Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 29 JULY 2021 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Kash Bhayani	–	Healthwatch Advisory Board Member.
Councillor Elly Cutkelvin	–	Assistant City Mayor, Education and Housing.
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Kevan Liles	–	Chief Executive, Voluntary Action Leicester.
Dr Sulaxni Nainani	–	GP Member of Leicester Clinical Commissioning Group.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Mark Powell	–	Deputy Chief Executive, Leicester Partnership NHS Trust.
Martin Samuels	–	Strategic Director Social Care and Education, Leicester City Council.
David Sissling	–	Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland.
Councillor Sarah Russell	–	Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council.
Rachna Vyas	–	Leicester Clinical Commissioning Group.
Mark Wightman	–	Director of Strategy and Communications, University Hospitals of Leicester NHS Trust.
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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27. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:-

Councillor Rita Patel	Assistant City Mayor Communities, Equalities and Special Projects, Leicester City Council.
Ivan Browne	Director of Public Health, Leicester City Council.
Professor Azhar Farooqi	Co-Chair Leicester City Clinical Commissioning Group.
Andrew Fry	College Director of Research, University of Leicester.
Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust.
Haley Jackson	Deputy Director of Strategic Transformation, NHS England and NHS Improvement.
Harsha Koteca	Healthwatch Advisory Board, Leicester and Leicester.
Richard Lyne	General Manager, Leicestershire, East Midland Ambulance Service NHS Trust.
Rupert Matthews	Leicester, Leicestershire and Rutland, Police and Crime Commissioner.
John Macdonald	Chair of University Hospitals of Leicester NHS Trust.
Oliver Newbould	Director of Strategic Transformation, NHS England and NHS Improvement.
Dr Avi Prasad	Co-Chair Leicester City Clinical Commissioning

	Group.
Kevin Routledge	Strategic Sports Alliance.
Chief Supt Adam Streets	Head of Local Policing Directorate, Leicestershire Police.

28. 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.

29. MEMBERSHIP OF THE BOARD

The Board noted it's membership for 2021/22 approved by the Council on 29 April 2021 as follows:-

City Councillors: (5 Places)

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 Rita Patel, Assistant City Mayor, Communities, Equalities and Special Projects

City Council Officers: (4 Places)

Martin Samuels, Strategic Director of Social Care and Education
Ivan Browne, Director Public Health
Dr Katherine Packham, Public Health Consultant
1 Vacancy to be nominated by the Chief Operating Officer

NHS Representatives: (7 Places)

Chief Executive, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group
Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust
Oliver Newbould, Director of Strategic Transformation, NHS England & NHS Improvement – Midlands
Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group
David Sissling, Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland
Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Group

Healthwatch / Other Representatives: (8 Places)

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire
Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Rupert Harding, Leicester, Leicestershire and Rutland Police and Crime Commissioner
Kevan Liles, Chief Executive, Voluntary Action Leicester
Kevin Routledge, Strategic Sports Alliance Group
Mandip Rai, Director, Leicester & Leicestershire Enterprise Partnership
Chief Superintendent, Adam Streets, Head of Local Policing Directorate, Leicestershire Police
1 Unfilled Vacancy

STANDING INVITEE: (Not A Council Appointed Voting Board Member – Invited by the Chair of the Board. and no set number of places)

Cathy Ellis, Chair of Leicestershire Partnership NHS Trust
Professor Andrew Fry – College Director of Research, Leicester University
Richard Lyne, General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust
John MacDonald, Chair of University Hospitals of Leicester NHS Trust,
Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University

30. TERMS OF REFERENCE

The Board noted the Terms of Reference approved by the Annual Council on 29 April 2021.

31. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 25 March 2021 be confirmed as a correct record.

32. SPOTLIGHT ON GOOD PRACTICE AND INNOVATION

Updates on good practice and innovation from organisations represented on the Board relating to a number of health and wellbeing issues were received. These included:-

Leicester Partnership NHS Trust

- Supporting people with long term cardio-respiratory conditions through the Covid-19 period, within restricted face to face contact due to IPC guidance in healthcare settings through providing Covid virtual wards for long term conditions management.
- Divert as many patients as possible from A&E to increase their capacity to deal with the start of the Covid-19 pandemic by establishing and developing a urgent mental health care hub.

- Improve the gap in the engagement of children and young people in reviewing and co-designing services through the application of 'youth proofing services' in the LPT Youth Advisory Board.

Police

- Throughout Covid, there have been an increased demand on Emergency and Mental Health services, with often first-time presentation of a Mental Health illness, through the Police and Mental Health Proactive Triage Car to ensure the correct pathfinder / service.
- Increase in Mental Health demand with limited referral pathways / reduction in face to face contact by other services during Covid-19 such as a transfer to telephone support. The Proactive Vulnerability Engagement Team (PAVE), however continued to complete face to face visits were this was considered necessary.
- PAVE jointly visited vulnerable residents with one of the local police neighbourhood officers to identify individuals that may require additional support and referrals to look at alternative way to reduce demand and resolve some of the key neighbourhood concerns expeditiously with multiagency approach.

University of Leicester

- Identification of those who might be at greatest risk of infection or adverse outcomes, particularly among healthcare workers from black and minority ethnic backgrounds through :-
    - A project led by Prof Kamlesh Khunti (Director of Centre for Ethnic Health Research and member of SAGE) and Dr Manish Pareek (Associate Clinical Professor in Infectious Diseases).
    - Played pivotal role in bringing to light the disproportionate impact of COVID-19 on those from black, Asian and minority ethnic communities.
    - £2.1M government funding (UKRI and NIHR) for UK-REACH study into ethnicity and COVID-19 outcomes in healthcare workers.
    - Working with 30,000+ clinical and non-clinical members of NHS staff to determine their COVID risk based on analysis of health care records.
    - One of the outcomes was a new Risk Reduction Framework for NHS staff to better protect NHS workforce and maximise ability of NHS to deal with pandemic pressures.
    - Lack of easily accessible patient-focused information aimed at individuals who have had and were recovering from COVID-19 infection. Need for clear advice on how to manage the physical, emotional and psychological effects through an on-line service to support patients with ongoing symptoms in their recovery and one of the first websites in the world providing information on Covid-19, managing its effects and the road to recovery.

Voluntary Action Leicester

- Enabling effective support for vulnerable service users with Learning Disability during Covid restrictions through providing Covid safe support in person and via online connections through.
- Volunteer support for the Covid vaccination programme in recruiting 2,700 volunteers. VAL continued to recruit, co-ordinate and deploy volunteers across 36 sites which was likely to be for the remainder of the year.

Leicester City Clinical Commissioning Group

- GP's had fed back that the template itself was not helpful and with the pressures of COVID, the number of patients receiving a cancer care review had fell from 74% prior to Covid to 15% between September and December 2020, detrimentally impacting patient care. Clinical teams worked with management teams to rewrite the template in February 2020 and staff had on-line meetings with 80 clinician attendees. By March 31 2021 the patients having a cancer care review had risen to 67%.
- The increase in numbers of COVID patients had put the CDU at the Glenfield hospital under considerable pressure, with overcrowding, staff exhaustion and increasing admissions. Both UHL and LPT had implemented a virtual ward model for 'front door' activity as well COVID admissions this had reduced patient readmission rates by 51%.
- 144 COVID-19 patients had been discharged after a hospital admission with remote monitoring at home. To date, only 5 of these patients had been readmitted.
- NHSE expectation that at least 67% of 14+ LD patients with receive an AHC. 2019/20 LLR achieved 54%. As at Q1 2019/20, LLR had achieved just 5.1%. Changes to support and a funded post enabled the rate for people with a LD having an annual health check to be increased to 71% by March 2021.
- Approximately 4,500 patients across LLR had been offered but declined a COVID vaccination. Data analysis suggested that high proportion of were with BAME population or lived in deprived areas of LLR. A pilot initiative was developed with GP clinicians calling patients and this resulted in 69% booking a vaccine, 19% wanted more time ot consider and 9% still declined.
- Reducing the numbers of parents calling out of hours or presenting at A & E with children who have symptoms that could be managed at home through a Zoom call to schools and a webinar with parents.
- High ED attendance and variable admission behaviours for frail patients had been supported by providing Community Response Service (CRS) and the Integrated Crisis Response Service (ICRS) being present and staff from CRS and ICRS would work with the Therapy Team and with the Emergency Floor Discharge Practitioners (EFDP's) on ED. This had enabled to identify patients that could be diverted from the ED to other appropriate pathways as early as possible. It had also shared key information in terms of the key interventions already in place for people and increase the knowledge awareness of community services especially around Home First offers across LLR.

- Introduction of the Community Pharmacy Consultation Service pathway to reduce appointments in GP practices to enable them to focus on patients most in need of GP services.
- Joint assessment and provision of assistive technology to prevent falls and keep people at home independently and safely to reduce the need for elderly acute care.

Healthwatch

- Working with UHL to reduce the time patients were waiting in discharge lounges to get their medication.
- Established 'BME Connect' – a platform for communities to come together to talk about the issues that matter the most to them. This unique project began looking into mainstream methods of marketing and communication and its impact, influence, and connectivity to BME community settings.

The Chair welcomed the updates from member organisations and felt that this demonstrated the response to Covid issues across the whole of the system and that fully supported the approach to learning from each other and this item had clearly highlighted and demonstrated the good practice being delivered.

The Chair also commented that these updates reinforced both health and wellbeing and that it should be clearly seen in the City that there was parity for mental and physical health in service delivery and considerations. The updates also showed that services were making most differences to those less able.

RESOLVED: The reports from partner organisations were welcomed and future updates of good practices would be welcomed.

33. INTEGRATED CARE SYSTEM - PRINCIPLES, PRIORITIES AND PURPOSE

Sarah Prema (Executive Director of Strategy and Planning for Leicester, Leicestershire and Rutland CCGs) gave a presentation on the Integrated Care System – Principles, Priorities and Purpose.

During the presentation it was noted that:-

- Although Integrated Care was not new hand had been in existence for some time the responsibility for it would be put on a statutory footing from April 2022.
- It would enable transformation of health and care through joining up and co-ordination of services with a proactive and preventative focus and be responsive to the needs of local populations.
- Current guidance indicated that this would 80% for local determination and 20% mandated through legislation and government and national health bodies.
- It was expected that the current parliamentary Bill would be discussed by the House of Lords after the summer recess.
- Examples of what had already been done to integrate services was

outlined the presentation. Co-locating social care and community services had been key in making improvements.
- There was flexibility to add others to the Health and Partnership Group above the statutory requirements.

During discussion, members commented that:-

- The proposals for memberships of the Health and Care Partnership Group to exclude elected members ahead of formal legislation being in place was unusual. There was a need to recognise the key differences democratically of the lead political and officer leaderships in the various organisations involved. The 3 lead Councils in the LLR were all different politically and were responsible for areas which had differing health needs and priorities and differing financial resources.
- This would be an evolving long term strategy as one solution would not fit all needs and the involvement of the respective Health and Wellbeing Boards would generate questions about the future sustainability and development issues.
- The Health & Wellbeing Boards needed to be involved in defining the partnership arrangements from a local government led perspective and not an NHS led viewpoint.
- The role and responsibilities of the Board and the officer led groups would need further discussion going forward to clarify priorities and feed in desired service provisions needs. This could be addressed through a development session.
- Though would need to be given on how the work and views of other interested groups such as the Safeguarding Children Partnership Boards and Learning Disability Boards etc are incorporated into the process for assessing service needs.
- The processes involved would need to constantly grow and evolve to respond to what was considered unsatisfactory, what needed ot be tackled next and what issues were still unresolved.
- One of the strengths of the Board is considering the wider determinants of health and wellbeing including education and housing etc and these are represented on the Board whereas the present system partnership group is predominately health and social care body and thought needs to be given to how the system partnership board does not end up being narrower in focus than the Health and Wellbeing Boards which are place. Police, Fire and Rescue and Universities footprints also need ot be incorporated.
- The new system brought in providers and social care employees which were greater in number that NHS staff. If barriers were being removed in commissioning etc then how the social care providers were involved needed to be considered.
- Going forward this would be a collective document with all organisation involved in putting it together and would need to be kept under constant review so consideration could also be given to broader aspects about NHS delivery.
- LLR was unique and had special issues BAIME, poverty, rural and

deprivation issues and it was hoped that something on these could be included on these.

- The priorities express were all NHS priorities and these could be change to reflect that the emphasis was not seen as statements about the services people would receive but about services the people wanted to see in order to lead the lives they wished to live. i.e. you asked for and we are providing etc.

RESOLVED:-

1) Officers were thanked for the presentation and discussion on the proposals and were asked to consider and incorporate the views express by members of the Board above, as it was important that work progressed in a. collaborative and transparent process.

2) Officers were asked ot present further updates as the process progressed and further guidance/legislation was received.

3) That a development session of the Board be arranged to discuss the role and responsibilities of the Board and the officer led groups further.

34. PLACE LED PLANS

Sara Prema (Executive Director of Strategy and Planning for Leicester, Leicestershire and Rutland CCGs) and Katherine Packham (Public Health Consultant, Leicester City Council) gave a presentation outlining the Health and Wellbeing Board at Place and the role of place within the integrated Care System. It also set out the approach and options for rewriting /revising the Joint Health and Wellbeing Strategy and the delivery of place delivery plans and timelines.

The current Leicester Health & Wellbeing Strategy published in 2019 set out a strategy until 2024 and there was now a need to look at how this would fit into the arrangements being proposed for the Integrated Care System in the future. The core themes of the 2019 strategy (Healthy Places, Healthy Minds, Healthy Start, Healthy Lives, Healthy Ageing) were still relevant and the Coronavirus pandemic had accentuated pre-existing inequalities.

Three options for the current strategy were outlined together with their advantages and disadvantages:-

- Option 1: Keep existing Health and Wellbeing strategy.
- Option 2: Full rewrite of Health and Wellbeing Strategy.
- Option 3: Minor refresh of the current Health and Wellbeing
- Strategy.

The preference was for Option 3 to enable a small revision to update for Covid impact and mortality inequalities affecting communities and ethnic background etc by January 2022. It was proposed keep the existing strategy until 2024 and then refresh the whole plan. It would be a collaborative plan to do at ‘place’

with concordance rather than compliance on a strength-based approach to look at community-based assets. The suggested outline was contained in the presentation to be deliver through annual action plans.

It was suggested that the working group take into account the work of the Climate Emergency and Anti-Poverty Policies that would be in place by the time the strategy was revised and to take these into account.

RESOLVED:- Officers were thanked for the presentation and update and the Board supported the review of the strategy as outlined in Option 3 and asked officers to consider extending the strategy timeline from 2024 to 2030.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

36. ANY OTHER URGENT BUSINESS

The Chair announced that the Council's Director of Public Health, Ivan Browne, had been honoured by receiving an Honorary Degree from Loughborough University in recognition of the outstanding contribution he had made throughout the Covid-19 pandemic to the City and the region in what had been one of the most challenging times in living memory. The Board congratulated Mr Browne for his achievements.

37. DATES OF FUTURE MEETINGS

The Board noted that the Annual Council on 29 April 2021 had approved future meetings of the Board would be held on the following dates:-

Thursday 28 October 2021 – 9.30 am
Thursday 27 January 2022 – 9.30am
Thursday 28 April 2022 – 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.