Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 16 MARCH 2023 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Ivan Browne	–	Director of Public Health, Leicester City Council.
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Kevan Liles	–	Chief Executive, Voluntary Action Leicester.
Rani Mahal	–	Leicestershire and Rutland Police and Crime Deputy Commissioner.
Richard Mitchell	–	Chief Executive, University Hospitals of Leicester NHS Trust.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Sara Prema		Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board
Mark Powell	–	Deputy Chief Executive, Leicestershire Partnership NHS Trust.
Kevin Routledge	–	Strategic Sports Alliance Group.
Martin Samuels	–	Strategic Director Social Care and Education, Leicester City Council.
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.

Barney Thorne	–	Mental Health Partnership Manager, Local Policing Directorate, Leicestershire Police.
Councillor Sarah Russell	–	Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council.
Rachna Vyas	–	Chief Operating Officer, Leicester, Leicester, Leicestershire and Rutland Integrated Care Board.

Standing Invitees

Cathy Ellis	–	Chair of Leicestershire Partnership NHS Trust.

In Attendance

Graham Carey	–	Democratic Services, Leicester City Council.

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96. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:-

Susannah Ashton	East Midlands Ambulance Service, Divisional Director.
Ben Bee	Area Manager Community Risk, Leicestershire Fire and Rescue Service.
Professor Andrew Fry	College Director of Research, Leicester University
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.
Professor Bertha Ochieng	Integrated Health and Social Care, De Montfort University.
Dr Avi Prasad	Place Board Clinical Lead, LLR Integrated Care Board.
Sue Tilley	Head of Leicester, Leicestershire Enterprise Partnership.

Andy Williams Chief Executive, LLR Integrated Care Board.

97. 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.

98. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 26 January 2023 be confirmed as a correct record.

99. CHAIR'S INTRODUCTION

The Chair reported on a visit earlier in the week to the A&E department at Leicester Royal Infirmary and thanked the Chief Executive and Senior Offciers for their help and assistance. She had met the operations team and was impressed by the focus on the flow of patients and their safety as they were processed through the department. Although the unit had the look of a portacabin on the outside, once inside in the unit it was like any other ward in the hospital. Although some patients were moved to other parts of the hospital late at night, that was due entirely to their clinical and care needs and was undertaken when it was considered to be in their best interests. It was pleasing to see the whole system was working well together with the ambulance service and others involved in the patients care.

100. JAMILA'S LEGACY

Rehana Sidat (Founder/CEO -Jamila's Legacy) gave a presentation on the work and remit of the local non-profit organisation, Jamila's Legacy, which supported and educated communities and organisations in mental health and wellbeing.

During the presentation it was noted that:-

- Jamila's Legacy was a non-profit organisation that offered 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 had been bringing people together to increase mental health awareness and deepen understanding since 2015.
- It had been working at a community and grassroots level, engaging with ethnic minority communities, and had developed an understanding of their needs, barriers and challenges. It was good that schools were talking about mental health but it was not enough. During a recent presentation most people when asked talked about mental illness and not mental health. Mental health was not just about diagnosis it was also about being mentally well and healthy as well

- Stigma and shame around mental health still existed and in some
- ethnic minority communities there could be additional barriers and challenges to opening up or seeking help due to family and community expectations and/or some cultural norms and beliefs.
- In the City there were higher levels of poor mental health than the national average reported in 2018. Locally people were on the CAMHS waiting for 18 months to 2 years or were waiting a year for an appointment with a counsellor.
- The number of people with long-term mental health problems was significantly higher than the average across England.
- Mental health disorders in children and young people were also higher than England's average.
- Greater energy was needed to be put into prevention, rather than waiting until people reach crisis point. Education was provided so people could take control and know what they needed to do
- The project's vision was to normalise mental health conversations and create a society where people with mental health problems were accepted, valued and felt they belonged.
- The mission was to educate, build confidence and empower people with mental health problems so that they were well informed of their rights and choices, were able to maintain their own mental wellbeing and become confident self-advocates.
- The project had been set up with nothing and no building etc but had support and knowledge. Cafes and the University gave free space and cafés gave free drinks to people who came. Volunteers received no payments or travel expenses, and they offered support and help for nothing. The project collaborated with public, voluntary and business sector organisations. The Women's Mental Health Wellbeing project funded by the national lottery, the Mental Wellbeing offer was provided by John Lewis and men from ethnic minority groups were encouraged to come forward in safe environment because of the cultural stigma on mental health.
- The project had supported 1,200 people last year but there was infrastructure to support the small number of people involved. There also used to be a lot of support groups for parents but they were not there any more.

Members of the Board commented that:-

- Physical and mental health were both equally important.

- Cathy thanks and well done – how many people do you help in build resilience do you have resilience support

- It was a powerful example of what communities could do for themselves and the presentation was both encouraging for the support provided and concerning on the impact upon those providing support. The Council's financial system would not allow a small payment to a single organisation, and it was felt that the structures and management needed

to change to help in these instances.

- Social care had looked at the ethnicity of people who accessed the service and it was immediately clear that the people in the system did not reflect the composition of the community. The difference started at the point people approached the service but once people were engaged with the service the proportions remain static. It was considered that the communities were not hard to reach groups, but the system needed to change on how it responded to these groups.

- Attending a memorial event at Crown Hills had been incredibly powerful for the help it had given to people who had lost a great deal in the in the pandemic. These organisations had resonance in the community and they had links to groups the Council did not have. It was felt that there was a need to create an associate network involving UHL, LPT and public health to support projects such as this where there was fragile structures at the top and where they were doing very good work.

- The project was a great example of making a difference and it does it on its own. There were challenges to relate to this and other small organisations and initiatives would come out the new strategy and then hopefully there would be a structure of support for them. The was a need to consider providing small amounts of funds at a greater risk for a good cause and to think about how a to build network of people to trust and people know where to go.

The Chair thanked everyone for their contributions and supported an holistic approach to physical and emotional health. The Chair supported the idea of an associate network and asked officers and Board members to look at that and start to think what it could look like and share information with the Board. Offciers were asked to look at school nursing as it currently focus on secondary schools and the project worked with primary schools and these should be joined up involving Heath for Care and Healthy Teams and suggested that LPT looked at the school nursing provision. The issue of providing finances to a small organisation for a small payment should be reviewed to see how the Council could engage with such organisations and provide them a resource.

RESOLVED:- That Rehana be thanked for her very useful and provoking presentation highlighting the work and achievements of the project and Board Members consider the issues raised in the meeting and by the Chair above.

101. CELEBRATING SUCCESSES, INNOVATION, AND CASE STUDIES OVER THE WINTER PERIOD

Rachna Vyas (Chief Operating Officer, NHS Leicester, Leicestershire and Rutland) and colleagues gave 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.

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 had stabilised through the start of Q4 23/24, all parts of the system remained busy in terms of both acuity and demand. This trend spanned 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; the presentation highlighted some of the key services delivered over the winter period. Colleagues from across health and care service, represented on the LLR Winter Board, would present these highlights, along with plans for further developments in 2023/2024.

During the presentation it was noted that:-

- The Winter Plan focused on 20 key activities which were outline in the presentation.
- The Urgent Care Response was the only system in the country that looked at falls, made sure that people hade food at home, why falls occurred and what services patients could link into. It was an holistic approach and a person centre approach. It was intended to grow and develop it this year and embed it within the system.
- The Urgent community response service for Leicester City had 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 could access these services through any health and care professional.
- This model had been used to develop the UCR model for LLR and formed the basis of the national specification.
- About 100 patients per week being supported in their place of residence through a ‘virtual ward’. There was very positive patient feedback, with pathways live for cardiac and respiratory illness. There was further development of pathways to support frailty and intermediate care and an opportunity to work with LA monitoring services such as pendant alarm services etc.
- The LLR unscheduled care hub was a team represented by all services including social care, ambulance, UHL and LPT. It took 30-40 patients off ambulance lists every day as it assessed and supported patients in their own place of residence. It was being rolled out across the country because of its success. Nobody was denied a service, if they didn’t want this service they would be admitted to hospital. 10 of the patients were mental health. There was also the nurse and paramedic in triage car available to use.

- Initiatives in place to support discharges from UHL included a partnership approach between the Council and health to assess how best to get patients the right care at the right time, based on local insights and knowledge. Sometimes reasons for delayed discharges could be the patient did not have a fridge, heating or food etc and whilst this was not a health responsibility it affected the patient's discharge if it was felt their home environment was an unsafe environment, especially where the patient was elderly. Staff worked on these issues to address them and minimise delays in discharges.
- There had been the 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.
- The was recent evidence that hoarding and other housing related factors were impacting on ability to discharge patients from mental health wards in LPT.
- There was an opportunity to expand the Housing Enablement Team (HET) to cover MH Services Older People inpatients wards.
- Up to 25 patients were supported with early discharge - housing cases could have complex circumstances and resulted in long delays in discharges, impacting further on physical and mental health.
- It was acknowledged that it was extraordinarily difficult in every area of health and care at the moment with a mix of demand, COVID/Flu, staff absence, capacity plus impact of industrial action.
- The system had managed the ambulance service industrial action with a critical incident called at Leicester Hospitals as a partnership but it recognised that the surges in activity were causing a poorer patient experience across the pathway, with long waits across the pathway. Staff were also under increasing pressure.
- Staff were continually strengthening the winter plan and would apply learning from what we know had worked through difficult periods throughout the year.
- It was clear that the partnerships across health and care had held firm and these case studies demonstrated the art of the possible when services continually worked together.

The Chair thanked officers for the presentation and asked board members to take away the messages and reflect upon them. Partnership working had been undertaken for some years and it had grown, developed and strengthened. – It had been increased during covid and some people though it had been done because it was expedient to do it and had not recognised that it was already in place. It was important that all partners reflected upon change management messaging to reflect these partnerships had been in place for some time and

were continually being developed as they were being driven by the need to be clinical safe and in partnership with individual residents. All partners needed to issue their own messaging on how change was being managed but not in a way that minimised issues but focused on improvements being achieved so that people understood how the changes gave better services.

RESOLVED:- Officers were thanked for the presentation and Board members were asked to consider the comments made by the Chair above.

102. COST OF LIVING IMT/FUEL POVERTY AND HEALTH

Ivan Browne (Director of Public Health, Leicester City Council) and Rob Howard (Consultant in Public Health, Leicester City Council) gave 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.

Leicester City Council (LCC) had adopted an incident management team (IMT) approach to tackling the cost-of-living crisis. The presentation looked briefly at key elements of activity being undertaken, and outlined the Fuel Poverty Programme. The Council had taken a whole council approach to the crisis, aligning with its Anti-Poverty strategy, coordinating activity across the authority, and ensuring that people were able to easily access support. Cells across the authority had been addressing cost-of-living issues, providing support to citizens through a variety of workstreams, and highlighting broader issues within the core IMT meetings.

The Council also worked closely with key external partners and community groups to provide wider support coverage and engagement. Horizon scanning within cells allowed upcoming issues to be recognised and where necessary addressed by IMT. Current upcoming issues included a likely increase in Council Tax, pressure on Commissioned Services, and pressure on Advice Services. The cost of living support offer continued to evolve, and remains accessible and robust.

The Council were working in partnership with National Energy Action (NEA) and had introduced a Fuel Poverty Programme. The impacts of fuel poverty on health were widely recognised, and Leicester had relatively high levels of fuel poverty. The Fuel Poverty Programme aimed to tackle the issues at hand through three workstreams; an advice service, training, and education.

The Advice service has been soft launched within the Council's Housing Division. And a further rollout of the service would be coming soon.

The Training workstream would extend the reach of the programme by embedding energy advice and qualifications into front line services and communities. The Education workstream would raise awareness of energy efficiency at home and at school, initially targeting children in years 5-11

through tailored sessions delivered within schools.

The presentation set out factors and initiatives on all issues involved.

The asked Board members who were part of large organisations to give thought on how the message out. There was a need to work with large employers' workforce to get this message out.

It was suggested that based upon the experience of the Anti-Poverty Strategy organisations should train members of staff to be energy advisors. The discharge of people to cold home was a massive issue and could be used as a catalyst of conversation for fuel poverty. It was known that many people were turning off appliance to save fuel and many were now living in cold houses, and this could result in many people being see by all areas of the system as a result. Many organisations such as the Police had staff who could be entering cold premises and could provide much needed information for possible interventions.

RESOLVED:- Officers were thanked for the presentation and Board members were asked to progress the issues raised to develop the partnership response.

103. BUILDING CAPACITY FOR CARE OUTSIDE OF HOSPITAL

Jagjit Singh-Bains (Head of Independent Living, Leicester City Council) and Beverley White (Adult Social Care Lead Commissioner, Leicester City Council) gave 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.

During the presentation it was noted that:-

- Carers Retention Grant Scheme could be used for carers who had to take time off work and travel from another area and had to incur other costs. Small grants could be paid for travel and microwaves etc.
- Other schemes available were Night time care at home, staffing of out of hours in the independent sector supported through back office support from the local authority and a hardship fund.
- The impacts of support were
    - 40% reduction in numbers of staff leavers
    - Increased capacity - 21% increase in number of additional hours
    - 0 providers requiring emergency response due to workforce issues

    - 0 providers handing back packages
    - Reduction in staff absence levels
    - Reduction in hospital admissions
    - Reduction in awaiting care from 43 to 12, and presently 0
    - Positive feedback from workers
- The Reablement Service was the main service provider for the majority of hospital discharges with a same/next day discharge (8am to 10pm x 7 days).
- Reablement also helped to bridge packages that were ready for discharge, but the domiciliary care provider was unable to start immediately.
- The Integrated Crisis Response Service (ICRS) operated 24-7 with a 2-hour response and had a key focus on hospital avoidance.
- The impact of the reablement service had been:-
    - Reablement supported 75% of all hospital discharges
    - Over 1,142 people had been supported over the last 12 months
    - Up to 60% required no ongoing support
    - Up to 90% continued to live at home 91 days later
    - ICRS core activity remained at 90% hospital avoidance
    - Over 5,500 people were supported over the last 12 months
    - Up to 82% required no ongoing support
    - Over 1,500 fallers were supported with only 8% being conveyed into hospital

The Chair was pleased that the CQC rated the service as outstanding. When the discharge money became available many health services bought additional care home beds butt the City did not and looked at what it should be spent on to achieve best results.

The Board members commented that:-

- There was a good agenda of partnership working and it may be useful to look at what the key ingredients were and re focus on good quality leadership, money and rigorous evaluation.
- Indicating that the national system did not provide the best solution for the City and having its own solution was applauded. Listening to the views of front-line staff to achieve best outcomes was to be commended.
- The level of trust and confidence between partners in Leicester was high

and it made a huge difference.

- One reason that relationship was felt to be good was because it had been built over a long period of time and staff had stayed in post to provide continuity and trust had grown as a result.

RESOLVED:- Officers were thanked for the informative and helpful presentation and it was suggested that the Integrated Care Board should consider the key elements of the partnership and how it could be refocused as suggested by the Board members' comments.

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

Martin Samuels (Strategic Director for Social Care & Education, Leicester City Council) presented 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 had identified a number of key priorities for shared work in this area to ensure the needs of children and young people in the City were given equitable focus as the needs of adults in relation to their health and wellbeing needs.

It was noted that:-

- Demand in services for children and young people across LLR had increased significantly especially in families affected by the pandemic. Financial distress and mental health in 17- 23 year olds had worsened.
- Early intervention was being successful in preventing families having to access the health system and they had been provided with support elsewhere in education services. Post Covid there had been a 10% increase in EHCP and mental health impacts upon the system, education and home etc.
- The Director of Public Health and the Strategic Director of Social Care and Education were representative on that Collaborative group and would report back to the Board when necessary.
- It was felt that when people made presentations to the Board they should consider issues relating to children and young people in their presentation.
- There were good links at officer level in the services taking part.
- It was of concern that in a question in the trusted adult survey showed that 50% of those having poor mental issues had no trusted adult to support them.
- Although there were increasing demands the different organisations involved had limited resources, staff and funds but partnership working

had shown the system were doing good things.

RESOLVED:- Officers were thanked for the report and asked to report back to the Board as necessary on issues arising out of the Children & Young People's Collaborative and a further update be provided in 6 months' time.

105. ICB 5 YEAR FORWARD PLAN

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

RESOLVED:- That the contents of the report and the presentation be noted and that if Board members had any further comments to make, these be discussed with Sarah Prema after the meeting.

106. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

107. DATES OF FUTURE MEETINGS

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

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

108. ANY OTHER URGENT BUSINESS

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

109. STATEMENT OF THANKS

The Chair stated that this would be the last meeting she would be the Chair and she thanked everyone on the Board that had contributed to its work and had developed the Board's partnership approach to making progress to improve Health and Wellbeing.

110. CLOSE OF MEETING

The Chair declared the meeting closed at 12.01pm.