



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 27 JUNE 2024 at 9:30 am

**Present:**

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|-------------------------------------|--|
| Councillor Sarah Russell<br>(Chair) | – Deputy City Mayor, Social Care, Health, and<br>Community Safety, Leicester City Council    |
| Rob Howard                          | – Director of Public Health, Leicester City Council.   |
| Jean Knight                         | – Deputy Chief Executive, Leicestershire Partnership<br>NHS Trust.                           |
| Kash Bhayani                        | – Healthwatch Advisory Board, Leicester and<br>Leicestershire.                               |
| Kevin Allen-Khimani                 | – Chief Executive, Voluntary Action Leicester.   |
| Dr Ruw Abeyratne                    | – Director of Health Equality and Inclusion, University<br>Hospitals of Leicester NHS Trust. |
| Mary Hall                           | – Public Health Consultant, Leicester City Council.  |
| Dr Avi Prasad                       | – Co-Chair, Leicester City Clinical Commissioning<br>Group.                                  |
| Barney Thorne                       | – Mental Health Manager, Leicestershire Police.  |
| Councillor Geoff Whittle            | – Assistant City Mayor, Environment and Transport,<br>Leicester City Council.                |
| Councillor Elaine<br>Pantling       | - Assistant City Mayor, Education, Leicester City<br>Council                                 |
| Rachna Vyas                         | - Chief Operating Officer, Leicester, Leicestershire<br>and Rutland Integrated Care Board    |

**In Attendance**

Laura French	Public Health Consultant, Leicester City Council
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Amy Endicott	Programme Manager, Leicester City Council
Mark Wheatley	Programme Manager, Leicester City Council
Diana Humphries	Programme Manager, Leicester City Council
Georgia Humby	Governance Services, Leicester City Council
Kirsty Wootton	Governance Services, Leicester City Council
Amanda Toussaint	African Heritage Alliance
Lucy Baxter	Observer

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## **71. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- Caroline Trevithick - LLR ICB Chief Nursing Officer & LLR ICB Deputy Chief Executive
- Dr Kath Packham - Consultant in Public Health (PH), Leicester City Council
- Helen Mather - City Place Lead - Leicester, Leicestershire, and Rutland Integrated Care Board (LLR ICB)
- Harsha Kotecha - Chair of Healthwatch Leicester and Leicestershire
- Kevin Routledge – Strategic Sports Alliance Group
- Benjamin Bee - Area Manager Community Risk, Leicestershire Fire & Rescue Service
- Bertha Ochieng – Professor of Integrated Health and Social Care at De Montfort University.

## **72. 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.

## **73. MEMBERSHIP OF THE BOARD**

The membership of the Health and Wellbeing Board for 2024/25 was noted.

#### **74. TERMS OF REFERENCE**

The Terms of Reference were noted.

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

The minutes of the previous meeting of the Health and Wellbeing Board held on 18 April 2024 were agreed to be a correct record.

#### **76. QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was noted that no questions from members of the public had been received.

#### **77. HEALTH NEEDS ASSESSMENT**

The Public Health Consultant presented the findings of the Sexual Health Needs Assessment highlighting that all local authorities accessing the Public Health Grant must provide open access, integrated sexual services. As part of the presentation, it was noted that:

- The needs assessment is a systematic approach to ensure procurement secures the services that meet the needs of the population.
- The methodology involved considering comparable areas to see what they are doing, and looking at data from ONS, Public Health, sexual health providers and UHL.
- Opinions were sought from experts and local providers and a public consultation was ran simultaneously.

The assessment found that:

- Leicester was ranked 58<sup>th</sup> of 154 upper tier local authorities for new STI diagnoses in 2023 (excluding chlamydia). This rate was slightly lower than the national average.
- Diagnoses in young people (aged 15-24) of new STI's was higher than the national average.
- Chlamydia was still the most diagnosed STI (measured separately).
- The rates of gonorrhoea had increased, this was a trend reflected nationally.
- Leicester has a high prevalence rate of HIV and whilst testing has been good there is a high prevalence of late diagnoses resulting in worse outcomes.
- The uptake of long term and reversible contraceptives was lower than

the national average, with noticeable variations between different communities.

- GP surgeries have been decreasing their spending and prescribing of contraception year on year as there has been a shift in where contraception has been accessed.
- Provision of postnatal contraception needed to be improved.
- Leicester had higher than national rates for termination of pregnancy and this had increased, which was an area of focus nationally by health teams.
- Under 18 conception rates have fallen significantly – 80% since 1999. Leicester rates overall are comparable to the national average, yet there is significant variation across different City wards with more deprived areas having higher rates of conception than the national average.
- Leicester had demographic features which have created challenges such as:
  - a younger than average population which has been the group accessing services the most;
  - areas of severe deprivation which has correlated to poorer sexual health outcomes;
  - diversity which has impacted how services have been accessed;
  - vulnerable communities whose specific needs have to be accounted for.

The Sexual Health Needs Assessment makes over 30 recommendations with the 12 identified in the Executive Summary. The key themes of the recommendations include:

- Access – range of methods including telephone and online
- Service user led services
- Better integration across the system

The key challenges identified in meeting recommendations was the funding, staffing and changes to ways of working that have occurred, alongside the rise in some STI's, abortion rates and the challenges identified in impacting on HIV. The Chair thanked the Public Health Consultant for a very thorough summary that encompassed an extensive amount of work. As part of discussions the Chair queried whether the low STI diagnoses rate was due to an unmet need or whether a good job was being done. Members also queried what could be done to encourage repeat testing around HIV. It was noted that too many options can be detrimental to people accessing services and a simpler route may be better, for example a 'one stop' telephone or website to prevent confusion.

AGREED:

- The Board thanked Officers for the presentation.
- The audit for the HIV action plan be brought to the Board when completed.

## 78. SEXUAL HEALTH SERVICES CONSULTATION

The Public Health Consultant presented the findings of the Sexual Health Services Consultation and it was noted that:

- The previous contract ended on 31 March 2024 having been extended through the pandemic.
- The new contract started on 1 April 2024 and has been awarded to the same provider– The Midlands Partnership Foundation Trust.
- The major difference was that the City have procured this independently of Leicestershire or Rutland due to the service requirements needed by the populations in each area.
- There is a national specification framework for sexual health services, but the consultation was to ensure that services met the needs of communities in the City. The aim was not to make substantive changes to the model as it was well thought of by service users and staff, but input was needed about how services could be delivered and how needs could be met of specific communities.
- This process involved a comprehensive engagement process between January and March 2023 to inform the specification for services.
- Health inequalities are varied across different stages of the life course and are impacted by various factors – sexual health is part of the health inequalities.
- Systematic differences in sexual health – Those living with deprivation will be more likely to be living with poor sexual health. Certain demographic groups and areas are also more vulnerable to poor sexual health.
- The main hub in the Haymarket was well thought of by users, however some clinics have become less used with no apparent reason.

There were 5 key themes identified in responses to the consultation:

1. Education and training
2. Beliefs and perceptions around sexual health
3. Barriers to accessing services

4. The important of age-appropriate services

5. Information sharing and signposting.

Following a summary of the consultation responses, it was noted that:

- There was a keenness for booking appointments online.
- Most people favour a mix of appointments, including face-to-face services pre-bookable and drop in. It was found that generally older people prefer booking whereas younger people prefer drop ins.
- The walk-in clinic has been reinstated after being suspended during the pandemic.
- Further consideration is needed to work with communities.
- The single point of access is taking longer than hoped due to the procurement process.
- There has been ongoing work implementing the national women's health strategy and HIV action plan.
- A gap was identified in young people representation so a consultation is being devised to feed their views in.

The Chair and members commented that it was an excellent presentation and large amounts of work has occurred to produce it all. As part of discussions, it was suggested that the move to more online services may put off people accessing longer working contraceptives. It was noted that midwives are now being trained to fit contraception to aid in uptake, along with funding for red boxes to educate people in different community and education settings to choose different contraception options. As other ways to reach into communities, it was arranged for a link worker to take some people to walk-in centre as people weren't aware of where to go for access. Following on from this, a more systematic approach is being considered for accessing communities and community champions have been brought in.

AGREED:

- The Board thanked Officers for the presentation.

## **79. TUBERCULOSIS IN LEICESTER**

- The Public Health Consultant presented an update on Tuberculosis in the City following a development session that looked more closely at the recent increase in TB cases and how to address this. As part of the presentation it was noted that:
- TB is an infection that mainly affects the lungs. Symptoms are dependent on where in the body is infected but is only infectious when in the lungs.

- TB can be latent; 5-10% of individuals who have had latent TB will develop active TB.
- The treatment for TB is very long (6 months) and uncomfortable.
- Incidence of TB vary across the country but new notifications in Leicester are the second highest in the country.
- 80% of active TB cases in 2022 were in people born outside of the UK. One quarter of those born in the UK with TB have at least one social risk factor.
- The highest number of cases in the UK born population was found in those from a white background. The most common countries of birth for non-UK born residents are India, Pakistan, Romania, Bangladesh and Eritrea.
- Rates of TB have increased since 2018, the largest increase was in 2023.
- Over 50% cases have been in UK for over 6 years, this means a missed opportunity in the screening programme. Individuals could be screened for inactive TB when they have entered the UK.
- Latent screening programming uptake has reduced since 2019 and there has been large variation in uptake across the City. Many more cases of latent TB could be identified.
- The increased rates of TB could be due to changing patterns of migration, delayed diagnosis, lack of uptake of the screening programme, access to the treatment and the treatment itself, stigma within and without communities and social risk factors such homelessness, prison, alcohol and drug use.

To address the rising cases in Leicester, it was noted that:

- There has been a GIRFT review of which they are awaiting the report.
- There is also an LLR TB strategy and an audit of the latent TB strategy is being developed as part of an action plan.
- There is a need to lobby for funding and raising awareness. It needs collective action and the targeting of resources where the greatest need is.

As part of discussions the current contact tracing method was outlined and it was noted that if someone has spent time with someone who had an active case of TB letters were being issued but it was highlighted that treatment is optional. Health partners enquired about what more can be done in their remit to help, and the Public Health Consultant advised this would be addressed in the strategy but suggested more visibility about signs and symptoms, the pathways of treatment and working with GP practises would be beneficial, but

the resource constraints faced by the sector was noted. The issue of residential status was also raised as something that may hold people back from seeking treatment in this country.

AGREED:

- Public Health and ICB Chief Operating Officer to follow up on a more in-depth analysis of communities and ethnicities.
- An update to be brought to the Board in future.

## **80. HEALTH & WELLBEING BOARD ANNUAL REPORT**

The Programme Manager in Public Health presented the Health and Wellbeing Annual Report and gave an overview of the key points. It was noted that:

- The Terms of Reference of the board require a report to go to the Council Executive and ICB annually to ensure public accountability.
- The feedback from the Executive and ICB was favourable on the amount of progress and work during the period and the partnership working approaches.
- The report had been compiled with multiple partners, so the Programme Manger expressed thanks for the contributions and comprehensiveness.
- There was no report during the pandemic, so this report covered an 18-month period to bridge the gap until the 2023/24 report is due later this year.
- Since the reporting period ended, there had been revision of staffing and format of the plan to allow for a greater detail of outcomes and actions, so it has meant data gathering took longer, but it had allowed a clearer view of how the plan has progressed.

The report gave an overview of the Board and its key purpose, including:

- How the Board operates, the statutory duties, and how they are enacted and the progress in delivering the action plan of the HWB strategy.
- There was a summary of the work of the partnership boards such as the Joint Integrated Commissioning Board, the Disability Partnership Board and the Mental Health Partnership Board.
- The key communications and engagement activity with stakeholders and local people and how this has shaped the work of the Board.
- Outlines the key challenges and achievements in the reporting period.

The report for 2023/24 was being drafted. This has a different format to allow for the priorities outlined in the strategy. Any comments would be welcomed for further elements that could be included.



As part of the discussion following the report it was noted that the Board has had a large number of achievements. It was also noted that a development day was recently held and a new reporting approach of focusing on four key priorities was agreed as a possibility. A further development session will be held with the Board to implement this.

AGREED:

- The Board noted the report.
- The Board will continue to monitor priorities, actions and progress.

## **81. ADDRESSING RACIAL DISPARITIES IN MATERNAL OUTCOMES FOR THE POPULATION OF LEICESTER, LEICESTERSHIRE AND RUTLAND - DRAFT**

The Chair agreed to alter the order of the agenda and bring this item forward.

The Director of Health Equality and Inclusion at the University Hospitals of Leicester, presented the item and it was noted that:

- The Director thanked everyone for their involvement and work on the report.
- The aim of the report was to specifically answer what is happening in Leicester to address the race related disparities in maternal experiences and outcomes experienced by women during pregnancy and childbirth.
- The report was requested as data shows Black and Asian women are more likely to experience adverse care or die during their maternity journey and this has been reflected locally. In recent years, all maternal deaths have been women of colour.
- A group of stakeholders and experts were convened, and they explored existing work that addressed racial disparities This was an ongoing process for 18 months as every time something was investigated, it became apparent there was more going on which would need to be included in the report.
- The report had been aligned to a national report called 5 times more which outlines 3 key areas for action which are knowledge, attitude and assumptions.
- 6 themes within the report were highlighted that should happen in any work to improve outcomes in maternal care through the lens in equity The intention is to move to proactive approach moving forward in how to deliver services.
- Mental health is focused on as exemplar of how integrated services should be done and the Director recommends that the themes identified

should be applied to all clinical areas.

The Board recognised the huge amount of work and participation of a range of organisations involved in this and thanked the Director of Health Equality and Inclusion at the University Hospitals of Leicester. The Chair also requested that this work inform the women's health strategy.

AGREED:

- The report to come back to the Board and progress be monitored.

## **82. BLACK MENTAL HEALTH AND ME REPORT**

The Programme Manager for Mental Health in Public Health and a representative from the African Heritage Alliance presented the Black Mental Health and Me Report. The report considered how Black/Black British individuals experience the mental health in Leicester in which it was noted that:

- Past initiatives from the last 20 years show people from ethnic minorities are more likely to be compulsorily detained, to be treated in hospital, to be subject to measures like seclusion and to encounter health services through the criminal justice system.
- This has been found to be still the same case now and there has been an overrepresentation of Black/ Black British individuals in the mental health system.
- There is a lack of understanding of the nuances of Black mental health, meaning individuals have waited until crisis point to access system.
- The key themes that were found in the report that have prevented access of the mental health system in the early stages of illness are previous experiences of the system, challenges with the mental health system and the effectiveness of handling issues of diversity and inclusion.
- The recommendations are suggested as route map for addressing the issues mentioned and included identifying individuals before they reach a critical point and providing education and training for practitioners around nuances of Black mental health.
- It was highlighted that the African Caribbean Centre offers an opportunity in the City for outreach work, a liaison point and a voice for the community. It will require time to implement – 5 years was suggested – to measure and evaluate to see that things have moved in the right direction.
- The representative from the African Heritage Alliance asked that no

more data or reports are requested but action occurs.

As part of discussions, it was noted that:

- Recommendations contained within the report are clear.
- Leicestershire Police have been trying to engage more with communities following unrest in the City.
- It is not only mental health, this issue intersects with health overall. A conversation about the experience of the Black community in health settings would be useful. UHL will embark on a process of having those conversations at a senior lead level to facilitate actual change in the system.
- It would be good to have a conversation of how to make the organisations aware of the nuances. It was suggested there is a lack of awareness of nuances in the 'English' language used by the Black community. There could be more education about symptoms of Black mental health and on the language used in health care settings. Leicestershire Police requested data from the African Heritage Alliance to assess the proportionality of detainment under the mental health act in line with the demography of the city.
- LPT suggested to take the report to the Mental Health Collaborative to help design services moving forward.
- VAL offered to link in with African Heritage Alliance to discuss where more mental health cafes could be set up and how to ensure appropriate training.

AGREED:

- The Mental Health Collaborative to bring a report back to the Board to update on progress with the recommendations in 6 months.

### **83. DATES OF FUTURE MEETINGS**

It was noted that the Board would now operate under the new Terms of Reference with a move to four board meetings per municipal year and the next meeting would take place on 26 September.

### **84. ANY OTHER URGENT BUSINESS**

There being no other urgent business, the meeting closed at 11.28.