS England is reprocurring this service for next September and work has been ongoing to consider new provision on this and how best to refresh the service.
- Roving unit has gone into schools and universities to improve uptake.
- More could be done to help young people take ownership and consent to vaccinations.
- National curriculum could be updated to better inform young people. An article is going into the Lancet, potentially in November on this topic.

Agreed:

- The Commission noted the report.

91. Adult Mental Health

The Lead Commissioner of Mental Health at the ICB and managerial and clinical colleagues presented this report. It was noted that:

- Last update was 12 months ago.
- The report has been transparent on the challenges currently faced by the services. There have been increased pressures on all services and neurodiversity is where the most significant challenge has been.
- The employment service provided has been a good news story with over 1000 patients able to retain or access employment, including paid employment.
- A challenge has been the psychiatry waiting times. The transformation programme has continued to be prioritised, as well as testing out new roles and pathways to work towards enabling people to have their first needs led assessment within 4 weeks from 1st April 2025
- Perinatal mental health target is 10% for Leicester, Leicestershire and Rutland. Based on the birth rate in this area, it equated to about 12,000 women. In August, the service was on track to hit the target by the end of the March 2025. A significant amount of work has been done with maternity services and GP's to promote access and referrals.
- ADHD has been a particular challenge, but this has also been reflected nationally. A business case has now been drafted which has explored other potential funding options. Currently, non-recurrent funding from Leicester City Council has been used to recruit for supporting treatment commencement.
- Adult and older adult memory service had reported challenges post-covid. There have been weekend clinics to support people accessing their diagnosis through a range of appointments and a one stop shop was piloted to reduce the number of return appointments.
- The dementia diagnosis rate in Leicester has been above the national average and is something the service has been very proud of.

A brief outline was provided of 3 of the psychology services in the community provision:

- There are 7 therapists and one service lead providing Cognitive Behavioural Therapy. This has had unprecedented numbers of referrals. Despite this, the service has managed well as it has continued to provide assessments within the 13-week period, but it is has been under huge pressure.
- To help prevent service users being bounced between services, an integrated strategy has been introduced. There has been work with colleagues in Vitamins and central access points to ensure the right people have been referred to the right services. Nearly 40% of those referred for CBT haven't been appropriate.
- There has been an improvement in recruitment in the

psychodynamic service. Whilst there have been longer waits, these have been for very specialist interventions. The average waits have remained steady.

- There have been longstanding challenges for personality disorders. A significant amount of work has occurred, and this has now been reflected in the majority of services users being seen within 13 weeks for their first assessment. This is a huge improvement but is still not considered quick enough.
- The current model has not been delivering the range of interventions needed by this population, so work has been done to develop a more appropriate offer.
- A number of services come under the urgent care pathway including the Mental Health Central Access Point, the Crisis Resolution and Home Treatment Team, the Mental Health Urgent Care Hub and the Mental Health Liaison Service.

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

- Vacancies in the service have included advanced clinical practitioners, particularly with specific ADHD training and pharmacists. Additional training has been identified for community pharmacists so they can provide ADHD medication.
- The perinatal and dementia target rates have no relationship to diagnosis rate.
- Perinatal inpatient care was commissioned for the region and is based in Nottingham. The team have worked closely with them to ensure there are good pathways.
- The waiting list for children who have been referred to see a clinician is currently 3 years.
- Locally there are waiting times of 3.5 years for assessments and 4 years for treatment but in other areas this can be 10 years. It has been hoped there will be some national funding due to the scale of the challenge and it would be hard for any ICB to fund. The ICB has committed to a proportion of the business case.
- Pre covid there was about 40 referrals a month, there has now been 400 a month.
- The Right to Choose scheme offers another route, and can choose to go private however there is no guarantee of quality. If there is no shared care provider agreement, the patient would also be expected to cover the cost of the prescription, some of which are quite costly.
- Personality disorder and dementia waiting lists have been decreasing.

Agreed:

- The Commission thanked officers and noted the report.
- To be added to the work programme for spring 2025.

92. Leicester, Leicestershire and Rutland Suicide strategy

The Programme Manager for Mental Health presented the Leicester, Leicestershire, and Rutland Suicide Prevention Strategy draft. It was noted that:

- The strategy contained evidence on deaths by suicide in Leicester.
- Work has been done to enhance the community's capacity for mental wellbeing.
- The strategy has been collaborative with Leicestershire Police and aligns with the Health and Wellbeing Board, the Integrated Care Board and the partnership board for mental health.

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

- Those identified as highest risk are middle aged men. In Leicester, almost all the men are white, including those of European background but there have been far fewer from Asian or Black backgrounds.
- Most often the men have had more deprived backgrounds or come from the more deprived areas of the city.
- Rates of suicide have risen since covid and with the uncertainties that had followed such as the cost-of-living crisis.
- Most people who have died by suicide aren't known to services. They are a cohort of people who are lacking in community which has emphasised the importance of mental health friendly places in the local community.
- Those with autism are at risk, particularly after a diagnosis when there has been little support.
- The hope has been that this strategy can make the connections with autism and other long-term conditions, as well as raising awareness so communities can talk about taboo subjects.
- Carers have been under tremendous pressure, particularly when they are not getting any respite. Awareness needs to be raised of the risks following diagnosis.
- All Members of the commission and attendees have been encouraged to engage with the consultation for the strategy.
- Eyres Monsell has an adult inclusion group. Groups like this have helped reduce isolation and have fostered community spirit. Ward funding is important to allow small groups an opportunity to do things like this.
- The new Labour government has suggested a prevention agenda. In order to manage this data is being collected to analyse and will be shared. There has also been engagement with the NHS and Emergency Department to learn from each other around the issues affecting this cohort such as self-harm.
- Every death by suicide is a tragedy and a more open and compassionate society is needed to help prevent these deaths.
- Members have expressed they would like suicide prevention training to be provided so they can support constituents appropriately.
- The strategy has been worked on by those with lived experience as

well as officers as the individual experience needs to be articulated and learned from.

- Members thanked officers for their work on this and for bringing it to the commission in a sensitive way.
- There have recently been sessions across the city with the VCS around supporting people who have been affected by suicide.
- It is important to acknowledge the support required will look different for different individuals. Mental health cafes may work for some but not all. Particularly when the level of diversity in neurodiversity has been considered.
- The strategy has had a focus on reducing isolation, but what isolation means for individuals will differ. Some individuals have required other opportunities, such as gardening work on a project as a stepping stone to opening up when they were ready.
- The strategy reflects the need for stepping stones for providing the individual support needed.
- There has been outreach work and work with educational psychologists and children's services so leadership could be improved and so that there is an enhanced understanding of issues.

Agreed:

- Suicide Prevention Strategy to be added to the work programme for an annual update.
- Members noted the report.

93. Work Programme

The Chair noted that updates requested during this meeting would be added to the work programme.

94. Any Other Urgent Business

There being no further business, the meeting closed at 20.08.

