



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 29 JUNE 2023 at 9:30 am

**Present:**

Councillor Russell (Chair)	Deputy City Mayor, Social Care, Health, and Community Safety
Councillor Clarke Caroline Gregory	Deputy City Mayor, Climate, Economy, and Culture Interim Chief Finance Officer, Leicester, Leicestershire, and Rutland integrated Care Board
Rob Howard	Public Health Consultant, Leicester City Council
Jean Knight	Deputy Chief Executive, Leicestershire Partnership NHS Trust
Harsha Kotecha	Chair, Healthwatch Advisory Board, Leicester and Leicestershire
Kevin Lilies	Chief Executive, Voluntary Action Leicester
Rani Mahal	Deputy Police and Crime Commissioner, Leicester, Leicestershire, and Rutland
Richard Mitchell	Chief Executive, University Partnership NHS Trust
Dr Avi Prasad	Clinical Place Leader, Leicester, Leicestershire, and Rutland Integrated Care Board
Kevin Routledge	Strategic Sports Alliance Group
Martin Samuels	Strategic Director of Social Care and Education, Leicester City Council
David Sissling	Independent Chair, Leicester, Leicestershire, and Rutland Integrated Care Board
Sue Tilly	Head of the Leicester and Leicestershire Enterprise Partnership
Barney Thorne	Mental Health Partnership Manager, Leicestershire Police
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**Standing Invitees**

Cathy Ellis – Chair of Leicestershire Partnership NHS Trust.

**In Attendance**

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## **1. APOLOGIES FOR ABSENCE**

Apologies for Absence were received from:

- Councillor Cutkelvin - Deputy City Mayor
- Councillor Dempster - Assistant City Mayor
- Andy Williams - Chief Executive, LLR Integrated Care Board
- Rachna Vyas - Chief Operating Officer, LLR Integrated Care Board
- Sarah Prema – Chief Strategy Officer, LLR Integrated Care Board
- Oliver Newbould – Director of Strategic Transformation, NHS England and NHS Improvement
- Susannah Ashton – Divisional Manager for LLR, East Midlands Ambulance NHS Trust
- John MacDonald – Chair of University Hospitals of Leicester NHS Trust

## **2. 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.

## **3. MEMBERSHIP OF THE BOARD**

The Membership of the Board for 2023/24 was noted.

## **4. TERMS OF REFERENCE**

The Terms of Reference were noted.

## **5. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The Minutes of the previous meeting of the Board held on 16 March 2023 be confirmed as a correct record.

## **6. LEICESTER CHILDREN'S HEALTH AND WELLBEING SURVEY 2021/22**

Gurjeet Rajania (Public Health Intelligence Analyst, Leicester City Council),

gave a presentation on the key findings of the recent Children and Young People's Health and Wellbeing Survey, it was noted that:

- The survey was completed in the academic year 2021/22, this followed up from a previous survey in 2016/17. The survey was completed by a national organisation (School Health Education Unit) specialising in surveys of children and young people.
- This was a sample survey of children Leicester City as schools aged 10-15. A fair spread of primary, secondary, and special schools across the city were represented in the survey and a quarter of the eligible target group participated in the survey. Each participating school got its own bespoke report.
- Around 2 in 5 children reported skipping at least 1 meal the day before, with the most common skipped meal being breakfast. 1 in 5 reported having 5 fruit and veg portions a day.
- Around 1 in 5 reported worrying about having enough food to eat.
- Around a third of participants reported having read a book for pleasure.
- 1 in 5 reported having some kind of caring responsibility after school, a significant increase from pre-pandemic.
- 39% reported going to bed later than recommended, it was found that this group were significantly less likely to have breakfast.
- 73% reported being happy in their local area, 95% reported feeling safe in their local area.
- 17% reported having tried alcohol at some point, and 9% reported having tried drugs at some point. Those who had parents or carers who smoked were much more likely to have tried smoking themselves.
- The most common worry participants reported having was around school work. Those with caring responsibilities were found to have higher rates of worrying about most issues listed.
- Those with no adult confidant reported being significantly worse at dealing emotionally with things going wrong.
- Those with SEN were found to be in a good mood significantly less of the time.
- 1 in 10 participants were found to have poor mental health based on the Stirling Children's Wellbeing Scale. This group was far more likely to not have all 3 meals in a day, not have a trusted adult, and have worse sleep habits.
- The aim of the survey was to use the findings to inform as wide range of services as possible across various relevant bodies.

Members of the Board commented that:

- While there was concerning information in the findings related to issues like mental health and trusted adults, there was cause to be optimistic as the findings would help to target intervention.
- With regard to allowing children and young people to build relationships with trusted adults. It was suggested that there should be more stability in terms of the adults that were around in those settings and that this should be considered when staff rotas were planned.

- A more easily publicly accessible version of the findings should be available. The Chair asked Officers to consider this.
- The drop in the level of sports take up from 14 onwards was concerning.
- The concerns about challenges in the west of the city were felt across services.
- There was concern that despite good intentions, young people could be overexposed to mental health issues through awareness work which could make it worse. It was suggested that more nuance was required in conversations around mental health with young people.
- It was important when considering implementing changes based on these findings that a top-down approach was avoided, and that work should be undertaken to produce organic change.

In response to questions from Members of the Board it was noted that:

- The caring responsibility question in this survey covered broader caring responsibilities such as babysitting. School census data showed a much smaller number had formal caring responsibilities. Members of the Board stated that it was positive that those wider responsibilities were captured in this survey.
- An example of actions that arose from the previous survey in 2016/17 was the Holiday Hunger Programme which arose from concerns about food sufficiency from the survey findings. It was hoped that this set of data would be circulated much wider across various organisations to lead to system-wide change.

RESOLVED:

1. That the Board thanks Officers for the presentation and asks them to take Members comments into account.
2. That the Board requests that Officers consider ways to make the data from the survey more available to the public.
3. That the Board requests that Officers from all services and partners consider the findings of the survey and how to adjust services accordingly.

## **7. LLR CHILD DEATH OVERVIEW PANEL ANNUAL REPORT FOR 2021-2022**

Rob Howard (Public Health Consultant, Leicester City Council), and Dr Suzi Armitage (LLR Designated Doctor for Child Deaths), gave a presentation on the annual report for 2021/22 for the LLR Child Death Overview Panel (CDOP). It was noted that:

- CDOP was a statutory duty to review the deaths of all children in LLR.
- CDOP produced an annual report, a new report would be released before the end of the calendar year.
- Death notifications were more closely aligned with the actual date of death. The reviews typically took place months and sometimes years later after a long process of other investigations for example Coroner's,

Serious Incident, and Police investigations.

- The aim of the review was to consider which factors contributed to the vulnerability or death of the child and which were modifiable by national or local means.
- There had been a significant increase in the number of notifications in 2021/22 compared to previous years. This could have been due to delayed deaths from those in lockdown who weren't exposed to infections they were vulnerable to until after. A small increase had also come from now recording deaths in all those who showed signs of life in any the gestation period.
- Infant mortality in Leicester was higher than in the rest of LLR and England. Infant mortality was seen as a strong general indicator of the health of the community and was linked strongly to poverty.
- Due to the time to complete reviews, some reviews included in this report were from as far back as 2017/18. In 2021/22 71 cases had been reviewed.
- Underlying causes of death were broadly very similar to the national picture, with the largest category being neonatal events.
- The majority of child deaths were within the first year of life.
- When the narrative of a death was being considered, factors that may have contributed to the death were considered and those which were potentially modifiable were determined. Modifiable factors had been identified on 37% of cases. There was found to be a clear link between risk of death and deprivation across almost all categories.
- It had been found that suicide cases were not correlated to any demographic group, 62% has suffered a major personal loss, over a third had never been in contact with mental health services, 16% had a confirmed neurodevelopmental condition, and almost a quarter had experienced bullying. Suicide deaths were reviewed every 2 years.
- Alongside CDOP there was another process for reviewing deaths of those over 4 years old with learning disabilities (LEDER). Of 16 of these cases modifiable factors had been found in 3. The key learning area from this work was that communication between different organisations and processes was key.
- A function of CDOP was to collate the learning processes from each body for each death together. Learning had been identified across all categories.
- Key learning points were on the need for more integrated IT systems, need for early recognition of vulnerability, and better safer sleep conversations.
- Recommendations from the report included a digital solutions to improve communication, a refreshed strategy on infant mortality, and working with stakeholders to produce a thematic report on suicide and self-harm.

Members of the Board commented that it would be helpful to be able to determine how the work ongoing in this area was having an impact on data.

In response to a question from the Chair, it was noted that the messages from

this work on topics such as safer sleep had not changed in 7 years of work, however increased evidence and understanding had led to a better understanding of vulnerability and where to target conversations. Working practices had been proving throughout the period of using these factors. It was also noted that work on smoking cessation was available to partner organisations.

RESOLVED:

That the Board thanks Officers for the report.

## **8. 0-19 HEALTHY CHILD PROGRAMME**

Claire Mills (Public Health Lead Commissioner, Leicester City Council) and Alex Yeomanson (Family Services Manager for School Nursing, LPT) gave a presentation on the work the 0-19 Healthy Child Programme is delivering to address children's health and wellbeing in the city. It was noted that:

- There was a small team in Leicester of Public Health Nurses and other staff who delivered a clinical service within school settings.
- The team was split into 2 sections, 1 of which focused on public health and the other which focused on safeguarding. This was because historically Safeguarding work took priority over public health work.
- The service was open for all children and young people in Leicester but was a targeted service with a public health overview.
- A school agreement laid out to the schools what services could and could not be provided and how to refer.
- The service also worked with schools to determine if workshops on particular subjects were needed.
- Another area of work was the statutory National Childhood Measurement Programme which was focused on recording the height and weight of those in reception and year 6.
- A referral to school nursing could be made from any agency, or by a parent or the young person themselves.
- Staff had been trained on how to capture the voice of the child appropriately based on national guidance.
- Additional support was needed in 15% of referrals. When it was found that support was needed then who was best to deliver that was considered. A scaling tool was used to monitor progress for those with emotional health needs.
- Chat Health was a free and confidential text service for parents and for teens. The digital team had developed 3 websites for different age groups which contained local information and available support.
- Safeguarding nurses needed parental permission to do a health assessment which would be fed back into the safeguarding process. These disclosures could lead to changes in safeguarding outcomes.

Members of the Board commented that:

- Access into other agencies including CAHMS was very positive.
- With regard to previous concerns around the need for those who could

be trusted adults. School Nurses were a good example of those who were in a position to be a trusted adult. It was noted that there was increasing uptake of the drop-in nursing service.

RESOLVED:

That the Board thanks Officers for the presentation and asks that the role of School Nurses as a trusted adult be considered.

## **9. MATERNAL MORTALITY IN ETHNIC MINORITY GROUPS**

Rob Howard (Public Health Consultant, Leicester City Council) gave an update on work taking place to address health inequalities experienced by Black and Asian women in terms of access to, and experience of maternity services, and the significant differences in maternal mortality between white British women and women from Black Asian and Minority ethnic backgrounds. It was noted that:

- A task and finish group had been established in October 2022 looking at this area after data had shown that Black women were 3.7 times more likely to die in pregnancy and childbirth, and Asian women 1.8 times more likely than White British women. The group had met bi-weekly and had senior representation from UHL, ICB, LCC and LPT.
- Risks for those in deprived communities were also considered.
- National data and research had been considered, including research into attitudes and assumptions from health professionals.
- Local data reflected the national picture.
- A significant maternal equity action plan was ongoing.
- A large event had been held last week bringing together the national picture and the local picture alongside hearing lived experience. A separate event would be held specifically focusing on hearing from those communities most affected.
- Progress was ongoing to establish a framework of all the different issues to consider.

In response to a question from the Member of the Board, it was noted that international data comparisons had not yet been considered. It was suggested that international data could reveal the larger picture to find accurate conclusions.

Members of the Board commented that disparities had been found in every single service examined however the nature of the disparities was often different.

The Chair noted that it was positive that women were more likely to talk in detail about their experiences in this area than other medical topics, giving much more qualitative data.

RESOLVED:

That the Board thanks Officers for the update and requests further updates on this work to later meetings.

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RESOLVED:

That the Board thanks Officers for the update and requests further updates on this work to later meetings.

## **10. COLORECTAL CANCER 1 YEAR SURVIVAL RATES**

Julia Emery (Consultant in Public Health, NHS England) and Dr Pawan Randev (Cancer Lead, LLR ICB) gave a presentation on a programme of work which had taken place to address the poor one-year survival rate for colorectal cancer which was experienced in Leicester, and to highlight the importance of retaining focus on this following a period of 12 months intensive work across the system to address the issue. It was noted that:

- Leicester had the lowest 1-year survival rate for colorectal cancer in the country. With the situation getting worse over a 20-year period. However, the number of incidence of colorectal cancer and the death rate had been in decline for decades.
- It was thought that the decrease in incidence was due to the change of demographics in the city, with colorectal cancer being much rarer in the South Asian community.
- It was thought that the cohort of older white men from more deprived areas of the city were the ones experiencing poorer outcomes. Therefore, the priority was bringing in earlier stage detection and diagnosis for this group.
- A detailed audit of all patients over the last 5 years over LLR was ongoing to establish a complete picture of demographics and nature of diagnosis.
- There were now improved tools for detection including superior Stoll testing which was now being rolled out in Leicester. A programme of clinical education was ongoing to support this.
- A novel risk stratification tool had been brought in to prioritise those patients at higher risk.
- At the community level, a local cancer awareness campaign was being considered to discover the populations understanding of the symptoms and attitudes towards screenings. As part of similar work, a targeted video had been created for those who had not taken up the screening offer.



- The next step was to explore data more in-depth and establish the right cohort to target.

Members of the Board commented that:

- It was positive to see recognition that something was going on in the city that required targeted work. Targeted messaging work directly to communities was praised.
- This group was hard to reach so it needed to be considered where to target initiatives to educate this group on the need for screenings. Breaking down the stigma around the topic was a major area of focus.

In response to questions from Members of the Board it was noted that the screening levels of those receiving ASC services was being considered as part of the primary care audit. Education packages for social care recipients was part of longer-term work.

RESOLVED:

That the Board notes the update.

**11. LEICESTER'S JOINT HEALTH, CARE AND WELLBEING STRATEGY DELIVERY PLAN QUARTERLY UPDATE**

The Chair noted that due to time constraints there was not time to appropriately consider this update and therefore the update would be deferred to another meeting.

RESOLVED:

That the update be deferred to a future meeting of the Board.

**12. BETTER CARE FUND END OF YEAR APPROVAL**

The Chair asked the Board to provide formal approval of the Better Care Fund end of year submission to NHS England.

Martin Samuels (Strategic Director of Social Care and Education) presented an update on the Better Care Fund. It was noted that for a number of years the Better Care Fund had been seeking to bring ASC and NHS services closer together through an integrated approach. The national processes for the Fund meant that each year the local plan was officially signed off by NHS England only towards the end of the year to which it referred. However, this year planning had included next year as well as this year meaning this was a 2-year fund being signed off. The plan for 23/24-24/25 would be submitted shortly and go through a rigorous assurance process. The Board was therefore asked to formally approve the submission of the 2-year plan.

RESOLVED:

That the Board approves the Better Care Fund end of year submission to NHS England and the submission of the plan for 23/24-24/25.

**13. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions from members of the public had been received.

**14. DATES OF FUTURE MEETINGS**

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

Thursday 21 September 2023 – 9.30 am

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.

**15. ANY OTHER URGENT BUSINESS**

Dr A Farooqi (GP, East Leicester Medical Practice) gave an update on the present situation at East Leicester Medical Practice. It was noted that following torrential downpours the previous week, serious flooding had occurred in the Practice which severely damaged the facilities, including making electrics unusable and destroying paper records. The building was not unusable and would likely be out of action for several months. This meant that thousands of patients were now without GP services. Work was ongoing with the ICB to get services up and running again and it was hoped that next week phones would be up and running. It was felt that the facility had been badly maintained and not fit for purpose and that this would present an opportunity to bring the facility up to date.

The Chair stated that she would be interested to see the contingency plans for GPs and the wider learning form this incident.

There being no other business the meeting closed at 12.02pm.