

Leicester  
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY  
COMMISSION**

**DATE: TUESDAY, 6 OCTOBER 2020**

**TIME: 5:30 pm**

**PLACE: Meeting to be held on Zoom**

**Members of the Commission**

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

Councillors Aldred, Chamund, March, Dr Sangster and Westley

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

**Standing Invitee (Non-voting)**

Representative of Healthwatch Leicester

For Monitoring Officer

**Officer contacts:**

**Jason Tyler (Democratic Support Officer):**

Tel: 0116 454 6359, e-mail: [Jason.Tyler@leicester.gov.uk](mailto:Jason.Tyler@leicester.gov.uk)

**Kalvaran Sandhu (Scrutiny Policy Officer):**

Tel: 0116 454 6344, e-mail: [Kalvaran.Sandhu@leicester.gov.uk](mailto:Kalvaran.Sandhu@leicester.gov.uk)

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

## Information for members of the public

**PLEASE NOTE** that any member of the press and public may listen in to this 'virtual' meeting on Zoom through YouTube at the following link:

[https://www.youtube.com/channel/UCddTWo00\\_gs0cp-301XDbXA](https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA)

Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Commission meeting at City Hall.

It is important, however, that Councillors can discuss and take decisions without disruption, so the only participants in this virtual meeting will be the Councillors concerned, the officers advising the Commission and any external partners invited to do so.

### Attending meetings and access to information

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### Making meetings accessible to all

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

### Further information

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler, Democratic Support Officer on (0116) 454 6359 or email [jason.tyler@leicester.gov.uk](mailto:jason.tyler@leicester.gov.uk)

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

## USEFUL ACRONYMS RELATING TO HEALTH AND WELLBEING SCRUTINY COMMISSION

| Acronym | Meaning   |
|---------|---|
| ACO     | Accountable Care Organisation   |
| AEDB    | Accident and Emergency Delivery Board                                   |
| BCF     | Better Care Fund  |
| BCT     | Better Care Together  |
| CAMHS   | Children and Adolescents Mental Health Service                          |
| CHD     | Coronary Heart Disease  |
| CVD     | Cardiovascular Disease  |
| CCG     | Clinical Commissioning Group  |
| LCCCG   | Leicester City Clinical Commissioning Group                             |
| ELCCG   | East Leicestershire Clinical Commissioning Group                        |
| WLCCG   | West Leicestershire Clinical Commissioning Group                        |
| COPD    | Chronic Obstructive Pulmonary Disease                                   |
| CQC     | Care Quality Commission   |
| CQUIN   | Commissioning for Quality and Innovation                                |
| DAFNE   | Diabetes Adjusted Food and Nutrition Education                          |
| DES     | Directly Enhanced Service   |
| DMIRS   | Digital Minor Illness Referral Service                                  |
| DoSA    | Diabetes for South Asians   |
| DTOC    | Delayed Transfers of Care   |
| ECS     | Engaging Staffordshire Communities (who were awarded the HWLL contract) |
| ED      | Emergency Department  |
| EDEN    | Effective Diabetes Education Now!                                       |
| EHC     | Emergency Hormonal Contraception  |
| ECMO    | Extra Corporeal Membrane Oxygenation                                    |
| EMAS    | East Midlands Ambulance Service   |
| FBC     | Full Business Case  |
| FIT     | Faecal Immunochemical Test  |
| GPAU    | General Practitioner Assessment Unit                                    |
| GPFV    | General Practice Forward View   |

|      |   |
|------|---|
| HALO | Hospital Ambulance Liaison Officer                |
| HCSW | Health Care Support Workers                       |
| HEEM | Health Education East Midlands                    |
| HWLL | Healthwatch Leicester and Leicestershire          |
| ICS  | Integrated Care System                            |
| IDT  | Improved discharge pathways                       |
| ISHS | Integrated Sexual Health Service                  |
| JSNA | Joint Strategic Needs Assessment                  |
| LLR  | Leicester, Leicestershire and Rutland             |
| LTP  | Long Term Plan                                    |
| MECC | Making Every Contact Count                        |
| MDT  | Multi-Disciplinary Team                           |
| NDPP | National Diabetes Prevention Pathway              |
| NICE | National Institute for Health and Care Excellence |
| NHSE | NHS England                                       |
| NQB  | National Quality Board                            |
| OBC  | Outline Business Case                             |
| OPEL | Operational Pressures Escalation Levels           |
| PCN  | Primary Care Network                              |
| PCT  | Primary Care Trust                                |
| PICU | Paediatric Intensive Care Unit                    |
| PHOF | Public Health Outcomes Framework                  |
| QNIC | Quality Network for Inpatient CAMHS               |
| RCR  | Royal College of Radiologists                     |
| RN   | Registered Nurses                                 |
| RSE  | Relationship and Sex Education                    |
| STI  | Sexually Transmitted Infection                    |
| STP  | Sustainability Transformation Plan                |
| TasP | Treatment as Prevention                           |
| TASL | Thames Ambulance Services Ltd                     |
| UHL  | University Hospitals of Leicester                 |
| UEC  | Urgent and Emergency Care                         |

## **PUBLIC SESSION**

### **AGENDA**

#### **LIVE STREAM OF MEETING**

A live stream of the meeting can be viewed on Zoom using the following YouTube Link:

[https://www.youtube.com/channel/UCddTWo00\\_gs0cp-301XDbXA](https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA)

#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have in the business on the agenda.

#### **3. MINUTES OF PREVIOUS MEETING**

**Appendix A  
(Pages 1 - 4)**

The minutes of the meeting held on 23 June 2020 are attached and members are asked to confirm them as a correct record.

#### **4. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

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

The Monitoring Officer to report on the receipt of any Questions, Representations and Statements of Case submitted in accordance with the Council's procedures.

The following Questions have been received in accordance with Scrutiny Procedure Rule 10 (1):

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?*

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

The Leicester, Leicestershire and Rutland CCGs will give an update on the reconfiguration proposal. The update will include the process through Joint Scrutiny arrangements and how the Commission can contribute to the consultation.

A link to the full consultation document is below:

<http://3xmatc1p0cnc3crfv93ovogp-wpengine.netdna-ssl.com/wp-content/uploads/2020/09/LLR-CCGs-Governing-Bodies-meeting-PUBLIC-papers-8-Sept-2020-final.pdf>

**7. FLU PROGRAMME UPDATE**

**Appendix B  
(Pages 5 - 8)**

The Leicester, Leicestershire and Rutland CCGs submit a report, which provides a briefing on work being undertaken in relation to the flu vaccination programme 2020/21.

**8. COVID19 - UPDATE**

**Appendix C  
(Pages 9 - 16)**

The Director of Public Health submits a report, which provides a review and update on the Covid-19 response.

**9. ADVENTURE PLAYGROUNDS AND FARESHARE**

**Appendix D  
(Pages 17 - 32)**

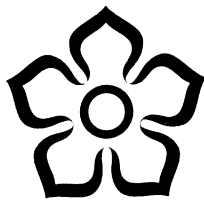
Leicester PlayFair and Fareshare will give a presentation on their holiday hunger programme at adventure playgrounds in line with the stated aims of Public Health. The slides to be presented are attached for information.

The Strategic Director (Social Care and Education) will also provide an update on the Council's link to the above programme.

**10. ANY OTHER URGENT BUSINESS**







Leicester  
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# Appendix A

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)

\* \* \*   \* \*   \* \* \*

*Prior to the commencement of the meeting the Chair asked those present to observe a minute's silence to remember those that had lost their lives in the city as a result of the ongoing Covid-19 pandemic.*

## **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.

## Flu Programme Update

### Purpose

1. The purpose of this paper is to provide a short briefing on work being undertaken in relation to the flu vaccination programme 2020/21

### Introduction

2. Now more than ever before it is important to maintain high vaccination coverage. The flu vaccine remains one of the best defences available against flu however the delivery of this year's programme is going to be more challenging because of the impact of COVID-19. This includes flu vaccinations 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, creates practical challenges around vaccine supply and storage.
3. There is no one right way of maximising flu vaccinations; it will take effort from everyone. All organisations need to act as advocates for vaccination of their staff where eligible and emphasises the importance of this on overall system resilience.
4. The table below provides information on the ambitions for the 2020/21 flu season.

| Eligible groups  | Uptake ambition |
|--|-----------------|
| Aged 65 years and over   | At least 75%    |
| Clinical at risk groups  | At least 75%    |
| Pregnant women   | At least 75%    |
| Children aged 2 and 3 year old   | At least 75%    |
| All primary school aged children and school year 7 in secondary school | At least 75%    |
| Frontline health and social care workers                               | 100% offer      |

### The Flu Vaccination programme in LLR - Governance

5. LLR has established a LLR STP Flu Board which takes its membership from the following partners although membership continues to be refined.

**Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group  
East Leicestershire and Rutland Clinical Commissioning Group**

- NHS Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups
  - Leicester City Council
  - Leicestershire County Council
  - Rutland County Council
  - Public Health England
  - University Hospitals of Leicester NHS Trust
  - Leicestershire Partnership NHS Trust
  - DHU Health Care
  - Primary Care Networks
  - Leicestershire Local Medical Committee
  - Local Pharmaceutical Committee
6. The Flu Board has established terms of reference and has agreed to meet fortnightly during the flu season. There is a clear governance process for monitoring the plan and escalation routes have been identified to ensure we are able to support and 'unblock' any issues at the earliest opportunity.
7. A number of areas of focus have been identified and named leads have been allocated to specific areas. For example primary care, training, care providers, pharmacy. The named leads will report on progress at each board meeting.

**The Flu Vaccination programme in LLR - Delivery**

8. The commissioning landscape for the programme is mixed. General practice are contracted to provide much of the flu vaccination programme through the Directed Enhanced Service (DES) specification. Community pharmacies can register to provide flu vaccination to eligible people. The school aged immunisation programme is commissioned by NHSEI and delivered in LLR by LPT. There are also employer led vaccination programmes.
9. General practice does wish to provide a practice based programme with some Primary Care Network scaling up. Care homes are a high priority for LLR. The main delivery model for care homes will be for general practice to continue to undertake this service for residents. A specific sub group looking at care homes, domiciliary care and other care providers has been established chaired by adult social care.
10. There is likely to be phased approach to delivering the flu vaccination programme with people 50 to 64 years-old may be invited later in the flu season subject to availability of the vaccine.
11. A review of general practice level data indicates varied flu vaccination uptake rates across the STP, in the 2019/20 season. For example for those at risk aged under 65 years, vaccination take up at GP Practices ranged from 20.9% of the eligible population to 65.4%. This indicates the scale of the challenge to vaccinate 75% of people in eligible groups.

12. General practice is being supported by a primary care sub group reporting into the flu board to enable them to deliver the primary care requirements, for example, practical support such as staff training, flexibility of sessions, information provision as well as targeted specific support to practices which have struggled in the past to reach or cover their patient populations generally or for any specific 'at risk group'.
13. The impact of the COVID-19 lockdown has been to emphasise the bearing of societal inequalities on health and wellbeing. Important factors are likely to include:
  - People living in areas of high socioeconomic deprivation;
  - Ethnic inequalities in COVID-19: People from Black British and Asian British ethnic backgrounds may be at high risk of illness;
  - Interaction of ethnic and socioeconomic inequalities, demonstrating the intersectionality of multiple aspects of disadvantage;
  - Other marginalised groups (such as homeless people, asylum seekers, prisoners and street-based sex workers).
14. Given the diverse make – up of the population in Leicester City in particular, our plan will address the need to ensure BAME and other marginalised groups are offered the flu vaccine where eligible. Approaches to increase uptake of the flu vaccine will be tailored based on the target population, practice data and uptake records. Existing systems which work with vulnerable people and provide support will also be utilised to increase uptake. We will work with local groups and influencers to support vaccination uptake.
15. There will be a communications campaign to ensure equitable take up for people from black and minority ethnic backgrounds and to advertise local clinics in rural areas where access to clinics may be difficult. There will be ongoing reviews of the relationship between these health inequalities and flu vaccine uptake. Responses are likely to involve different engagement techniques depending on the target group.

## **Communications**

16. Raising awareness of eligibility for the Flu vaccine is core to our plan. We will deploy a range of tactics to ensure people are aware of eligibility and the process for being vaccinated. This will be a mixture of direct contact with patients through invitations to book appointments including letters, call and recall and text messaging.
17. This will be backed up by an extensive media and publicity campaign both locally and nationally. The national campaign will start at the end of September and includes national and regional advertising.
18. Our partners in local authorities have been engaged and have offered support through the Leicester City IMT Communications cell and Local Resilience Forum.

19. Information will be provided in other languages and we are working with our networks to use outreach approaches to reach the groups highlighted at point 13 above. The work undertaken as part of the Leicester extended lockdown has provided insight into those channels which are most effective to reach certain communities.

**The Flu Vaccination programme in LLR - Link to COVID 19 Vaccination**

20. The COVID-19 pandemic poses a specific set of challenges to achieving high volume throughput when vaccination becomes available. NHSEI are exploring options for delivery and further information will be made available as this becomes known. Local NHS systems are being asked to work up plans for COVID vaccination on the basis of this being available before Christmas
21. Within LLR the two programmes, flu vaccination and COVID vaccinations, will be organised by the same or similar groups of people as we recognise the interdependencies between the two programmes.

**Conclusion**

22. This year's flu programme will be challenging. The establishment of a STP flu board will help coordination and the support being provided across the sub groups will be instrumental in achieving the ambitions.





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## **Review and update of the Leicester Coronavirus Response**

For consideration by: Health & Wellbeing Scrutiny Commission

Date: 6 October 2020

Lead Director: Ivan Browne

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## Useful information

- Ward(s) All
- Report author: Ivan Browne, Director of Public Health
- Author contact details: [Ivan.Browne@leicester.gov.uk](mailto:Ivan.Browne@leicester.gov.uk)

### 1. Purpose of report / Introduction

On 18<sup>th</sup> June Leicester stood up an Incident Management Team (IMT) to investigate and control the increase in coronavirus (COVID-19) cases flagged by the Director of Public Health for Leicester City Council following the publication of pillar 2 (community) test results for Leicester City.

On 29<sup>th</sup> 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 this 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.

### 2. Report Summary

**What were the key interventions used to stabilise and then reduce the number of new infections in Leicester?**

#### Testing

Leicester implemented a rapid increase in targeted testing and case finding with national and local infrastructure. This included increasing from 2,000 to 15,000 community tests per week through multiple testing sites, hyper-local approaches were deployed in the most affected communities including tests being offered door-to-door along with information and support for whole households to include those with and without symptoms (symptomatic and asymptomatic). Workplace testing was also important e.g. on-site factory testing.

Important features of the testing strategy:

Local targeting of the most affected communities was based on a constant review of the epidemiology and innovating quickly to develop different bespoke solutions that were practical and worked for different communities based on local understanding of the communities. E.g. Spinney Hill is a densely populated area with very low car ownership. A drive-through testing station on the edge of the city would not work for this population and there was no obvious suitable site for a drive through testing station in the neighbourhood. Instead, a walk-through testing station was developed in Spinney Hill Park and an indoor Local Testing site was developed in the local Highfields Centre. These were well-used by local people, identifying many positive cases in the area that might not otherwise have been tested.

Speed, scale and agility have been vital to the successful testing strategy in Leicester with testing staffing going from 100 people to 250 people working in shifts, 7 days per week to make testing widely available and easily accessible, particularly in hotspot areas. This effort was supported initially by NHS staff and military personnel. As well as ensuring that these efforts were appropriately targeted to the emerging epidemiology, the logistical management, co-ordination and communication associated with testing has been vital.

The huge increase in testing in Leicester resulted in many more positive cases being found and helped to break the chains of onward transmission through self-isolation of these cases and their contacts.

### **Outbreak Management**

Whilst most transmission seems to have been within and between households, we worked closely with Public Health England's Health Protection Team to constantly review cases identified within any local outbreaks, to identify postcodes of co-incidence or links and congregational risks. Whilst non-household clusters and outbreaks within the city do not seem to have been a major feature within Leicester, there may have been links to workplace outbreaks being managed and controlled in parts of the County. The watchful identification of these types of links and the active management of clusters and emerging outbreaks, has helped to stabilise the number of new clusters emerging.

### **Contact Tracing and support for self-isolation**

The prompt identification and management of contacts of COVID-19 cases is vital to interrupting further onward transmission of the virus and the work of NHS Test and Trace has obviously been vital. Completeness and speed are of the essence in successful contact tracing and it has taken concerted action to improve the effectiveness of contact tracing for Leicester.

When Leicester went into local Lockdown at the end of June 2020, little over half of the people who tested positive in Leicester were being interviewed within 24 hours by NHS Test & Trace to identify the contacts who might have become infected. In addition, every day, positive cases in Leicester were recorded as being 'not contactable' or 'follow-up failed'.

As part of efforts to limit the spread of COVID-19 in Leicester in July 2020, NHS T&T facilitated enhancements to its standard process for Leicester with the aim of reaching more people with COVID-19 more quickly, identifying their contacts more quickly by telephone and reaching contacts more quickly to advise them about self-isolation. A ringfenced group of tier 2 staff within NHS T&T used custom scripts and processes to support the Leicester Lockdown area by:

- Bypassing the automated system, NHS T&T passed Leicester cases straight to the ringfenced group of tier 2 staff to contact cases by phone
- Recognising the significance of the Leicester outbreak and encouraging partner/contact notification as part of the adapted scripts

- Cases were only followed up by NHS T&T for 48 hours or 10 calls, whichever was the shorter before being handed over to Leicester City Council for local follow-up
- Cases requiring local authority support (e.g. to self-isolate) were referred directly for support by NHS T&T.

To avoid delays in contacting cases and to reduce the worrying number of cases lost to follow-up every day, Leicester City Council set up local services to supplement the work of NHS Test and Trace locally.

From 17<sup>th</sup> July 2020, Leicester City Council began to receive a daily encrypted list from NHS Test and Trace of the details of Leicester residents who had tested positive but who had not provided information about their contacts to NHS T&T and/or who NHS T&T had been unable to interview, despite up to 10 attempted phone calls over 48 hours.

Leicester City Council trained a team of staff from customer services and libraries to investigate and find alternative ways of contacting positive cases, usually by phone using a different number held by the Council. This approach is often successful but if this fails, a 'ground team' visit the positive case(s) at their home address to provide advice, offer support and obtain details of their contacts.

Within a few weeks, this approach proved so successful that, since 16<sup>th</sup> August, Leicester City Council's contact tracing team have now been following up all cases that have not been followed up within 24 hours by NHS T&T.

Leicester's local contact tracing results to 30<sup>th</sup> August:

- We have received 301 valid cases to investigate.
- Of these, local investigation team has contacted 278 cases
- Of our successful contacts 41 have been achieved by our ground team visiting an address (13.6%)
- We have recorded 21 cases as No Trace (6.9%)
- This is a 92.3% success rate so far

Leicester City Council also started taking referrals for cases who have indicated that they require additional support to self-isolate and additional support calls are made to understand support needs and to arrange the necessary support to be provided. A support hub provides support in the form of food supplies, but accommodation and funding have also been made available to people quickly depending of the needs and circumstances of each case. Between 22<sup>nd</sup> July and 30<sup>th</sup> August, Leicester City Council have followed up 141 cases referred for support.

## **Communication and Community Engagement**

Leicester developed and implemented a comprehensive Communications and Community Engagement strategy for Leicester's Lockdown with the aim:

**To support a reduction in the number of cases of Coronavirus within Leicester through a multi-channel social marketing, communications and engagement campaign which is sensitive to the cultural and language needs of the local population and which focuses on:**

- Regular, clear and transparent messaging about the ongoing situation (including data)
- Messaging which also recognises the efforts made by communities and the many agencies involved and which is regularly refreshed to mitigate against message fatigue and the need to continue to maintain adherence to protective behaviours
- Clear guidance for communities and businesses about what actions they need to take to protect themselves, others and the wider community
- Increasing awareness of the importance of testing whether symptomatic or asymptomatic, how to get tested and what to do if you test positive
- Implementing targeted and enhanced communications activity at a local level in the priority hotspot areas to ensure communities take the actions needed to reduce transmission of the virus
- Supporting the efforts to reduce the level of 'failed' contacts in the contact tracing programme
- Engagement of community influencers and local trusted voices (local leaders, health spokespeople) to support understanding, awareness and behaviour change
- Evaluating the reach and impact of activity and identifying lessons learned

This work has been extensive and is on-going. It is being governed and delivered through a Communications and Community Engagement Cell of the Incident Management Team, led by a Leicester City Council Director with input and support from communication leads from national, regional and local partners.

There is a Communications and Community Engagement strategy document provides a comprehensive overview of this activity and starts to identify some of the lessons learnt through these interventions. It is also worth noting that communications messages in Leicester have been complicated by the easing of restrictions nationally and in surrounding areas requiring Leicester's restrictions to be articulated with clarity and repetition to counter myths and misunderstandings.

### **Community Engagement**

As an under-pinning part of all the work in Leicester, it would be hard to over-state the importance of listening to local community leaders and responding to their ideas and suggestions based on their local knowledge and intelligence. Leicester City Council's networks have enabled important formal and informal engagement conversations with around 160 stakeholders in priority areas of the city.

This was followed up by more in-depth focus groups across key wards which provided greater understanding of needs and issues within communities as well as helping to ensure the development of common messages through trusted community voices as well as in other appropriate formats.

Whilst it is always important to start with engagement and with attempts to inform and persuade people to adopt COVID-safe behaviours, our communities themselves have suggested that more enforcement action might be appropriate with some individuals/households and/or that making enforcement action more visible with individuals/households might also be important as we move forward.

## **Business Engagement**

The Business Engagement Cell of Leicester's IMT remains proactive in ensuring COVID-19 Secure business working practices inside and outside premises are put in and remain in place and that the Cell responds to any surges in demand for restaurants or other business environments that might threaten matters such as social distancing etc (noting for example the work that was required to help support businesses and the public during the now ended "Eat Out to Help Out" scheme).

### **Business Engagement Context**

- By the 31<sup>st</sup> August there had been 1018 business engagement COVID-19 Secure check visits in the north east of the City.
- Leicester City Council Regulatory Services has visited 52 HSE regulated premises and 744 local authority regulated premises in the north east of the City.
- As part of the above there have been 244 revisits recorded as Action/Intervention required (242 local authority regulated, 2 HSE regulated).
- Total number of remote interventions where no visit was required: 184 (167 local authority regulated, 17 HSE regulated).
- In addition to the above visits to businesses outside of the north east of the city have also taken place.
- Prior to the above there had also been significant business engagement work through the Council's Regulatory Services team that had already taken place and it was reassuring to know much of the above resulted more in conversations with businesses about reaffirming advice that had previously been provided, and was being implemented, rather than starting from scratch.
- As part of the City Council's regulatory response The Health Protection (Coronavirus, Restrictions) (England) No.3) Regulations have recently been used. This was in response to large unmanaged queues outside restaurants, predominately on London Road, that were participating in the "Eat Out to Help Out" Scheme. The council determined that two directions (Regulation 4 – Direction against premises – applied to 11 premises) and Regulation 6 – Outdoor Public Places Direction) were required having considered the following conditions had been met: -
  - a. direction responds to a serious and imminent threat to public health;
  - b. direction is necessary for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the Authority's area; and
  - c. the prohibitions, requirements or restrictions imposed by this direction are a proportionate means of achieving that purpose.

### **Business Engagement Lessons Learned:**

1. Leicester City Council has been able to build on previous business engagement work and have visited a substantial number of businesses premises in a short space of time since 29<sup>th</sup> June 2020 to ensure COVID-19 Secure compliance working in partnership with Public Health England whose data identified priority areas for visits.

2. The visits were required to take place in local authority regulated premises and HSE regulated premises. It became apparent that the HSE is working to a nationally informed programme that is based on spot checks. This was not something PHE or JBC representatives were initially aware of in the Leicester Incident Management Team meetings that commenced from 29<sup>th</sup> June.
3. Whilst the HSE has conducted visits in Leicester they have been unable to direct visits in accordance with the requirements of the Public Health England Incident Management Team that was introduced. Leicester City Council has therefore conducted visits in HSE premises (52 premises) to ensure all priority sites were assessed and appropriate advice provided. It proved important not to rely on the HSE due to the significant and apparent resource limitations that they have and their inability to respond to the demand required to ensure as part of a comprehensive programme of work COVID-19 Secure compliance within HSE regulated premises.
4. The Council has been able to conduct all the required visits to priority sites (covering local authority regulated sites and as appropriate HSE regulated sites). For the HSE sites if regulation issues were found it was agreed with the HSE that these would be of course be referred to them for follow up.
5. Not linked to point 4 but where the HSE has been notified of outbreaks the Business Engagement Cell has not been informed of the outcome of the HSE's work and unfortunately the HSE has only been able to attend a few BEC meetings.
6. Leicestershire Fire and Rescue Service has proved to be a very valuable additional resource/partner to support COVID-19 Secure/Public Health visits. They have visited 28 hotels as part of the Business Engagement Cells work.
7. Where businesses were found to be open that should not have been, appropriate action was used, including the use of prohibition notices where required – such methods have proved effective in ensuring compliance with the restrictions that have been/are in place in Leicester.
8. In terms of the use of the “The Health Protection (Coronavirus, Restrictions) (England) No.3) Regulations” in relation to large unmanaged queues outside restaurants participating in the “Eat Out to Help Out” scheme on London Road the following lessons have been noted: -

### **3. Conclusion**

The decreasing incidence of COVID-19 and the reduction in positivity rate clearly suggests that Leicester's strategy is working and that the interventions put in place since 18<sup>th</sup> June have resulted in a significant progress in Leicester. It is hard to disaggregate the impact of each aspect of the efforts and interventions and it is likely that the progress could only have been delivered through concerted efforts on all fronts simultaneously.

This report does not cover a range of other actions and interventions delivered by the Council and other partners through the IMT and its working 'cells' e.g. work to prepare schools for re-opening, support to care homes (e.g. Leicester City Council rings every care home in the city once per week to check on issues and progress with testing) and all of work delivered through the NHS – all of this has been important too.

It is important to note that all interventions have been informed by a granular understanding and interpretation of the epidemiology by local and PHE colleagues; all approaches have been shaped by an understanding of local communities and the delivery of Leicester's plan at such pace has been possible through the over-arching leadership and governance of Leicester's IMT. This has brought relentless and rigorous focus and grip as well as the management and co-ordination of many inter-related strands of activity across many organisations and individuals.

It is important to note that coronavirus knows no boundaries and that the integration and alignment of arrangements between Leicester city and Leicestershire County Council has also been important. There is no doubt that Leicester City Council's leadership and agility has been a vital part of this progress with many staff at all levels turning their skills and capacity to the delivery of action related to COVID-19. The leadership and specialist health protection expertise of PHE staff has also been vital as has the close and proactive working relationship between all partner organisations.





# FareShare Midlands Summer Holiday Provision 2020

In partnership with Leicester City Council





The **co-operative**  
Central England Co-operative



We are very grateful for all our funders and partners, that continue to support us throughout the year.

This summer, we would like to say a massive thank you to the Central England Co-operative, TNLCF and Reaching People, Feeding Britain, De Montfort University and Leicestershire and Rutland Sport who provided funding for this summer's Holiday Provision.

The combined funding has enabled us to support nearly 2,000 children in Leicester City and provide almost 300,000 meals over the summer

## Why is our Holiday Provision important?

Thanks to the dedicated campaigning, carried out by Marcus Rashford, the government extended their free school meal voucher scheme to cover the summer holidays, but **is this enough?**

### **The facts:**

According to the latest studies (2018/19), around 1.3 million school children are entitled to Free School Meals.

However, 4.2 million children are recorded as living in poverty throughout the UK

This means there are around 3 million children around the UK that are living in poverty, but do not have access to free school meal vouchers over the summer, or during school time.

Facts and figures taken from [https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures#footnote1\\_dkmhgld](https://cpag.org.uk/child-poverty/child-poverty-facts-and-figures#footnote1_dkmhgld),  
<https://www.gov.uk/government/news/plans-set-out-to-support-pupils-eligible-for-free-school-meals>

## FareShare Midlands- CFMs

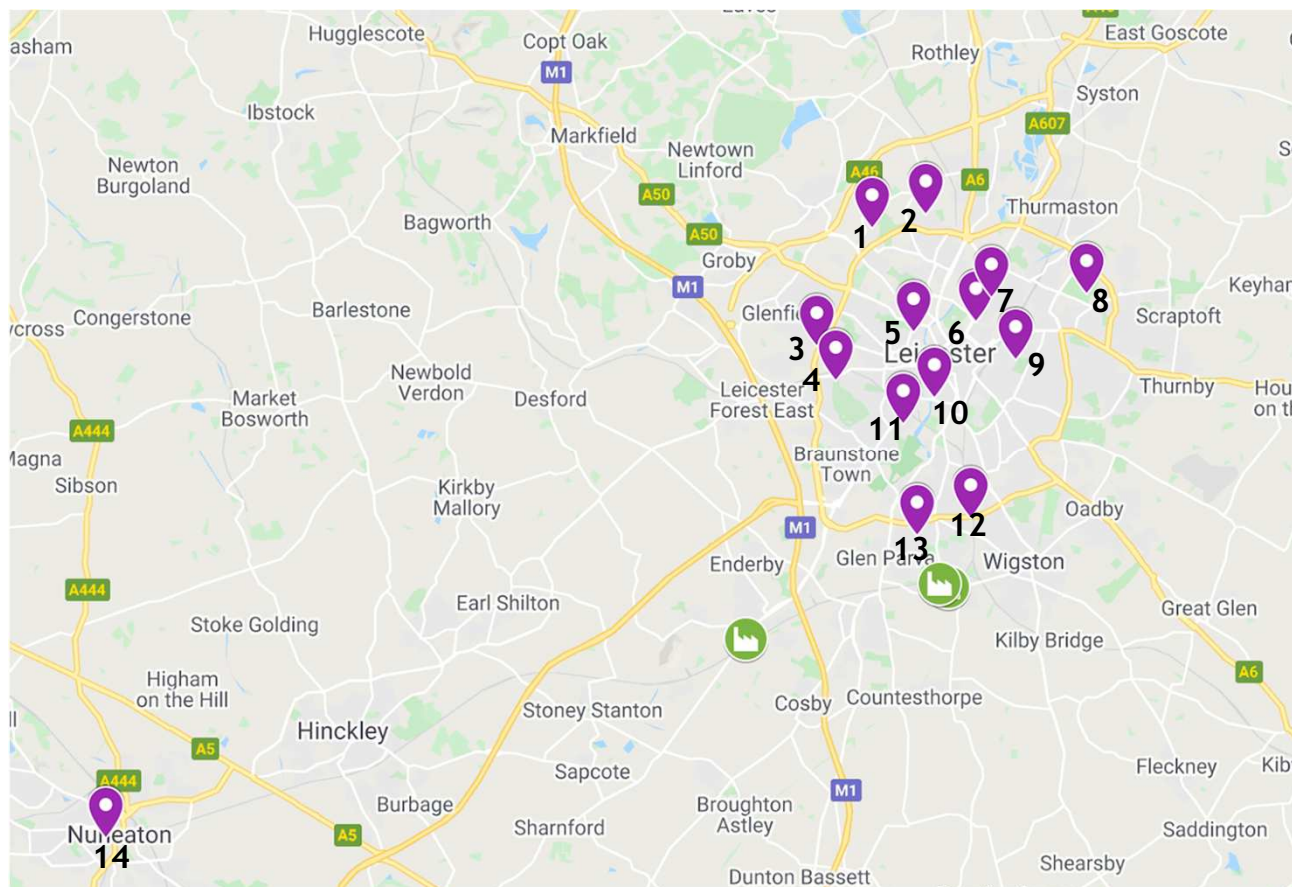
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Our Community Food Members (CFMs) are the groups that we work with to help fight food poverty and food waste.

This summer, we worked with a total of 14 groups across Leicester - see map on following slide.

We work with a range of groups, such as;

- Adventure Playgrounds
- Charities
- Community centres
- Religious centres
- Schools
- Sports Centres
- Hostels



#### Leicester groups:

1. Christ the King, Beaumont Leys
2. Mowmacre Young People's Play and Development Association
3. New Parks Adventure Playground
4. Braunstone Adventure Playground
5. Woodgate Adventure Playground
6. St Matthews What Cabin
7. Belgrave Playhouse
8. Northfields Play Association
9. Highfield Adventure Playground
10. St Andrews Play Association
11. Mosaic Church
12. Goldhill Adventure Playground
13. Eyres Monsell Club for Young People
14. Khair in the Community



## FareShare Midlands- Leicester

Number of CFMs: 14

Number of children per week: 1990

Total number of meals: over 293,000

Total weight redistributed: 117.2 tonnes

### What did we do?

- Food parcels, containing ambient stock, as well as purchased fruit and snacks.
- The success of this project is evident as it has continued past the original timeline and it planning to run until October- funding permitting.



Above- fruit and vegetables being sorted at one of our warehouses

## FareShare Midlands- Leicester

|   |                | Week Number | Week Number | Week Number | Week Number | Week Number | Week Number | Week Number |        |                 |
|---|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|-----------------|
| Member  | HP Region      | 29          | 30          | 31          | 32          | 33          | 34          | 35          | Total  | Number of Meals |
| Belgrave Playhouse                                | Leicestershire | 886         | 1,436       | 1,216       | 901         | 1,347       | 1,144       | 1,031       | 7,962  | 18,955.95       |
| Braunstone Adventure Playground, HH               | Leicestershire | 1,210       | 2,179       | 477         | 1,276       | 1,080       | 1,245       | 1,096       | 8,563  | 20,387.76       |
| Christ the King Holiday Club                      | Leicestershire | 595         | 908         | 609         | 384         | 945         | 595         | 323         | 4,360  | 10,381.90       |
| Eyres Monsell Club for Young People (EMCYP), HH   | Leicestershire | -           | 508         | 162         | 232         | 57          | 285         | 226         | 1,470  | 3,500.24        |
| Goldhill Play Association HH                      | Leicestershire | 1,309       | 1,315       | 1,288       | 1,244       | 893         | 1,114       | 889         | 8,052  | 19,170.36       |
| Highfields Adventure Playground                   | Leicestershire | 1,729       | 2,113       | 2,522       | 2,406       | 3,637       | 3,464       | 2,297       | 18,168 | 43,257.14       |
| Khair In The Community CEC                        | Leicestershire | -           | 888         | 1,100       | 1,793       | 1,090       | 1,112       | 1,095       | 7,078  | 16,852.74       |
| Mosaic Church HH                                  | Leicestershire | 397         | 454         | 548         | 495         | 434         | 548         | -           | 2,876  | 6,847.95        |
| Mowmacre Young Peoples Play & Development Assoc.  | Leicestershire | 1,713       | 1,556       | 1,460       | 1,493       | 1,000       | 1,235       | 1,033       | 9,490  | 22,594.17       |
| New Parks Play Association, HH                    | Leicestershire | 1,386       | 1,332       | 1,363       | 1,310       | 1,090       | 1,118       | 1,015       | 8,613  | 20,506.07       |
| Northfields and District Play Association         | Leicestershire | 989         | 2,184       | 387         | 1,302       | 890         | 1,223       | 1,088       | 8,061  | 19,193.10       |
| St Andrews Play Association                       | Leicestershire | 937         | 1,318       | 1,298       | 1,204       | 1,085       | 1,127       | 1,079       | 8,047  | 19,159.52       |
| St Matthew's Children's Action Group (What Cabin) | Leicestershire | 1,049       | 1,625       | 2,135       | 2,569       | 2,016       | 1,936       | 1,936       | 13,266 | 31,584.64       |
| Woodgate Adventure Playground, HH                 | Leicestershire | 1,076       | 1,806       | 1,923       | 1,752       | 1,562       | 1,993       | 1,096       | 11,208 | 26,686.31       |



*“Thank you for such a variety it’s going to be brilliant and help out” -parent visiting EMCYP*

To the 14 groups involved in Leicester, we have distributed over 27 tonnes of fruit.

This equals over **192,800** individual pieces of good quality, fresh fruit.

Thanks to the support of our funders, we were able to purchase the fruit we used. This meant we could ensure a reliable supply of long life fruit.

We were also able to purchase child-friendly snacks to accompany the fruit.





Along with the fruit and snacks, we utilized our funding to help encourage the children involved to recycle, by providing each child a reusable bag.

These bags were given to our CFMs to help with redistributing the food, without needing a constant supply of plastic bags



We also received a donation of activity/ reading packs from the Arts Council and activity packs from Leicestershire and Rutland Sports.

We sent these out to our holiday groups, along with the food. These were greatly appreciated by the children as an added bonus to the food packs

*“Brilliant bag again and a surprise activity pack. My daughter loves it thank you” - parent visiting EMCYP*

## FareShare Midlands- Deprivation Figures

| Area   | Index of Multiple Deprivation (IMD) | Number of children living in poverty after housing costs | % of children living in poverty after housing costs |
|--|-------------------------------------|--|---|
| Birmingham                                       | 7                                   | 131,646  | 41  |
| Bolsover   | 58                                  | 5,258  | 30  |
| Chesterfield                                     | 86                                  | 6,109  | 28  |
| Coventry   | 78                                  | 33,590   | 37  |
| Derby City                                       | 90                                  | 21,222   | 32  |
| Derbyshire Dales                                 | 265                                 | 2,945  | 21  |
| <b>Leicester</b>                                 | <b>22</b>                           | <b>39,776</b>  | <b>41</b>   |
| Nottingham City                                  | 10                                  | 32,782   | 39  |
| Sandwell   | 12                                  | 38,260   | 43  |
| Figures taken from End Child Poverty 2019 report |                                     |  |   |

The figures from End Child Poverty 2019 report show the areas of highest concern within the Midlands to be Birmingham, Coventry, **Leicester**, Nottingham and Sandwell. As well as numerous local authorities spread across Derbyshire.

Therefore our aim was to reach these areas with our summer Holiday Provision

## FareShare Midlands- Holiday Provision Figures

| Region                | Total weight redistributed (kg) | Retail value    | Meal equivalent | CFMs      | Number of children |
|-----------------------|---------------------------------|-----------------|-----------------|-----------|--------------------|
| Birmingham            | 19,654.04                       | £28,108         | 49139           | 10        | 1020               |
| Coventry              | 22,153.15                       | £36,168         | 55383           | 1         | 1500               |
| Derbyshire            | 75,593.10                       | £101,841        | 188986          | 17        | 1328               |
| <b>Leicestershire</b> | <b>117,212.60</b>               | <b>£157,380</b> | <b>293036</b>   | <b>14</b> | <b>1990</b>        |
| Nottinghamshire       | 39,040.49                       | £57,725         | 97612           | 36        | 3485               |
| Sandwell              | 10,885.75                       | £13,596         | 27215           | 1         | 500                |
| <b>Totals</b>         | <b>284,539.13</b>               | <b>£394,818</b> | <b>711,371</b>  | <b>79</b> | <b>9823</b>        |

This summer, during the pandemic, demand increased across the city. Over 293,000 meals delivered compared 32,000 in 2019

## Other vital work to support children and families

- Although children's centres have been closed services have still been delivered through virtual and face to face via doorstep and garden visits and making use of outdoor space.
- LCC catering department made daily deliveries and weekly food parcels , formula milk and nappies to 568 individual children totalling 9,757 meals between April and August.
- The Council's early help service have been working closely with the playgrounds over the summer and provided get up and go activity packs which were distributed to many families - taking into account the physical wellbeing of children stuck at home



## FareShare Midlands-

### Likely reasons for increase in demand this summer

- Summer holiday food programme now in it's fifth year = more awareness
- Schools closing their doors to most children in March
- Places of religion closing their doors
- Community Centres and Foodbanks closing
- Children's Centres not being able to support children in their community in the usual way
- Businesses closing down and unemployment rising
- Employees furloughed losing 20% and then 30% of their income



*“We just want to thank everyone who has supported us with this project and we hope to work with you in the future ... we hope to start activities for children after school etc where we hope to provide them with afternoon tea and may be also meals during holiday periods” - Bharti, Belgrave Playhouse*

*“The scheme this year was very successful with a good mix of food, fareshare were very happy to listen to our comments and change the type of food that we wanted after the first week” - Louise, EMCYP*

*“...I do not know how some of our families would have survived without this service” - Bethan, Braunstone Adventure Playground*

*“Thank you for a lovely bag yet again. Will have 2 happy girls after school” - parent visiting EMCYP*

*“This is summer it has been paramount, the people that are just struggling to feed their children is unbelievable and still ongoing” - Bethan, Braunstone Adventure Playground*

## What next?

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- Feeding Leicester to continue to lead on improving access to food during the school holidays. Aim to reach more children / continue to improve access to good, healthy food
- Ensuring that no child goes hungry a key priority for the city. Accept and support that well fed children do better at school for e.g.
- Continue to develop holistic approaches to addressing child hunger
- Invest in understanding and evaluation. How will Covid-19 impact next year?
- Feeding Leicester to be involved with Feeding Britain and the Department for Education's lobbying the Government to support school holiday food programmes on a national scale.

*“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”*