



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 21 SEPTEMBER 2023 at 9:30 am

Present:

Councillor Sarah Russell (Chair)	Deputy City Mayor, Social Care, Health, and Community Safety
Councillor Elly Cutkelvin Ben Bee	Deputy City Mayor – Housing & Neighbourhoods Area Manager – Community Risk, Leicestershire Fire & Rescue
Rob Howard	Director of Public Health, Leicester City Council
Jean Knight	Deputy Chief Executive, Leicestershire Partnership NHS Trust
Helen Mather	City Place Lead
Rani Mahal	Deputy Police and Crime Commissioner, Leicester, Leicestershire, and Rutland
Ruw Abeyratne	Director of Health Equality & Inclusion, University Hospitals of Leicester NHS Trust (UHL)
Dr Avi Prasad	Clinical Place Leader, Leicester, Leicestershire, and Rutland Integrated Care Board
Kevin Routledge	Strategic Sports Alliance Group
Rachna Vyas	Chief Operating Officer, LLR Integrated Care Board (ICB)
Martin Samuels	Strategic Director of Social Care and Education, Leicester City Council
Sue Tilly	Head of the Leicester and Leicestershire Enterprise Partnership
Barry Thorne	Mental Health Partnership Manager, Leicestershire Police

In Attendance

Councillor Geoff Whittle	Chair of Health Scrutiny, Leicester City Council
Chris Burgin	Director of Housing, Leicester City Council
Jo Atkinson	Consultant in Public Health, Leicester City Council
Andrea Thorne	Public Health Project Manager, Leicester City Council
Alison Williams	Public Health Admin, Leicester City Council (minute taker)

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16. APOLOGIES FOR ABSENCE

Apologies were received from:

- Councillor Vi Dempster - Assistant City Mayor
- Councillor Adam Clarke – Deputy City Mayor
- Harsha Kotecha – Healthwatch Leicester
- Andy Williams - Chief Executive, LLR Integrated Care Board
- Susannah Ashton – Divisional Manager for LLR, East Midlands Ambulance NHS Trust
- David Sissling - Independent Chair, Leicester, Leicestershire, and Rutland Integrated Care Board
- Richard Mitchell – Chief Executive, University Hospitals of Leicester NHS Trust (UHL)

17. 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.

18. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 29 June 2023 be confirmed as a correct record.

19. LEICESTER JOINT HEALTH, CARE AND WELLBEING STRATEGY DELIVERY PLAN QUARTERLY UPDATE

Dr Katherine Packham (Consultant in Public Health, Leicester City Council) presented a highlight report summarising key progress against actions to address the six priorities selected for initial focus outlined within the Joint Health, Care and Wellbeing Strategy. The update covered the six-months from February to July 2023 inclusive. Some of the work being undertaken, around children/young people and mental health work in the Public Health team, was not fully captured in the current Plan. Each strand of the workstream was discussed in turn. Only one risk was noted – see Healthy Aging section below.

- **Healthy Start; priority “to mitigate against impacts of poverty on children and young people”.** Progress includes:-
 - Anti-poverty grants had been issued (particularly around food insecurity).
 - “Lets Get Resourceful” was evolving into longer term resilience-building projects.
 - The fuel poverty programme (Public Health in collaboration with National Energy Action) continued.
 - A Task & Finish Group was meeting to look at the experiences of BAME women accessing services. An event would be held to raise awareness of equity for maternity care.
- **Healthy Places; priority “to improve access to primary & community health and care services”.** Progress includes:-

- Better links were being developed with social prescribers, the Primary Care Networks and digital services; this would help address the five priorities for the workstream.
- Uptake of Health Checks by those with learning disabilities had improved.
- Healthy Minds; *priorities based on improving access to Mental Health services*. Progress includes:-
 - A new advice service commenced May 2023.
 - Mental Health Support Teams in schools had increased.
 - The “Crisis Cafes” had been rebranded to “Mental Health Cafes” – and there were now eleven of these.
 - The “IAPT” service had been rebranded as “NHS Talking Therapies”.
 - The Dementia Strategy consultation was closing on 22.9.23 – and members were asked to share the link widely.
- Healthy Lives; *priority to “increase detection of heart disease, lung disease and cancer in adults”*. Progress includes:-
 - The hypertension pilot scheme was being evaluated.
 - Significant work had progressed on cancer pathways – including year two rollout for the “FIT” pathway.
- Healthy Aging; *priority “age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty”*. Progress includes:-
 - Expansion of MyChoice directory.
 - Building up assets around loneliness.
 - Appointment of a Project Lead for Reablement (with respect to hospital discharges).
 - A risk was noted; the £500k allocated for increased reablement will be insufficient to make transformative change.
- Communications and engagement activity continued via joint working between the ICB and the Local Authority (and particularly through facilitation by the Community Wellbeing Champions).

Comments and questions from the Board:-

- The Chair proposed a future Development Session of the Board to discuss ways to demonstrate and evidence impact. This was agreed by Members, with a suggestion to invite academic colleagues.
- The Chair felt that the Dementia Strategy consultation was a prime example of information that helps understand the community – and as such should be a link that was shared across all partners represented at the Board.
- Dr Packham confirmed that there were Communications Leads in the membership of the Delivery Action Plan Steering Group but acknowledged the Chair’s suggestion that a distinct Comms Group could be useful.
- The Chair felt that vaccine uptake promotion needed to be in every school and club newsletter – and perhaps in sporting match-day programmes.
- Primary Care and LPT leads collaborated to find the previously missing cohort of learning disabled who had not had their NHS Health Check. As a result, this year 1500 were contacted and only one of those did not

- then come forward for their check.
- The NHS Galleri cancer research trial utilised local Councillors and the Primary Care Networks to successfully engage more participants from lower socio-economic groups.
 - There had been a large increase in uptake of Talking Therapies this year following community engagement. As a result of the engagement, the services now went out to the people rather than expecting the people to come to the service.
 - The Chair noted that elected members were keen to champion health and wellbeing challenges – and welcomed any tools that can be used to help with this.
 - The Member of the Board representing United Leicester noted that the clubs had previously established a health and wellbeing module placed on all their websites. Sustainability of the module was proving a challenge post-pandemic.
 - A Joint Charter was signed by the City Mayor, the Universities, County Council and Rutland Council around fifteen months ago. As a result cross-cutting groups were set up – but the “Health and Wellbeing in Sport” group struggled with sustainability.
 - A recent Health Needs Assessment showed that there was poor oral health in Leicester, and that access to NHS dentistry was a significant challenge. It was requested that Officers bring a presentation to a future Board meeting to plan what actions can be taken.

RESOLVED:

1. That the Board thanks Officers for the presentation and asks them to take Members comments into account.
2. That more detail on any of the projects mentioned in the report can be directed to Dr Packham.
3. That the Board members will share the link to the Dementia Strategy consultation (which closes 22.9.23).
4. That Officers will bring the refreshed Dementia Strategy to a future Board meeting.
5. That there will be a future Development Session of the Board to discuss ways to demonstrate and evidence impact.
6. That Members will make the most of communications networks to share health and wellbeing messages across Leicester, Leicestershire and Rutland.
7. That Officers will bring a report on oral health to a future Board meeting – to enable discussion about possible actions to improve oral health and access to NHS dentistry.
8. That Officers bring a report, to a future meeting, on the energy advice work of Public Health and National Energy Action.

20. CURE EVALUATION

Jo Atkinson (Consultant in Public Health, Leicester City Council) and Andrea

Thorne (Public Health Project manager, Leicester City Council) gave a slide-desk presentation, to accompany the document in the agenda pack, on the evaluation of the CURE programme since its implementation. The CURE programme was a tobacco dependency treatment service within Acute hospital settings, mental health inpatient settings (within LPT) and maternity hospital settings – but this evaluation was only about the Acute inpatient arm of the service delivered within University Hospitals of Leicester NHS Trust (UHL). It was noted that:

- The service launched gradually due to the Covid-19 pandemic.
- Thanks were noted to the small project team under Andrea Thorne, and to partners/leads in UHL, ICB and Leicestershire Partnership Trust (LPT).
- Smoking was the leading cause of premature preventable deaths – and this programme was part of the NHS Long Term Plan to address that.
- Smoking prevalence in Leicester adults was reported as 12.8% in 2021.
- The NHS Long Term Plan had a target for all inpatients being offered support to stop smoking by 2023/4.
- East Midlands Tobacco Alliance funding helped with the set-up costs for the first phase in Glenfield Hospital in April 2021. The Leicester Royal Hospital came on board in Summer 2022, and finally Leicester General Hospital in April 2023.
- The pathway was described as:-
 - Admission to hospital
 - A Making Every Contact Count (MECC) assessment being completed by UHL staff.
 - A smoking status in the MECC assessment generates an automatic referral to the Tobacco Dependency Advisers (TDAs) within CURE.
 - A TDAs see the patient at their bedside and offers support.
 - Nicotine Replacement Therapy was prescribed.
 - On leaving the hospital the patient was offered continued support for a further 12+ weeks within the community Local Authority smoking cessation teams (City or County as appropriate).
- The focus of the paper in the agenda pack was the evaluation conducted in collaboration with Dr Shilpa Sisodia (Public Health Registrar at the time of the project) using the RE-AIM methodology*.
- *RE-AIM stood for Reach, Effectiveness, Adoption, Implementation and Maintenance.
- REACH;
 - 3615 clients were referred between October 2022 and February 2023. There was an average referral rate of 700-800 per month.
 - At the time of the evaluation 31% of the referrals were seen at bedside; this was low due to staff sickness at that time. By April 2023 this had improved to 40% and is currently sitting at 50%. 100% will never be achievable as the staff only work Monday to Friday 9am-5pm – but the team are aiming for 60%. The pilot in Glenfield Hospital achieved 73%.
 - 53% of the clients were from Quintiles 1 and 2 – and this

indicated the project was reaching the most deprived cohort.

- Effectiveness;
 - 65% of those supported maintained a quit at four weeks; this was higher than the community rates (55-60%) and may have been due to the personalised support by the TDAs.
 - 75% received pharmacotherapy.
 - 84% of those seen at bedside accepted the offer of a transfer to the community smoking cessation services.
- Adoption; adoption was highest in Glenfield Hospital (*possible reasons are listed in the report in the agenda pack*).
- Implementation;
 - The biggest key challenge/barrier was the number of different IT systems involved (two for UHL, one for City Community, one for County Community and one for Pharmacies). A Data Working Group was set up to tackle this – and a new over-arching and simplified system was set to commence from January 2024. This would stop the current need for the team to be manually inputting onto a spreadsheet on a daily basis. Thanks were noted to Saadia from the LLR STP Digital Innovations Hub for her assistance around the IT challenge.
 - Another barrier/challenge was the pharmacology provision – and a Medicines Management Steering Group was established to address issues. Special mention went to Jo Priestly (UHL Pharmacist).
 - Another barrier was the governance structures involved; the LTP funding comes into the Integrated Care Board, the team were employed by the City Council but based in UHL offices using Honorary contracts.
 - Another barrier was the lack of uncertainty around recurrent funding.
 - Other facilitators were the seed funding (see above), clinical leadership, joint working and the national mandate.
- Feedback from interviews had suggested the following areas for improvement:-
 - Greater patient/public involvement
 - See more clients (whilst noting the increasing costs of NRT without the corresponding increase to the budget).
- Recommendations were noted as:-
 - Staff make better use of translation services. This had improved since the recommendation was made.
 - Speed up the time it took for a patient to receive NRT. The national target was two hours. Quality improvement work had seen this target getting closer.
 - Finalise one IT system to make efficiencies (see above for details).
 - Make the MECC assessment a mandatory field (this was being progressed).
 - Continue to evaluate and monitor impact on prevalence rates and deaths in the longer term.
- In addition to the recommendations above (which are all being worked

on), other next steps were noted as:-

- More quality improvement projects.
- Have conversations regarding LTP funding.
- Influence a cultural change to get tobacco dependence treated as a disease.

Comments and questions from the Board:-

- Members of the Board thanked everyone involved - and noted that this was a project which shows true partnership working.
- Members of the Board commented that it would be helpful for return-on-investment data to be gathered, as longer-term economic analysis would allow the project to be prioritised for extension/expansion in the future.
- Members of the Board asked to see projection data on equity, lifestyle, generational and financial impacts.
- A Member of the Board asked why the CMG MECC Assessment was not listed in the report.
- A Member of the Board asked whether external assistance would be useful to make links with the Community Pharmacists. Jo Atkinson explained that there was a Community Pharmacy arm to CURE – and there was a separate Task Group working on this. Progress had been slow to date – but the ICB had just employed a Project Manager to increase engagement with Pharmacies.
- Members of the Board suggested that the new Occupational Health Lead within UHL could help reach the UHL workforce and expand resources. In addition, information about the project could be shared more publicly through UHL Senior Leadership Pathways.

RESOLVED:

1. That the Board thanks Officers for the report.
2. That the UHL representative present will speak with Andrea Thorne about making better links with the new Occupational Health Lead in UHL.
3. That UHL leads will share the information about the project through Senior Leadership Pathways.
4. That the Board would welcome sight of further analysis and return-on-investment data.

21. MEETING THE NEEDS OF COMPLEX PEOPLE

Chris Burgin (Director of Housing, Leicester City Council) presented a slide-deck update on the progress which had been made towards addressing the significant health and service challenges which are faced by complex tenants since bringing this issue to the Health & Wellbeing Board in January 2023. It was noted that:

- Previous presentation to the Board on 26.1.23 had resulted in the setting up of a Joint Agency Working Group. This has now met three times and Chris Burgin, as Chair, had been impressed by the collective intelligence and passion of the members.

- The group used the Changing Futures platform to co-ordinate a system-change and embed the new practices. Each output of the Action Plan had a named lead.
- When the group met initially there were some clients that were not known to all members – so a data trawl was undertaken to collect information to use to register the cohort through Changing Futures. This allowed these clients to be supported on an intensive basis.
- Public Health had undertaken a Joint Service Needs Assessment (JSNA) which was almost completed; this will give added evidence and intelligence to enable further development of an Action Plan and strengthening of pathways.
- Mark Pierce (ICB) had been heading an investigation into why outpatients do not attend appointments.
- Wayne Henderson at Inclusion Healthcare had been leading on the primary care aspects of the workstream.
- It was envisaged that the JSNA will indicate the need for non-general housing – and may show that the 20,000 current Council homes are not suitable for certain people with complex needs. There was an appetite for mental health/drugs/alcohol support to be included as part of the housing offer to those tenants.
- Public Health were leading on a piece of work to prevent people from becoming homeless via early prevention alongside partners.
- The Board were thanked for setting this work in motion – and thanks were passed on to everyone who involved in the Working Groups.

Comments and questions from the Board:-

- The Chair asked that some case studies be brought to the Board to better demonstrate the impact of this work on individuals and the system as a whole. One example had been an individual, who previously attended A&E twice a week, who was now registered with a GP and only attended the practice once a month.
- Councillor Cutkelvin noted that the Housing service was required to become more agile when the pandemic struck – and at that same time there was a rise in single men entering the service. The service found that there were antisocial issues, however, when these men were moved on from the temporary accommodation.
- Councillor Cutkelvin noted that she attended national forums where “Housing First” and “Psychological Informed Environments” were discussed.
- Councillor Cutkelvin felt that Services should work to reduce barriers and encourage self-care – and this could include things such as dentistry and haircuts. She asked that all partners around the table input into agile wrap-around services to achieve this.
- That the Action Plan could make more use of peers and lived experience.
- That the work undertaken helped people to live well in a house – and this lessened the burden on the services represented by the Board.
- It was noted that Police were part of Changing Futures but had not engaged in the three meetings to date; there were links, however, to the Street Lifestyle Group which did have Police representation. Members

felt that there were strong city centre links but less so moving outwards.

RESOLVED:

1. That the Board thanks Officers for the report and asked that comments from the meeting are taken into account.
2. That case studies be brought back to the Board on a future occasion.
3. That the Board offers continued support to the workstream due to its impact on people and services.
4. That the Board looks forward to receiving the JSNA when completed.
5. That the Police representative will speak with Chris Burgin outside the meeting to discuss the comments noted above.

22. HEALTHWATCH ANNUAL REPORT

As Kevin Allen-Khimani and Harsha Kotecha had both sent apologies – this item was deferred.

23. BETTER CARE FUND

The amended document was noted by the Board (the Capacity & Demand figures in Tab 4 have been amended since the version published with the June 2023 Health & Wellbeing Board papers).

24. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

25. DATES OF FUTURE MEETINGS

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

Thursday 23 November 2023 – 9.30am

Thursday 18 January 2024 – 9.30 am

Thursday 22 February 2024 – 9.30am

Thursday 18 April 20234– 9.30 am

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

26. ANY OTHER URGENT BUSINESS

There being no other business the meeting closed at 10.59 am.