



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 22 MARCH 2022 at 5:30 pm

P R E S E N T :

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

Councillor Aldred Councillor March
Councillor Pantling Councillor Whittle

In Attendance:

Councillor Dempster - Assistant City Mayor (Health)

* * * * *

67. APOLOGIES FOR ABSENCE

An apology was received from Councillor Sangster.

68. DECLARATIONS OF INTEREST

There were no declarations of interest.

69. MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Commission held on 25
January 2022 be confirmed as a correct record.

70. CHAIR'S ANNOUNCEMENTS

The Chair reminded Members that they were in attendance to participate in accordance with current legislation, but that some officers and other partners would join the meeting on a Zoom link.

71. PETITIONS

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

72. 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.

73. COLOURS DYERS - UPDATE

The Director of Neighbourhood and Environmental Services submitted a report, which provided an update on the Colours Dyers factory that was called to Scrutiny by means of the formal petition process.

Members were reminded that a formal petition was brought to the Commission in September 2021. It was reported that the petition had received a formal response however, further questions were raised in relation to health implications caused by the factory.

In response to questions, it was noted that a chemical analysis would have been undertaken in the past, and that would include pollutants including benzene. The levels of the testing arrangements were confirmed, and it was considered that more extensive testing was required than the current 'smell test', as problems had been experienced and reported in a wider area, including Castle and Knighton Wards.

In terms of the timeframes for assessment concern was expressed at the lack of action by partner authorities, it being noted that the previous assessment had been undertaken in 2006. Members expressed the view that a more proactive approach should be undertaken to address the concerns raised in the petition, rather than being reactive awaiting analysis and information on emissions which were compiled by and sent from the factory.

It was clarified that samples of emissions would have been undertaken at the time the factory was granted its permit, and since then there was no suggestion to say that the operation had changed. Members were also reminded that the Council was not the enforcement authority. It was expressed however that the nuisance complaints were considered legitimate, and the lack of expediency in the monitoring and enforcement undertaken by the Environment Agency had caused concern. The Chair suggested that he write to the Environment Agency in view of this issue, which was supported.

It was also suggested that the factory had their own opportunity from the process to show that emissions were unarmful, which could be shared with the petitioners and wider audience.

In terms of future proposals, the following aspects were reported and noted:

- Joint site inspection to be undertaken with the Environment Agency
- Following this meeting, more information to be provided in terms of the Odour Management Plan
- Information in terms of costs of undertaking this monitoring to be sought (noting that the Council do not have jurisdiction in this matter, as the process is permitted by the Environment Agency)
- Joint Communications to follow in relation to pollution concerns and reporting mechanisms.

AGREED:

To await the joint site inspection with the Environment Agency, following which options for further assessment will be clearer, and that these should include an update on the Odour Management Plan and any further stack monitoring.

74. 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 the data submitted would be expressed in further detail in the subsequent presentation concerning health inequalities.

In terms of the current Covid data, it was reported that due to the significant work and progress that had been made, it had been announced that it was expected in the coming days that there would no longer be a requirement for routine testing. Although monitoring would continue and data would be collated, it was highlighted as an area of concern, as detailed information would not be available.

In relation to the vaccination programmes, the issues concerning the take-up of vaccinations and boosters were reiterated, as highlighted in previous discussions. Concern was expressed at the reported levels of wasted vaccines and the efforts to encourage take-up and engage with various age groups was described and acknowledged. It was reported and recognised that the Flu vaccination levels had also been comparatively low.

In conclusion the Director of Public Health expressed his concerns that if a new variant was evident, there would be a reactive and retrospective methodology. Although contact tracing and other teams could be more easily mobilised due to the previous experience, and the process could now be more quickly and expediently put in place, the situation still caused anxiety.

AGREED:

That the presentation and update be noted.

75. HEALTH INEQUALITIES UPDATE - ACTION PLAN

The Director of Public Health gave a presentation which provided an update on the progress concerning the Health Inequalities Action Plan with the associated links to Covid 19.

It was reported that since Public Health England had announced the initiative, a significant amount of work had been undertaken and shared nationally, to understand the population and how health inequalities affected our communities.

The presentation provided a summary of the COVID-19 health inequalities data, deprivation, and life expectancy, including:

- COVID-19 implications by ethnic group, deprivation and local area
- COVID-19 vaccinations by ethnic group, deprivation and local area

Details were provided of the Community Engagement proposals to address inequalities through behaviour change, the COVID inequalities plan and details of the COVID-19 impact upon Mental health (Including Prevention and Promotion Fund for better Mental Health).

In terms of the impact on the city, the following key points were noted:

- Nearly a third of city residents have had a COVID-19 positive test result.
- About 4,500 COVID-19 related admissions for city residents.
- There have been 1,076 COVID-19 deaths where COVID-19 is mentioned on the death certificate.
- Most of the eligible population have had at least one vaccination.
- Estimates suggest thousands of residents remain unvaccinated.

It was noted that the impact upon ethnic groups demonstrated that some ethnic groups had been more likely than others to have tested positive and in turn been admitted to hospital. Black British, and Asian British had reported higher rates of admission.

It was further noted that the impact by deprivation demonstrated that the percentage of positive tests by deprivation decile was similar with about a third of residents having reported a positive result. There was much greater variation when analysing admissions by deprivation.

The aims of the Community Wellbeing Champions project was described, which would develop a network of organisations and volunteer health and wellbeing champions drawn from across the diverse communities.

The key points of the Covid Inequalities Action Plan were noted as follows:

- Developed and owned by the team at the CCG
- Reviewed regularly at Monday meetings
- Sections for:
 - Areas of the city with lower vaccine uptake

- ‘Hyperlocal’ pop up activity
- Pregnant women
- Children and young people
- Homeless and rough sleeping populations
- Other groups of interest
- Individual groups to tackle each of these areas with regular meetings to assess progress

In conclusion, aspects concerning the impact on Mental Wellbeing and the suggestions to increase uptake and engagement were described.

The Chair thanked officers for the detailed information and data analysis in the presentation and commented on its importance and usefulness going forward. The data concerning life expectancy, analysis of deprived areas, and issues concerning ethnicity was considered as an exceptional and valuable piece of work.

The Assistant City Mayor (Health) supported the Chair’s comments and thanked officers for the presentation. She stated that the substantial level of detail was important and would be helpful in the development of future policy.

In response to questions, the definition of people in poor or bad health was clarified and it was noted that this was taken from Census data.

AGREED:

That the update be noted, and officers be thanked for their efforts in collating and presenting the data.

76. SUPPORTING LEICESTER RESIDENTS WITH MENTAL HEALTH CONDITIONS TO QUIT SMOKING

The Director of Public Health submitted a report, which details proposals the local tobacco control strategy and the commitment to reduce health inequalities in the city.

It was reported that the prevalence of smoking in Leicester had been declining year on year and was now at an all-time low of 15.4%, with a 13.9% England average. This was in large part due to the provision of high-quality stop smoking support.

The national data showed that prevalence had remained much higher amongst those with a long-term mental health condition and higher still amongst those with a severe mental illness, yet smokers with mental health conditions were no less likely to express desire to stop.

There was therefore a case for identifying why that was the case, and what measures could be taken to better prevent people with mental ill-health from being disproportionately affected by smoking-related disease.

In response to questions, the links to drug and alcohol addiction were noted, with people using smoking as a self-medication for stress relief and anxiety. It was noted that dependency on other harmful substances had received separate and more intensified support from various agencies. The links to cannabis use and the support of agencies such as Turning Point were also reported and acknowledged.

The need to define and monitor the long-term results was expressed. It was considered that some people who had stopped smoking may return to the habit later, as some people took several attempts to quit smoking. It was recognised that initiatives to ensure that long-term monitoring were effective would be difficult, efforts were made to ensure that recorded data was accurate.

The Assistant City Mayor (Health) commented on the associated work undertaken by the LPT and suggested that a review of the issue should be undertaken annually.

In conclusion, the reduced levels of younger people taking up smoking was reported and welcomed.

AGREED:

1. To endorse the proposed approach to supporting smokers with mental health conditions, and the proposed next steps.
2. To engage in the approach by identifying opportunities to support and advocate through stakeholders.

77. BLACK LIVES MATTER AND NHS WORKFORCE REVIEW: PROGRESS UPDATE

The Scrutiny Support Officer provided a verbal update on the progress of the Black Lives Matter and NHS Workforce Scrutiny Review.

It was reported that three evidence gathering sessions had been held and a fourth reconvened meeting involving the universities was imminent.

AGREED:

That the update be noted.

78. WORK PROGRAMME

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

79. CLOSE OF MEETING

The meeting closed at 8.18pm.