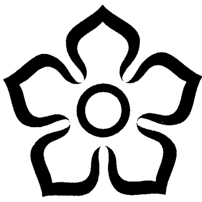

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 20 JANUARY 2021 at 5:30 pm

P R E S E N T :

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

Councillor Aldred Councillor Chamund
Councillor March Councillor Sangster
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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21. APOLOGIES FOR ABSENCE

There were no apologies for absence.

22. CHAIR'S ANNOUNCEMENTS

The Chair welcomed Councillor Whittle to the meeting. It was noted that Councillor Whittle was in attendance to ask questions under the Covid update item at the Chair's discretion.

23. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

24. MINUTES OF PREVIOUS MEETING

The Chair referred to an issue raised by a member of the public concerning the minutes. It was noted as a matter of clarification that an image shown as part of a response during UHL consultation on the business case was purely an image and did not represent a structure to be built as part of the proposals.

The Chair also confirmed that the meeting recordings were held in a library on the Council's website.

AGREED:

> That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 16 December 2020 be confirmed as a correct record, subject to the above clarification.

25. PETITIONS

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

26. 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.

27. COVID19 UPDATE

The Director of Public Health gave a presentation, confirming the key messages as an update to the current Covid 19 pandemic situation.

It was reported the most recent data showed 27,000 confirmed positive tests with an infection rate at approximately 600. This figure was falling but was considered to still be at a high level. It was noted that data relating to the most vulnerable groups showed that the rate in children had stabilised, but there had been an increase in the 60 plus category.

In terms of hospital admissions, it was reported that these had been high since November 2020 and when countywide admissions were factored in for various conditions, the pressure on hospitals was exacerbated.

Using information received from the UHL including city and county residents, there were 472 Covid patients, 1037 non-Covid patients and 199 unoccupied beds, which gave an 88% occupancy rate.

The data concerning mortality was confirmed, with 2929 deaths in 2020. Averages on previous years, were around 2500. It was also confirmed that 17% of deaths had a mention of Covid on certificates. There had been 509 deaths within the past 28 days. Charts were displayed within the presentation, which showed further detailed information of results, 7-day averages, age bands and hospital admissions.

In concluding the presentation, details of the access to updated information as available on the Council's website were provided.

The Director also confirmed that the new variant presented a significant impact as the predominant variant, with recent data showing that 64% of cases were new variant cases.

It was emphasised that the situation was being monitored carefully and the key public health messages including social distancing, self-isolation, hand hygiene and ventilation remained important to reduce the rate.

The Chair invited Commission members to ask questions and the following points and responses were noted:

The scale of asymptomatic cases was clarified at a lower level than that reported recently, where data from the launch and rollout of the Fosse testing station could be used to identify trends. The actual figures could be circulated separately but it was expected that there were around 5-10% of asymptomatic cases.

Lateral flow testing had presented challenges and concerns with potentially misleading results as some tests and results were not being administered or read by health professionals. Strong guidance and advice were given accordingly, including the need for repeated tests to be undertaken. Concerns remained with negative test results being used as a means to enable rules and guidance to be ignored.

The effect on hospitals, their capacity and the morale of the workforce were significant. The role of volunteers had increased, and staff were receiving vaccinations. It was reported positively that the collaboration across local government, the voluntary and independent sectors and other partners had enhanced and the initiative to repeat this message had increased morale.

At this point, the Chair invited Councillor Whittle to ask his question, as recorded in the earlier item.

Councillor Whittle thanked the Chair for allowing the opportunity to address the Commission under his discretion, and asked the following question:

"In a Commons debate on Friday MPs were advised that an estimated 300,000 people in the UK are now living with the long-term effects of long Covid. What information do we have about the number of people suffering from long Covid in Leicester?

In response, it was reported that the long covid symptom study definitions suggested approximately 2% of cases (1250 people) would still have symptoms at 12 weeks, using the definition as described. A clinic established for long covid had been established with over 700 referrals since June 2020. It was noted that although initially established for hospital patients the clinic would now be accepting GP referrals and further information could be supplied to Councillor Whittle on the development of the clinic, including details of the referral pathways to ensure that long Covid cases were not missed.

The Chair referred to media reports relating to the rate of readmissions following discharge and questioned whether this was being monitored and considered as part of the ongoing consultation on the hospital plans. It was confirmed that there were regular reports prepared on the issues and that data could also be circulated separately.

The Chair then referred to over the rising data relating to the over 60s and concerns at the disproportionate levels in that age range.

The Director of Social Care responded on the position in care homes and the testing processes, with staff receiving PCR tests each week, and residents tested once every 4 weeks.

Previous results had stabilised for a period, with around 80 positive per week, of which 60 were staff and 20 were residents. The current increase was significant with the most recent data showing 216 positive cases and a shift in the ratio between staff and residents. Of the 105 care homes in the city, 35 had now confirmed positive tests. It was clarified that this was a national trend and that the data also compared similarly to other council areas in the region.

In response to further questions the dignity in end of life care was emphasised and it was recognised that hospital admissions from care homes were not always the most suitable option.

It was also confirmed as further reassurance that the CQC were involved in the process as an independent body to ensure appropriate external scrutiny of the care plan process.

In relation to repeat tests and the recording of data, particularly where more than one test site had been visited, it was confirmed that anyone receiving consistent and/or repeated positive tests would be recorded as one individual case.

The Vice-Chair asked for clarification concerning the extent of the policies to ensure a minimum impact on the workforce. In reply it was highlighted that phycological and physical support had been heightened, to ensure that staff were able stay in work. Recruitment had also increased including flexibility in the use of bank/agency staff and engagement with volunteers. There were also enhanced partnerships arrangements in place with support from external contributors, including the military.

In conclusion the Chair reminded members that issues and comments concerning the vaccination programme would be considered at the subsequent item.

It was AGREED:

1) That the update be noted.

2) Data relating to the rate of hospital readmissions following discharge would be circulated to Commission members after the meeting.

28. VACCINATIONS - FLU AND COVID19

The CCGs submit two papers, which provide an update on the uptake of the flu vaccination programme 2020/21 with a focus on Leicester City and an update on the development of the National Covid-19 vaccination programme and progress across Leicester Leicestershire and Rutland.

In respect of the Flu Vaccination Programme the importance of maintaining a high vaccination coverage was highlighted, however the delivery of this year's programme was more challenging because of the impact of Covid-19.

The report provided an update on the uptake of the Leicester Leicestershire and Rutland flu vaccination programme 2020/21 with a focus on Leicester City, with data taken from the IMMFORM national database. It was noted that practice level data from IMMFORM could not be shared in the public domain due to licensing restrictions and this situation was being monitored. Updates would be provided if and when available and appropriate to do so.

In respect of the Covid-19 Vaccination Programme the report provided an update on the development of the National Covid-19 vaccination programme and progress across Leicester Leicestershire and Rutland.

It was noted and recognised that the vaccination programme was extremely dynamic, and information would be updated as necessary in due course. The report provided details of vaccination locations, priority groups, vaccine development and availability, spacing of doses, and delivery.

In terms of the next steps it was noted that Next Steps it was reported that a larger scale vaccination centre at the Peepul Centre was in progress and subject to regional and national sign off was due to go live in January 2021. Other sites were being considered, including an additional Hospital Hub. All would be subject to the strict requirements on infection control requirements, security, storage, and IT infrastructure.

In response to questions it was confirmed that the spacing of flu vaccinations and Covid vaccinations was currently one week, and the spacing between first and second Covid vaccinations was currently 3 months. It was accepted that

some people had received a second Covid dose, as this would have been arranged before the guidance was changed.

The initiative to launch a vaccination centre at the Peepul Centre was supported, and the need to encourage its use and monitor attendance was highlighted.

The Chair raised a point sent to him by a member of the public relating to predicted problems for individuals with residency, immigration or nationality issues who were not on GP lists. It was also considered that those with mental health problems, the homeless and other vulnerable groups who would be in most need of the vaccine would not be referred.

In response it was confirmed that GPs lists were being used as the primary process to offer vaccinations, however reassurance was provided that outreach work including liaison with Inclusion Health Care had been accelerated and updates could be provided at a later date.

The Vice-Chair also raised issues with the hard to reach communities and referred to negativity of the effectiveness of the vaccines being reported to him. It was advised that greater liaison with community leaders and the use of popular social media platforms be improved. In relation to people refusing vaccines, it was accepted that numbers and impacts would be better known as the programme developed and when trends could be assessed.

It was noted that the need to meet the needs of BAME communities and an explanation of the granular detail of that support, including the availability of venues and facilities needed to be heightened. It was suggested that the communication plans in the process be shared with Councillors and flexibility of the support be encouraged.

In terms of the national vaccination programme, it was confirmed that the city data was in accordance with national statistics and that the region had received a large quantity of vaccines compared to other areas. The confusion in communities relating to which GPs were offering vaccines at locations was explained, it being noted that the locations were determined according to size and scale and that the delivery was not GP led, but was organised by the PCT.

In conclusion, the Chair referred to the need to monitor data and commented on the recent example of ‘test-and-trace’, where monitoring could only be achieved when data was available. The importance of gathering information was emphasised and supported.

It was AGREED that:

1) The update and position be noted.

2) The CCGs provide an update at the next meeting on how they are reaching those with immigration status issues, as part of the vaccination programme.

3) The CCGs share the communications plans with Commission Members, for comment.

29. HEALTH AND SOCIAL INEQUALITIES RELATING TO THE COVID-19 PANDEMIC

The Director of Health submitted a report, which provided an overview of the health and social inequalities related to the covid-19 pandemic.

It was reported that analysis had been undertaken by Public Health England PHE in their 2020 report “Disparities in the risks and outcomes of Covid-19” which confirmed that older people, males, people from deprived backgrounds and people from BAME backgrounds were more likely to die with Covid-19.

The Director of Public Health reported that reasons for this inequity were complex and involved a combination of economic and social drivers such as lifestyle and behaviour.

It was noted that the additional health burden of Covid-19 is of particular concern locally given the diversity and deprivation experienced by the population of Leicester.

In conclusion of the presentation, it was reported that a defined programme of work was required to measure the specific impacts and to recommend mitigations to address inequalities and improve health equity going forward.

AGREED to:

1) Note the content of the report

2) Support the ongoing programme of work to identify and address the impact of covid-19 on health and social inequalities across Leicester

3) Receive an update on the inequality impact of Covid 19 on the local population

30. DRAFT REVENUE BUDGET 2021-22

The Chair referred to the Director of Finance’s report, which considered the City Mayor’s proposed budget for 2021/22 and medium-term projections up to 2024. The Commission was asked to make comment on the public health items relating to its portfolio.

The Assistant City Mayor (Health) commented on key issues within the report, relating to the continued commitment to fund 0-19 services, although his had been put on hold due to recent Covid-19 implications and restrictions. It was expected that consultation would be enhanced to allow the contract concerned

to be extended. The further ongoing commitments to mental health services and physical health services would also receive further investment which was welcomed.

In response to questions put by Commission members, it was confirmed that the budget for substance misuse was included in the Adults Services line in the budget. In terms of the public health grant it was reported that not all of the expenditure related to the grant is included in the Health and Wellbeing budget line with some expenditure included in other budget lines. The Chair asked for confirmation that the grant was being treated in line with other external grants and this was confirmed to be the case.

In respect of the support to contraception and sexual health services a reduction in capacity including services offered by General Practitioners had caused a potential for longer-term concern following Covid-19.
It was reported that other services had also experienced capacity issues exacerbated by Covid-19 and the situation was being monitored.

In conclusion the Chair referred to the poor quality of food offered in vending machine and food services at the Council's Leisure Centres, commenting that the current arrangements were not suitable.

AGREED to:

1) Welcome the commitment to the 0-19 service and to welcome the continued funding, with a monitoring report to be submitted at the appropriate time.

2) Note that the capacity of the contraception and sexual health services and other services affected by Covid-19 continue to be monitored and a report be submitted in due course.

3) Undertake a review of contracts for vending machines and other food services at the Council's Leisure Centres.

31. CLOSE OF MEETING

The meeting closed at 8.05pm.