



Leicester  
City Council

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

Held: TUESDAY, 21 JANUARY 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair  
Councillor Joel – Vice Chair

Councillor Bonham  
Councillor Haq  
Councillor Zaman

Councillor Clarke  
Councillor Sahu

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety  
Assistant City Mayor, Councillor Dempster – Culture, Libraries & Community Centres  
Kash Bhayani – Healthwatch

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**95. WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Joannou.

**96. DECLARATIONS OF INTERESTS**

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

**97. MINUTES OF THE PREVIOUS MEETING**

The Chair noted that the minutes of the previous meeting held on 5 November 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 5 November 2024 were a correct record.

**98. CHAIRS ANNOUNCEMENTS**

The Chair announced that Councillor Joannou had taken the Membership place of Councillor Westley and that Deputy City Mayor, Councillor Russell was leaving her role. The Chair thanked Councillor Russell for her contributions to the Public Health and Health Integration Scrutiny Commission, as well as her work elsewhere in the Council.

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

It was noted that none had been received.

## **100. PETITIONS**

It was noted that none had been received.

## **101. HEALTH PROTECTION UPDATE**

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

- There had been high levels of norovirus across the country which had meant some extra precautions had been taken, particularly in care homes to isolate residents coming out of hospital. The numbers have now reduced.
- There had been a scabies outbreak in a care home, but there were no further cases.
- Uptake of the flu vaccination had been particularly poor in schools. Work was ongoing to promote update and procurement was in process for a new contract.
- The uptake of covid vaccinations was lower than the previous year.
- Leicester was still the local authority with the highest rates of TB. Regular cases were still being reported but these had remained evenly spread throughout the year.
- Work on TB rates was ongoing, including a dedicated steering group, a strategy and a detailed action plan to address the rates.
- A business case had been put to the Integrated Care Board for the University Hospitals Leicester TB service.
- There was still stigma attached to TB, particularly in certain communities so work was needed to address this barrier.
- The cases of whooping cough had reduced consistently in Leicester. The County Council were leading the response as they had experienced higher rates of whooping cough.
- Last year saw a high peak in cases of measles. This had been addressed through exemplary partnership working. The success had not made them complacent however as measles is hugely contagious.
- There was reduced concern around covid, but there was concern around covid vaccination rates as they are much lower in Leicester City than in the county.
- The low vaccination rates were likely due to the public being fatigued

by vaccination messages.

- H5N1 Bird Flu pandemic exercise was planned for April 2025. There had been no human-to-human transmissions to date but the Local Resilience Forum had planned the exercise to ensure they were prepared for the worst case.
- There had been 1 new case of M-Pox, but none had been in the City. Despite this, work was ongoing with sexual health providers to ensure awareness.
- A key priority of the Health and Wellbeing Board was childhood vaccinations. The HPV vaccine was key in this as uptake had been so low in the city. More work was needed in communities to encourage uptake.

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

- The uptake rates for HPV vaccinations were around 50% for girls and considerably less for boys.
- The Deputy City Mayor commented that there had been increased discussion around vaccines since Covid with more people becoming less inclined to have them. Since this, Public Health campaigns had been a bigger challenge.
- The evidence for the HPV vaccines effectiveness was incredibly strong.
- Work was needed to understand what would make a difference for school age vaccinations, including the unpicking of myths which are a huge threat to herd immunity and are often hard to combat.
- Teachers and teaching assistants were often not confident enough to dispel the myths around vaccinations.
- The majority of vaccines had been delivered through school provision; therefore, this was where the trust building, and myth debunking needed to occur.
- Health champions were needed across all communities to discuss why vaccines are so important.
- The online vaccine forms were nationally put together. These were being reworked for the City to make them more accessible.
- The highest uptake within schools was when schools worked with pupils to fill in the majority of the form themselves and then got a signature from parents and guardians.
- It was important to work with families, as well as considering the age that young people can consent themselves.
- The HPV vaccine eliminates cancer but information around it needs to be changed.
- Emails to parents with more information was likely to encourage uptake.
- The resurgence of children's illnesses such as Slapped Cheek and Hand, Foot and Mouth was not anything of concern as they are seasonal illness that come in patterns.

AGREED:

It was agreed that slides from the presentation were to be shared, and the update was noted.

## 102. SYSTEMS PRESSURES UPDATE

The Integrated Care Board (ICB) gave a verbal update to the Commission on System Pressures. It was noted that:

- The City had faced a Quademic, particularly in children and elderly patients. With high numbers of the common cold, flu, covid pressures and norovirus.
- The data demonstrated that all Health Care settings had been under pressure.
- A knock-on effect and additional pressures were faced due to the flooding and this had put a strain on the Ambulance Service.
- Additional services had been put into place to support the winter pressures. This included:
  - Extra appointments in primary care.
  - Increased opening hours of urgent treatment centres and increased number of available appointments.
  - Ambulances taking patients to A&E and same day emergency care, enabling patients to be seen by the correct service without waiting in the emergency department.
  - The Same Day Emergency Frailty Service was now live.
  - Work had taken place with Derbyshire Health United to help manage the ambulance stack for category 3 and 4 calls, to manage them with a different disposition.
  - Increases to the number of community hospital beds.
  - Working with colleagues to try and promote the vaccination service. Low levels of uptake had added to the overall pressures with more patients in hospital with respiratory and viral infections that could have been prevented, had they been vaccinated.
  - The Respiratory Syncytial Virus (RSV) vaccination programme had been launched for patients over 75 this year. It's hard to see the data at this stage, however, it is hopeful this will help ease pressures going forward.
- Plans were currently under way to help support the NHS through next winters pressures and to reduce overall waiting times across the service.

As part of discussions following the update it was noted that:

- An additional clinical navigation system was in place for 111 calls to make sure patients get in the right disposition and reviews were in place to ensure calls were getting to the right place, at the right time.
- From a General Practice point of view, all GPs as part of the post graduate qualification have to train in paediatrics either through hospital training or through their general practice training.

- The Merlin Vaz and Oadby Walk-In Centre are both available for walk in patients. When at full capacity, patients are booked in to those centres and are streaming away from A&E. On occasion when they are full, they may temporarily stop walk in patients.
- The Central Access point was now in place for all patients across Leicester, Leicestershire and Rutland (LLR) seeking Mental Health support. Patients can phone the line and get immediate help either on the phone, face to face or if they are known to the service they can go straight in to existing services they have previously attended. Very few waits had been observed in LLRs, compared to regional colleagues. LLR have one of the lowest rates of patients who wait a significant amount of time in Health Services for support because of the pathways that are in place.
- The flu season had peaked, and the trust was now experiencing a decline in cases. However, from a respiratory virus perspective, the situation remained uncertain. The trust continued to face extreme pressure during this time of year, with additional measures in place to mitigate the impact while actively exploring further actions to support services. Rapid evaluations were taking place on pressures put in place this year to see what had been the most productive. The trust had a strong feeling on what those are and are using that to put in place the plan for next year.
- The work done to manage the ambulance stack had positive effects that were noticed. There was still room for improvement, but it supported challenges and reduced conveyances on patients going into A&E.
- Work was still needed to optimize ambulance turnaround times, ensuring that handovers are completed within a maximum of 45 minutes so ambulances can return to service promptly. A new initiative, *Leicester 90*, was being explored to ensure safe and efficient patient drop-offs and handovers. Learning from neighbouring cities, the focus was not only on the handover process but also on improving patient flow through the hospital. Measures were being put in place to facilitate smooth transitions, aiming for rapid handovers at a rate of three to four patients per hour. This would help ensure timely assessments while addressing essential patient needs such as pressure relief, access to toilets, and nutritional support. Interventions were in place to support these improvements.

**AGREED:**

- Members thanked the NHS for the update and note the report.
- That data on 111 patients to be circulated to Members.
- An in-depth report into the Leicestershire Partnership Trust Mental Health Services to be added to the Work Programme.

### **103. GENERAL FUND BUDGET PROPOSALS 2025/26**

The Head of Finance presented the Revenue Budget 2025/26 and it was noted that:

- The budget had gone to each scrutiny commission, ahead of Full Council in February.
- The financial outlook faced by the council was the most severe we've known.
- Some authorities have issued Section 114 notices. The budget strategy has aimed to avoid this and ensure financial sustainability until at least 2027/28.
- Due to a decade of austerity, many services had already been cut so the scope for savings had been reduced dramatically.
- Modest funding had been provided by Government to help fund statutory services, but they have stated there is no magic wand to address local government funding.
- The details of the Public Health grant for 2025/26 had yet to be released.
- The council's financial strategy had 5 strands:
  1. Releasing one-off funds totalling £110m to buy time.
  2. Reducing the approved capital programme by £13m
  3. Selling non-residential properties to secure an additional £60m.
  4. Constraining growth in those statutory services under pressure.
  5. Making ongoing savings of £20m per year in the revenue budget – these can be found in the agenda pack for each area but does not include Children's, Adult Social Care or Public Health.
    - There may be further pressures created, and with one-off savings being used it was essential that there would be ongoing savings.

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

- It was disappointing the Public Health figures are not available for this commission.
- It was important that other areas which may have an impact on aspects of Public Health had been considered such as budget proposals for the built environment or Adult Social Care.
- As part of this, health partners reassured Members that pathways had been considered so that provision would not change and ensure no gaps are created by changes in the budget.

AGREED:

- The Commission noted the report.

## **104. GP ACCESS**

The Senior Integration and Transformation Manager presented the report. It was noted that:

- In April 2024 NHS England (NHSE) published the delivery plan for recovering access to primary care
- The delivery plan had set out key deliverable actions for Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to implement during 2024-25. The key determinant of this delivery plan

was to tackle the 8am rush, improve access in primary care, reduce bureaucracy, improve primary and secondary care interface and support primary care to move towards digital systems.

- In Leicester, 1.8 million appointments had been provided for the year up to October 2024. In October, 267552 appointments had been provided, which was a 16% increase on the previous year. With an overall 9% increase on appointments compared to the previous year. Around 70% of those appointments were face to face.
- This time last year Community Pharmacy and Pharmacy First was launched. 81 out of 82 City pharmacies were participating in that programme. Work had been taking place to engage the remaining pharmacy to the programme.
- Up until November 2024, there were 13257 referrals in to the community Pharmacy First Programme in the city.
- Out of the GP practices in the city, 39 out of 51 actively engage in that programme. The progressive was good, but further work still needed to be completed with the remaining GP surgeries.
- A 100% of city practices now had Cloud Based Telephony installed, work was still required to improve the service.
- The usage of the NHS app had increased to 1.4m people, which was an increase of 89%. Not everyone in Leicester City has access to online technology, but it was clear that those who do were utilising it as 41% of people were using the app for repeat prescriptions.
- 90% of appointments were now being delivered within 2 weeks, a 4% improvement on the previous year.
- December 2024 was the first month of the additional GP appointments being available and 5 care providers were delivering those on behalf of the city, with 72% utilisation of the appointments.
- Work force needed to deliver the increases and it had been challenging, however small improvements were now visible.
- The Cities registered patient to GP ratio was 3262 patients per whole time equivalent GP in December 2024. January 2025 figures showed we are now 2829 registered patients per whole time equivalent GP. Work would continue to improve the figures to be at least in line with the regional average of 2266 patients.
- GPs primary work was in practice, but general practice had modernised over recent years additional roles have come into place as a primary care network footprint. City practices have recruited fully to these roles with no gaps at present. These roles included; 65.6 Clinical Pharmacists, 40.5 Care Coordinators, 14.7 GP Assistants and 14.4 Pharmacy Technicians and 13.8 Advanced Nurse and Clinical Practitioners.

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

- The current data available from the NHS app was basic. Access was now available to the prescription data usage which has supported staff in better usage of calls for patients who do not have access to the NHS app. While this had not necessarily reduced the number of

phone calls to GP practices, it had helped to better direct those calls to the appropriate services. Family members could access the NHS app and order medication on their family members behalf.

- Quality development discussions with patient participation groups at GP practices had indicated a generally positive experience, though challenges remained. Further exploration was needed on how telephony systems can be improved to enhance patient access and experience.
- The ongoing pressures within primary care had shown that demand had increased significantly since the COVID-19 pandemic whilst workforce numbers and facilities had remained unchanged. Despite limited resources and reduced funding for GPs, efforts continued to improve service delivery. One approach has been streamlining administrative tasks, such as directing sick note requests to an automated system, which assesses the issue and processes requests accordingly. This had helped to free up appointments for those in greater need.
- Work was also underway on preventative measures, including hypertension management, stroke prevention, and school-based education initiatives, all aimed at reducing future pressures on hospitals.
- The Pharmacy First scheme had been instrumental in increasing capacity, with pharmacies seeing approximately 3,000 patients per month. Despite historical underfunding in the city, these initiatives are helping to bridge the gap and improve healthcare accessibility.
- While data on NHS app usage was not broken down in detail, the app remained a valuable tool for those who can access it. By offering more digital options, it also allows GP practices to focus their support on patients who need additional assistance in accessing healthcare. There were still challenges for practices serving communities with higher levels of digital exclusion. Discussions had taken place on whether practices supported each other in addressing these challenges and how patient participation groups could help identify issues and needs within the wider community.
- There were currently 52 GP practices in the city and 126 across the wider Leicester, Leicestershire, and Rutland (LLR) area. When implementing new technology, it was important to consider the varying levels of digital readiness across those practices. Some were using digital tools for the first time and remained apprehensive, presenting challenges that would need to be addressed in the coming years. Ongoing work was needed to ensure adequate support was in place for those who are digitally excluded and to help practices integrate new technology effectively.
- The GP to patient ratio had historically been a challenge in the city, exacerbated by high levels of deprivation and poverty. City-based GPs provided more appointments than those across the wider Leicester, Leicestershire, and Rutland (LLR) area, leading to high service demand. The city also had the highest use of GP locums. Some practices opted to replace a returning GP with alternative clinical staff, such as pharmacists, to help manage costs effectively.



The complexity of demographics and workforce retention remain key challenges.

- Efforts to better utilise pharmacists across the city were being discussed, particularly in managing long-term conditions. A well-skilled workforce could help reduce GP pressures by providing alternative routes for patient care.
- Concerns were raised around surgery and pharmacy closures, as these were business decisions dependent on financial viability. Practices needed to assess whether continued operation was sustainable.
- Considerable funding had been allocated to advanced practice in the city, with £7 million invested based on a nationally acclaimed health and inequalities funding model. The city had the highest health inequalities, making this funding essential. Additional funding had also been allocated to support blood tests and wound management, increasing the capacity of city practices.
- The commissioning team closely monitored GP investments to ensure funding was directly improving patient outcomes. A key focus was identifying areas of inequality and ensuring resources are allocated effectively.
- The team were reviewing how GP practices had utilised funding and the most effective model for commissioning and accountability moving forward.
- Patients in care homes were able to receive home visits to reduce hospital admissions. Community-based care planning ensured medications were reviewed, issues were addressed and follow-up testing was conducted where necessary. The approach aimed to improve patient well-being while reducing unnecessary hospital pressures.
- There had been some growth of the amount of GPs in the City, although not significant. The landscape of general practice had changed, with a greater clinical presence beyond traditional GP roles. Support for older patients in care homes and ensuring the right clinical input was crucial. The GP role remained vital, but a wider multidisciplinary team is essential for meeting patient needs. Improvements would continue to be made, but further collaboration was needed to develop a system that serves the population effectively
- The importance of getting GPs contract right was emphasized. This would support a more effective model of care. The city's approach had gained interest from other authorities looking to replicate its success.
- Funding was allocated based on patient need, and business intelligence was used to assess and address patient challenges. Some areas may require alternative approaches, and further support would be welcomed.
- Data on patient registrations would take time to update. Some practices such as Downing Drive, had a tight boundary of patients. Requiring conversations to encourage them to accept new patients.

The ICB had engaged with practices to address complaints related to patient access.

- After recent flooding in the city, practices supported each other to still be able to provide care for patients that had been affected by the flooding.

AGREED:

- That the report be noted.
- To enquire into a possible breakdown of GP data for the NHS app.
- Breakdown of data for GP appointments and hubs to be shared.
- Wider clinical practise team to be added to the Work Programme for 2025/26.

## **105. SMOKING AND VAPING**

The Deputy Director of Public Health presented the report and it was noted that:

- Smoking remained one of the leading causes of premature death and preventable ill health.
- 14.6% of residents smoked which was higher than the national average. This figure had increased as the Health and Wellbeing Survey that was due soon showed that around 16% now smoked.
- There were higher rates of smoking in disadvantaged areas of the city.
- Ethnicity had an impact on likelihood of people starting to smoke.
- Chewing tobacco and shisha use had higher levels of use here than other areas of the country. However, the percentage was small compared to that of cigarette use.
- Targeted groups were children and young people, those who had mental illnesses, those who were pregnant and those who were in social housing.
- Smoking was more likely to continue if the habit began at a younger age.
- 3.5% of young people smoked in Leicester, which was lower than the national average.
- Those who had long term mental health conditions were more likely to smoke and were smoking more heavily. This was one of the key reasons that those with mental health conditions had higher mortality rates than the general population.
- Smoking during pregnancy has a detrimental impact on the development and outcomes. 7.4% of pregnant mothers were smoking at the time of delivery, this was lower than the national average.
- Herbal smoking was considered safer by some; however it still contains dangerous chemicals.
- The Tobacco and Vapes bill were at the committee stage.
- Disposable vapes were to be banned from 1<sup>st</sup> June 2025. It was

hoped that this would have a fairly quick impact on the rise in numbers of young people vaping.

- It was being considered how to make vapes less attractive to children.
- Licensing was being considered for tobacco sales to make smoking less accessible.
- The definition of a smoke free population was less than 5% of the population smoking.
- The Leicestershire Partnership Trust had become a smoke free trust in January 2023.
- Support was being given to foster carers, so they were confident to model positive health behaviours to young people.
- Housing officers had been given training around smoking cessation so that they would be able to have conversations and signpost tenants.
- There had been work with Turning Point to help staff provide cessation support.
- A new marketing campaign had been scheduled for April to target the areas of the city where there were the highest levels of smoking.
- LiveWell had been the integrated lifestyle service offering smoking cessation services.
- There had been 1633 people going through the service in 2022/23. Data from the last year was not available due to a new system being in place.
- 57% quit smoking after 4 weeks which was better than the national average.
- There was confidence the service was reaching the most disadvantaged communities.
- More government funding had been made available for smoking cessation services for the next 5 years. This was to allow more quit attempts by providing advice and swift support, to link smokers to the most effective interventions, to boost existing behavioural support schemes, to build capacity in local areas to respond to increased demand, and to strengthen partnerships in local healthcare systems.
- Public Health had planned to use this funding to increase staffing, to provide additional training, to increase availability of Nicotine Replacement Therapies and E-cigarettes, a social marketing and communications campaign and wider tobacco control measures.
- The NHS Long Term Plan outlined a requirement to provide all people admitted to hospital, who smoke, with an NHS-funded in-house tobacco treatment service by 2023/24.
- University Hospitals Leicester implemented the CURE programme in Glenfield Hospital, Leicester Royal Infirmary and the General Hospital.
- Staff were employed by Leicester City Council.
- Around 700 patients had been referred each month. Due to the demand on the service, some patients had been discharged before an advisor was able to see them so there was still work to be done.
- Mental Health inpatients had also been provided with support and

this continued once discharged.

- Pregnant women who smoke were now to 'opt out' of referrals. Incentive schemes including vouchers and support were available throughout pregnancy.
- Pregnant women were offered Nicotine Replacement Therapy initially and vapes secondly.
- There were increasing concerns around children vaping. Vapes are an effective aid for stopping smoking but the concern was that children who had never smoked were taking up vaping.
- 12% children had tried vaping, but it was more common in older teenagers. 6% of 14–15-year-olds had regularly vaped.
- Key messages had been taken from the East Midlands statement on vaping.

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

- Data gathered on children smoking and vaping was thought to be robust. It was reflective of the national picture.
- It was widely accepted that it takes several attempts to successfully quit smoking. The 57% of individuals who had stopped smoking successfully was lower figure, around 20% at 12 months.
- Work had been ongoing with Trading Standards to address concerns around vapes and cigarettes, however it was acknowledged Trading Standards had limited resources.
- Training for young people is extensive to test purchase for Trading Standards.
- If concerns around sales were found, it would be reported to the Licensing Team.
- The increased availability at 24hour supermarkets was allowing increased sales of cigarettes and vapes.
- Shisha bars had been open until early hours and was considered a social activity but was providing prolonged exposure.
- A price drop that had been noticed on vape products may be in expectation of the ban in June to reduce stock.
- Work was occurring with University of Leicester students to raise awareness around shisha in different communities and its effects.
- Workplaces had been identified as targets for smoking cessation resources.
- Schools had been provided with Public Health profiles following a survey in 2023. Some schools may consider smoking and vaping as a priority but there had been instances where this was considered less concerning than other issues that were affecting student wellbeing which may be less visible to the public.
- The CURE team had seen nearly 7000 patients since it started in 2020. 40% of these patients had continued into community-based smoking cessation services.
- Turning Point staff had been training primarily on supporting individuals to swap to vapes. This had been trialled with those dependent on alcohol before Covid and had now been extended to

those using any substance.

- The project with Turning Point would be assessed before it was to be rolled out into other services.
- Step Right Out was due to relaunch and would cover cars, as well as homes. Smoking in cars, particularly around children was to be a big stream in the communications campaign.
- The average age of those with a mental health condition who had died prematurely was striking. There had not been enough referrals of those patients with mental health conditions into the service and this needed to be made more equitable.
- Mental Health cafes were suggested as an opportunity to address poor referrals in this community.
- Making every contact count was to occur in workplaces along with increased training.
- Smoking outside of hospitals, particularly maternity units was not often seen to be enforced despite policies.

AGREED:

- Governance Services to contact Trading Standards for a report on work that has occurred on smoking and vaping.
- The Commission noted the report.

#### **106. WORK PROGRAMME**

The Chair noted that the topics noted in the items would be added to the work programme.

#### **107. ANY OTHER URGENT BUSINESS**

There being no further business, the meeting closed at 20.16.

