



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 15 APRIL 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

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

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45. APOLOGIES FOR ABSENCE

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

46. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

47. MINUTES OF PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 3 March 2021 be confirmed as a correct record.

48. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT THE PREVIOUS MEETING

The Commission received an update on the following item:

Covid-19 Hospital Readmissions and Long Covid

The Chair reminded members of the discussion concerning the readmission rates at Leicester's hospitals at the previous meeting. It was noted that this had led to a wider question regarding the strategy to deal with long Covid as reports had been received where patients who may have initially recovered from Covid continued to have significant health issues.

It was suggested that a verbal update be provided, and that a full paper on the issues be prepared in due course, once emerging issues were better known and assessed.

Mark Wightman (Director of Strategy and Communications, UHL Trust) provided information on the readmission rates for Covid patients confirming that they were higher than those of non-Covid patients. To provide greater context, it was noted that just over 6% were Covid patients, compared to 4% of non-Covid patients being readmitted. It was accepted that there was a very wide variation currently within the available data and further assessment was required.

In terms of long Covid, it was confirmed that the full paper would also include be prepared and submitted in due course. Reassurance was provided in the interim that the role of the Leicester hospitals had been significant in research, being the highest recruiter in the country in regard to Covid studies.

The information arising from the studies had provided useful information on deprivation and ethnicity, gender, and age. It was noted that increased and enhanced information was being collated in terms of the effects of long Covid.

Members were directed to two links which had been posted to provide further information on readmission rates and the effects of long Covid, as copied below. The recent national media attention was also noted.

<https://www.phosp.org>

<https://www.yourcovidrecovery.nhs.uk>

The update was noted, and the Commission indicated that the full paper would be welcomed, once a sufficient quantity of data and information was collated and assessed, to show any emerging trends.

49. CHAIR'S ANNOUNCEMENTS

There were no specific announcements from the Chair, as any updates or issues were covered in subsequent agenda items.

50. PETITIONS

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

51. 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.

52. COVID 19 UPDATE AND FLU & COVID VACCINATIONS PROGRESS UPDATE

The Chair advised that he intended to take the 'Covid 19 Update' and the 'Flu & Covid Vaccinations Progress Update' concurrently, which were listed on the agenda as separate items, due their close relationship and in view of the formatting of presentations and written materials.

The Director of Public Health gave a PowerPoint presentation, commenting that this was the preferred method of reporting given the need to present the most up to date information.

The presentation provided information on testing data, hospital admissions, mortality, and vaccinations.

In terms of positive tests, it was noted that 36,153 cases had been recorded over the over entire period of the pandemic to 9 April 2021. The weekly data from November 2020 was submitted and the peak of positive cases during January 2021 was noted.

The rate per 100,000 as a comparison to other areas was also submitted and it was confirmed that this was higher than the national average. Data concerning age groups indicated the highest rates in the working age group. In regard to the 60+ age group the information concerning cases in care homes and multi-generational households was also noted.

In respect of hospital admissions, it was noted that a dramatic decrease had been experience with numbers at their lowest since September 2020. Mortality rates were high and a comparison to the pre-pandemic data was noted with an excess of 198 deaths being recorded compared to the normal expected rate.

The data concerning the uptake of vaccinations was submitted, with the percentage uptake of under 50s and 50+ age groups. It was reported that numbers were similar to comparators, but lower than the national average. Information and data concerning low take up areas, and issues concerning ethnicity were explained.

It was reported and accepted that the ongoing situation was constantly changing, and further data would require assessment. Members were encouraged to explore the data on the Council and Government websites which showed the most recent position.

Rachna Vyas (Leicester City CCG) was invited to comment on the vaccination programme and low take up in certain neighbourhoods. The work with practices and networks to engage with communities was clarified and the strength of the partnership approach was recognised. The approach to include Webinar sessions was particularly welcomed and the availability of the vaccine in all areas was noted. The issues concerning the suitability of venues and the initiative to provide separate and more suitable pop-up temporary test centres were reported, following significant engagement with the communities in those areas.

In response to a question it was confirmed that future reports would include the results and the management of the programme, including data on take up on age groups and areas of concern. The enhanced consultation with GP practices concerning the reluctance of taking up vaccines was also reported and recognised.

The Director of Public Health commented on ongoing discussions with Government in relation to extend the usual cohorts of the roll-out of vaccinations, having regard to the unique demographic of the city, particularly with multi-generational households and large workplaces with high numbers of manual staff. An update on the availability and uptake of lateral flow tests would be submitted in due course.

The Chair then asked for the update on flu vaccinations to be submitted.

Wendy Hope (Leicester, Leicestershire and Rutland CCGs) submitted a report, which provided information on the uptake of the Leicester, Leicestershire and Rutland flu vaccination programme 2020/21, alongside a presentation showing the key points for discussion.

It was confirmed that the data set indicated that the city had met the ambition target of 75% although there was variation within cohorts. A range across areas and practices, similar to the results concerning the Covid vaccination roll-out was noted.

The overall success of the programme had been helped by enhanced engagement and communications, which had been more coordinated and focused than in previous years. It was considered that this was due to particular liaison with volunteering community organisations, collaboration with Community faith groups and with social care colleagues.

In response to questions, it was reported that for the cohorts that had the lowest uptake figures, further data analysis to try and understand what the issues were would be undertaken and reported back in due course.

It was confirmed that Focus Groups to assist that further analysis could be convened and that the lack of uptake in some cohorts was recognised nationally and was not unique to Leicester.

The Chair thanked all contributors for their reports and updates.

AGREED:

That the updates on Covid 19, Covid 19 vaccination programme and the flu vaccination programme be noted, and further reports be submitted in due course when further data is collated and analysed.

53. HEALTH INEQUALITIES UPDATE - ACTION PLAN

The Director of Public Health introduced the item. He commented on the liaison and engagement with all professionals across the care system and referred to the Commission's previous ambition to ensure that all partners were involved in the debate concerning inequalities in the system.

Mark Pierce (Leicester, Leicestershire and Rutland (LLR)) submitted the Health Inequalities Framework and welcomed the opportunity to present and share the work to date. It was reported that the Framework was intended to improve healthy life expectancy across LLR, by reducing health inequalities across the system.

It was noted that the Framework was a collaborative effort involving Public Health and was driven by the health and Wellbeing Board. The document was seen as high-level manifesto and the next steps were being considered, including further analysis of the findings and confirming the method of its implementation across the care system. The recent appointment of a dedicated GP for health equalities was reported and welcomed.

In noting the key points, reference was made to the previous items involving access to services. It was recognised that resources were required to generate an equitable outcome and only referring to the availability and offer of universal services was not enough for equity for every member of the population. The issues relating to confidence complacency and convenience were raised and the points concerning the lack of take-up of vaccines were reiterated.

Steve McCue (Leicester, Leicestershire and Rutland (LLR)) also commented on the ambition of the Framework and referred to the multi-partner approach to its development. It was confirmed that the design of the high-level document as a system approach was intentional, and it was clarified that although promoted as a high-level document, the strategic outcomes would come from local level delivery. The resultant importance of the 'place' strategy was highlighted.

The Chair thanked contributors for the reports and invited comments and questions.

In response to comments concerning the national position and advice on equalities in the cares system, it was noted that although not unique, the city's Framework could be promoted as an innovative document, which would help immensely in the ambition to 'close the gap'. The input to the Framework from the significant number and wide range of partners was reiterated and recognised.

In terms of the timeframe the motives and concept of the 1,000 days implementation was explained, with reference to the first 1,000 days of a child's life being used. The need to ensure that outcomes could be monitored were highlighted and it was noted that a meeting between the LLR and Public Health colleagues had been convened to discuss ideas and principles to build on and merge with the current health and wellbeing strategy. In response to a comment regarding reduced funding to health services, it was recognised that funding was key to the long-term success of the Framework and it was noted with concern that although funding was allocated centrally, this had not taken account of Leicester's individual circumstances.

Members were encouraged to support and promote the involvement of community groups and the formal role of the Voluntary and Community Sector was explained and noted. The increase in the numbers of various forms of community groups since the Covid pandemic was noted and the need to continue to utilise their efforts in implementing ongoing initiatives was encouraged.

Andy Williams (Leicester City CCG) was invited to comment and referred to the ambition of the Framework, mentioning the sense of optimism of what could be achieved. He highlighted the unique position nationally, with only a few other areas using equalities fundamentally in addressing equity in the distribution of primary resources, with Leicester being ahead of those other comparators. The success and importance of the multi-partner approach to designing the strategy was also reiterated.

AGREED:

That the development of the Framework and strategy be welcomed, and a further update be submitted in due course concerning its implementation, statement of intent and action plan.

54. OBESITY AND UNHEALTHY WEIGHT IN LEICESTER

The Director of Public Health submitted a report, which provided an update on obesity and unhealthy weight in Leicester City, including childhood obesity.

It was reported that obesity was defined as an excess accumulation of body fat that presents a risk of health and it was confirmed that the recommended measure of overweight and obesity was body mass index (BMI). The National Institute for Health and Clinical Excellence had recommended the classifications for defining weight in adults, which were also submitted within the report and noted.

It was noted that the national picture was depressing, with levels of obesity becoming a significant public health issue.

In terms of the key points in the report the links to diabetes, school closures through Covid and childrens associated lack of play or exercise, planning decisions relating to the built environment and socio-economic factors were all explained. The need to ensure that access to weight management advice and support as a free service was emphasised.

It was reported and accepted that there were no simple solutions to the problem and previous incentives, including Government schemes and initiatives were referred to. The ongoing messages regarding weight management, healthy eating and issues concerning improved food labelling and restrictions on advertising were also noted.

The existence of leisure centres, parks and outdoor gyms were considered to be important and efforts to increase their use were explained, with details of the 'Leicester United' initiative involving the City's professional sports clubs being explained, including the enhanced links between sports clubs and schools. Other in-house programmes to encourage healthy lifestyles in schools were referred to and it was reported that primary school engagement was much higher than secondary schools, due to the primary schools having fewer practical and logistical issues in implementing schemes.

In response to comments, it was recognised that the liaison and practical implementation of projects and programmes towards school aged children was important, with examples being cited of poor communication methods and upset caused to children and families. Reassurance was provided that the issue was known within the service and service providers were always mindful of the situation to avoid emotional upset or stigmatisation. The wider associations between obesity and mental health issues were also discussed and noted.

In conclusion the Chair referred to the potential links to the Food Plan, which had been recently published, and suggested that improved links with that strategy and its dietary advice would be beneficial. It was suggested that that the issues of obesity around poor diet should be heightened, with positive activities being supported to encourage proper nutrition, alongside the current emphasis on exercise. This point was accepted and acknowledged.

AGREED:

- 1) That the report be noted and a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.
- 2) That the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.

55. WORK PROGRAMME

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

56. ANY OTHER URGENT BUSINESS

Kalvaran (Kal) Sandhu – Scrutiny Manager

The Chair advised that Kal Sandhu had recently accepted an alternative role within the Council to become the new Equalities Manager. He informed members that Kal had supported the Commission and the Council's wider Health and Wellbeing portfolio for the past 9 years.

Members joined the Chair in thanking Kal for his considerable efforts and work and wished him well in his future role.

In response Kal thanked members for their support to him during his time in scrutiny.

57. CLOSE OF MEETING

The meeting closed at 8.00 pm.