



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 23 NOVEMBER 2023 at 9:30 am

Present (members):

Councillor Sarah Russell (Chair)	Deputy City Mayor - Social Care, Health, and Community Safety, Leicester City Council (LCC)
Councillor Adam Clarke	Deputy City Mayor – Climate, Economy & Culture, LCC
Dr Kath Packham	Consultant in Public Health, Leicester City Council
Helen Mather	City Place Lead, Leicester, Leicestershire, and Rutland Integrated Care Board (LLR ICB)
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)
David Sissling	Independent Chair, LLR Integrated Care System
Harsha Kotecha	Chair of Healthwatch Leicester and Leicestershire
Kevin Routledge	Strategic Sports Alliance Group
Rachna Vyas	Chief Operating Officer, LLR Integrated Care Board (ICB)
Kevin Allen-Khimani	Head of Operations & Services, Voluntary Action Leicestershire
Barney Thorne	Mental Health Partnership Manager, Leicestershire Police

In Attendance

Mayur Patel	Head of Transformation, LLR Integrated Care Board (ICB)
Nisha Patel	Head of Transformation, LLR Integrated Care Board
Kay Darby (online)	Deputy Director Vaccinations and Immunisations, LLR ICB
Jon Melbourne	Chief Operating Officer, University Hospitals of Leicester
Councillor Geoff Whittle	Chair of Health Scrutiny, Leicester City Council
Ashraf Hajat	Leicestershire Fire & Rescue (representing Ben Bee)
Alison Gilmour	Leicestershire Partnership NHS Trust (representing Cathy Ellis)
Kate Galoppi	Director of Adult Social Care and Commissioning, LCC
Mark Abbott	Head of Service, Social Work, Leicester City Council
Jagjit Singh-Bains	Head of Independent Living, Leicester City Council
Gurjinder Bans	Public Health Programme Manager, Leicester City Council
Kate Huszar	Public Health Programme Manager, Leicester City Council
Joshua Pearmam	Leadership and Management Trainee LLR ICB (attended alongside Nisha Patel)
Sarah Smith	Head of Strategy, Leicestershire County Council Programme
Ashley Epps	Manager- Health and Wellbeing Board (Public Health, LCC)

Alison Williams

27. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:

- Councillor Vi Dempster - Deputy City Mayor – Education, Libraries & Community centres, LCC
- Councillor Elly Cutkelvin - Deputy City Mayor - Housing & Neighbourhoods
- Sue Tilly - Head of the Leicester and Leicestershire Enterprise Partnership
- Ben Bee - Area Manager, Community Risk, Leicestershire Fire & Rescue
- Simon Barton - Health Equality & Inclusion, University Hospitals of Leicester NHS Trust (UHL)
- Dr Caroline Trevithick – LLR ICB Chief Nursing Officer & LLR ICB Deputy Chief Executive
- Andy Williams - Chief Executive, LLR Integrated Care Board
- David Williams – Director of Strategy & Business Development, LPT
- Richard Mitchell – Chief Executive, University Hospitals of Leicester NHS Trust (UHL)
- Cathy Ellis – Chair of Leicestershire Partnership NHS Trust (LPT)
- Rupert Matthews - Leicester, Leicestershire & Rutland Police and Crime Commissioner

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. MINUTES OF THE PREVIOUS MEETING

An amendment was requested to be made to record the apologies for Cllr Adam Clarke and Harsha Kotecha at the last meeting.

RESOLVED:

That the Minutes of the previous meeting of the Board, held on 21 September 2023, be confirmed as a correct record once the correction noted above has been made.

30. UHL/ICB WINTER PLANNING AND PRIMARY CARE CAPACITY

Jon Melbourne (Chief Operating Officer, University Hospitals Leicester) and Rachna Vyas (Chief Operating Officer, Integrated Care System) outlined the ICB/NHS winter plan and priorities for the 2023/24 winter period. It was noted from the presentation that:

- The plan was a system plan and not just a UHL one.
- The early publication of the national winter plan (in January 2023) was welcomed.
- The local Winter Plan focussed on the following four areas:-
 - Increased capacity
 - Speeding up discharges from hospital
 - Expanding new community services
 - Helping people to access the correct care.
- Ways that improvements to flow in and out of hospital were listed as:-
 - Opening Acute Respiratory Illness Hubs in Primary Care.
 - Provision of Virtual Wards.
 - Increasing the same-day emergency care within both Leicester Royal Infirmary (LRI) and Glenfield Hospital (GH).
 - A new Respiratory Ward, Chest Pain Centre and Respiratory Support Unit at GH.
 - The challenge around children and young people has been tackled by including them in the plans from the outset – and increasing the capacity in Paediatrics.
 - By reviewing pathways and increasing community capacity the blocks to discharge have been reduced.
- There was a strong Elective Care Plan which incorporates protected capacity to reduce waiting lists. Metrics to indicate this waiting list reduction, including the Cancer waiting list, were included in the reports within the agenda pack.
- Data in the pack highlighted the reduction in ambulance handover times and the reduction in the diagnostic backlog.
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Rachna Vyas's presentation included the points below:-

- Other impactful programmes included;
 - The Pulmonary Rehabilitation Programme.
 - A Crisis Pathway for clients living in inadequate housing (and this is linked to close liaison working with the Local Authority on Housing issues, damp and mould etc).
 - Unscheduled Care Hubs have representation from all agencies. These can meet the holistic needs of the patient (eg providing handrails for home), increasing flow and easing system pressures.
- There had been an increase from 500,000 to 600,00 from last year to this for Primary Care appointments - with pathways in place to transfer burdens from GPs to services such as Pharmacy.
- Ambulance handovers were at 1.5 hours last year.
- At the last Health & Wellbeing Board (HWB) the Presenting Officer had reported on the 300 patients found to have not had their NHS Health Check; this had since increased and had been a valuable piece of work.

- The plan had received national recognition for its partnership working – with regional colleagues asking for advice on how Leicester was achieving this.

Comments and questions from the Board:-

- Members of the Board thanked everyone involved - and noted that this was a great example of progress through partnership.
- Members of the Board commented that prioritisation and investment in prevention was vital.
- Members agreed that prevention was not just the responsibility of Public Health - and called for there to be a commitment in the financial element of the ICB 5-year plan.
- Members asked the presenting officers to comment on whether demand for services and public attitudes had changed since the Covid pandemic. Presenting officers responded that demand had increased because people are generally more poorly post-pandemic.
- Members asked the presenting officers whether the amount of unnecessary overnight stays had decreased. Presenting officers responded that this was likely to be similar in levels to last year – but did not have the exact data with them in the meeting.
- Members asked whether the workforce had increased in capacity, and by how much. Presenting officers responded that capacity had grown through the initiatives noted above – and officers were grateful to NHS England for their support with the additional wards.
- Members asked about involvement/engagement with Staff Unions. Presenting officers responded that industrial action had impacted on reducing waiting lists this year – but noted that there was engagement with Unions about plans.
- Members noted that there could be merit in using population health information to identify cohorts who we can predict will be high users of health and social care services (eg who is likely to have respiratory illnesses) – and thus target services at those people. This could be done via a Task and Finish Group. Presenting officers responded that there were already adequate partnership groups in place without setting up additional groups – but agreed there was appetite across the system to look at this collectively.
- Members commented that there was not opportunity to fully utilise the “Core 20 Plus” funding last year to impact health inequalities (other than the setting up of the local fuel poverty programme), so this year that funding could be used to maximise benefits via preventative projects.
- The Chair was excited by the prospect of collective prevention work, and cited a presentation from a Paediatric Respiratory Specialist which pointed to the differences that can be made to quality of life when a home is made warm and dry.
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- The Chair noted that people who had a negative experience in the last few years would need support to regain confidence in the system - and have the knowledge to access help at an early stage.

- Members asked about how the voluntary sector could be part of the solution. Presenting officers responded that for last year's winter plan they worked with 40 local voluntary groups – and this helped with understanding why some groups did not access services.

[Mayur Patel (Head of Transformation, LLR Integrated Care Board) and Nisha Patel (Head of Transformation, LLR Integrated Care Board) were present to answer queries – but a separate presentation on an overview of Primary Care Capacity Planning over the winter period was deemed to be unnecessary by The Chair as she felt this had been more than adequately covered in the main presentation].

RESOLVED:

1. That the Board thanked Officers for the presentation and asked them to take Members comments into account.
2. That the Board will support prioritisation of prevention (resourcing and changing mindsets/culture) via existing partnership groups.

That the Board noted the progress made in the last twelve months.

31. WINTER VACCINATIONS AND IMMUNISATIONS PROGRAMME

Kay Darby (Deputy Director Vaccinations and Immunisations, Leicester, Leicestershire and Rutland Integrated Care Board) presented an overview of the winter vaccinations and immunisations programme across the Leicester population for adults, children and young people. It was noted that:

- The Autumn Covid and Flu vaccination programmes had started early and were going well.
- There was less appetite for Covid jabs this year despite all efforts to drive uptake. Kay's team are working with Public Health and meeting weekly to monitor and address uptake.
- There had been a phased reduction in the age for Shingles jab eligibility.
- A dedicated Inequalities Lead had been appointed for School Aged Immunisations – and one aspect they would be looking at is self-consent for children in Year 8.
- There were now Measles cases in all regions of the UK. 5 confirmed cases in LLR (4 of these are in the City) plus another four probable cases. There had been considerable community engagement in the areas where there are cases or where uptake of vaccinations is low.
- Commissioning would transfer to ICBs from April 2025 – and there were transition arrangements in place.

Comments and questions from the Board:-

- The Chair was concerned about vaccination levels among staff (particularly in Health and Social Care) as this may impact resilience in the winter and cause transmission to residents/patients/clients. She asked that this be a focus for next year.
- The Chair offered the support of the Board around the informed consent for young people aged 12 plus.
- The Director of Public Health noted the work that had been done – but felt there were still stark inequalities that need to be addressed.

- Members were pleased with the current levels of vaccination within Care Homes. The Presenting Officer noted the input of the Local Authority in this work – and that the lessons learnt from previous rounds of vaccinations was used to improve the uptake.
- One Member noted that immunisation programmes were offered to all residents - but urged for a “Proportionate Universalism” approach whereby the funding, time and personnel be directed most intensively to those with greatest need.
- One Member noted that a current study in East Leicester has highlighted negative opinions on vaccination/immunisation – and felt these would need to be countered by sophisticated engagement.
- Members asked whether the lessons learnt from Covid were being utilised now, and perhaps it would be useful to stop, check and reflect. One Member noted that Public Health undertook qualitative studies about vaccine hesitancy during the peak of the pandemic, and this could be revisited. Another Member, however, felt that the current picture is very different to when that research was conducted. The Presenting Officer responded that there was evaluation built into every programme.
- Members noted that the Board could help support a request for a more sustained uplift in gelatine-free doses of MMR (as the 20 doses allocated is insufficient for the City’s requirements).
- The Chair drew members attention to the call at the last meeting for better collective sharing of social media assets as a Board. Members agreed to collaborate to develop and share consistent messages and myth-busting information.
- Rachna Vyas commended both Primary and Secondary Care for noticing that staff were not used to diagnosing Measles – particularly for certain skin colours – and training was quickly put in place.
- The Chair noted that vaccinations should be revisited as a topic rather than as part of a winter planning update.

RESOLVED:

- That the Board thanked the Officer for the presentation and asked them to take Members comments into account.
- That the Board would welcome a focus on driving uptake of staff vaccinations (and particularly those in Health & Social Care) as part of the planning for next winter - and will collectively support messaging aimed at addressing this. This applies to all agencies and the Voluntary and Community Sector.
- That the Board will support self-consent of young people aged 12 plus – and can provide links to LCC’s Participation Team if that will be useful. An update to the Board on the impact of this was requested (in six months).
- That Dr Packham will draft a letter to NHS England to ask for additional gelatine-free vaccination doses for the City – and The Chair will then sign this on behalf of the Board.
- That Members will collaborate to develop and share social media assets that can give consistent messages and myth-busting information out to

the public.

32. SOCIAL CARE WINTER PREPAREDNESS

Kate Galoppi, (Director of Adult Social Care and Commissioning, Leicester City Council), Mark Abbot (Head of Service, Social Work, Leicester City Council), and Jagjit Singh-Bains (Head of Independent Living, Leicester City Council) presented a summary of the actions in place locally to support a resilient Social Care system that is able to provide people appropriate support this winter. It was noted that:

- Providers/Staff had been sent a letter to thank them for their hard work in challenging times; this would be re-run soon in collaboration with Health colleagues and will incorporate a call to take up vaccinations.
- Adult Social Care (ASC) played a critical role in supporting the whole system's flow – and particularly so in winter.
- Unpaid carers were acknowledged as a vital part of the system.
- There were identified leads for vaccinations, and the strong existing Provider Forums could be used to promote messages around uptake.
- A focus of the work has been to avoid hospital admission if possible – and the Integrated Crisis Response Service (ICRS) had been a major part of this. It was a 24/7 offer, with response rates within two hours.
- 430-500 patients were seen per month, and 80-85% then remained at home as a result.
- There had been an 8% increase in demand from last year to this year, so the investment in commissioned beds had been retained.
- A Reablement Rehabilitation Recovery (RRR) pathway went live from 1.11.23.
- Some funding to set up the RRR came from the Integrated Care Board.
- In the first two weeks of November the team saw more patients than the whole of last November.
- A Night Service had been devised – and Presenting Officers were keen for this to help achieve ambitious targets for discharge from hospital.
- Presenting Officers noted that the internal and external workforce were asked to check that houses are warm. In addition, the Better Care Fund's Cold Homes Initiative enabled links to Housing colleagues so advice can be given on boilers, windows etc.

The Winter Discharge Fund was received early this year.

Comments and questions from the Board:-

- Members asked about the rates of reablement in Leicester compared to other regions. The Presenting Officers responded that a study of 54 Local Authorities showed that Leicester delivered some of the best outcomes with good value for money.
- Members asked whether the models had sustainable funding attached or were reliant on pilot funding. The Presenting Officers responded that the base budget was from LCC and then matched by the ICB.
- Members noted that Prevention could be ring-fenced within the Better Care Fund.

- Members noted that this work was an example of the power of partnership and collaboration.
- The Chair noted that Leicester had been put forward for a National award for this work.
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RESOLVED:

1. That the Board thanked Officers for the report and asked that comments from the meeting are taken into account.
2. That the Board offers support to the consideration of ways to commit funding for future progression.
3. That the Board supports an Impact Report that can be conveyed to national legislators and funders as an example of best practice.

33. PUBLIC HEALTH INITIATIVES AND WINTER PLANS

Gurjinder Bans (Public Health Programme Manager, Leicester City Council) and Kate Huszar (Public Health Programme Manager, Leicester City Council) shared a presentation to outline programmes and initiatives to address critical winter issues. It was noted that:

- The Cost-of-Living crisis exacerbated issues for this winter. An Incident Management Team (IMT), led by Public Health, brought partners within LCC together.
- Leicester’s Baby Basics branch (providing expectant and new families in with essential equipment) was the second busiest branch in the UK. All members were asked to promote the “reverse advent calendar” detailed in the slides.
- Some Emergency Food providers were moving towards low-cost models (eg pantry style schemes) to reduce stigma.
- There was insufficient capacity within Public Health to go out to the community as much as the Presenting Officers would like – so Voluntary and Community Sector organisations were being utilised.
- Mental Health Friendly Places were being set up, and training was being offered to settings such as Hairdressers and Cafes.
- The Leicester Energy Action (LEA) Scheme was delivered by Public Health in collaboration with National Energy Action, with initial funding provided by the ICB and additional money via LCC’s Anti-Poverty Fund. The scheme was the first of its kind in the UK.
- There was a variety of training provided via the LEA (from short & free webinars to a three-day City and Guilds Qualification for frontline staff).
- There were “Warmth Packs” given out as part of the LEA scheme.
- The LEA scheme had good links with partners to enable concerns about mould to be escalated appropriately.
- Kate Huszar updated members about the “Warm Welcome” work which had seen Public Health collaborate with the LCC departments of Adult Learning and Neighbourhoods to establish warm spaces.
- There was community outreach as part of the Public Health work around social isolation utilising the Voluntary Sector.

- Let's Get Digital had NHS funding - and offered two free three-hour sessions. The sessions focused on staying safe online and meeting social needs (eg booking a GP appointment).
- All the schemes linked in with Social Prescribers.

Comments and questions from the Board:-

- Members noted that VCS was not listed as a partner within the report (but the Presenting Officer confirmed this was an error)
- The Director of Public Health noted that the "Let's Get..." and LEA schemes were gaining National interest.
- The Chair noted that this item again highlighted joined up working.
- Members asked whether the Let's Get Digital was adequate in capacity/scope to tackle the increasing channel shift towards online services – and whether there needs to be a scaling up. The Presenting Officer responded that this programme was quite specific in its outputs, but there are links to other providers who gave digital support (eg Reaching People).
- The Member representing Voluntary Action Leicester (VAL) asked for more details on what the voluntary sector could do to support this work (whilst noting that VAL has recently been reaccredited nationally as a volunteer centre) and liaise to ensure any new volunteering groups are set up correctly and with due diligence. The Presenting Officer responded that she would be happy to speak further about this outside the meeting – and also that volunteers could sign up to the Council's volunteering portal ("Assemble") and then choose a volunteering opportunity.
- Councillor Clarke noted that this work interfaces with the Council's work on decarbonisation and the climate emergency. He asked the Board to recognise that retrofitting existing housing to tackle these issues was complex. The Presenting Officer responded that she would be happy to draft a letter about this on behalf of the Board.
- The Member representing Leicestershire County Council noted that Mental Health First Aiders and Champions would be a useful tool to reach cohorts that do not currently engage with services.

RESOLVED:

1. That the Board thanked Officers for the report - and asked that comments from the Board be taken into account.
2. That the Board promotes the "Reverse Advent Calendar" as a call for donations to Baby Basics locally.
3. That the Presenting Officers will link with partners of the Board to review the contents of the "Warmth Pack".
4. That Presenting Officers will seek out data from a previous digital device loan-scheme.
That Officers representing Voluntary Action Leicester and Public Health will link up to discuss collaborating, on the initiatives discussed in the meeting, with regards to volunteers.

34. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

35. DATES OF FUTURE MEETINGS

To note that meetings have been arranged for the following dates in 2023/2024 which were submitted to the Annual Council in May 2023. Please add these dates to your diaries. Diary appointments will be sent to Board Members.

- Thursday 18 January 2024 – 9.30am
- Thursday 22 February 2024 – 9.30am
- Thursday 18 April 2024 – 9.30am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and G02 at City Hall unless stated otherwise on the agenda for the meeting.

36. ANY OTHER URGENT BUSINESS

- i. The Chair drew Members attention to the fact that 23.11.23 was National Carers Day – and urged members to recognise Carers as part of the system. She urged all members to check that their organisation encourages flexible working, vaccine uptake and carers payments as appropriate. She asked that there be a focussed session on Carers at a future Board meeting.
- ii. The Chair reminded Members about the Council's commitment to the Armed Forces Covenant and the Veteran Friendly Accreditation Programme.

There being no other business the meeting closed at 12.04 pm.