



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 23 JUNE 2020 at 4:00 pm

P R E S E N T :

Councillor Kitterick (Chair)  
Councillor Fonseca (Vice-Chair)

Councillor Aldred      Councillor Chamund  
Councillor March

In Attendance:

Sir Peter Soulsby - City Mayor  
Councillor Dempster - Assistant City Mayor (Health)

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**67. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Sangster and Westley.

**68. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

**69. MINUTES OF PREVIOUS MEETING**

AGREED:

That the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 30 January 2020 be confirmed as a correct record.

**70. PETITIONS**

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

## **71. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

## **72. COVID-19 RECOVERY UPDATE**

In opening the item, the Chair referred to the announcement of the Secretary of State for Health during a recent Government Covid-19 bulletin, which identified Leicester as an area of concern and had extended the lockdown period.

The Director of Public Health commented on the lack of information received and delayed notice concerning the announcement. It was reported that efforts to extend community testing had been undertaken, however access to data had not been made available to the Council.

The timing of the Secretary of State's announcement was considered to be unhelpful as it followed arranged communications meetings including attendance by Public Health England.

The Chair and the Director of Public Health then welcomed to the meeting Dr Fu-Meng Khaw, Director of Programmes, Place and Regions and Honorary Associate Professor at the University of Leicester.

Dr Khaw gave a presentation on behalf of Public Health England, based on the data covering the period of 11 March 2020 up to 21 June 2020, including the epidemic curve of daily confirmed cases over that time in Leicester. The presentation also provided details of the rate per 10,000 population of weekly confirmed cases in Leicester, compared to the East Midlands, and England. The proportion of all tests with positive result by week, age demographic and a breakdown of the most affected areas in the city were provided.

In response to a question it was confirmed that the higher numbers could be contributed to the heightened awareness in the city, with increased availability and more tests being carried out than in other areas. It was also reported that no single point of origin for the increased numbers could be identified at this stage.

The City Mayor was invited to comment and referred to the determination to ask for more detailed data on postcode areas in order to recognise whether there was useful information concerning ethnicity, workplaces or care homes that could be contributing to the high output area.

In response Dr Khaw explained that a further localised analysis of data could be released, but it was accepted that the neighbourhood information collected would not accurately match with Ward boundaries.

The Chair then referred to a communication received regarding the testing centres and the appropriateness of the location in Spinney Hill Park. In response the City Mayor provided details of the rationale for locating the test centre in the park and advised that the arrangements were considered to be acceptable, properly put in place and had been used safely.

The Chair expressed concern regarding the actual positioning of the test centre in the park. He referred to the difficulties arising to ensure social distancing and criticised the openness of the facility within the busy area.

The facilities offered at the Belgrave Neighbourhood Centre as a walk-in test centre were also referred to. It was considered vital to offer tests on this basis as not all city residents had access to cars and were unable to visit the drive-in facilities provided elsewhere.

At this point NHS colleagues advised that they would leave the meeting to attend a separate briefing. The report and presentation supplied concerning the NHS response to Covid-19 had been circulated with the agenda papers and the content was noted by Commission members.

In concluding the item, it was noted that two sets of data continued to be collected, including the information from the military testing centres in addition to the information received from NHS colleagues. It was confirmed that the Ministry of Defence were being asked to provide greater information on the testing practices, risk assessments and the statistical results which were not currently shared.

AGREED:

1. To note the update and the statistical information received; and
2. That further localised and more detailed data on postcode or neighbourhood areas be requested in relation to ethnicity, workplaces or care homes.

### **73. AN UPDATE ON THE UHL FINANCE ADJUSTMENT**

In the absence of NHS colleagues, the item was deferred.

It was noted that the issue would be discussed at a forthcoming Joint HOSC meeting together with the NHS response to Covid-19 report and presentation previously referred to.

### **74. HEALTH INEQUALITIES RE COVID-19**

The Director of Public Health referred to the report titled "Disparities in the Risk and Outcomes of Covid-19" as produced by Public Health England and

circulated with the agenda.

A presentation was given, which provided information on the complex interactions and interdependencies between the factors that affect general health as well as Covid-19 and the challenges to identify causes.

The national findings and the recent analysis from Public Health England had confirmed that older people, males, people from black and minority ethnic backgrounds and from deprived backgrounds were more likely to be affected. Statistical data of mortality rates and detailed breakdowns on age, ethnicity, gender and deprivation were also reported.

The additional health burden of Covid-19 was therefore of particular concern locally given the diversity and deprivation experienced by the population of Leicester.

In concluding the presentation, the following key points were noted:

- Inequalities in Covid-19 could be seen by age, sex, deprivation, ethnicity, occupation and comorbidities.
- The picture was complicated as factors were interdependent and the evidence base was still growing.
- Inequalities seen in Covid-19 appeared to mirror the pattern of inequalities seen in health in general.
- A whole system approach was needed to address the underlying causes of social inequality and improve health equity going forward.

The Commission welcomed the data provided and referred to the complexities of the situation. Particular comment was made on the socio-economic factors, the genetic immune response to covid-19, and the wider issues of inequalities reflected nationally.

AGREED:

That the update and presentation be noted.

## **75. CLOSE OF MEETING**

The meeting closed at 6.10 pm.