

## **CORPORATE GOVERNANCE COMMITTEE – 21<sup>st</sup> NOVEMBER 2022**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **CLINICAL GOVERNANCE ANNUAL REPORT 2021/22**

#### **Purpose of the Report**

1. The purpose of this report is to:
  - a. Update the Committee on providing assurance around clinical governance since the last report to this Committee in November 2021.
  - b. Update the Committee on key issues dealt with as part of Leicestershire County Council's clinical governance monitoring arrangements, roles and responsibilities since November 2021.

#### **Background**

2. The Public Health function of the Council includes responsibility for a number of clinical services previously commissioned by the NHS. It is a condition attached to the allocation of the public health grant that local authorities must have appropriate clinical governance arrangements to cover clinical services commissioned with grant funds.
3. This paper provides information and assurance on the clinical governance arrangements that have been established by the County Council to ensure its commissioned clinical services are of a high standard, continuously improving, cost-effective, safe and provide a good patient experience.
4. Clinical governance assurance necessitates regular and ad hoc contract monitoring with a specific focus on clinical aspects of service provision. Monitoring has now resumed as was the case prior to the Covid-19 Pandemic. The range of service providers includes NHS, voluntary and private sector.
5. 'Clinical governance' is a systematic approach to maintaining and improving the quality of patient care within a health system. Its most widely cited formal definition is: *'A framework through which [NHS] organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'* (Department of Health).
6. Clinical governance refers directly to 'clinical services' i.e., services delivered by clinical staff / healthcare professionals, e.g. doctors, nurses, allied health professionals and others.

7. The main clinical services commissioned (based upon contract value and criticality of service provision) by the County Council's Public Health Department are:
  - a. Integrated Substance Misuse Services (ISMS) – This comprises of a community treatment service for adults and young people, inpatient detoxification, and residential rehabilitation services. The provider of the ISMS is Turning Point.
  - b. Sexual Health Services (SHS) - This includes an integrated sexual health service and contraceptive services. The integrated sexual health service is provided by Midlands Partnership NHS Foundation Trust whilst contraceptive services are provided through Primary Care Services.
  - c. NHS Health Checks - commissioned from local GPs.
  - d. 0-19 Healthy Together Service (Pre-September 2022) and 0-11 health together Service (Post September 2022) provided by Leicestershire Partnership Trust (LPT) across Leicestershire and Rutland. This covers the Health Visiting and School Nursing Service.
  
8. Performance indicators specific to clinical governance include:
  - a. Measures of cost effectiveness of services
  - b. Reports of serious incidents and complaints
  - c. Safeguarding reports
  - d. General patient feedback - for example service user feedback on safety and experience.
  - e. Reports of compliments
  - f. Results of quality visits and clinical audits
  - g. Staff training and capacity
  - h. Care Quality Commission (CQC)
  - i. National Institute for Health and Care Excellence guidance
  - j. Service changes/reviews
  - k. Business Continuity arrangements during COVID-19

### **Leicestershire County Council's Clinical Governance Approach**

9. Since the last report to the Committee, a Clinical Governance Standard Operating Guidance (CG SOG) has been developed and implemented in the Public Health Department. This comprises of a suite of documents and guidance which relate to clinical governance processes and procedures within the Department including the following:
  - a. Clinical Governance (CG) in Public Health – an overview of all guidance relating to CG in Public Health (PH) to facilitate a consistent approach to ensure CG arrangements are robust. It also aligns with and supplements the current Leicestershire County Council's Public Health Quality Assurance and Improvement Framework (QAIF).
  - b. Public Health Administrative Guide – An administrative step by step guide gives the administrative team clear instruction on where and how to log a Serious Incident that has been received via email.

- c. Clinical Governance Reports Timetable – a timetable scheduling PH DMT (Departmental Management Team) presentation and provides assurance that the CG performance indicator requirements are being met within each designated quarter.
  - d. Leicestershire and Rutland Serious Incidents Reporting Protocol – the document outlines the responsibilities of **Service Providers** in relation to Serious Incidents (SIs) and summarises the key information requirements for SI reporting and management.
  - e. Procedure on SI Response – the document details the internal communications processes for Leicestershire and Rutland from a **commissioning perspective**, incorporating the Patient Safety Incident Response Framework (PSIRF).
10. The overview arrangements for clinical governance are set out for information in the Appendix attached to this report.
  11. From February 2022, Clinical Governance pre-Covid arrangements resumed with quarterly Clinical Governance Group meetings and scheduled DMT reporting.
  12. Ownership of clinical governance assurance for specific services continues to sit with Strategic Leads and Consultant Leads for those services within the Public Health Department. Further oversight is provided by the Director of Public Health and the overall clinical governance consultant lead.
  13. The PH CG Group comprises of the CG Consultant Lead and Strategic Leads of the relevant contracts to oversee the clinical governance arrangements.
  14. A scheduled clinical governance and quality report is presented to the Public Health DMT on each of the key commissioned clinical service areas on a quarterly basis.
  15. The SI log is reviewed monthly by the CG point of contact. Trends or issues are discussed with the CG Lead and raised at the subsequent CG Group meeting.
  16. Quality assessments/audits are undertaken using the Public Health Quality Assessment Tool for:
    - a. Departmental quality measures
    - b. Conducting scheduled contractual quality visits
    - c. Root cause analysis following a SI
  17. DMT Strategic Lead updates continue to be held at which an update on the key clinical services commissioned is provided including highlighting significant matters. The Lead for CG provides feedback to the CG Group at the subsequent CG Group meeting and actions are logged. This enables Public Health Strategic Leads to incorporate lessons learned from DMT within their area of work.

18. DMT were updated on PH CG arrangements at its meeting in September 2022.
19. The County Council's Public Health Department collaborates with Leicester City Council's Public Health clinical governance colleagues in relation to those services that are commissioned jointly by the two authorities. There is also collaboration with Rutland Council colleagues where services commissioned serve the Rutland population.
20. The lead Commissioning Organisation takes responsibility for overall governance for jointly commissioned services.

### **Updates on Public Health Commissioned Services**

21. CG updates on the PH commissioned clinical services:

- a. Integrated Substance Misuse Services (ISMS)

The Council leads a multi-agency Drug and Alcohol Related Deaths Review Panel to review all deaths occurring as a direct result of substance misuse. The benefit of this Panel is that it will review deaths of residents not known to treatment services and identify broader lessons learned.

- b. 0-11 years Health Together Service

The 0-19 Healthy Child Programme (HCP) has changed. Following consultation with children, young people, families and professionals, the 0-19 service has been split into two cohorts: 0-11 and 11-19 due to differing needs of the older population group. The 0-11 elements of the HCP are still delivered, by Leicestershire Partnership Trust (LPT) and will remain known locally as the Healthy Together service.

- c. 11-19 years' service

The 11-19 years' service is no longer commissioned externally and is now integrated with the Early Help Service as of September 2022. CG internal arrangements are currently under development for this part of the service. The clinical governance of the 0-11 service will include DMT reporting and feedback on a quarterly basis. There will also be monitoring via the PH Clinical Governance Group to ensure review occurs, via a standing agenda item on the CG group.

22. The risk register is reviewed monthly and discussed as a standing agenda item at the Public Health CG group.
23. **Table 1** below provides a summary of significant issues considered and managed by the County Council's Public Health's DMT (November 2021 - October 2022) across the main clinical services commissioned.

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Table 1

<b>Clinical Governance Summary November 2021 – October 2022</b>		
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – October 2022)
<b>Quality Visits</b>	Site visits to providers of clinical services provide valuable insights into the quality, safety and likely patient experience that is being delivered.	<p>Providers are routinely visited by Public Health contracting and quality staff at least annually, however this has been impacted by the pandemic.</p> <p>Providers are also subject to visits from the Care Quality Commission (CQC).</p> <p><b>0-11 &amp; 11-19 Healthy Child Programme (Leicestershire Partnership NHS Trust):</b> July 2019: The 'Healthy Together' programme was broadly commended in the CQC report: <i>'Effective delivery of the Healthy Child Programme in Leicestershire is ensuring that children at risk of neglect, abuse, and harm, with low protective factors are being provided with early help and support that they need to reduce the likelihood of harm and health inequalities.'</i></p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – October 2022)
<b>Quality Visits</b>		<p>Due to the 0-19 Health Together contract ending in August 2022 combined with the current recommissioning exercise it was not feasible to undertake an audit and then expect the existing provider to implement any changes if the contract was awarded to a different provider.</p> <p><b>Substance Misuse Treatment Services (Turning Point)</b></p> <p><a href="#">Turning Point was inspected by the CQC in November 2018</a> and overall was found to be 'outstanding'.</p> <p>The last formal quality visit took place in 2018 with all actions and recommendations completed.</p> <p>A desktop review was planned for December 2021 but was undertaken in February 2022 and was rated as 'green'.</p>

		<p><b>Sexual Health Services (Midlands Partnership NHS Foundation Trust).</b></p> <p>The CQC inspected this service in October 2019 as part of a wider review of health services in safeguarding and looked after children services in Rutland and made a list of recommendations to follow up on, these actions from the report have now been completed.</p> <p>In line with Public Health Quality Assessment Tool, a quality visit has been conducted in September 2021. All required actions have now been completed and the reassessment showed the service rated as 'green'.</p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – September 2022)
<b>Clinical Audits</b>	<p>Clinical audit is a means of finding out if healthcare is being provided in line with established standards of best practice. It lets care providers, commissioners and patients know where their service is doing well, and where there could be improvements.</p> <p>Our main contracts require the Council's providers to choose and agree clinical audits each year aimed at improving quality of patient care.</p>	<p>DMT oversees the process of carrying out and acting upon the results of clinical audits. Examples of audits carried out in 2021/22 included:</p> <p><b>Sexual Health Services delivered by Midlands Partnership NHS Foundation Trust (MPFT) Audits:</b></p> <p>During Q1 2022/23 the following audits were carried out:</p> <ul style="list-style-type: none"> <li>• Audit of the Management of Epididymo-orchitis.</li> <li>• Audit of management of patients aged 45 years and over attending for intra-uterine contraception in a community integrated sexual health service.</li> <li>• Provision of safer sex advice during clinical consultation</li> <li>• Intrauterine system/device training requirements</li> <li>• Emergency Hormonal Contraception – annual audit for pharmacy delivery.</li> </ul> <p><b>Sexual Health - Community Based Services</b></p> <ul style="list-style-type: none"> <li>• On-going Audit of IUS/D training requirements – ensuring accreditation meets the Faculty of Sexual and Reproductive Healthcare (FSRH) standard. Local LoC accreditation no longer valid as of 01 April 2022. All</li> </ul>

		<p>practitioners should now have FSRH accreditation</p> <ul style="list-style-type: none"> <li>• Emergency Hormonal Contraception (EHC) Annual audit for pharmacy delivery.</li> </ul>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021– October 2022)
<b>Clinical Audits</b>		<p><b>Substance Misuse Treatment Services (Turning Point) Audits:</b></p> <ul style="list-style-type: none"> <li>• Full Caseload audit</li> <li>• Dependent Alcohol case audit</li> <li>• Safeguarding Audit</li> <li>• Service level death audits</li> <li>• NICE audits - Naltrexone, Methadone/Buprenorphone, Alcohol management, Psychosocial Interventions</li> <li>• Prescription process audit (6 monthly)</li> <li>• Supervised consumption audit (monthly)</li> <li>• Blood Borne Virus testing audit</li> <li>• Naloxone audit</li> </ul> <p><b>0-19 Healthy Child Programme (Leicestershire Partnership NHS Trust) Audits:</b></p> <ul style="list-style-type: none"> <li>• Mandated Checks were requested recently (2 ½ year check)</li> <li>• Perinatal mental health</li> </ul>
<b>Patient Group Directions (PGDs)</b>	<p>PGDs provide a legal framework that allows the supply and/or administration of a specified medicine(s) to a group of patients, who may not be individually identified prior to presentation for treatment.</p> <p>Leicestershire County Council must help develop and ultimately authorise use of these drugs by commissioned clinical services.</p>	<p><b>Sexual Health Services:</b></p> <ul style="list-style-type: none"> <li>• Levonorgestrel for use in community pharmacies (EHC)</li> <li>• Ulipristal for use in community pharmacies (EHC)</li> </ul> <p>The EHC Patient Group Directions (PGDs) documents, which allow for the dispensation of specific medications without a doctor present, were reviewed and issued in September 2022. The new PGDs will expire at the end of June 2023.</p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – October 2022)
<b>Safeguarding</b>	As commissioners of clinical services, the Public Health Team	<b>0-11 The Healthy Child Programme (HCP)</b> sets out the good practice framework for prevention and early intervention services.

	<p>must be unequivocally assured that the providers of commissioned clinical services are fully compliant with their responsibilities to safeguard their patients against harm.</p> <p>DMT oversees provider safeguarding arrangements and must be assured that robust arrangements are in place.</p>	<p>The safeguarding element is designed to translate into practice in two ways.</p> <ul style="list-style-type: none"> <li>○ At the individual level, practitioners need to possess relevant knowledge and skills (for example, regarding risk factors and signs and symptoms of child abuse, and how to follow local safeguarding procedures).</li> <li>○ At the institutional level, the emphasis is on sharing information and collaborating with other agencies; for instance, schools are expected to work closely with adult services to identify children with parents whose needs could put the child at risk.</li> </ul> <p>Safeguarding is a standing agenda item at meetings with the commissioned provider and any issues are monitored and actions are tracked through monthly contract monitoring meetings to ensure a safe service is operational and children are referred as part of the safeguarding protocols as appropriate.</p> <p>As part of safeguarding, a Serious Incidents process is in place which reviews actions of cases that have resulted in a death of a child. The Public Health Team review the report submitted by the provider via the Strategic Executive Information System (STEIS - NHS system for reporting and monitoring the progress against incidents and investigations) and provide challenge as part of the partnership response and this is also followed up in contract management meetings.</p> <p>From the 1st of September 2022 the <b>11-19 Service</b> will now be known as Teen Health 11-19 service. This service is integrated with Early Help in Children's and Families Wellbeing Service. There is an interim arrangement for Safeguarding for this service. School nurses previously attended strategy meetings and initial child protection conferences but were not commissioned to this, often did not know the child but attended as they were the default 'Health' representation and had access to child health records. However, were only able to share health information about a child that is LPT information only and not information owned by other health departments.</p>
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		To manage the transition of the 11-19 into Early Help Public health agreed to commission 2 safeguarding nurses to sit within First Response and manage the safeguarding referrals made to social care and attend Strategy meetings and International Child Protection Certificate (ICPC). This is being monitored for a period of 12 months and reviewed thereafter with Integrated Care Board (ICB) partners.
Heading	Area	Assurance (November 2021 – October 2022)
<b>Serious Incidents (SIs)</b>	<p>SIs in clinical settings are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant in terms of actual or potential harm and/or the potential for learning is so great, that a heightened level of response is justified. NHS SI Framework Supporting learning to prevent recurrence: <a href="https://www.england.nhs.uk/wpcontent/uploads/2015/04/seriousincident-framwrk-upd.pdf">https://www.england.nhs.uk/wpcontent/uploads/2015/04/seriousincident-framwrk-upd.pdf</a></p> <p>The Leicester, Leicestershire, and Rutland (LLR) SI Report Protocol outlines the County Council and partner responsibilities in relation to serious incidents and summarises the key information and requirements for reporting and management. This protocol is imbedded within council contracts for Public</p>	<p><b>Leicestershire Public Health Clinical Governance Standard Operating Guidance (CG SOG).</b></p> <p>Robust systems are in place for the reporting, management and learning from SIs so that lessons are learned, and the appropriate action is taken to reduce the risk of future harm. The following documents relating to SI can be found in the CG SOG: SI Reporting Protocol and Procedure Note on SI Response.</p> <p>Arrangements are in place to monitor and deal with serious incidents daily through the Public Health Team's in-house serious incident mailbox. This is coordinated by the administration team and overseen by consultants, senior public health managers and the consultant clinical governance lead.</p> <p>The vast majority of SIs related to deaths of patients who are under the care of Turning Point.</p> <p>SIs which were received between October 2021 and September 2022 are logged in <b>Table 2</b> below.</p> <p><b><u>Substance Misuse Treatment Services</u></b></p> <p>Turning Point set up an internal mortality and Morbidity group in 2021; this allows scrutiny of all deaths and near misses both locally and is linked to the Turning Point national team. Learning is put into place across the system and fed back through the Contract Management process.</p>

	Health commissioned services to ensure a consistent approach across the Department.	
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – October 2022)
<b>Serious Incidents (SIs)</b>	Details regarding individual SIs that were considered by the Department in line with the Leicestershire Public Health SI Protocol have not been included in this report for reasons of confidentiality.	
<b>Re-procurement</b>	Re-procurement of clinical services creates opportunities to update and improve the clinical quality and safety of new services.	<p><b>Sexual Health Services</b></p> <p>Midlands Partnership NHS Foundation Trust (MPFT) commenced delivery of the Integrated Sexual Health Service (ISHS) service in January 2019.</p> <p>77 GP's (via 4 federations and 5 independent contracts) are commissioned to provide intrauterine device (IUD), intrauterine system (IUS) and sub-dermal implants (SDI) for contraceptive purposes both fitting and removal service.</p> <p>75 pharmacies are contracted to deliver Emergency Hormonal Contraception (EHC)</p> <p>Both the GP and pharmacy contracts commenced 01<sup>st</sup> April 2020 and will end on 31<sup>st</sup> March 2024.</p> <p>The procurement exercise is planned for May/June 2023.</p> <p><b>0-19 Healthy Child Programme</b></p> <p>The 0-19 HCP is currently being re-procured. The current contract is due to end on 31/08/22 with a new contract to commence on 01/09/22 to align with the academic year. The current contract was extended for a five-month period from 31/03/21 to ensure a thorough review of the service and so that consultation and engagement with partners and the wider public</p>

		<p>could be undertaken to inform the service specification.</p> <p><b>0-11 update:</b> Following consultation and cabinet papers the service was split 0-11 and 11-19 to better meet the needs of young people of secondary age. The service has been live since the 1<sup>st</sup> September 2022.</p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b> (November 2021 – October 2022)
<b>Re-procurement</b>		<p><b>Integrated Substance Misuse Treatment Services.</b></p> <p>The Substance Misuse Treatment Service was re-procured with the new service commencing on 1<sup>st</sup> April 2022. The contract is for four years with the option to extend for two further years. The service includes Inpatient Detoxification Services and Residential Rehabilitation.</p>
<b>Partnerships</b>	Clinical governance arrangements, expertise and knowledge are enhanced by sharing good practice across the wider health and care systems.	<p>Leicestershire, Leicester City and Rutland CCGs Serious Incident Panel review cases of serious incidents that relate to the Healthy Child Programme on behalf of Leicestershire County Council.</p> <p>The Multi Agency Substance Misuse Death Panel is being re-established to ensure that deaths can be reviewed, and best practice is put in place.</p>
<b>Patient Feedback</b>		<p><b>Sexual Health Services</b> Patients' feedback is obtained by MPFT monthly which is reported to the commissioner/contract officer and discussed during the contract meetings.</p> <p><b>0-19 Healthy Child Programme</b> Service user feedback is reported at contract monitoring meetings alongside complaints. Positive responses have been received from those who have accessed the universal service and universal partnership plus.</p> <p><b>Substance Misuse Treatment Services</b> Compliments, complaints, and survey feedback are a regular agenda item at the Contract Management Meetings. The Peer Mentors are utilised to gain anonymous feedback and a continuous improvement process is in place; again, updated via contract management.</p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b>

		(November 2021 – October 2022)
<b>Complaints and Compliments</b>		<p><b>Sexual Health Services</b> Patients' feedback is obtained by MPFT monthly which is reported to the commissioner/contract officer and discussed during the contract meetings.</p> <p><b>0-19 Healthy Child Programme</b> Service user feedback is reported at contract monitoring meetings alongside complaints. There have been a number of complaints about missed visits by service users. The national guidance stipulated that the 10–12-month check could be digital during the pandemic - this resulted in a number of complaints about lack of face-to-face contact. Arrangements were put in place via Recovery and Restoration meetings to enable the service to be fully operational again.</p>
<b>Business Continuity arrangements</b>		<p><b>Sexual Health Services (SHS) provided by MPFT</b></p> <p>During the pandemic, regular walk-in services delivered across GPs and SHSs were paused or greatly reduced. To ensure continued provision of care, online contraception and EHC were commissioned through the provider under direction of the County Council, and expansion and communications for the STI/BBV (Sexual transmitted infections/Blood Borne Viruses) online postal testing services were delivered to ensure access to services was maintained.</p> <p>Telephone triage and consultations for the ISHS were introduced as the pandemic lockdown levels decreased and face to face consultations started up again. Post pandemic the clinic use has not returned to expected levels and online usage remains high.</p> <p><b>Sexual Health - Community Based Services</b> GPs provided online and telephone consultation services throughout the pandemic, to allow for continuity of low-risk symptoms and issues to be assessed. For higher more complex cases, face to face consultations were delivered with full personal protective equipment (PPE) and IP&amp;C measures undertaken.</p>
<b>Heading</b>	<b>Area</b>	<b>Assurance</b>

		(November 2021 – October 2022)
<b>Business Continuity</b>		<p><b>Substance Misuse Treatment Services</b> The Service has an exemplary Business Continuity Plan in place which has been shared as best practice with other areas. A number of areas have been kept since the pandemic which have been updated in the Business Continuity plan. These include prescriptions via pharmacies, online group meeting and check ins via peer mentors. All of which have increased uptake. There is a new hub in Hinckley opening in late October which will need to be added. The Business Continuity plan will be checked via the Contract Management process.</p> <p><b>0-11 &amp; 0-19 Healthy Child Programme</b> The BCPs were agreed and submitted as part of the contract.</p>
Heading	Area	Assurance (November 2021 – October 2022)
<b>Care Quality Commission (CQC)</b>	Independent regulator of clinical health and social care systems in England conducting monitoring of services to ensure services are safe, effective, compassionate and provide high-quality care	<p><b>Sexual health services (Rutland):</b> The CQC inspected this service in October 2019 as part of a wider review of health services in safeguarding and looked after children services in Rutland and made a list of recommendations to follow up on, these actions from the report have now been completed.</p> <p><b>Substance Misuse Treatment Services</b> The last CQC inspection was conducted in November 2018 and all recommendations were carried out.</p> <p><b>0-19 Healthy Child Programme</b> CQC visited the provider (LPT) at the end of May (2021) and returned for another visit again in September 2021 to conduct a mental health review (not Health Child programme related).</p>

24. There has been an increase in SIs reported in the period from October 2021 to September 2022 (31 incidents) compared to the same period in 2020/21 (16 incidents).
25. The majority of SIs reported continue to be by the Substance Misuse Service and are related to deaths of service users who are or were previously receiving treatment. The number of deaths reported by the Integrated Substance Misuse Treatment Service has remained lower than other substance misuse services across the country.

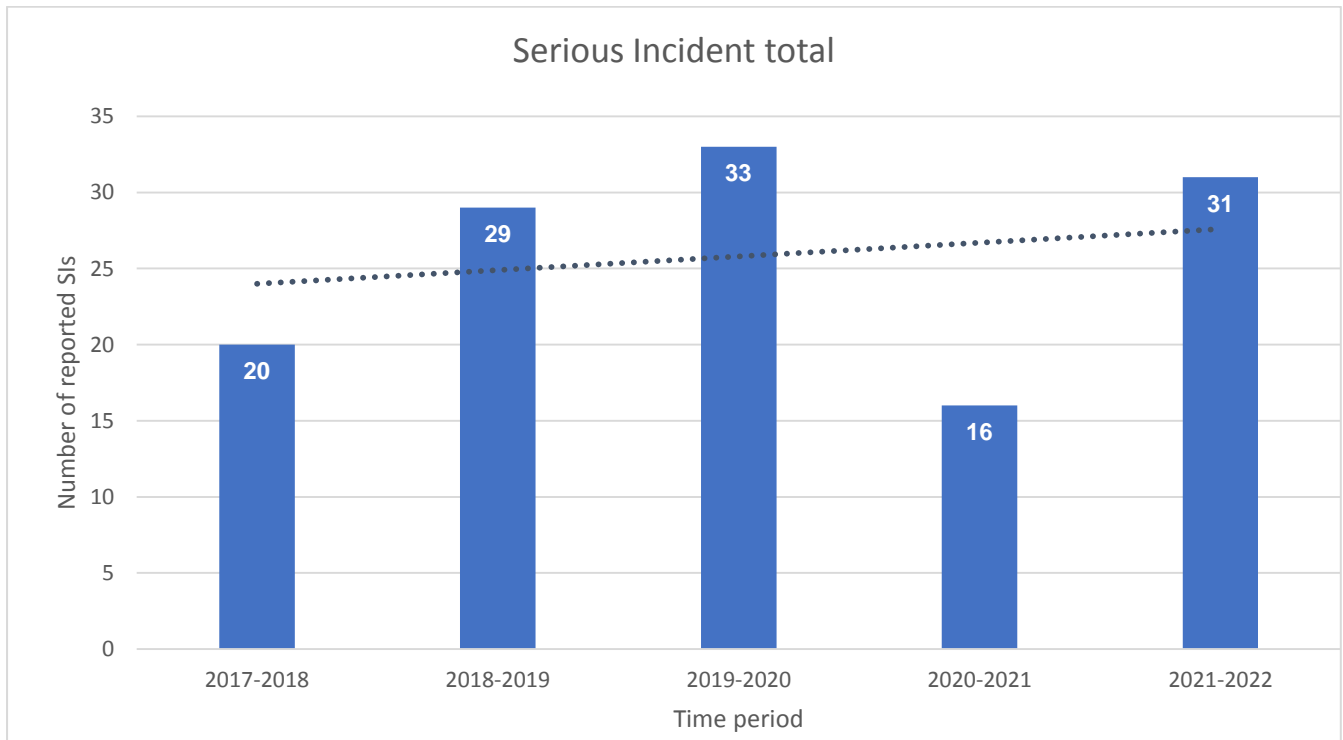
26. Service providers continue to conduct an annual review of all SIs to identify key themes. This is followed by a detailed action plan which is reviewed as part of contract management activity.
27. The multi-agency Drug and Alcohol Related Deaths Review Panel commences in November 2022 and will review all deaths occurring as a direct result of substance misuse. Benefits of this includes the review of deaths of residents not known to treatment services and identifying broader lessons learned across wider health, social care, and criminal justice services.
28. **Table 2** below sets out the serious incidents that have taken place and been responded to during the period under review.

**Table 2**

<b>Serious incidents reported to the County Council's Public Health (PH) Team 1/10/2020 – 30/09/22</b>			
<b>Month</b>	<b>Number of Serious Incidents Reported into dedicated PH SI inbox</b>	<b>Month</b>	<b>Number of Serious Incidents Reported into dedicated PH SI inbox</b>
October 2020	2	October 2021	1
November 2020	1	November 2021	1
December 2020	0	December 2021	4
January 2021	2	January 2022	2
February 2021	2	February 2022	6
March 2021	0	March 2022	2
April 2021	1	April 2022	1
May 2021	0	May 2022	1
June 2021	1	June 2022	3
July 2021	2	July 2022	3
August 2021	3	August 2022	2
September 2021	2	September 2022	5
<b>Total</b>	<b>16</b>		<b>31</b>

29. **Chart 1** below illustrates the number of SIs over time, averaging at around 26 per annum since October 2017. There is an upward trend in substance misuse and alcohol related deaths nationally and across the East Midlands region. The reduced number of SIs during 2020/2021 may be linked with the COVID pandemic.

**Chart 1**



### **Resource Implications**

30. A proportion of the public health grant is needed to support the Council's obligations in relation to clinical governance e.g. in terms of staffing (strategic leads and contract managers).

### **Equality and Human Rights Implications**

31. None arising directly from this report.

### **Recommendation**

32. The Committee is asked to note this report.

### **Officer to Contact**

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