



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 2 NOVEMBER 2021 at 5:30 pm

P R E S E N T :

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

Councillor Aldred  
Councillor March  
Councillor Whittle

In Attendance:

Councillor Dempster - Assistant City Mayor (Health)

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**28. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Pantling and Dr Sangster.

**29. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

**30. MINUTES OF PREVIOUS MEETING**

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 1 September 2021 be confirmed as a correct record.

### **31. CHAIR'S ANNOUNCEMENTS**

The Chair indicated that he was minded to consider items not in the agenda order as published, due to the public interest in the Petition, and Questions to be asked as relevant to the subsequent agenda items.

### **32. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING**

The Chair indicated that progress on matters considered at previous meetings would be reported at the relevant subsequent agenda items.

### **33. PETITIONS**

The Monitoring Officer reported that a Petitions had been submitted in accordance with the Council's procedures, in the following terms:

*"To stop discharges of odious fumes from Colour Dyers UK Ltd.*

*We, the undersigned, are very concerned about the discharge of odious fumes from the factory operated by Colour Dyers (UK) Ltd at Riverside Dyeworks, Greenhithe Road, Leicester LE2 7PU.*

*As a neighbourhood, we are frequently forced to stay indoors and close our windows, as smelly blue fumes are often blown from the factory chimney down to street level.*

*We ask that the Leicester Health & Wellbeing Scrutiny Commission requires the Council's Noise and Pollution Department to:*

*1. seek confirmation from the Environment Agency that the licensed discharge of odious blue fumes from Colour Dyers factory is not a risk to children's and adults health.*

*2. request that the Environment Agency rescinds the factory's operating permit unless they install a filter system that eliminates the smell and colour of the discharged fumes.*

*All we ask is to be able to enjoy our houses and gardens and safely walk the streets of our neighbourhood."*

The Monitoring Officer confirmed that the petition had 103 validated signatures.

Mr Robert Ball was invited to speak in support of the text of the petition and was cautioned by the Chair as additional information was submitted, to which there was no opportunity of a reply.

As stated in the Chair's announcements, the Monitoring Officer reported on the receipt of a question submitted in accordance with the Council's procedures with relevance to the petition, from Mr Raimondo Barraco, in the following terms:

*"The chimney's on the Colour Dyers' factory on Greenhithe Road are pumping out a stench into the air, in the streets near where I live which maybe a hazard to public health.*

*Will the Health & Wellbeing Scrutiny Commission ask for a health impact assessment on the air quality to be carried out by Public Health Leicester City Council and if necessary, with support of Public Health England?"*

Mr Barraco was present and was invited to read his question.

In response to the Petition and Question, the Director of Health commented on the need to assess whether there was a statutory nuisance and advised of liaison which would be required with the Environmental Hazards Team. It was expected that a health impact assessment could be undertaken without undue delay and a report on the situation would be forthcoming.

The Commission recognised the need for the matter to be properly considered before a detailed statement on initial findings could be made.

AGREED:

That the petition be received and noted and that the Director of Health be asked to begin an initial assessment in liaison with the Environmental Hazards Team.

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

The Monitoring Officer reported on the receipt of further Questions submitted in accordance with the Council's procedures with relevance to subsequent agenda items. As stated in the Chair's announcements, the Questions would be considered at the relevant stage in the meeting proceedings.

#### **35. SCHOOL NURSING PROVISION**

The Leicester Partnership NHS Trust gave a presentation to inform the Commission of the work of the school nursing teams, including the impact of Covid 19 on the service and the current provision.

The presentation provided details of the 5-19 school nursing team, the Primary and secondary school offer, reasons for assessments and referrals, and digital support services. In conclusion details of the future of the service and what was next for school nursing in Leicester were confirmed, including:

- enhanced engagement with children, young people and parents to co-design future provision
- Continence offer review to ensure sustainable and easily accessible provision
- A research project with Bristol and Sheffield Universities to evidence the public health impacts of digital health questionnaires
- A launch of a healthy together people plan, to support workforce development and sustainability
- Development of a joint clinical pathway with the Mental Health Support Team to strengthen partnership working.

In response to questions it was confirmed that referrals had reduced since the Covid-19 pandemic and it was confirmed that detailed comparative figures could be circulated separately, as these were currently unknown. It was also considered that enhanced data concerning the recruitment and career development of school nurses could be provided in due course. It was confirmed that the recruitment initiatives provided support and covered the training costs of the nurses education.

The Assistant City Mayor (Health) commented on further uncertainties concerning the future procurement of the services and the codesign ambitions. It was suggested that a further update be brought back to the Commission and in this regard, it was suggested that enhanced information could be made available to a future Joint Health Scrutiny meeting.

In conclusion, the LPT commented on the future opportunities to scrutinise services through the CQC report findings and results of inspections being published where improvements had been recognised.

AGREED :

That the presentation and update be noted and a further report be brought to the Commission in due course.

### **36. ACCESS TO GP SERVICES AND UPDATE ON COMMUNITY PHARMACY SCHEME**

The CCGs submitted a paper, which provided an overview of the current activities and work relating to improving access to general practices.

The paper submitted demonstrated the challenges faced by general practices and acknowledged the impact on patients of the significant increase in workload faced by primary care in the post pandemic period.

A presentation was given to support the paper, which summarised the key finding as aligned with national GP practice surveys as considered against resilience baseline data. Detailed data was provided summarising types, numbers of appointments and the significant number of missed appointments.

In response to questions it was suggested that an update be provided in due course on the implications of the statistics concerning accident and emergency visits where appointments could not be made, which had received national media attention. Comment was also made on the need to better explain the data as although the phrasing was positive, there still appeared to be low satisfaction rate.

The data concerning self-care and proactive caring at home programmes was debated, as it was considered that this may be manipulated to improve patient statistics. In response the data in the graphs showing patient satisfaction were reiterated and reassurance was provided that self-care programmes were appropriate and adequate.

Some concern remained that the inadequacies of booking appointments with surgeries and referrals to the 111 service were not effective, with members commenting on examples of significant case work numbers. The restriction of the use of social media through necessary political governance was explained.

Concern was also raised at the data showing importance of services and satisfaction rates from the survey information, which appeared to show anomalies and inconsistencies.

The need to increase recruitment of general practitioners in the city area, rather than the wider county was discussed, as it was accepted that opportunities to work in rural practices was often more attractive. Ideas and initiatives on how to address the situation and its challenges were encouraged.

In conclusion and in response to questions concerning GPs patient lists and their accuracy, it was acknowledged that many patients may be on lists who had moved away. An exercise to determine the extent of the problem was suggested and accepted.

It was suggested that a further report be submitted to address the concerns raised by members.

**AGREED:**

1. To note the paper and data arising from the presentations and surveys, and a further focussed report be submitted in due course.
2. To undertake an exercise to determine the extent of the potential inaccuracies of GP patient lists.

### 37. INTEGRATED CARE SERVICE - UPDATE

As reported in the Chairs announcements and recorded at the “questions” item previously on the meeting. The Chair invited public questioners to ask their questions as published in the agenda papers.

The following Questions were put by members of the public:

1. From Brenda Worrall

*How does the Place Led Plan reflect the ambition, set out in Building Better Hospitals for the Future, that as much care as possible will be transferred out of hospital and added to the work of agencies and providers in the community?*

2. From Peter Worrall

*With regard to the Integrated Care Systems, what is the legal basis for data sharing and how are you collecting patient consent?*

3. From Jennifer Foxton (read by Sally Ruane in her absence)

*Can Healthwatch Leicester and Leicestershire confirm that it will not be a co-signatory of the final Place Led Plan and will remain independent of it in order to better collect and reflect public views?*

4. From Jean Burbridge

*The Developing Place Led Plan states that there will be wide stakeholder engagement on the initial plan – how is this taking place, who or what organisations are involved and when and how are the public being engaged. Will it involve engagement with the local NHS Citizens’ Panel?*

*Where is the connection between the Integrated Care System priorities (as set out to the Health and Wellbeing Board in July 2021) and the needs of local people? Where is the implementation of the Joint Strategic Needs Assessment and is this up to date?”*

5. From Sally Ruane

*In the Integrated Care system, why do patients get only access to ‘simple’ treatment and preventive or digital services? Why is there no reference to patients accessing the health services which meet their needs?*

*What does “[The] aim is to create an offer to the local population of each place, to ensure that in that place everyone is able to: expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability” mean? (p6 of Developing a Leicester City Place Led Plan, presented at the Health and Wellbeing Board 29 July 2021)*

The Chair commented that the representatives of Healthwatch were not in attendance and concern was raised that previous regular presence at the meetings had reduced in recent months.

The Director of health and NHS partners commented on the themes of the questions and referred to further guidance due. It was suggested that full answers be supplied once that guidance had been confirmed.

In response, Sally Ruane asked a supplementary question, commenting that although reassurances were provided concerning due diligence and planning, the need to avoid a distortion in the use of resources and the need to support local economies should be emphasised. This view was supported.

The LLR CCGs then submitted a paper, which provide an overview of the Integrated Care System considering initial guidance issued by NHS England. The Report submitted included links to relevant documents concerning the development of the Integrated Care System. The focus of the proposals on Leicester were explained, with the emphasis on a 'place strategy' being highlighted.

To support the paper, a presentation was given to explain the key aspects and future focus, setting out the current proposed governance arrangements. It was accepted and noted that future legislative changes were due.

The Director of Public Health provided a verbal update on the expected improvements to services which would be enabled by the revised Integrated Care System proposals. It was noted that a progress report could be submitted to the Commission in due course.

AGREED:

That the paper and presentation be noted and that an update be submitted at the appropriate time.

### **38. COVID19 UPDATE & VACCINATION PROGRESS UPDATE**

The Director of Public Health gave a presentation to update members on the current position in respect of Covid and the vaccination programme.

It was noted that some concern had been raised with the growing numbers of infections, particularly in the over 60s cohort. The low numbers of vaccinations in the school leaving age group had also been recognised and it was considered that had been due to significant misinformation recently voiced, including fears of reduced fertility due to the vaccination programme.

Further comment was raised at the low vaccination rates in the city generally, compared to other local authority areas. It was considered that the data reported could be affected by differing reporting timings and methods.

In conclusion and in respect of regular updates, the Director of Health confirmed that weekly data could be forwarded to Commission members.

AGREED:

That the presentation and update be noted.

**39. WORK PROGRAMME**

The Commission's Work Programme was submitted for information and was noted.

**40. CLOSE OF MEETING**

The meeting closed at 8.35pm.