LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: THURSDAY, 16 MARCH 2023

Time: 9:30 am

Location:
MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.

G. J. Carey
For Monitoring Officer

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MEMBERS OF THE BOARD

Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure and Sport

Councillor Sarah Russell, Deputy City Mayor, Social Care and Anti-Poverty

Councillor Elly Cutkelvin, Assistant City Mayor, Education and Housing

Councillor Mustafa Malik, Assistant City Mayor, Communities and Equalities

City Council Officers:

Martin Samuels, Strategic Director of Social Care and Education

Ivan Browne, Director Public Health

Dr Katherine Packham, Public Health Consultant

1 Vacancy

NHS Representatives:

Richard Mitchell, Chief Executive, University Hospitals of Leicester NHS Trust

Mike Powell, Deputy Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Place Board Clinical Lead, Integrated Care Board

Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board

David Sissling – Independent Chair of Leicester, Leicestershire and Rutland Integrated Care System

Oliver Newbould, Director of Strategic Transformation, NHS England and NHS Improvement

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Group

Healthwatch / Other Representatives:

Ben Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Kevan Liles, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Sue Tilley, Head of Leicester, Leicestershire Enterprise Partnership

Kevin Routledge, Strategic Sports Alliance Group

Barney Thorne, Mental Health Partnership Manager, Local Policing Directorate, Leicestershire Police

STANDING INVITEES: (Non-Voting Board Members)

Cathy Ellis – Chair of Leicestershire Partnership NHS Trust

Professor Andrew Fry – College Director of Research, Leicester University

Richard Lyne, East Midlands Ambulance Service, Divisional Director LLR

John MacDonald, Chair of University Hospitals of Leicester NHS Trust

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING **APPENDIX A (Pages 1 - 12)**

The Minutes of the previous meeting of the Board held on 26 January 2023 are attached and the Board is asked to confirm them as a correct record.

4. CHAIR'S INTRODUCTION

The Chair will:

- Outline the scope of this special winter-focussed meeting.
- Cite any reports which might have needed to be postponed to enable this meeting to focus on winter issues.

5. JAMILA'S LEGACY **APPENDIX B (Pages 13 - 28)**

Rehana Sidat (Founder/CEO -Jamila's Legacy) will give a presentation on the work and remit of the local non-profit organisation, Jamila's Legacy, which support and educate communities and organisations in mental health and well-being.

6. CELEBRATING SUCCESSES, INNOVATION, AND CASE STUDIES OVER THE WINTER PERIOD **APPENDIX C (Pages 29 - 40)**

Rachna Vyas (Chief Operating Officer, NHS Leicester, Leicestershire and Rutland) and colleagues will give a presentation on some of the key initiatives which have been developed and delivered during the winter months to manage the increasing pressure on services.

7. COST OF LIVING IMT/FUEL POVERTY AND HEALTH

APPENDIX D (Pages 41 - 78)

Ivan Browne (Director of Public Health, Leicester City Council) and Rob Howard (Consultant in Public Health, Leicester City Council) will give a presentation on the whole council approach which has been taken to tackle the cost-of-living crisis, the key elements of activity being undertaken, and outline the Fuel Poverty Programme.

8. BUILDING CAPACITY FOR CARE OUTSIDE OF HOSPITAL

APPENDIX E (Pages 79 - 86)

Jagjit Singh-Bains (Head of Independent Living, Leicester City Council) and Beverley White (Adult Social Care Lead Commissioner, Leicester City Council) will give a presentation on:-

- Integrated Crisis Response Service support to the Unscheduled Care Coordination Hub (with a focus on case studies and impact).
- Commissioning support to the independent sector – covering the new night care offer and payments to enable provider decision making capacity at weekends.

9. CHILDREN AND YOUNG PEOPLE IN THE CONSIDERATIONS OF THE HEALTH AND WELLBEING BOARD

APPENDIX F (Pages 87 - 96)

Martin Samuels (Strategic Director for Social Care & Education, Leicester City Council) will present a report on the formation of the Children & Young People's Collaborative involving the senior leaders for children's services from the LLR. The group has identified a number of key priorities for shared work in this area to ensure the needs of children and young people in the City are given equitable focus as the needs of adults in relation to their health and wellbeing needs.

10. ICB 5 YEAR FORWARD PLAN

APPENDIX G (Pages 97 - 108)

Sarah Prema (Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board) will give a presentation outlining the direction of travel for the ICB Five Year Forward Plan.

11. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

12. DATES OF FUTURE MEETINGS

To note that meetings have been arranged for the following dates in 2023/2024 which will be submitted to the Annual Council in May 2023. Please add these dates to your diaries. Diary appointments will be sent to Board Members.

Thursday 29 June 2023 – 9.30am
Thursday 21 September 2023 – 9.30 am
Thursday 18 January 2024 – 9.30am
Thursday 18 April 2024 – 9.30 am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

13. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 26 JANUARY 2023 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Dr Ruw Abeyratne	–	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Ivan Browne	–	Director of Public Health, Leicester City Council.
Kash Bhayani	–	Healthwatch Advisory Board, Leicester and Leicestershire.
Councillor Elly Cutkelvin	–	Assistant City Mayor, Education and Housing.
Kevan Liles	–	Chief Executive, Voluntary Action Leicester.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Mark Powell	–	Deputy Chief Executive, Leicestershire Partnership NHS Trust.
Dr Avi Prasad	–	Place Board Clinical Lead, Integrated Care Board.
Sarah Prema	–	Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board (ICB)
Kevin Routledge	–	Strategic Sports Alliance Group.
Councillor Piara Singh Clair	–	Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council.
David Sissling	–	Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland.
Chief Supt Jonny Starbuck	–	Head of Local Policing Directorate, Leicestershire Police.

Councillor Sarah Russell	–	Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council.
Andy Williams	–	Chief Executive, Leicester, Leicestershire and Rutland, Clinical Commissioning Groups.

Standing Invitees

Cathy Ellis	–	Chair of Leicestershire Partnership NHS Trust.

In Attendance

Graham Carey	–	Democratic Services, Leicester City Council.

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80. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:-

Councillor Mustafa Malik	Assistant City Mayor Communities and Equalities
Susannah Ashton	East Midlands Ambulance Service, Divisional Director
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust
Harsha Kotecha	Chair, Healthwatch Advisory Board, Leicester and Leicestershire
Richard Mitchell	Chief Executive, University Hospitals of Leicester NHS Trust.
Oliver Newbould	Director of Strategic Transformation, NHS England and NHS Improvement
Professor Bertha Ochieng	Integrated Health and Social Care, De Montfort University.
Martin Samuels	Strategic Director of Social Care and Education

81. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

82. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 28 July 2022 be confirmed as a correct record.

83. CHAIR'S INTRODUCTION

The Chair referred to the Project Search Opportunities for Children and Young People with SEND presented to the Board in October 2021 by the Head Teacher of Ellesmere College. UHL had taken up the opportunity to take part in the scheme and had held a successful event before Christmas. The students had gone through the programme and were working at UHL as part of the hospital team. The process had all happened in three 3 months and had been a positive result for young people in this city. It was important to highlight what the Board were doing, and the Chair thanked everyone involved and looked forward to more initiatives like this.

The Chair also indicated that colorectal cancer survival would be on a future agenda of the Health & Wellbeing Board in relation to rates of survival one year after diagnosis in Leicester being the lowest in England. Members will be asked to liaise with their organisations regarding this work with a view to bringing actions to the relevant Health & Wellbeing Board that their organisation is able to commit to in order to improve colorectal cancer survival rates. It is important to promote increasing the levels of screening testing to national standards. A Task Group would be looking at the factors at play affecting the uptake of screening and vaccination.

84. BETTER CARE FUND

The Board received Better Care Fund plan previously circulated in in the summer of 2022 and the recirculated in December 2022 and Board members had been given the opportunity to raise queries and make comments with officers prior to the meeting.

AGREED:- That the Better Care Fund Plan and Action Plan be approved.

85. DELIVERY AND ACTION PLAN (2023-2025) FOR LEICESTER'S HEALTH CARE AND WELLBEING STRATEGY

Katherine Packham, Consultant in Public Health, Leicester City Council, presented a report and gave a presentation which summarised the development of the Leicester Health Care and Wellbeing Strategy Delivery Plan (2023 2025), which was last considered by the Board on 28 July 2022.

The Board were asked to formally approve the Delivery action plan (2023 – 2025) for the six 'do' priorities of the Leicester's Health, Care and Wellbeing Strategy.

It was noted that:-

- This strategy would be published on a microsite of Leicester City Council's website. This microsite was in its final stages of development. The strategy contains 19 priorities. These were divided into do, sponsor and watch categories, with the six 'do' priorities given highest priority.
- The six 'do' priorities were:-
    - Healthy Places: To improve access to primary and community health/care services.
    - Healthy Minds: To improve access for children and young people to mental health and emotional wellbeing services.
    - Healthy Minds: To improve access to primary and neighbourhood level mental health services for adults.
    - Healthy Start: To mitigate against the impacts of poverty on children and young people.
    - Healthy Lives: To increase early detection of heart and lung diseases and cancer in adults.
    - Healthy Ageing: To enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths, and reduce frailty.
- Following the development day session an extra column had been added to the 'Do Priorities' page to include Outcome statements.
- The other groups of priorities outside the 6 'do' priorities were still important and would continue to be recommended e.g. digital access. The focus would be on those groups with had the most impact on poor health.
- The Summary of key actions were included in the report and work would now move to implementing the Action Plan. The reporting of progress was not intended to be too onerous by making it an extra task. Progress would be shared with the Board on a quarterly basis.

In response to questions officers stated:-

- Discussions had been held with asylum seekers and there was a high demand English courses and officers were looking to see if any funding was available to enable them to be provided to meet the demand. It was recognised that digital access and social mobility for linguistic improvement would lead to big improvements.
- A small core group would continue to meet including Council officers and the ICB and there were workshops for many projects already funded. There may be some that might need extra funding for those not going so well. The progress in a year was aspirational and we needed to know what we were doing was working for what we want to improve health equity and life expectancy. It was not expected to see large shifts in a single year.

Board members commented that:-

- In relation to digital literacy and access it was important to not make the link that if a person does not have English skills they can't access

services, as they often used filters etc to provide translations and were often very digital aware compared to other English-speaking groups. There was also a huge benefit to be gained from easy read leaflets, as had been demonstrated by the ones produced for covid vaccinations. This had been used by used by others because it was not technical and people could see the benefits for the help they gave.

- Joint Health and Wellbeing was considered to belong to all partners and real positive things had happened so far. Language was an important issue but it did not necessarily mean there was a need to find additional money to do it; but making approached to education staff to let them know this was a priority for the Board and could they do anything to monitor and make improvements.
- The plus groups were supported as they were currently defined, and they would make a difference. There was a homeless link to Changing Futures Programme and a health element could easily be added.
- Communities had joined together to engage with the vaccinations and resources were already in the community that with a small amount of resource can nudge progress along. A programme of bids across the city could help need to join intelligence and efforts.

AGREED:- That the Delivery Action Plan (2023 – 2025) for the six 'do' priorities of the Leicester's Health, Care and Wellbeing Strategy be approved.

86. INEQUALITIES PRESENT IN MATERNITY MORTALITY EXPERIENCED BY WOMEN OF DIFFERENT ETHNICITIES

Rob Howard (Consultant in Public Health, Leicester City Council) and Dr Ruw Abeyratne (Director of Health Equality and Inclusion – University Hospitals of Leicester NHS Trust) provided a verbal update on the progress being made to tackle inequalities in maternal mortality faced by Black and Asian women in the City.

It was reported that:-

- There was a Task and Finish Group to look at what was available and what could be done to improve it.
- Rob Howard came out of MBRRACE-UK report on research into perinatal morbidity and at deaths in ethnicity. Although the numbers were relatively small the rates for women of black origin was 4 times higher than white women, of Asian origin twice as high and women of mixed heritage were three times higher.
- Further work had been undertaken to categorise issues around attitudes, language, being dismissive of concerns and knowledge or lack of knowledge/assumptions about pain levels for ethnic women. There needed to be better coding for data and more community based work.
- UHL had undertaken a lot of work on the development of culture in the care process. Focus Groups had bene held to address the concerns and problems that were not understood and care of health and wellbeing in the challenging environment staff worked in. There was a need to recognise cultural competency and sensitivity to women and their

families. There were recurrent themes about trust and not being listened to and practitioners needed to change how these concerned were respond to. There was a need to move from listening to concerns viewpoints towards showing practitioners had learned from what people had said. Languages were a challenge and how this was utilised as a tool for care and allowed to be a barrier. It was important to make applications acceptable to women and their families. Collecting local data was essential and even though the numbers were a small a dashboard in development.

Members of the Board commented that:-

- Ethnicity could independently affect mortality and morbidity. There was a need to change the determinations which were malleable. Understanding the mortality in countries of origin and what could be learned from those countries to improve the situation was important. We should not be insular when looking at the norms. For example The advice in Japan was that it was acceptable for parents to sleep with children until they were 7 years old and the advice in the UK was that parents should not sleep with babies as this increased the risk of them dying. This was not the experience found in Japan and evidence suggested that other issues such as the use of drugs and alcohol were more important contributory factors.
- Work from this initiative could be applicable to other service areas.
- It should be recognised that there was a need for individual change as well as a collective change. Further consideration should be given to what counts as 'black community' as those of Afro Caribbean, Somali or Nigerian origins all had different complex issues. There was an opportunity to identify if there was a particular group of origin that was more disadvantaged. Change would not occur quickly because of the practice of women sharing comments with each other and if they have a bad experience that would be shared. That would have to be addressed and measures taken to avoid that and to reassure others that not everyone had bad experiences.
- Issues around cultural norms is critical to Leicester due to it being a pluralistic city and identifying what is the norm for Leicester. Measures that worked elsewhere would not necessarily work in Leicester.
- There was a difference between people of African and Caribbean origin and rates of mortality in those countries and the relationship between those countries and here. If there was a marked increase in the UK was this due to genetic or other issues.
- If ethnicity was an issue, even if adjusted for deprivation, if it was not physiological then was it equity and equality? Looking at other western European countries such as France, Germany or Sweden to see if they have similar issues. If they don't, why not as they had a similar history of diversity in immigration.

In response, officers stated that:-

- There was not data relating to women who come to the UK compared to data for women who were born and raised in this country. Mortality and morbidity factors happened before conception so there was plenty that

could be influenced to address those issues.

- The shared experiences across communities were not just maternity but involved all experiences and the role of partners, fathers and the and support from the community added extra levels of complexity.
- The questions asked by Board members were the same as those being asked by officers and whilst the answers were not yet there was work that could be done to improve the knowledge and data in these areas.

The Chair commented that this was an ongoing piece of work with different strands and a short update would be helpful at the next meeting. An update on the preliminary feedback on engagement sessions could follow to a future meeting. This work could be used for other departments across all NHS organisations and the partnership coming together to help each other. The council had good data and an award-winning team for producing it and this could be shared so it could influence all other aspects of health.

AGREED:- That officers be thanked for the update and were asked to submit further updates as the project progressed.

87. CHILDREN AND YOUNG PEOPLE IN THE CONSIDERATIONS OF THE HEALTH AND WELLBEING BOARD

The Chair stated that consideration of the report would be deferred to a future meeting as Martin Samuels was unable to attend the meeting to present the report.

88. MEETING THE NEEDS OF COMPLEX PEOPLE

Chris Burgin, Director of Housing, Leicester City Council, give a presentation setting out the increasing challenges of helping complex housing applicants and tenants, housing them and the need for Housing services and Health services to work together to ensure Health services pathways are accessible and timely for those people going through Homelessness and those complex and vulnerable people in Housing.

During the presentation it was noted:-

- There was increasing homelessness, there was a lack of suitable housing to meet challenging and more complex needs and the health and wellbeing of citizens was affected.
- There was a lack of truly affordable housing and the low levels of house building since 1969 meant there was a lack of houses to meet demand. Less than 10% of private rented properties were not available to those on benefits.
- People could be homeless if they had nowhere to stay and were living on the streets, they could also be considered homeless even if they had a roof over their head.
- The homeless population had a life expectancy of 43 years. On average men and women who were homeless at or around the time of their death lived 31 years and 38 years fewer than the average. Homelessness was associated with tri-morbidity, a combination of

physical ill health with mental illness and drug or alcohol misuse.

- Mental illness was a cause and a consequence of homelessness. 70% of homeless service users in England had mental health problems. Deliberate self-harm, including suicide, was 7 times higher than that of the general population.
- Homeless people were over-represented attenders in A&E. A homeless drug user admitted to hospital was 7 times more likely to die over the next 5 years than a housed drug user with the same medical problem. Without early intervention homeless children and young people were likely to enter such a cycle.
- There were now over 5,000 people facing homelessness in Leicester.
- A case study gave an outline of what impact a person with complex needs could have on neighbours and the ways in which the Tenancy Management and STAR services could help over a period of time.
- The Housing Service had a strong offer of services, support and interventions to assist people suffering or threatened with homelessness. The service's motto was that one needed to sleep on the streets and whilst every effort was made to assist people, some didn't accept help. There were over 200 people currently in temporary accommodation. It was known that people who were rough sleeping had frailty levels equivalent to an 89 year old.
- The initiatives housing services were undertaking were fully outline in the presentation.
- It was considered that housing and health services must commit to doing more together if the response to homelessness was to be to be successful, including joint financial support where health issues were concerned.

Following the presentation the Board Members commented that:-

- There may need to create a Task and Finish Group to look at the issues involved as homelessness affected all Board partners.
- It was felt that the homeless were a group of people that the system was systematically failing, especially those complex needs living street lifestyle supported by crime and drug issues.
- Leicester was seen nationally as being ahead compared to others in providing joined up homeless services and was often used as an example of good practice.
- The homelessness strategy and charter had been effective and there was a need to have a flexible approach with elements of variety. The Floral Lodge offer helped those with acute needs and who wanted to change. It was felt that in some instances that if the system failed them then it would have failed it its last opportunity to provide help.
- Many homelessness had low faith in the system. If they had been recognised as being neurodiverse at an early stage then they may not have been where they are now.
- There should be a multi sector approach and the Task and finish Group was supported to look at solutions to take between all partners as it impacted upon all Board members services.
- UHL were looking at the A & E attendance by this group of people with

LPT and others. It was flet that the underpinning issue was around prevention and there was a need to build a structure that worked towards prevention. It was important to attract the attention of key stakeholders in this issue.

- Cathy Ellis commented that LPT picked up on a lot of people from drop ins etc and they welcomed the work on reconfiguring the Dawn Centre and were happy to help if they could.
- Ivan Browne commented that he had been to St Mungos before covid when he took up the issues from the director of Housing. It was clear that not one single organisation could get to a place where the whole system needed to be at in order to response to the needs of the homelessness and it was important there was a collaborate and partnership working to achieve this.
- Andy Williams commented that there was an opportunity to submit bids to the ICB in order to have weight as partnership and were happy to work with the Director of Housing on that. The ICM were also looking at their plan for next year, so it was now appropriate to look at these issues to see what improvements and benefits there would be and if makes financial sense to allocate money to where it needs to be.

The Chair stated that she saw this as important issue for the Health and Wellbeing Board and the Board had an important role to play because of importance of place. This was one of the top priorities in our strategy and the need for a Task and Finish Group would be raised at a future meeting. It was not necessarily about having more money but what was done collectively to work together to maximise resources.

AGREED:- That the Director of Housing be thanked for his informative presentation and all Board members commit to working in partnership to address the issues involved in dealing with the homelessness and tenants with complex needs.

89. INTEGRATED CARE BOARD ROLES AND RESPONSIBILITIES

Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board (ICB) presented a report setting out the roles and responsibilities of the Integrated Care Boards which replaced Clinical Commissioning groups in July 2022.

In view of the time pressures for the meeting, Sarah Prema stated that she would be happy for paper to be noted. The core responsibilities were set out in paragraph 2 of the report and the legal duties were outlined in paragraph 5 and these were similar to those of the previous Clinical Commissioning Group. The wider role of the ICB within the Integrated Care System and the role of the ICB for specific areas within that were shown in paragraph 7.

The Chair commented that the ICB had been in existence for 8 months and it would evolve over time as it developed.

AGREED: That the report be noted and future updates be submitted when

necessary.

90. PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

Helen Reeve, Senior Intelligence Manager, Public Health, Leicester City Council presented a report which summarised the Pharmaceutical Needs Assessment (PNA) following its development since it weas last discussed at the Board on 28 July 2022.

It was noted that the PNA had been consulted upon and had been considered at the Council's Health and Wellbeing Scrutiny Commission last week where it had been well received.

The Chair thanked everyone involved in progressing the PNA and taking it through the consultation process. The report had been published in the Autumn of 2022 and Board members were invited to contact Helen Reeve if they had any questions or observations.

Ivan Browne commented that when it was discussed at the Health and Wellbeing Scrutiny Commission had referred to the provision in the west of the city and whilst there was provision in the area that met the criteria, as that part of the City was developed the pharmacy provision would need to be addressed.

The Chair commented thanked everyone involved for producing this good piece of work.

AGREED: That the Board note the conclusions and recommendations in the report and asked that the comment made above to improve the PNA be taken into consideration.

91. LLR HEALTH AND WELLBEING PARTNERSHIP DRAFT INTEGRATED STRATEGY

Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board (ICB), presented a report on the draft Integrated Care Strategy which has been developed by the LLR Health and Wellbeing Partnership, and outlined the engagement process with Health and Wellbeing Boards.

It was noted that:-

- The ICB are required to develop an Integrated Care Strategy.
- The first draft of the strategy was presented to the LLR Health and Wellbeing Partnership in December 2022. It was agreed that further engagement would take place with the three Health and Wellbeing Boards in LLR in the first quarter of 2023 to gain feedback with a view to getting a final strategy approved and published by the latest Autumn of 2023.

- A number of workshops had produced the initial draft for engagement purposes, and it was proposed to produce the final version by the end of summer and autumn allowing for the local elections in May 2023.
- The purpose of the Strategy was to reassure the wider public on how the ICB was seen to be operating within a clear framework.

Members of the Board commented that:-

- That whilst the Strategy was ambitious and impressive, there was no reference to prevention measures which were equally important. What percentage of the system's budget would be allocated to prevention measures as it was considered that without funding prevention measures the Strategy would not achieve it targets as the system would always be responding to firefighting measures. The need to change the current factors affecting health had to be accepted as well as a commitment to make changes. Given that the health and social care budgets had been cut drastically in recent years did the Strategy model the realities that would stumble the system to deliver the target, otherwise the same discussions would be repeated in future years and faith and trust would be lost in those delivering services.
- The Strategy was seen as an expression of the wider partnership with the ICB and a platform to sponsor and promote pieces of work, one of which would need to be the cost of living crisis. There should be respect for the challenges of each place within the LLR footprint as they differed in each health Boards area.
- It was suggested that the Strategy should make reference to the detailed plan put in place for Health and & Wellbeing for the City and other areas and that that the 5 Year Strategy also needed to link into this report so that those issues could also be addressed.
- It was felt that the Strategy was silent on the ambitions of partners, young people, mental health prevention etc and illustrations requiring high level financial forecasts.

In response to the issues made by Board Members officers commented that prevention should not be viewed as making changes and improvements in 5 or 10 years' time. There were issues such as the statistics for people dying younger than the national averages where early intervention can have a significant impact in short periods of time. It was everyone's responsibility to engage in prevention to address current issues.

The Chair commented that the Council had a Deputy City Mayor for Social Care and Anti-Poverty, a lead on neighbourhoods and Councillor Cutkelvin led on housing and this emphasised that there needed to be joined up approach between the representatives on the Board.

Ivan Browne commented that it was important for each partner to know what each organisation did so that each could signpost to appropriate services and initiatives to maximise service delivery.

Andy Williams commented that in relation to the need for immediacy of prevention the City had delivered the biggest vaccination programme in history

in partnership between health and Council partners. The City had also dealt with migrant issues in a similar co-ordinated response. Prevention should be seen as 'a now issue' for consideration and a case study could be incorporated. Officers would pick this up this issue.

AGREED:- That the draft Strategy be supported and officers take into account the comments made by Board members above.

92. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

93. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would be held on the following dates:-

Thursday 13 October 2022 – 9.30 am
Thursday 2 February 2023 – 9.30am
Thursday 13 April 2023 – 9.30 am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

The Chair commented that the next meeting would have a winter themed focus together with the item on the 5 Year Forward View. Officers would write to Board members on the theme to see how everyone could contribute with reports relating to the topic.

94. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business to be considered.

95. CLOSE OF MEETING

The Chair declared the meeting closed at 11.59am.

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 16th March 2023

Subject:	Mental Health – Everyone's Business Jamila's Legacy
Presented to the Health and Wellbeing Board by:	Rehana Sidat – CEO and Founder of Jamila's Legacy
Author:	Rehana Sidat

EXECUTIVE SUMMARY:

Mental health affects everyone, and it is collectively everyone's business to destigmatise poor mental health and ensure those who need support are able to access it at the time is it needed. This is particularly relevant amongst some ethnic minority groups, where additional challenges and barriers to identifying and addressing mental health needs are faced.

Jamila's Legacy is non-profit organisation offering advice, advocacy, support, a listening service, self-care and training activities to individuals interested in maintaining their own mental well-being and supporting others.

The presentation will highlight the scope and purpose of the organisation, the reason it was set up, it's vision and mission, and touch on the projects it delivers.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the work delivered by Jamila's Legacy and identify opportunities to support and endorse it.

Bringing people together since 2015 to increase awareness & deepen understanding of mental health

Rehana Sidat - CEO/Founder

Jamila's Legacy

BSc (Hons) Cognitive Behavioural Approaches

'Mental health – Everyone's business'

Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

Jamila's Legacy

Supporting and educating communities and organisations in mental health

Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

Jamila's Legacy is a non-profit organisation that offers advice, advocacy, support, a listening service, self-care activities and training to individuals interested in maintaining their own mental health well-being and supporting others.

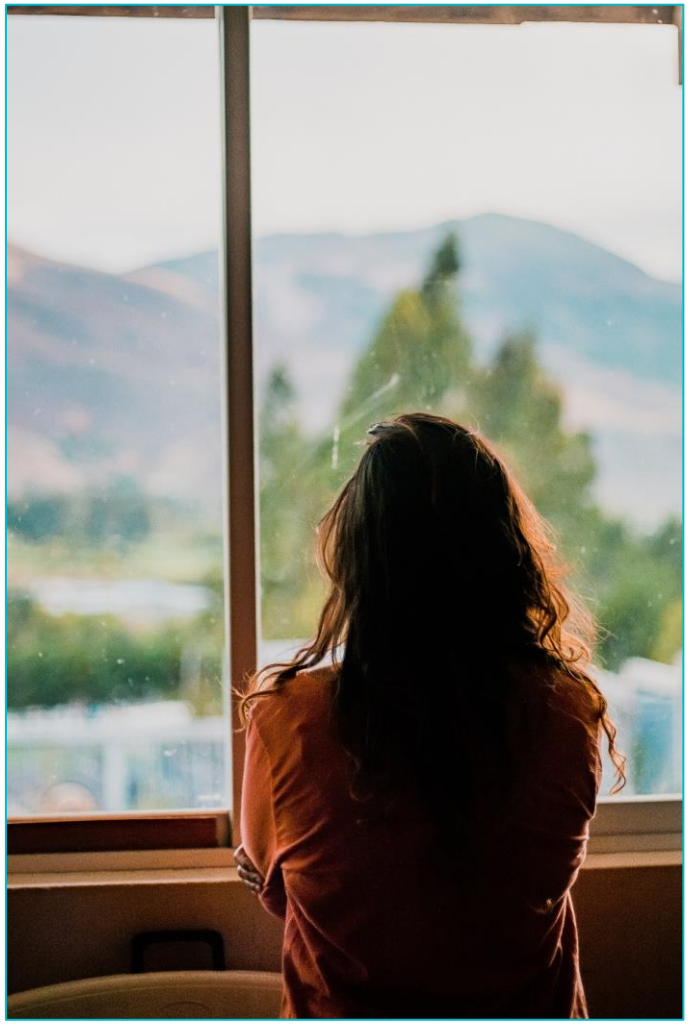
Jamila's Legacy has been bringing people together to increase mental health awareness and deepen understanding since 2015. We have been working at a community and grassroots level, engaging with ethnic minority communities, and have developed an understanding of their needs, barriers and challenges.

Jamila's Legacy CIC
Mental Health
Awareness | Resilience | Training

We know that stigma and shame around mental health still exists and in some ethnic minority communities there can be additional barriers and challenges to opening up or seeking help due to family and community expectations and/or some cultural norms and beliefs.

Jamila's Legacy CIC
Mental Health
Awareness | Resilience | Training

Jamila’s Story



Jamila’s Legacy CIC

Mental Health

Awareness | Resilience | Training

The local picture

Higher levels of poor mental health than the national average reported in 2018.

The number of people with long-term mental health problems is significantly higher than the average across England.

Mental health disorders in children and young people are also higher than England's average.

Leicester City (JSNA 2020)
Health & Wellbeing Survey (2018)
Time To Change Leicester (2018)
Health and Wellbeing Strategy and Action Plan 2018-2023

The NHS Five Year Forward View for Mental Health

We need to put greater energy into prevention, rather than waiting until people reach crisis point.

OUR FOCUS

Jamila's Legacy CIC
Mental Health
Awareness | Resilience | Training

Prevention

Early intervention

Jamila's Legacy CIC
Mental Health
Awareness | Resilience | Training

Vision

Our vision is to normalise mental health conversations and create a society where people with mental health problems are accepted, valued and feel they belong.

Mission

Jamila's Legacy CIC
Mental Health
Awareness | Resilience | Training

Our mission is to educate, build confidence and empower people with mental health problems so that they are well informed of their rights and choices, are able to maintain their own mental wellbeing and become confident self-advocates.

Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

- **The Women's Mental Health Wellbeing Project**

- **Men's Monthly Mental Health (Online sessions)**

- **Mental Wellbeing Mondays**

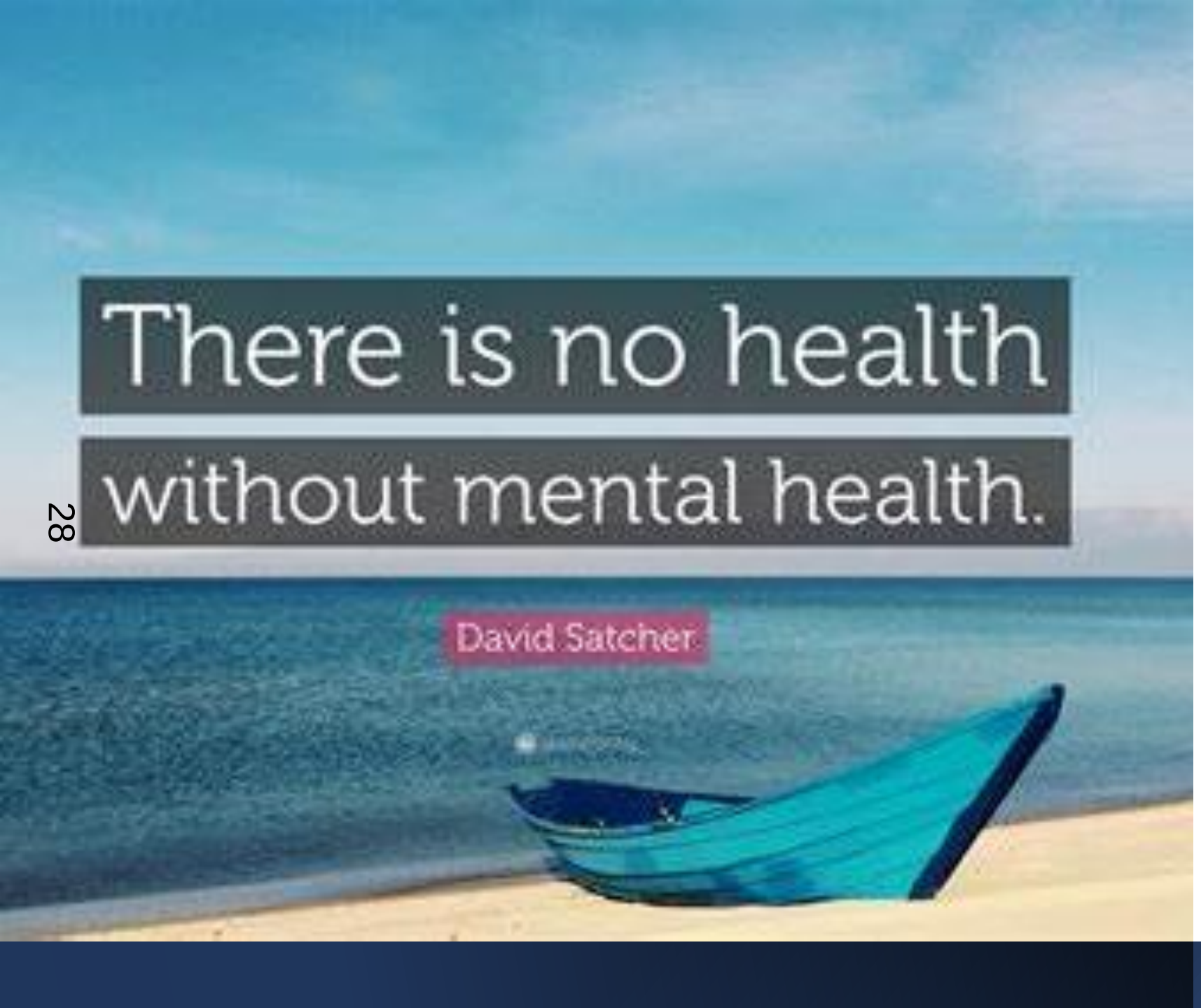
- **The Young People's Project**

Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

Thank you



Jamila's Legacy CIC

Mental Health

Awareness | Resilience | Training

www.jamilaslegacy.co.uk

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	Partnership working across health and care – winter 2022/23
Presented to the Health and Wellbeing Board by:	Rachna Vyas, Chief Operating Officer, NHS LLR ICB and colleagues from the LLR Winter Board
Author:	Rachna Vyas, Chief Operating Officer, NHS LLR ICB

EXECUTIVE SUMMARY:

The LLR health and care community has been working in partnership to plan for and deliver services through a difficult period of seasonal pressures and at a time of unprecedented industrial action across the public sector.

Whilst demand has stabilised through the start of Q4 23/24, all parts of the system remain busy in terms of both acuity and demand. This trend spans primary care, NHS111, Clinical Navigation Hub, home visiting, urgent care services, acute services and social care services.

Despite pressures, the LLR system has continued to deliver innovative services, grounded in true partnership; this presentation highlights some of the key services delivered over the winter period.

Colleagues from across health and care service, represented on the LLR Winter Board, will present these highlights, along with plans for further developments in 23/24.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

RECEIVE and NOTE the highlights presented

NHS
Leicester, Leicestershire and Rutland

LLR winter preparedness

March 2022

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Winter plan – Oct 2022 to Feb 2023

Implement COVID and Flu vaccs programme	Implement respiratory hubs across LLR	Redesign the GP > acute care pathway	Increase availability of urgent care centre appts	Increase LPT capacity
Maximise discharge opportunities	Implement the Unscheduled care hub	Implement 300 virtual ward beds	Increase UHL capacity	Increase handover space
Implement the 'push' model from ED	Maximise use of Same day emergency care	Increase opening hours of MIAMI	Implement actions from the 100 day discharge challenge	Implement fuel poverty plan
	Increase 111/999 call handlers	Increase mental health support	Agree risk management strategy for system	

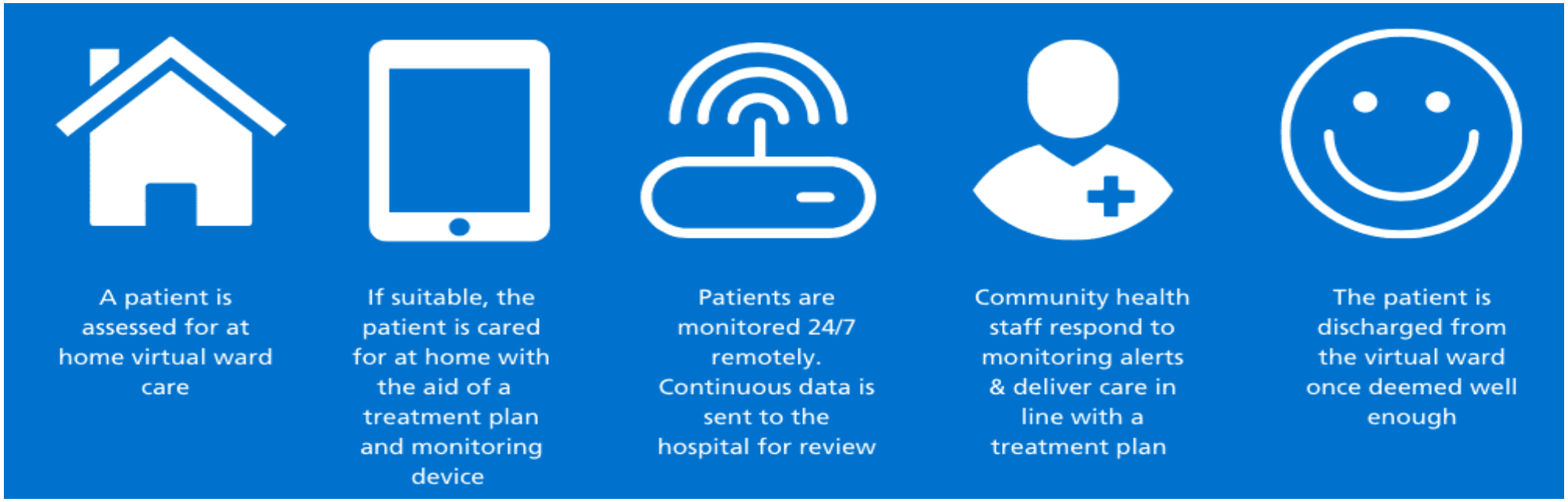
Winter Plan v2 – Jan to March 2023

Standardise online, digital & f2f primary care offer	Implement step up pathway for key LTC i.e. respiratory	Maximise streaming from EMAS stack safely	Maximise streaming opportunities from ED front door safely
Standardise multi-disciplinary management of the ED bed stack	Implement plans for Integrated Discharge function	Maximise capacity in all providers	Implement plans to equalise risk across the system safely

Integrated crisis response services

- The Urgent community response service for Leicester City has a 100% response rate within 2 hours, with the vast majority of people kept safely in their place of residence, using a holistic checklist of care
- Patients can access these services through any health and care professional
- This model has been used to develop the UCR model for LLR and forms the basis of the national specification

Virtual wards



- About 100 patients per week being supported in their place of residence through a ‘virtual ward’
- Very positive patient feedback, with pathways live for cardiac and respiratory illness
- Further development of pathways to support frailty and intermediate care
- Opportunity to work with LA monitoring services such as pendant alarm services etc

LLR unscheduled care hub

- A full partnership approach between all agencies across LLR to get our patients to the right care in the right place at the right time
- Team covers physical and mental health, care and therapy etc
- The team will assess calls on the ambulance queuing system and re-route patients so that they can access the right service at the right time

- About 30-40 patients per day are assessed by the team and supported in their place of residence, rather than by ambulance services or the Emergency Department
- Being rolled out across the country

Supporting discharge from UHL

- Short term government funding released in Dec 2022 to support discharge
- Partnership approach between City council and health to assess how best to get our patients the right care at the right time, based on local insights and knowledge
- Gap identified in recruitment and retention around domiciliary care
- Launch of ‘Inspire to care’ programme across the City, with a focus on recruiting new staff into care careers, retaining current staff and ensuring that new colleagues have a known career pathway across health and care

Supporting discharge from LPT

- Recent evidence that hoarding and other housing related factors impacting on ability to discharge patients from mental health wards
- Opportunity to expand the Housing Enablement Team (HET) to cover MH Services Older People inpatients wards
- Up to 25 patients supported with early discharge - housing cases can have complex circumstances and result in long delays in discharges, impacting further on physical and mental health
- Resulting in a reduced Housing related DTOC level and a reduced average length of stay on these wards

Conclusions

- It is extraordinarily difficult in every area of health and care at the moment – mix of demand, COVID/Flu, staff absence, capacity plus impact of industrial action
- The system has managed the ambulance service industrial action / critical incident called at Leicester Hospitals as a partnership but recognise that the surges in activity are causing a poorer patient experience across the pathway, with long waits across the pathway. Staff are also under increasing pressure
- We have continually strengthened the winter plan and we will apply learning from what we know has worked through difficult periods through the year
- However, what is clear is that our partnerships across health and care have held firm and these case studies demonstrate the art of the possible when we continually work together

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	Cost of Living and Fuel Poverty
Presented to the Health and Wellbeing Board by:	Rob Howard & Ivan Browne
Author:	Rob Howard & Ivan Browne

EXECUTIVE SUMMARY:

Leicester City Council (LCC) adopted an incident management team (IMT) approach to tackling the cost-of-living crisis. This presentation looks briefly at key elements of activity being undertaken, and outlines the Fuel Poverty Programme.

LCC have taken a whole council approach to the crisis, aligning with our Anti-Poverty strategy, coordinating activity across the authority, and ensuring that people are able to easily access support.

Cells across the authority have been addressing cost-of-living issues, providing support to citizens through a variety of workstreams, and highlighting broader issues within the core IMT meetings.

LCC also works closely with key external partners and community groups to provide wider support coverage and engagement.

Horizon scanning within cells allows upcoming issues to be recognised and where necessary addressed by IMT. Current upcoming issues include a likely increase in Council Tax, pressure on Commissioned Services, and pressure on Advice Services.

LCCs cost of living support offer continues to evolve, and remains accessible and robust.

LCC, working in partnership with National Energy Action (NEA), has introduced a Fuel Poverty Programme.

The impacts of fuel poverty on health are widely recognised, and Leicester has relatively high levels of fuel poverty. The Fuel Poverty Programme aims to tackle the issues at hand through three workstreams; an advice service, training, and education.

The Advice service has been soft launched within LCCs Housing Division. Further rollout of the service will be coming soon.

The Training workstream will extend the reach of the programme by embedding energy advice and qualifications into front line services and communities.

The Education workstream will raise awareness of energy efficiency at home and at school, initially targeting children in years 5-11 through tailored sessions delivered within schools.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Acknowledge the ongoing work undertaken around the cost-of-living crisis, and the introduction of the Fuel Poverty Programme.

Cost of Living Crisis

Leicester update

Leicester
City Council

Our initial approach

- Anti-Poverty strategy
- Coordinating whole-council approach
- Website, and no wrong door approach

Our initial approach

- Anti-Poverty strategy
  - Coordinating whole-council approach
  - Website, and no wrong door approach

Our initial approach

- Anti-Poverty strategy
- Coordinating whole-council approach
- Website, and no wrong door approach

Our initial approach

- Anti-Poverty strategy
- Coordinating whole-council approach
- Website, and no wrong door approach

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell
- Public Health Cell
- LCC Housing
- Partners

IMT

- Emergency Food Cell

- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell
- Public Health Cell
- LCC Housing
- Partners

- Monitoring the health of foodbanks
- Supporting providers
- Facilitating advice within foodbanks
- Working with Leicester Food Partnership
- Addressing broader issues such as uptake of Free School Meals (FSM)

IMT

- Emergency Food Cell

• Revenues and Welfare Advice Cell

- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell
- Public Health Cell
- LCC Housing
- Partners

- Successful administration of Household Support Fund (HSF) (7335 applications)
- Focus on income maximisation
- Grants to foodbanks and other providers
- Two waves of Anti-poverty grants
- Managing and supporting advice provision
- Addressing broader issues such as volunteer shortages, retention and recruitment
- HSF4

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- **Adult Social Care and Education Cell**
- Voluntary Sector and Communities Cell
- Public Health Cell
- LCC Housing
- Partners

- Monitoring Social Care Worker Welfare
- Exploring implementation of Energy Rebate Scheme within care homes
- Monitoring decisions around the Hardship Fund
- Looking to support provider of food bank for carers
- Managing and supporting advice provision
- Supporting SEND schools
- Administering Holiday Activities and Food Programme (HAF)

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- **Voluntary Sector and Communities Cell**
- Public Health Cell
- LCC Housing
- Partners

- Regular Cost of Living drop in sessions
- Taking schemes and programmes into the heart of communities
- Listening to the issues facing communities
- Breaking down barriers and tackling inequities
- Bringing first-hand issues to IMT

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell

Public Health Cell

- LCC Housing
- Partners

- Advice provision – Foodbank Plus
- Mental Health First Aid Training – Foodbanks and other frontline staff
- Working to embed mental health conversations into financial advice and support conversations
- Infant Nutrition
- Advice and support programmes within Warm Spaces
- Fuel Poverty Programme

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell
- Public Health Cell

- LCC Housing
- Partners

- Continuing to Support tenants with a focus on advice, support, income maximisation and sustaining tenancies
- Very low eviction rate thanks to focus on engaging with tenants in difficulty
- Engaging strongly with the broader cost of living support programmes
- Case studies looking at those in most difficulty
- Establishing pathways to remedy emergency situations related to cost of living

IMT

- Emergency Food Cell
- Revenues and Welfare Advice Cell
- Adult Social Care and Education Cell
- Voluntary Sector and Communities Cell
- Public Health Cell
- LCC Housing

- Partners
  - Not working alone
  - Universities
  - NHS
  - Citizen's Advice Leicester (CITAL)
  - Community Advice and Law Services (CALS)
  - Leicester Food Partnership
  - Community Organisations
  - Mental Health Partnership Board
  - Learning Disabilities Partnership Board

Challenges on the horizon

- Likely increase in council tax

Leaflet -feeling the squeeze. Back of the leaflet points to Connect to us. Pointing customers online for various services, including BetterOff.

Signing up to Stop the knock recommendations. Clear commitment to reduce the use of collection agents.

Training for front line officers around cost-of-living advice

New module for SMS messaging for customers. Alerts customers prior to formal letters.

£25 reduction on all bills with CT Support fund as of 1st April.

Leicester City Council

Challenges on the horizon

- Advice services under pressure

- Advice services under pressure. People applying for benefits to increase their income. Lots of support needed around digital. Children's centres under pressure. Debt building.
- Increase in specialist referrals – CALS checking validity of eviction notices etc.
- Retention and recruitment of advisors within advice sector.
- We're providing extended contracts to give reassurance and longer-term stability
- Funding Foodbank Plus, and extending other areas of advice provision

Leicester City Council

Challenges on the horizon

- Commissioned services under pressure

- Costs building for commissioned services
- Monitoring and engaging
- Supporting and accommodating changes
- Managing the risk to service users

Leicester City Council

Support

- Website
- No wrong door – signposting support
- Administering the Household Support Fund
- BetterOff (C/Tax, H/benefits, Healthy Start)
- Broader advice offer through CITAL/CALS/Foodbank Plus etc
- Warm Welcome
- Wellbeing Champions
- LIFT (Low Income Family Tracker)
- Longer term solutions

Fuel Poverty and Health Programme

Leicester Energy Action

Funded by LLR Integrated Care Board

Delivered by NEA and Leicester City Council – Public Health Division

NHS
Leicester, Leicestershire and Rutland

NEA
Action for Warm Homes

Leicester City Council

Impact on Fuel Poor Households

The number of fuel poor households, in England, are measured as those living on a low income and in an energy inefficient home.

The prices quoted for the price cap of £2500 is for the average user – fuel poor households have an above average demand to stay warm.

For a household living in an EPC F rated property, their annual bill will rise by an estimated £1000 more than the average (£2500) set to increase in April 2023 to (£3000)

National Energy Action's figures show that the number of households in fuel poverty will increase from 4.5 million UK households last October to **8.4 million**. This will bring increased demand for our support as well as food bank support, and debt advice.

Leicester City Council

Main client issues

(as of October 2022)

Struggling to pay

- General affordability of essentials food and fuel
- Self-disconnection / emergency top up support
- Medical equipment dependency
- Unmanageable / excessive /overestimated direct debits

Energy debt

- Excessive / quick penalties
- Unaffordable repayment plans / repayment periods
- Hardship support / debt relief
- Quick to default to PPM with recent reports of people on Smart credit meters been switches to SMART Pre Pay to pay off debt, or Pre Pay meters been installed under warrant sooner as debt amounts increase more rapidly due to cost.

Leicester City Council

Health impacts of fuel poverty

- Cold homes can cause or worsen a range of serious health conditions such as heart attacks, strokes, bronchitis, and asthma.
- Each year, around 10,000 people die as a result of living in a cold home.
- Fuel poverty can also have a significant impact on mental health and is a known risk factor for suicide.

Worsening existing conditions

- Pre-existing chronic medical conditions such as cardiovascular and respiratory conditions, such as chronic obstructive pulmonary disease (COPD).

- Asthma and heart disease are particularly badly affected by a cold home.

Excess winter deaths

- Estimates suggest that some 10 per cent of excess winter deaths are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes.

Leicester City Council

Fuel poverty in Leicester

Fuel poor households

Leicester South	19.8%
East Midlands	14.2%
National average	13.23%

Fuel poor households

Leicester East	17.2
East Midlands	14.2
National average	13.23

Fuel poor households

Leicester West	20.1%
East Midlands	14.2%
National average	13.23%

National Energy Action

Action for Warm Homes

Education
Training
Advice

Leicester City Council

National Energy Action

Action for Warm Homes

Education

Training
Advice

Leicester
City Council

National Energy Action

Action for Warm Homes

Education

Training

Advice

Leicester
City Council

National Energy Action

Action for Warm Homes

Education
Training

Advice

Leicester
City Council

Coping strategies

Going to bed early to stay warm

Only heating one room, or avoiding using central heating at all

Spending the day in heated spaces such as a library, café or even A&E

Cooking using alternative sources such as a barbeque or portable stove

Not inviting friends or family in to the home

Using unsafe, unserviced heating appliances or inappropriate devices like ovens to stay warm

Cutting back on electricity and using candles instead of lights

Leaving curtains closed all day or putting newspaper over windows

Cutting back on buying essential personal items, food, eating only cold meals or reliance on food banks

Formal borrowing (credit cards and loans) or informal borrowing from friends and family

"Marking" the bath to reduce the amount of water used each time

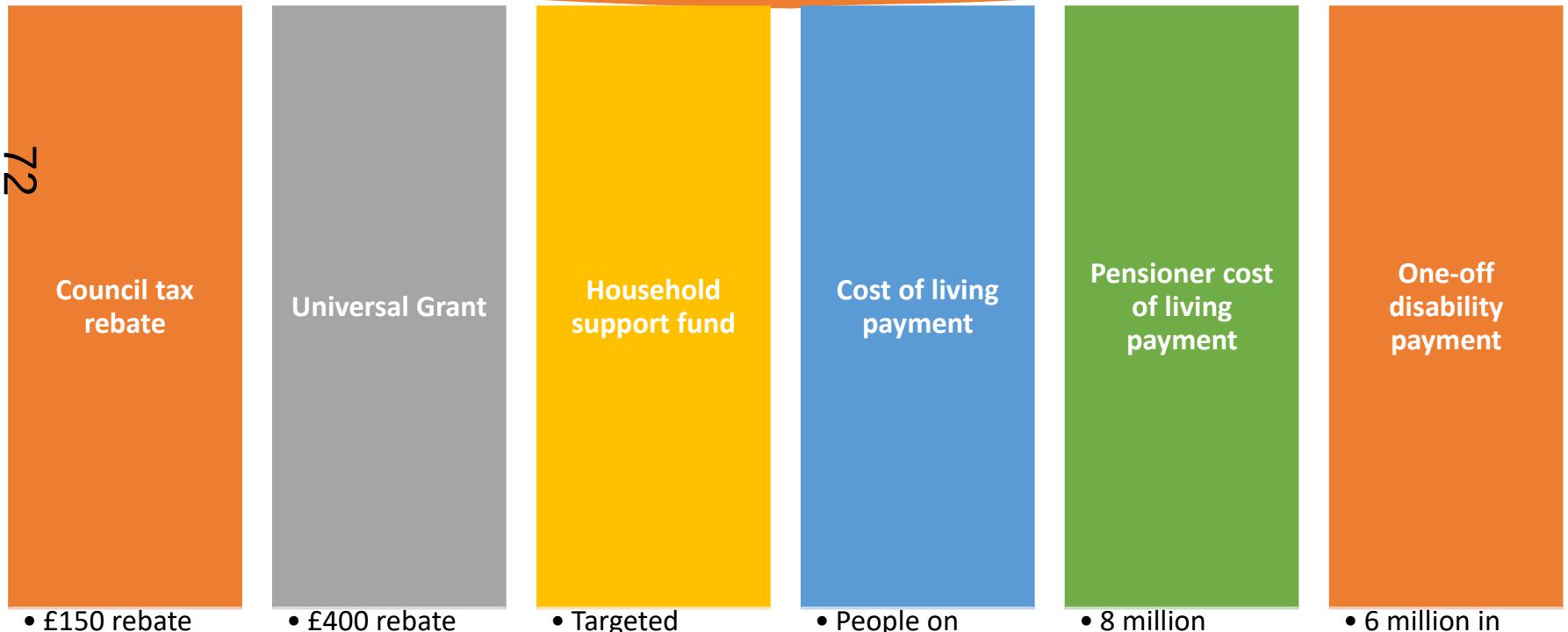
Showering away from the home in workplaces or leisure centres

Cutting back on personal hygiene products

Bathing less often, or resorting to a "sink wash"

Deciding not to pay the water bill in order to pay a higher priority bill (such as energy or council tax)

Response to the cost-of-living crisis



Energy Efficiency Retrofit Schemes

Warmer Homes Greener Homes

Energy Company Obligation 4 (ECO)

Green Home Grants Local Authority Delivery (LAD)

Home Upgrade Grants (HUG)

ENERGY EFFICIENCY RETROFIT SCHEMES

Leicester City Council

Phase One Advice Service rollout
Soft launch - Underway

Professional Services Referral via Housing and Income Management Teams across the City

Leicester-based team handling referrals

Second phase rollout to be confirmed following advisory board meeting

Leicester City Council

Training Programme

Increase	Extend	Ensure
Increase the skills of professionals and volunteers	Extend the reach of the service	Ensure a legacy of increased capacity to respond to fuel poverty and ill health in Leicester

Training Programme

- C&G Level 3 Energy Awareness 6281 – 01
- Dealing with the Energy crisis
- Changing Energy Related Behavior
- Understanding Fuel Poverty and the Impacts on Mental Health
- Course details and further training opportunities are outlined on our website

Education Programme

- Raising awareness of energy efficiency at home and at school
- Tailored to needs & learning styles of children
- Collaborative approach including discussion and role play
- Enable children to educate others and influence their energy related behaviour
- Initially targeting years 5-11

Thank you! Any Questions?

NEA
Action for Warm Homes

Leicester
City Council

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	Building Capacity for Care outside of Hospital
Presented to the Health and Wellbeing Board by:	Jagjit Singh- Bains and Beverley White
Author:	Kate Galoppi

EXECUTIVE SUMMARY:

Winter Pressures are not just felt within the Hospital, and as such Adult social Care is well placed to support Winter Pressures and manage the impact on our residents.

Working across our operational teams, and our commissioning teams, the attached presentation highlights some of the innovative work that has been delivered outside of the hospital setting to ensure that we support the pressures across care and health throughout Winter, supporting sustainable care beyond hospital and into the community.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the work delivered by Adult Social Care to support Winter Pressures

Building Capacity for Care Outside of Hospital

Adult Social Care

Leicester City Council

Commissioning Support to the Independent Sector

1. Workforce Resilience
   - Carers Retention Scheme
2. Sector Responsiveness
   - Night time care at Home
   - Staffing out of hours in the independent sector, supported through back office support from the LA
3. Market Sustainability – availability of support
   - Hardship fund

Leicester City Council

Impact

1. 40% reduction in numbers of staff leavers
2. Increase capacity - 21% increase in number of additional hours
3. 0 providers requiring emergency response due to workforce
4. 0 providers hand back packages
5. Reduction in staff absence levels
6. Reduction in hospital admissions
7. Reduction in awaiting care from 43 to 12, and presently 0
8. Positive feedback from workers

Leicester City Council

Inhouse Home First Provider Services

1. Reablement Service is the main service provider for the majority of hospital discharges with a same/next day discharge (8am to 10pm x 7 days)
2. Reablement also helps bridge packages that are ready for discharge but the dom care provider is unable to start immediately
3. Integrated Crisis Response Service (ICRS) operates 24-7 with a 2 hour response and has a key focus on hospital avoidance
    - ED support
    - Out-of-hours discharges
    - Supporting the Unscheduled Care Hub
    - Falls response
    - Care Technology alerts
    - End of Life Care (City and County)
    - Night enhanced care

Leicester City Council

Impact

1. Reablement supports 75% of all hospital discharges
2. Over 1,142 people supported over the last 12 months
3. Up to 60% require no ongoing support
4. Up to 90% continue to live at home 91 days later
5. ICRS core activity remains 90% hospital avoidance
6. Over 5,500 people supported over the last 12 months
7. Up to 82% require no ongoing support
8. Over 1,500 fallers supported with only 8% being conveyed into hospital

Leicester City Council

LEICESTER CITY HEALTH AND WELLBEING BOARD
16 March 2023

Subject:	Children and Young People in the Considerations of the Health & Wellbeing Board
Presented to the Health and Wellbeing Board by:	Martin Samuels, Strategic Director for Social Care & Education, Leicester City Council
Author:	Martin Samuels

EXECUTIVE SUMMARY:

Given the pressures on the NHS and on Adult Social Care, it would be easy for discussions at the Health & Wellbeing Board, and the various groups and forums that report to it, to become focused on the needs and issues affecting adults, and of older people in particular. Given that Leicester is one of the most youthful cities in England, with 27% of our population aged 0-19 (the 8th highest of any LA area), this would run the risk of overlooking more than a quarter of the people living here.

Senior leaders for children's services from across the LLR system have therefore come together to form the Children & Young People's Collaborative. The new group has identified a number of key priorities for shared work in this area. The Collaborative and the priorities (set out in the attached report) were endorsed by the LLR Health & Wellbeing Partnership on 15 December 2022.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the establishment of the LLR CYP Collaborative
- Note the agreed priorities
- Consider how the Leicester HWB can ensure that these priorities are reflected in its wider work programme, and that issues affecting children and young people are considered when taking forward other aspects of that work programme

Sub Regional health and wellbeing priorities for children

Report by the LLR Statutory Directors of Children's Services

Director of Children and Family Services, Leicestershire County Council

Strategic Director, Social Care and Education, Leicester City Council

Strategic Director Children and Families, Rutland County Council

Introduction

The following report highlights the key health and wellbeing priorities for children and young people across Leicester, Leicestershire and Rutland as a whole:-

- Prevention
- Mental Health
- Special Educational Needs and Disabilities

The report also sets out proposed governance arrangements for the LLR Children's System.

Recommendations

The Board is asked to:

- Note and comment on the key priorities for children and young people
- Note and support the proposed governance arrangements

Priority Areas

There is clear evidence that the full spectrum of more intensive services for children and young people across LLR are seeing a significant increase in demand, whether in the form of requests for Education, Health, and Care Plans (EHCPs), referrals for Children in Need of social care or mental health support, or urgent and emergency care. This appears to be driven by a combination of factors associated with the social and psychological impact of lockdown, the cost-of-living crisis, and the withdrawal of some services during the pandemic with the resulting deterioration in individuals' condition.

Not only does this represent a significant impact on the LLR population in terms of poor life experience and the potential for ongoing dependence on services, the increase in demand is pushing many of these services to the brink in terms of their capacity, while the associated costs are threatening the financial stability of all partners across the health and care system.

In these circumstances, the three DCSs believe that there is a powerful argument for shared action across the LLR system to address these issues in a coordinated manner. Although they are expressed in different ways in each of the three Places, our view is that the issues themselves are common across the whole of LLR. Based on our analysis of the position, and having regard to the emerging LLR Health & Wellbeing Strategy, it is suggested that there are three priority areas for shared action: prevention, mental health, and SEND.

Prevention

Why is this a priority?

Preventing children and young people from reaching the stage where they need health and social care specialist services is a key priority to reduce demand in the system. The three levels of prevention, from universal to tertiary, are all critically important to improving children and young people health and wellbeing outcomes. Responding to the needs of children and young people earlier will enable them to be resilient and will thereby reduce the need for more costly interventions in health and social care (including SEND) in the future.

The pandemic has exacerbated the need or highlighted further where targeted support is needed. The trauma experienced by young people has increased, resulting in increased anxiety, low mood and low self-esteem.

What are the opportunities?

- A Population Health management approach to children and young people offers coherence across the range of initiatives
- Dental services are lacking, with a need for more NHS dental capacity which could impact on future oral health, which in turn has significant impact on wider health and wellbeing
- Trauma Informed Practice weaved into all services
- More access to existing services, such as CAMHS
- Services to support children with eating disorders
- Special school nursing services
- Integration of services and resources to support children and young people at a preventive stage – exploration of a 'Better Care Fund for Children'
- 'Whole family' approaches across the partnership
- Specific focus on areas where children and young people require a multi-agency input where there is no single agency currently responsible (e.g tier 4 step downs)

Emotional Wellbeing and Mental Health

In the last three years, the likelihood of young people having a mental health problem has increased by 50% (Mental Health of Children and Young Peoples in England, 2020, NHS Digital, 22.10.20). 52% of 17- to 23-year-olds have experienced a deterioration in mental health in the last five years (First Port of Call, The Children's Society, 18 June 2021). 1 in 6 children aged 5-16 are likely to have a mental health problem (Mental Health of Children and Young People in England, 2020, NHS Digital, 22.10.20)

We know that the children we work with are more likely to experience trauma and therefore more likely to experience associated issues, such as Mental Health issues, which can have a detrimental effect on their development, wellbeing and outcomes.

Learning from recent case reviews in 2017 -2018 and from analysis by the Child Death Overview process (CDOP) has highlighted the incidence of self-harm and suicide in teenagers with identification of a number of risk factors.

Self-harm is a common behaviour in children and young people, affecting around one in 12 Peoples, with 10% of 15-16 year olds self-harming at any time (Young Minds, 2018). Published prevalence data of adolescents in England found that 15% had self-harmed at some point (Morey et al, 2017) and that the average age of starting self-harm was 13yrs (Gillies et al,2018)

Toxic stress can damage brain architecture and increase the likelihood that significant mental health problems will emerge either quickly or years later. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school

readiness, academic achievement, and both physical and mental health throughout the lifespan. Circumstances associated with family stress, such as persistent poverty, may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.

Even when children have been removed from traumatising circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

It is essential to treat young children's mental health problems within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live. When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families.

What are the opportunities?

- Development of a whole system approach to Children's Mental Health services that is adequately resourced.
- Better transition from CAMHS to adult Mental Health services.
- Development of a 0-25 CAMHS offer for care experienced children and young people to prevent impact of poor transition and limited trauma informed responses and intervention from adult services.
- An understanding of the needs of the cohort who were with CAMHS, but who are not eligible for a transition to adult Mental Health Services, and whether there is a gap in provision here too.

Special Educational Needs and Disabilities.

Why is this a priority?

Children with SEN or a Disability are amongst the most vulnerable children in our communities and often have additional physical or mental health needs. Special Educational Needs requires a multiagency response in order to ensure early targeted support for children. In the post-covid period there can be particular issues around anxiety and mental health. There are also rising numbers of children on the Neuro-developmental Pathway or with a diagnosis of autism. Post covid there appears to be a significant increase both in the number of requests for an EHCP and in the number of early years children requiring EHC Needs Assessment and special school provision.

There is an increased challenge around school refusal, children missing education and requests for elective education or packages of support outside of the mainstream system. Many of these children have health needs that mean they are unable to access education without support.

What are the opportunities?

- Support for children on the Neurodevelopmental Pathway, including pre-diagnosis, diagnosis and post diagnosis.
- Joint commissioning arrangements for children with complex needs
- Sufficient Designated Clinical Officer (DCO) capacity in Health. Capacity is needed to continue to attend key decision-making panels and to provide expert health advice at Tribunals, including where child not meeting threshold for Health input but parents presenting private health reports that require informed challenge or input.
- Joint working through the LLR SEND Joint Commissioning Strategy.
- Pooled resources and budgets to meet the needs of children with SEND

Impact

Some impacts will only become clear some years into the future. To measure shorter-term changes, we will use data, wherever possible, that is already regularly collated. Broad impacts to be expected include:

- Understanding of the gaps in service for children and young people helps to inform the design of future services and how these will be funded.
- Adverse Childhood Experiences have less impact on children and families - through prevention and support to manage/recover – thereby reducing demand for acute services.
- Family Hubs operating 0 to 19 (25 yrs. SEND), seamless and integrated services for families in place and well used. Families and professionals are clear on what is available from the 'start for life' offer, what this is for and how it can be accessed.
- Improved dental care access for children and young people, thereby reducing longer-term health problems
- Children with additional or special educational needs are better supported with responses that are tailored to them. This includes robust joint commissioning arrangements. This will reduce the likelihood of crises and the intensive provision this often then demands
- Children with SEND are having their health checks in a timely fashion, reducing the emergence of more serious health conditions.
- More families and young Peoples find it easier to get the mental health support they need and in a more timely fashion, reducing the need for higher cost specialist services.
- Local services for mental health are clearly defined, well understood, timely and delivered closer to home where possible.

Governance

In order to drive the work for children and young peopl across the system it is proposed that a monthly Children and Young Peoples Collaborative is established. The Children and Young Peoples Collaborative will promote joint and integrated working between partner organisations at a strategic system level.

This system wide collaborative is important as we know there are a plethora of ‘Place’ level groups for children and young Peoples services but very little at strategic system level. We feel that the Children and Young Peoples Collaborative would fill this gap, clearly having a relationship with the existing LLR CYP design group and the three Place children’s partnerships.

The Children and Young Peoples Collaborative will report into the ICP and will receive reports from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

In order to meet its objectives, it is vital that the Children and Young Peoples Collaborative has suitably senior representatives with decision making powers and ability to wholly represent their 'home' organisations.

We will also need to consider children and young people's voice and how this influences and is used effectively in plans.

Appendix 1 – Children and Young Peoples Collaborative Terms of Reference

Terms of Reference – Children and Young Peoples Collaborative

The CYP Collaborative will promote joint and integrated working between partner organisations and work at a strategic system level. It will have a relationship with the existing LLR CYP design group and the three Place children's partnerships.

The CYP Collaborative will receive a report from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

Purpose

- Provide strategic direction on CYP priorities identified as being of shared interest across the LLR system (the 'Integrated Care System') by the LLR Health & Wellbeing Partnership (the 'Integrated Care Partnership'), recognising the statutory leadership role of Local Authority Directors of Children's Services in respect of all matters affecting CYP
- Review strategic priorities, taking into account reports from independent regulators (e.g. CQC and Ofsted) and other key bodies
- Consider the relationship of work to address the agreed LLR system-wide priorities with work being undertaken in each of the LA-based Place health & wellbeing strategies, and vice versa
- Promote joint and integrated working between the partner organisations, with a particular focus on joint commissioning on an LLR basis between the three LAs and the NHS ICB and between the LAs and the emerging NHS mental health provider collaborative
- Consider CYP health and care investment/disinvestment plans and their impact on strategic priorities, giving guidance and direction
- Resolve issues escalated from relevant sub-groups
- Provide a route for further escalation of issues and risks to the LLR Health & Wellbeing Partnership, or other forums as may be appropriate, if issues cannot be resolved
- Consider and provide oversight for a potential pooled budget, in the form of a 'Better Care Fund for Children'

Scope

The group will be responsible for the strategic direction of ICS system services for children and young people across LLR aged 0-19 years. This will be extended to the 0-25 age group for certain areas of work (e.g. the SEND agenda).

The main focus of the group will be on those issues relating to CYP that have been identified as being of shared priority and importance across the NHS and Local Authorities. The group may seek updates and reports on other services and issues that have an impact on CYP, and may make recommendations to other services from that perspective.

Membership and Chairing

The group will be chaired by one of the LA Directors of Children's Services and membership will comprise:

Role	Organisation
NHS	
Executive Lead for Children & Young People (delegated to Deputy Chief Nursing Officer)	NHS LLR ICB
Executive Director of FYPC & LD	Leicestershire Partnership NHS Trust – Helen Thompson
Chief Nurse (delegated to Deputy Chief Nurse)	UHL
Local Government	
Strategic Director, Social Care & Education	Leicester City Council
Director of Children and Family Services	Leicestershire County Council
Director of Children and Family Services	Rutland County Council
Director of Public Health	Leicestershire County Council and Rutland County Council
Director of Public Health	Leicester City Council
OTHER	
NHSE Regional Lead – may be invited to attend for specific agenda items	

Other relevant colleagues may be asked to join the group as advisory members or attend for specific agenda items. A balance will need to be struck between making the group inclusive and ensuring it remains small enough to be effective. Engagement of young people, to ensure that their voice had audience and impact, is recognised as being essential. Rather than risk tokenism through limited membership of the group, the voice of young people will be actively sought by each of the partners.

The group will not be a decision-making body and has no powers to take binding decisions. Agreements will be sought through consensus, with members taking any necessary formal decisions through the governance arrangements of their own organisations as may be required.

Reporting Responsibilities

The Chair will provide a regular update on progress to the ICP.

Reports will be submitted to each of the Health and Wellbeing Boards on a six-monthly basis. Members are responsible for reporting into their constituent bodies.

The CYP Design Group will have a dotted reporting line to the group, with the responsibility to report on any matters that may affect the strategic priorities agreed by the ICP and being taken forward by the Children and Young Peoples Collaborative. The Children and Young Peoples Collaborative may task the CYP Design Group with specific actions arising from its agreed priorities.

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	NHS Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Joint Forward Plan
Presented to the Health and Wellbeing Board by:	Sarah Prema, Chief Strategy Officer, LLR ICB
Author:	Jo Grizzell, Senior Planning Manager, LLR ICB

EXECUTIVE SUMMARY:

1. The purpose of this report is to inform the Health of Wellbeing Board of the initial development of the NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) 5-Year Joint Forward Plan.

2. A PowerPoint Presentation providing further detail is appended.

3. NHS England published Guidance on developing the joint forward plan in December 2022. As such the LLR ICB is expected to produce and publish its plan for healthcare by June 2023. The purpose of the plan is to **Deliver on Four Core Purposes of an ICS:**

   - Improve outcomes in population health and healthcare
   - Tackle inequalities in outcomes, experience and access
   - Enhance productivity and value for money
   - Help the NHS support broader social and economic development

4. The guidance also stipulates that ICBs, and their partner trusts have a general legal duty to involve each local HWB to ensure that HWBs are assured that the draft plan takes proper account of/and be informed by, existing strategies and plans at system, place and neighbourhood levels, such as Joint Health and Wellbeing Strategies and associated delivery plans and the Integrated Care Strategy.

5. The final joint forward plan must include a statement of the final opinion of each HWB consulted.

6. Any future iterations/refreshes of the plan should be sent to each relevant HWB.

7. A full engagement plan is being developed that will include wider stakeholders such as patients, public, Healthwatch etc. The draft plan will be brought back to the Health and Wellbeing Board members.

8. The LLR ICB is required to submit and publish its final plan by 30th June 2023. The next meeting of the Leicester City HWB is on 29th June 2023 and is therefore out of this timeframe. As such, further mechanisms are being sought to ensure that the statement of the final opinion is received.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- **NOTE** the contents of the report and accompanying presentation.

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

Update on the Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Joint Forward Plan (JFP)

Leicester City Health and Wellbeing Board

Monday 6th March 2023
Version 1.0

A proud partner in the:
Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Background and Context

LLR Integrated Care System

LLR Health and Wellbeing Partnership (ICP)

Required to produce and publish an initial **Integrated Care Strategy** by December 2022 (deadline not mandated).

Guidance on the preparation of integrated care strategies (July 2022)

Key Focus Areas:

Reducing Health Inequalities
Preventing illness and staying well
Championing Integration
Fulfilling our role as 'Anchor' organisations
Action on the Cost of living
Making it easier for people to access the services they need

Strategy informs Integrated Care Board 5-year Joint Forward Plan

LLR Integrated Care Board (ICB)

Required to produce and publish **5-year Joint Forward Plan** (JFP) for healthcare by end June 2023.

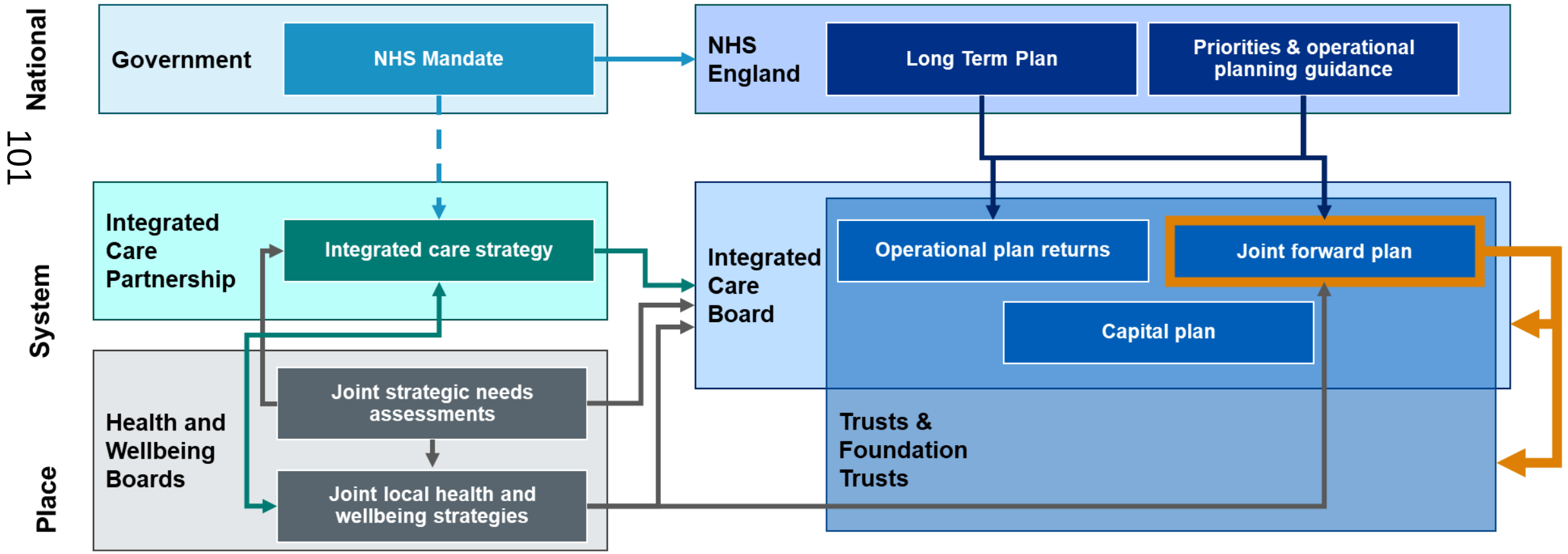
Guidance on developing the joint forward plan (December 2022)

Deliver on Four Core Purposes of an ICS

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

"The JFP is expected to set out steps for delivering the integrated care strategy."

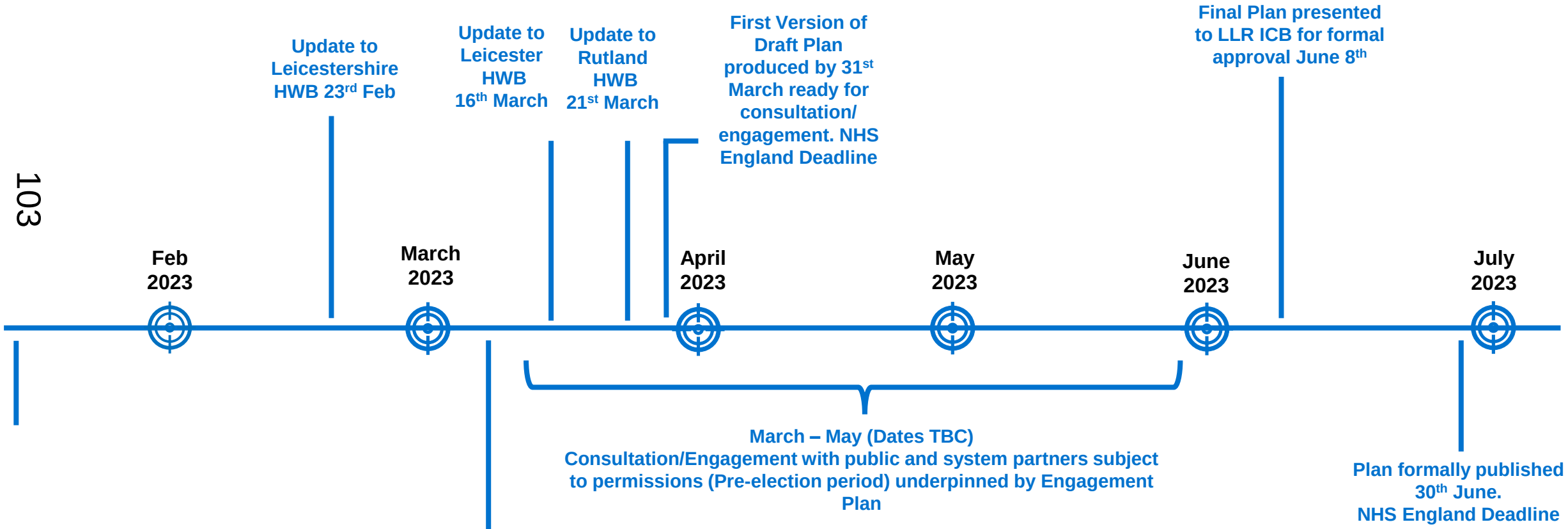
Relationship of the JFP with other strategies and plans



Joint Forward Plan Guidance

- It is a Joint plan of ICB and partner NHS trusts (UHL and LPT)
- Sets how the ICB and its partner trusts, working with their wider partners, intend to arrange and/or provide NHS services to meet their population's physical and mental health needs
- Includes how the ICB will deliver the universal NHS commitments; yearly Operational Planning Guidance; and the NHS Long Term Plan
- Should address the ICSs' four core purposes
- Three key Principles in the development of the plan:
  - Fully aligned with the wider system partnership's ambitions
  - Building on existing local strategies and plans
  - Delivery focused, including specific objectives, trajectories and milestones
- Flexibility on scope, development and structure
- Review/refresh before the start of each financial year (recognition that 22/23 is a transition year)

Timelines


Update to Leicestershire HWB 23rd Feb
Update to Leicester HWB 16th March
Update to Rutland HWB 21st March
First Version of Draft Plan produced by 31st March ready for consultation/ engagement. NHS England Deadline
Final Plan presented to LLR ICB for formal approval June 8th
Feb 2023
March 2023
April 2023
May 2023
June 2023
July 2023
March – May (Dates TBC)
Consultation/Engagement with public and system partners subject to permissions (Pre-election period) underpinned by Engagement Plan
LLR ICB Development Session on Plan 9th March
• LLR Health and Wellbeing Partnership
• Health and Wellbeing Boards (Statement of Final Opinion)
• Patients, public, VCSE
• System partners, Trust Boards
• Primary Care
Plan formally published 30th June.
NHS England Deadline

Key Role of LLR Health and Wellbeing Boards

- ICBs and their partner trusts have a general legal duty to involve each local HWB
- HWBs need to be assured that the draft plan takes proper account of/and be informed by, existing strategies and plans at system, place and neighbourhood levels, such as Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and associated delivery plans and the Integrated Care Strategy
- The final JFP must include a statement of the final opinion of each HWBs consulted
- The plan will need to refreshed annually and whenever the local JSNA is updated. Any iterations/refreshes of the plan should be considered by each relevant HWB

Role of the Health and Wellbeing Partnership (ICP)

What is the role of the ICP in development of JFPs?

‘*The ICP is a joint committee of the ICB and its partner local authorities in the ICS. While the Act does not require the ICP to comment on the JFP – unlike the Health and Wellbeing Boards – we expect that there will be ongoing dialogue between partners and encourage systems to position the JFP as the system’s delivery plan of the ICP’s integrated care strategy*’.

2023/24 NHS Planning Frequently Asked Questions (FAQs) Version 1.0, 16 January 2023

The Health and Wellbeing Partnership, the LLR Integrated Care Partnership, will be involved as part of the engagement programme for the development of the plan

Emerging Focus Areas

Emerging consensus on the following key focus areas:

- Mental Health and Dementia
- Learning Disability and Autism
- Right Place, Right Time, Right Service including primary care and urgent care
- Management of Long Term Conditions (LTCs), frailty & multimorbidity
- Integrated health and social care teams (Hubs)
- Women's health
- Prevention
- Optimal pathways for elective care
- Children and Young People

Engagement

A supporting engagement plan is being finalised to ensure appropriate and timely engagement on the LLR ICB Five Year Forward View. This will include engaging with:

- LLR Heath and Wellbeing Partnership
- Primary care providers
- Local authorities and each HWB
- NHS collaboratives, networks and alliances
- The voluntary, community and social enterprise sector
- People and communities that will be affected by specific parts of the proposed plan
- People for whom the ICB has core responsibility: i.e. those registered with a GP practice associated with the ICB or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution)

Next Steps

- Ongoing development of plan
- Engagement
- Return to Health and Wellbeing Boards in May/June (Dates TBC) for statement of final opinion