



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 6 OCTOBER 2020 at 5:30 pm

P R E S E N T:

Councillor Kitterick (Chair)

Councillor Aldred Councillor Chamund
Councillor March Councillor Sangster

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Fonseca (Vice-Chair) and from Councillor Westley.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 23 June 2020 be confirmed as a correct record.

4. PETITIONS

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

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no representations or statements of case had been submitted. The following Questions had been received in accordance with the Council's procedures and were included on the Agenda pages:

A. From: Brenda Worrall

Have local NHS leads published the document which brings together or offers a guide to reconfiguration proposals and which was promised in January at the Joint Scrutiny Committee meeting?

B. From: Sally Ruane

1. Will the Health and Wellbeing Scrutiny Commission be requiring the acute reconfiguration Pre-Consultation Business Case and the details of the proposed consultation process in advance of the start of the consultation itself?

2. On 31st July Simon Stevens & Amanda Pritchard wrote to all NHS trusts and health providers outlining priorities for the rest of the year. The focus is on plans to restore cancer and GP services, expand and improve mental health services and make preparations for winter whilst also preparing for localised or national Covid outbreaks. Additionally, it sets targets to recover the elective activity. My understanding is that local systems must return a draft summary plan by 1 September using templates issued by NHSE and covering the key actions set out in the letter, with final plans due by 21 September. How were the public involved in the development of these plans and when will these plans be put in the public domain?

C. From: Robert Ball

On what date does (or did) the national committee meet to consider final approval of the Pre-Consultation Business Case for the acute hospital reconfiguration proposals in Leicester? If the committee has already met, what is the outcome? Will the public be consulted on the establishment of an Integrated Care System in Leicester, Leicestershire and Rutland?

The Chair invited each questioner present in the virtual meeting to read their question. He advised that responses to all questions could be considered concurrently and the following responses were noted:

Andy Williams (Leicester, Leicestershire and Rutland CCGs) commented on the pre-consultation business case for the reconfiguration proposals, which had been published and he encouraged the public to engage in the formal process. He acknowledged that the documentation was large and added that there were many forums involved to ensure that the plans were widely accessible.

The role of the Commission to ensure proper and full scrutiny of the proposals was recognised. The Chair added that there would be regular updates and that specific questions from members and the public would be invited to future meetings.

It was confirmed that previous concerns raised had been recorded and noted as part of the public engagement process throughout the consultation period.

The intention and work of the CCGs to ensure public engagement and transparency in the process was welcomed.

In terms of the questions concerning consultation on the role of GPs, including cancer support, and mental health practices during Covid-19, it was accepted that further information was required on the specific patient participation, as it was considered that other than the engagement through Healthwatch, there had been little public participation.

In conclusion, it was noted that as proposals developed and the consultation period continued, any further issues and matters of concern could be referred to the Commission in due course.

The Chair and Health partners highlighted the role of the Commission in the process and reminded the public of the value of their participation as part of the Scrutiny Procedure Rules.

6. PRE-CONSULTATION STAGE OF THE UHL RECONFIGURATION PROPOSAL FOR LEICESTER'S HOSPITALS – UPDATE

Further to the comments made in respect of the previous item 'Questions', the Chair asked Mark Wightman (UHL) to address the Commission.

It was noted that in terms of the pre-consultation business case, options had been affected by the ongoing situation with Covid-19. The outline business case and full business case would be revised, and the design of the reconfiguration proposals would be submitted to the Commission and the Joint Health Scrutiny meetings in due course.

Andy Williams (Leicester, Leicestershire and Rutland CCGs) referred to the detail and importance of presenting the proposals as an opportunity to bring forward changes.

The Chair welcomed the update and thanked health partners for their positive engagement and asked the public to use the participation options through the Commission's Procedure Rules to raise any concerns.

It was accepted that at this stage that responses to the consultation were being collated and a more detailed report would be submitted at a later date.

The position was noted.

7. FLU PROGRAMME UPDATE

The Chair asked Caroline Trevithick (West Leicestershire CCG) to address the Commission.

The report submitted provided a briefing on work being undertaken in relation to the flu vaccination programme 2020/21 and it was noted that it was important to maintain high vaccination coverage. The flu vaccine remained one of the best defences available against flu, however the delivery of this year's programme was more challenging because of the impact of Covid-19.

It was reported that flu vaccinations were taking longer because of the need to observe social distancing rules and the need for clinicians to change personal protective equipment (PPE). The expansion of the programme to an increased number of eligible groups such as people over 50 years, despite the plans for phased approach, created practical challenges around vaccine supply and storage.

A 'Flu Board' had been established and its Terms of Reference had been agreed to ensure support and address any issues at the earliest opportunity.

A number of areas of focus had been identified and named leads were allocated to specific areas.

In terms of the Flu Vaccination programme, details were provided relating to delivery, communications, and the impact of possible future Covid-19 vaccinations.

In conclusion it was reported that although the situation was challenging, the establishment of the Flu Board would help with the coordination and support being provided would be instrumental in achieving the ambitions.

The update was noted.

8. COVID19 - UPDATE

Ivan Browne (Director of Public Health) submitted a report, which referred to the 18 June 2020 decision where the Council had established an Incident Management Team (IMT) to investigate and control the increase in coronavirus (Covid-19) following the publication of pillar 2 (community) test results for Leicester City.

It was reported that on 29 June 2020, the secretary of State for Health and Social Care announced local restrictions to the city of Leicester and to parts of the bordering Leicestershire County. At that time, the incidence of coronavirus cases in Leicester per 100,000 population for the previous 7-day period was 135/100,000. The IMT established a governance structure to investigate and

control the outbreak.

It was further reported that the first laboratory confirmed case of Covid-19 in Leicester was on 11 March 2020 and that there had been 7440 confirmed cases in the city to 2 October 2020.

Ivan Browne (Director of Public Health) then gave a presentation to provide up to date information, since the publication of the report in the agenda pack.

It was confirmed that the majority of recent positive results were amongst working age people, however positive tests in children and older people had also been recognised. The pattern of cases had changed from certain 'hotspots' in areas to the north and east of the city centre to a more widespread distribution.

There had been 119,969 tests carried out on Leicester residents up to the 30 September 2020 and the percentage positive was related to the testing strategy and numbers tested.

The presentation also included details of Leicester resident UHL hospital admissions, the length of stay for admissions and deaths in Leicester, with 2096 deaths being recorded. Based on average mortality data this figure revealed an excess of 244 deaths during 2020.

The Chair invited Councillor Dempster (Assistant City Mayor - Health) to comment. She asked that thanks to all Public Health staff be recorded on behalf of the Executive and all members across the City Council in terms of the hard work undertaken in response to increased cases and the lockdown period.

In conclusion, the Commission noted the ongoing situation and also expressed their appreciation to the Public Health Team. It was clarified that further updates would be submitted to the Commission and other meetings in due course.

9. ADVENTURE PLAYGROUNDS AND FARESHARE

Simone Connolly (Leicester PlayFair and Fareshare) gave a presentation on their holiday hunger programme at adventure playgrounds in line with the stated aims of Public Health.

It was noted that Fareshare continued to lead programmes on improving access to food during the school holidays. Their aim was to reach more children and to continue to improve access to good, healthy food, ensuring that no child would go hungry.

It was noted that alongside health benefits, supported children did better at school and the work continued to provide and develop a holistic approach to addressing child hunger. This was supported by the Strategic Director (Social Care and Education) who also provided an update on the Council's link to the

programme.

In terms of investment and evaluation it had been recognised that the effect of Covid-19 would continue to impact the programme's aims.

The aims of the programme were noted as follows:

“Food security is split into food access and poverty created by wealth. Neither FareShare or Feeding Leicester is trying to be the solution to poverty but instead seek to influence underlying causes and aim to ensure that communities have access to nutritious, healthy food that can help to prevent poor health and inequality.

Understanding where and why poverty occurs is vital to allow us to put in place interventions as important as the summer holiday food programme”

The Chair thanked Fairshare for their presentation and invited comments.

It was noted with regret that the statistics submitted outlined that up to 40,000 children in the city were affected by child hunger, which related to 41% of the population.

In conclusion Commission Members confirmed their continuing support to Fareshare and Leicester Playfair.

10. CLOSE OF MEETING

The meeting closed at 8.50 pm.