Leicester
City Council

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

Held: TUESDAY, 4 MARCH 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering - Chair

Councillor Bonham
Councillor Clarke
Councillor Dempster
Councillor Haq
Councillor Sahu

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Assistant City Mayor – Councillor Dempster

Kash Bhayani – Healthwatch

Mario Duda – Youth Representative
Swetha Subaskaran – Youth Representative

108. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Zaman.

109. DECLARATIONS OF INTERESTS

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

110. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of the meeting held on 21 January 2025 were included within the agenda pack and asked members to confirm that they could be agreed as an correct record.

AGREED:

- Members confirmed that the minutes for the meeting on 21 January 2025 were a correct record.

111. CHAIRS ANNOUNCEMENTS

The Chair invited Councillor Sahu to update the commission on her meeting

with the Integrated Care Board. This meeting was organised to discuss disabled women's access for smear tests and mammograms. Councillor Sahu informed the commission that further information was being sought following the meeting.

112. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

113. PETITIONS

It was noted that none had been received.

114. HEALTH PROTECTION - TB FOCUS

The Director of Public Health and the Public Health Consultant gave a verbal update of the latest position of health protection, focusing on TB. It was noted that:

- There was no significant change in the other areas of health protection usually covered in this item.
- A TB update was provided 6 months ago at this scrutiny commission. The key points were that it is a disease of poverty, but it is curable and preventable.
- TB mainly affects the lungs, but it can affect any other part of the body. It is only infectious when in the lungs however.
- 10% of cases of latent TB, developed into active TB.
- The symptoms experienced depend on the location of the disease in the body.
- TB rates peaked in the UK in 2011, England had the highest rates due to the highest population level in the UK. In the period after this, there was a reduction in cases.
- Last year saw a sharp rise in rates of TB in Leicester, whilst the England average had decreased. This was the first time in over 10 years that there had been an increase.
- The measured rates only considered active TB and do not account for latent TB.
- Leicester was now the highest rates of TB in England. This was previously Newham, but their rates reduced following financial help that enabled resources to tackle the disease.
- Leicester would like to see similar financial help to ensure appropriate resources can be targeted.
- The disease had impacted primary care services – between 2016/17 and 2023/24, 10111 inpatient days were attributed to TB and 82% of these were emergency admissions.
- There was increased numbers of cases with antibiotic resistance

which had increased the complexity of cases, but this had not been a huge issue in Leicester.
- Post Brexit, changes in economic migratory patterns had seen increased migrations from different areas of high incidence. Country of origin had been identified as the single biggest contributor to case numbers.
- There were ongoing budgetary pressures. More resources were required for further case identification.
- Leicester has a TB strategy. This received input from national services and the UKHSA. The key points of the strategy were:
    - Increase detection and control of active and latent TB.
    - Ensuring a skilled workforce and building on successes as well as working within capacity and resources.
    - Raise awareness and reduce stigma around TB.
    - Prepare for the future and plan for need.
- The strategy fed into the Health and Wellbeing Board, East Midlands TB Board and the Leicester, Leicester and Rutland TB Strategy and Network.
- A TB JSNA was being finalised. This was going to help identify gaps in services and where and who the cases were.
- A business case had been made to increase TB staffing resources and recruitment was taking place.
- There had been successful lobbying of NHS England for further resources to increase the number of tests performed.
- A research group had been collecting data on the variation found across GP practises in the screening of TB, patient treatment choice, and audits of latent TB screening and patient pathways.
- A new communications strategy was being developed, as well as an online focus group that aimed to further understand the stigmas attached to TB amongst communities.
- A workforce group had been created to work with large key employers and care homes.
- Next steps included:
    - Update strategy following completion of JSNA.
    - Expansion of TB workforce and available clinic time.
    - Ongoing research projects.
    - Continued increase in latent screening. Development of latent screening process for eligible social care staff.
    - Push on communications and engagement work.
    - Update of NICE guidelines.
- World TB Day is 24th March 2025.

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

- There were excellent partnership workings across all systems in putting together such a persuasive case for additional funding for testing latent TB.
- More information on areas of high prevalence in the city was

requested, along with further information which would help Councillors support those affected as well as understand the social complexities that affect the spread of TB. Councillors requested a working group be formed.

- There was uncertainty around how effective the chest x-ray was.
- There had been variation on what latent screening was on offer across the city. Ongoing work with the ICB hoped to address the variation and the efficiency with which the screening was delivered.
- The TB Joint Specific Needs Assessment was awaiting the final proofread and was then to be sent to the strategy group. After this, it was to go to the JSNA Board prior to publication.
- Additional funding had been provided to cover additional nursing staff and clinical times, this has been predominantly outpatients based.
- Concerns were raised that without more funding for prevention and treatment, there would be a greater cost to emergency services.
- It was queried whether the increased rate of TB in Leicester means that what is being done is not working. However, the increased rates were considered to be an outcome of increased testing.
- An issue with treating TB had been that some people who are positive feel well in themselves.
- The testing and treatment cost money. A latent TB test was approximately £140.
- A longer-term financial case needed to be considered.
- Officers had met with Newham representatives. It was not shared what additional funding they received to address TB. Their approach had consisted of a heavy focus on community engagement, investment in a mobile unit which could offer chest x rays and moved around high prevalence areas and involvement of those with lived experiences who promoted treatment and access to treatment. It was considered that a mobile diagnostic van in Leicester would have a significant impact.
- The JSNA included a lot of work around population projects. It is expected that more individuals will come to the area to work and bring their families, as well as an expected increase in international students. These projections suggested that numbers were going to increase.
- It's an individual's choice whether to be screened for TB and the emphasis was on inviting people to attend. Work was instead focused on engagement and education to reassure communities.
- The target was to perform 1400 tests this year, which was on track and demonstrated that inviting communities was working.
- It was not known which areas of India had high prevalence of TB to inform the approach.

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

- Very little work had occurred with young people to help address

stigmas in the community or to encourage vaccination uptake, but officers stated they were keen to work with young people on this.

AGREED:

1. The Commission noted the update.
2. Formation of a TB working group.
3. Work together to continue to lobby for funding.

115. HEALTH RESEARCH

Representatives from De Montfort University and Public Health provided the commission with an overview of how research benefits the communities of Leicester and addressed health inequalities. It was noted that:

- Health research entails systematic collection or analysis of data with the intent to develop generalisable knowledge to understand health challenges and mount an improved response to them.
- To be generalisable, research had to be completed in a population that would allow researchers to understand the wider population.
- A quote from the World Health Organisation (WHO) was shared with the commission, “Research is indispensable for resolving Public Health challenges”.
- Although it was important for research to be generalisable, it was known that both research populations and researchers did not currently reflect what they should.
- Research applications from ethnic minority researchers were less likely to be successful. People from ethnic minority groups were under-represented on funding committees.
- Applications from female researchers decline with higher career stages.
- Uk geographies with the highest burden of disease had the lowest number of individuals taking part in research.
- There had never been a UK based cohort study that specifically looked at the health of black women.
- In April 2023, Leicester City Council entered a research bid to become an National Institute for Health and Care Research (NIHR) Health Determinants Research Collaboration (HDRC).
- The ambition was to become a research active organisation and to collaborate with academic and voluntary and community sector partners to evidence base the high quality work that was happening in Leicester City.
- The bid received backing from the City Mayor, Director of Public Health, the two Leicester Universities and colleagues from the voluntary and community sector organisations.
- Unfortunately the HDRC bid was unsuccessful, however the ambition remained. The judging panel were complimentary about the bid and were keen to work with Leicester. Subsequently two bits of funding were awarded for a Local Authority Research Practitioner and Public Health Engagement Lead.
- De Montfort University is one of only two Universities that are a hub for

Strategic Development Goals. De Montfort was given the Strategic Development Goal 11 which focuses on sustainable cities and communities.

- De Montfort University was in the process of developing a master's in Public Health.
- The Universities working together to look through the lens of health inequalities and to contribute to tackling local research priorities that are overseen by the Local Authorities, in Leicester this includes:
    - Civic Universities Partnership - Health, Wellbeing and Sport theme.
    - University of Leicester – Centre for Ethnic Health Research, Leicester Diabetes Centre.
    - De Montfort – Stephen Lawrence Centre, Centre for Primary care Research
    - Health and Wellbeing in Society, Global Health.
    - Ambition to the national leaders in research related to community.

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

- The research was not just about residents of Leicester being subjects in research, but ensuring there was more diversity in research. The research needed to apply to a diverse community.
- Talking to communities and having an informed agenda was very important for research.
- Work needed to be done to ensure researchers were more robust in terms of policies that sit around the allocation of resources for research.
- Work around inequity, inequalities and disparity were often down the list in terms of research.

Agreed:

1. The Commission noted the report.

116. LONG TERM CONDITIONS

The Programme Manager in Public Health presented the report, and it was noted that:

- The strategic justification for the Long-Term Conditions programme came from the Leicester Health, Care and Wellbeing Strategy 2022-2027, the Prevention and Health Inequalities Steering Group, Primary Care Networks City Priorities and the Core20Plus5 national framework.
- The principles were to prevent as far as possible; reduce health inequalities; ensure well-meaning work hadn't compounded health inequalities; that it was data driven and evidence based whilst also being innovative; and that it addressed gaps and prevented duplication.
- Hypertension is persistent high blood pressure and was often referred to as the silent killer as it was symptomless.

    - The high levels of cardiovascular disease in Leicester had contributed to the higher than average under 75's mortality rate. In order to improve the health outcomes, those who had not been diagnosed needed to be found.
    - Interventions had included the NHS Health Check, Community Pharmacy and Primary Care Network case finding. It had been proposed to engage with those being missed through a community pharmacy outreach model, a roving health unit, targeted NHS health checks, PCN case finding and optimisation and working with GP practises where there was high prevalence.
- An increasing number of people had been living with multiple long-term conditions.
    - Engagement work was done with GP's who had higher than average prevalence of cases of multiple long-term conditions to conduct focus groups and development sessions which considered the barriers and challenges faced.
- The Health and Wellbeing Board had scheduled a development day in April to consider long-term conditions.
- Lots of other work had occurred across the city addressing long term conditions including cardiovascular disease, respiratory disease, cancer, obesity and mental health.
- There was an ongoing partnership with the PCN's.
- Part of the prevention strategy was the 'Make Every Contact Count' initiative. This was a national approach to behaviour change which focused on the numerous contacts that occur with members of the public to help them make healthy behaviour changes. This initiative considered broader determinants of health as well, such as poor housing and debt alongside more obvious ones.
- Next steps of the programme were to consider what had been learnt from the hypertension programme and allow this to influence the direction of future programmes, to consider where public health intervention had best been used, to continue the roll out of 'Make Every Contact Count' and to further identify areas of need.

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

- A prevention team was working on a whole systems approach to obesity and all the factors that influence this.
- This was a big partnership for the whole systems approach and the NHS had been asked to sign up.
- Many factors influenced healthy weight, including environment, access to healthy food and education. The structures and environment can make it more difficult to live a healthy life. This included the big companies, and work was needed in advertising and planning to address their influence.

- To assess how approaches worked, they would be piloted in a small area initially, such as working with take aways or access to green spaces. More input was required on both a national and international level though.
- A report was requested by members on the whole systems approach to healthy weight.
- Communities had been engaged through the Community Wellbeing Network which was coordinated by Public Health. They worked in partnership with over 500 VCSE groups on common problems. Information was sought, but mainly Public Health wanted to listen to what they have to say and to what is important to them.
- Community pharmacies appeared to be working well on hypertension.
- Training was provided to help those working with the public to have the confidence to participate in conversations on mental health. Healthy Conversations training was available to everyone, and it was suggested that anyone who had customers who sit in a chair for a length of time should be encouraged to participate in this training.
- More vendors of fruit and vegetables in certain areas that lack accessibility to these products was suggested. It was encouraging to see these types of vendors appearing outside of places such as hospitals.

AGREED:

1. The Commission noted the report.
2. Whole systems approach to healthy weight to be added to the work programme.

117. HEALTH AND WELLBEING STRATEGY

The Director of Public Health submitted a report to update the commission on the progress of the Health and Wellbeing Board and the progress made by the Health, Care and Wellbeing Strategy. It was noted that:

- The Health and Wellbeing Board is a statutory board of the Council, that was established under the Health and Social Care Act 2012.
- The forum is for public accountability, all recordings and minutes from the meetings can be accessed via the Councils website.
- It is a partnership forum, rather than an executive decision-making body, with Members from various organisations that sit on the board. Including Elected Members, NHS partners, ICB representatives, Public Health, the Police and Fire services, members of the Local Authority, the Voluntary Sector and the wider community.
- A key function of the board was to oversee the Health, Care and Wellbeing Strategy, which dictated a range of work that is completed within Public Health and Social Care departments.

- A key function of the strategy was to outline the approach in reducing health inequalities.
- The strategy outlined key themes in areas that could be focused on at the time of drafting the strategy and it identified a delivery plan on how the issues could be addressed and be structured into priorities.
- Within the strategy that has been published to the Councils website, 5 themes had been listed, which were:
    - Healthy Places
    - Healthy Minds
    - Healthy Start
    - Healthy Lives
    - Healthy Ageing
- Within those 5 priorities there were 19 more tangible goals that had been outlined.
- In the previous Health and Wellbeing Annual Report, the focus was on 6 key strategic priorities. One for each of the themes and under healthy minds the focus was on 2 areas. They are called due priorities, and they are the actions that were being focused on.
- In the Healthy Places theme, the focus was on improving access to primary and community health care services. A more tangible outcome of this had been the work on enhanced access services in primary care, which included the Stork Programme for supporting families with newborn babies.
- The focus on Healthy Lives was focused on increasing early detection of heart and lung disease and cancer in adults. This included work to promote cancer screening and producing videos around cancer screening for people with learning disabilities.
- Healthy Minds focused on improving access to primary and neighbourhood level mental health services for adults. Work around mental health cafes for adults was still ongoing along with increasing access support for children and young people within schools and more disciplinary approaches.
- Healthy Ageing was to support residents to age comfortably and confidently.
- The Pathway 1 discharge to assess and work around effective discharge.
- The Health and Wellbeing Boards Annual Report is a requirement that was set out in the terms of reference. The report outlines the progress that has been achieved, the strategy and the delivery plan monitoring.
- The annual report included updates on case studies, the Better Care Fund and proposals for the next 12 months.
- The Health and Wellbeing Boards current priorities were:
    - Childhood immunisations
    - Hypertension – prevention and case finding
    - Mental health and wellbeing related to social inclusion and supportive networks

- Healthy weight

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

- Work was being completed to support 15 schools to get back in to doing the daily mile. A large number of schools stopped participating during the pandemic and it wasn't revisited once restrictions were lifted. A lot of evidence had shown the daily mile had helped support concentration and behaviour for children and young people in education.
- The Mental Health Cafes were working well, a number of them had expanded and the model was being used for a basis for other programmes.
- Members raised concerns about the Joy Platform. Leicester Partnership Trust coordinate the platform and there was currently a working group considering ways to improve the use of the platform and its functionality. A review of the Joy platform was being conducted by the Leicester Health Integrated Group who are members that attend the Health and Wellbeing Board.
- The Healthy Minds Strategy was working towards 'no deaths by suicide'. This was a part of the National Suicide Prevention Strategy. There was acknowledgement that it was realistically, unachievable but it was believed an ambition was what should be strived for.
- A range of different work was being undertaken to help improve childhood vaccination rates. They were spilt across preschool and school age. The rates of the HPV vaccine against cervical cancer had gone down considerably since they were paused in the pandemic due to the fact they were administered in schools. The rates across England had picked up, but Leicester's had not. A number of different initiatives were in place, including a Cervical Cancer Elimination Strategy by NHS England. This had the aim of eliminating cervical cancer by 2040.
- In Scotland a study showed girls who had received the doses at age 12, showed no cases of cervical cancer when followed over several years.
- There were a number of reasons that rates had decreased, including schools not wanting to engage or push out the message. Trust and relationships had been affected by the pandemic and the Covid-19 vaccine role out.
- Work was continuing with individual schools on the school age immunisation programme. They were currently going through a tendering process and there would be a new contract awarded in July 2025 to begin in September 2025.
- The ICB and Vaccination Team were working on how the messages were being circulated and a roving unit that goes into different places.
- A letter had been sent to all secondary school Head Teachers from the Director of Public Health and the Principal Education Officer asking if there would attend a working group to look at

consent and vaccination rates.

AGREED:

1. The report and presentation were noted.
2. More information to be shared with members and schools on supporting schools to complete the daily mile.
3. Mental Health Cafes to be added to the work programme for the Integrated Care Board to bring.

118. HEALTH AND WELLBEING SURVEY

The Principal Public Health Intelligence Analyst presented the report, which showed the results of the most recent Health and Wellbeing Survey. It was noted that:

- The survey was carried out in 2024. The last one was in 2018. It ran from April to October.
- The full report of the survey was included in the agenda pack.
- The data had been used and was intended to be explored further.
- The survey interviewed those aged 16+. Children specific ones were previously completed.
- The primary purpose of the survey was to inform strategic and specific needs assessments.
- The surveys had previously been used across the council and its partners, including the VCS.
- The survey provided levels of intelligence not everyone had access to.
- 2100 interviews were completed, which reflected about 100 per ward. This was a weighted sample to reflect population data in the census to ensure it was representative.
- Sensitive questions were self-completed to encourage reliability.
- The team reflected the diversity found in the city allowing for various languages.
- A huge range of topics was covered, including new areas such as gambling, covid implications, mental health and wellbeing, food insecurity and some around vaping.
- The top 5 positives identified by residents were:
    - 4 in 5 residents rated their general health as good or very good.
    - There was a decline of 4% in those who smoked cigarettes compared to 2018.
    - 3 in 4 residents had used waterways, parks and green spaces at least monthly.
    - Most residents felt they had support they could rely on in difficult times.
    - 4 in 5 residents said they tended to bounce back quickly after difficult times.
- The top 5 challenges identified were:
    - Nearly a quarter of residents had faced difficulties paying

their food and energy bills, this was double the figure of 2018.
    - Challenges were faced by residents accessing medical services, particularly NHS dentists or GP appointments.
    - 1 in 14 residents with children at home say they smoked in the home.
    - 1 in 7 residents had an alcohol consumption that was classified as 'increasing risk' or higher.
    - 1 in 20 households had reported damp or mould in their home.
- Within Leicester, there had been an increase in the amount of shisha smoked.
- Older age bands were more likely to consider themselves to be struggling to access a GP.
- Half of the population abstained from drinking alcohol.
- The figures around resilience showed disparities between age and gender in the results. Older groups were less likely to feel resilient, as well as those with multiple conditions.
- 11% of residents had felt socially isolated at least often, this may not appear a large figure but when considered as the number of individuals, the percentage was deceiving.
- Culture related questions allowed local communities to be understood. Football and Rugby clubs had been in touch to use this type of data.
- The key issue found around homes was tenure breakdown. When owner occupied, the focus was on the cost of heating and the mortgage. For those in private rentals, it was that rent was too expensive. For those with a social landlord, the issue was the size of the property, mould and damp issues or the need for repairs.
- The difficulties affording food seen in the data can be broken down by gender, socio economic group and ethnicity.
- The data can be mapped by ward, for example it was seen that the lowest rates of difficulty paying energy bills were in Knighton and the highest rates were in Beaumont Leys.
- Data from the Health and Wellbeing Survey was to inform JSNA's Health and Wellbeing strategies, local health profiles, health equity audits, equality impact assessments, funding applications along with being used in presentations and promotional materials in Public Health campaigns. It also provided insights for partners in academia and the VCS, as well as supporting press and media briefings and academic papers.

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

- Community centres were suggested as something to be included in the cultural section.
- White British were highest for smoking, alcohol consumption, gambling and the highest risk of not paying bills.
- The White British category had a high proportion of social

housing. Social housing tenants were at higher risk of smoking, alcohol consumption, gambling and not paying bills.

- This sample size was used as it was considered representative. A larger sample size had a higher cost, so it had to be a balance between what is hoped to be achieved and the cost.
- The further breakdowns there were in a ward, the fewer response meaning data was less representative and statistically robust. There were other ways data could be broken down that maintained it's reliability.
- As well as ethnicity, language spoken and religion categories allowed further insight into cultural influences.
- The numbers of individuals who were not confident using the internet was considered interesting considering the drive for digitalization, particularly within the NHS.
- Everything was done as far as practically possible to allow respondents to be transparent in their answers.
- The survey was now available on the Council's website.
- It was hoped that moving forward, members of the public would be able to interact with the data.

Agreed:

1. The report was noted.

119. WORK PROGRAMME

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

120. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.17.