



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 19 DECEMBER 2024 at 9:30 am

Present:

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| Councillor Russell
(Chair) | – Deputy City Mayor, Social Care, Health and Community Safety, Leicester City Council. |
| Councillor Elaine
Pantling | – Assistant City Mayor, Education, Leicester City Council. |
| Councillor Geoff Whittle | – Assistant City Mayor, Environment & Transport, Leicester City Council. |
| Rob Howard | – Director of Public Health, Leicester City Council. |
| Laurence Jones | – Strategic Director of Social Care and Education, Leicester City Council. |
| Dr Katherine Packham | – Public Health Consultant, Leicester City Council. |
| Caroline Trevithick | – Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board. |
| Rachna Vyas | – Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board. |
| Helen Mather | – Head of Childrens and Young People and Leicester Place Lead. |
| Dr Avi Prasad | – Place Board Clinical Lead, Integrated Care Board. |
| Dr Ruw Abeyratne | – Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust. |
| Jean Knight | – Deputy Chief Executive, Leicestershire Partnership Trust. |
| Paula Clark | – Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System. |
| Benjamin Bee | – Area Manager Community Risk, Leicestershire Fire and Rescue Service |
| Harsha Kotecha | – Chair, Healthwatch Advisory Board, Leicester and Leicestershire. |
| Kevin Allen-Khimani | – Chief Executive, Voluntary Action Leicester. |
| Rupert Matthews | – Leicestershire and Rutland Police and Crime Commissioner. |

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| Kevin Routledge | – | Strategic Sports Alliance Group. |
| Phoebe Dawson | – | Director, Leicester, Leicestershire Enterprise Partnership. |
| Barney Thorne | – | Mental Health Manager, Leicestershire Police. |
| Professor Bertha Ochieng | – | Integrated Health and Social Care, De Montfort University. |
| <u>In Attendance</u> | | |
| Diana Humphries | – | Public Health, Leicester City Council. |
| Kirsty Wootton | | Governance Services, Leicester City Council |

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96. APOLOGIES FOR ABSENCE

None were received.

97. DECLARATIONS OF INTEREST

Members were asked to declare any interests in proceedings for which there were none.

98. MINUTES OF THE PREVIOUS MEETING

AGREED:

The minutes from the meeting on 26th September 2024 were agreed to be a correct record.

99. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that none have been received.

100. DEAR ALBERT

The Director of Dear Albert, Jon Roberts presented an overview of Dear Albert to highlight the importance of lived experience in delivering productive components of integrated social care. It was noted that:

- Dear Albert was a lived experience recovery organisation. Everybody working with the organisation had lived experience of addiction.
- Half of staff were in paid employment; the other half were volunteers.
- The aim of the service was to facilitate a sense of belonging and connection to promote social connection and wellbeing.
- The purpose of the community rehab had been that anyone could go in at any time and they could meet people who are in active

recovery.

- Dear Albert had recognised and utilised partnership working and had advocated social and shared learning.
- Many recovery pathways had neglected the social aspect. It would be beneficial to see LERO and peer-led approaches to have a bigger part.
- Dear Albert had offered harm reduction and recovery focused environments. The aim had been to make recovery visible, viable and attractive.
- Capturing lived experience allowed individuals to become more involved, they are then offered training if they want to be more involved in order to then deliver support themselves.
- There had been significant footfall at the project, over a 1000 people had attended in the first quarter.
- DATV offered broadcasted support for those who had been unable to leave home. This had allowed many to start digitally and then progress to attending in person.

As part of discussions following the presentation it was noted that:

- Dear Albert had been doing phenomenal work and the passion of those supporting individuals was demonstrated in the judgement free environment.
- Dear Albert had offered a calming, welcoming and hopeful space that gave a genuine sense of a different path being available.
- Often those who had struggled with addiction had met barriers, but Dear Albert offered pathways that had provided direction and positivity.
- The impact of Dear Albert had been seen in many ways and the work had been truly inspiring.
- It was important not to lose sight of the social element of recovery amidst the focus on KPI's and funding targets.
- Dear Albert had just signed a 6-year lease on the premises. Dear Albert welcomed partners and stakeholders to share the space.
- The recovery agenda provided wasn't substance specific.
- There had been an increase in the use of alcohol and the number of associated deaths. Despite resources aimed at the problem, it had still been worsening.
- People had used substances to change and escape how they were feeling. That needed to be addressed.
- Dear Albert had been working with Age Concern and Last Orders to address increased alcohol misuse.
- Public Health leads shared positive feedback and views on the interventions lead by Dear Albert.

Agreed:

The Board thanked Jon and Dear Albert for the report and the

work they had done.

101. CHANGING FUTURES

The Changing Futures Programme Manager presented the report to update the Board on the outcomes from the programme since it began running operationally 2 years ago. It was noted that:

- The programme was lottery funded.
- Between September 2022 and August 2024, 162 individuals had been supported. Currently, 36 individuals were supported.
- The team was multi-disciplinary. There were 6 intensive support workers, 2 police officers, substance use treatment worker, team manager and administrator, data analyst and the programme manager.
- The programme had worked closely with the voluntary sector and other partners.
- The team had done outreach work with Dear Albert, Turning Point and other partners to highlight the different services that were available. The team had visited areas where there had been a high footfall of street lifestyle behaviours.
- Over 12 months, one individual had 79 emergency department admissions, 65 ambulance call outs, 49 police call outs with an estimated cost of £159,000. This excluded any costs for other services such as housing or Turning Point. This cost could be prevented through intensive support offers.
- The individuals were generally aged 25-50 and had been subjected to multiple disadvantages. The majority had been reliant on drugs or alcohol, and most had a suspected or diagnosed mental health condition and many were homeless.
- Many of the women had engaged in sex work.
- 87% of support was successful. By the end of the support, the majority were in some form of accommodation.
- These individuals had been referred as they were failing to engage with services.
- The programme worked with prison leavers by engaging them while they were still in prison in order to build a relationship before release.
- The programme was part of a steering group for prison leavers.
- It had taken part in a pilot to reduce repeat presentation at the Emergency Department by supporting individuals to use GP services or alternatives.
- 19 individuals had been supported to attend appointments or to book outpatient appointments. The team had been actively seeking out individuals to help them attend appointments if they had not been contactable.
- The team had been liaising with in patients to ensure staff were aware of and planning for the different needs, as traditionally there had been a fear of being an inpatient due to withdrawals. This support helped ensure they were medicated appropriately and had the support needed.

- Often an individual had been referred for something specific like accessing treatment, but when this had been explored there were other factors that needed to be addressed to impact their ability to treat the referral point.

As part of discussions following the presentation, it was noted that:

- The funding had allowed work to occur with a small number of people, but the impact on those most vulnerable had been huge.
- The partnership working had been effective and was positive to see.
- The figures around the cost of contact with 'the system' were quite shocking.
- Conversations with the ICB around prison leavers and offenders had led to a team member being placed with them.
- The current funding was ending. Further funding access was being considered due to the positive impact of the programme.
- The goal for the next financial year had been to map the need and to consider what was meant by multi-level disadvantage and what this meant in Leicester.
- This mapping was essential in designing a sustainable model for moving forward to demonstrate the cost effectiveness of the services offered and the savings it made to other areas. If this was achieved in a robust manner it would make a powerful argument for future funding.
- Qualitative and quantitative data was to be gathered over the next quarter.
- The programme had helped address the gap of those faced with financial exclusion, using children's services, and health needs.
- The programme provided support to make the very first steps for those using the services whether that had been making an appointment, getting on the bus with them, attending an appointment etc.
- Changing Futures intensive support workers were person centred, focused on building rapport with individuals.
- The service had provided an important element that had invested in people's wellbeing and future potential as well as demonstrating cost effectiveness.

Agreed:

The report was noted.

102. WORKWELL PROGRAMME

The Deputy Chief People Officer, Integrated Care Board presented the LLR WorkWell Programme. It was noted that:

- The WorkWell Programme was a joint partnership of Work and Pensions (DWP) and Department of Health and Social Care (DHSC).
- Work Well services were expected to begin service delivery from

autumn 2024.

- WorkWells focus was on early intervention and support, offering participants an expert assessment of their health-related barriers, along with a tailored plan to address this .
- It had also served as a pathway to support existing local services.
- WorkWell had provided advice and support to employers to triage, signpost and send referrals to clinical and non-clinical support including wider community provisions.
- The Government's agenda was to support the WorkWell scheme as it aligned with its overarching agenda to 'get Britain working again,' which also linked to Integrated Care Systems and strategic objectives.
- As the only G7 country that had not returned to pre-COVID employment levels, this initiative underscored the importance of social value, equality, and the dignity and right to work for all individuals.
- The focus and goal of WorkWell was to support people with a disability and those with long term health conditions to start, stay and succeed in work.
- LLR was one of just 15 areas in England which was to benefit from the WorkWell pilot and receive 2 years of funding from the Department for Work and Pensions (DWP) and the Department for Health and Social Care (DHSC).
- The service was to link people to local support services, offering tailored help to stay in or return to work. The focus was to be on people in work who were struggling due to a health condition or disability, those who were on long-term sick leave and at risk of losing their job, or those who were recently unemployed who had faced a barrier to return to work due to a health condition or disability.
- As part of the WorkWell journey, participants, who did not need to be claiming any Government benefits were to work closely with a Work and Health Coach to understand their current health and social barriers to work and draw up a plan to help overcome them.
- Across the LLR ICB area there was to be a specific focus on the areas with the highest levels of economic inactivity and long-term conditions, particularly musculoskeletal disorders and mental health.
- People were to self-refer to WorkWell, or they could be referred through their employer, primary care providers such as GPs, or local services including Jobcentre Plus.
- The programmes focus was to connect current service provisions through referrals following triage to strengthen services currently available.
- The DWPs focus was an integrated approach to make a significant impact. Learning from participants journeys and building a user experience into pathways.
- Key principals:
 - Improving health equity
 - Preventing illness
 - Keeping people well
 - Right care at the right time
 - Health and wellbeing hubs

- Elective care
 - Learning disabilities and autism
 - Mental health
 - Children and young people
 - Women's health and maternity
 - Our people
- Additional funding had been made available to make the Joy App user friendly.
 - Yearly 20000 individuals had requested fit notes in LLR, they all would be eligible for this service and the aim was to refer at least 4000 of the potential prime candidates into the programme.
 - There were national KPIs and the ICB were building in a qualitative user experience for outcomes and measures.
 - Governance was in place and the Integrated Care Partnership had been signed off.
 - 22 of 26 PCNs were onboarded in the last few months and engagement work would take place to encourage the remaining PCNS to onboard.
 - The programme had added 30 additional job posts into the LLR, through staggered recruitment campaigns.
 - The programme launch was to be delayed for the new year, instead of the original date in October. It was delayed due to data sharing agreements between the DWP and PCN.

As part of discussions, it was noted that:

- The point of the pilot is to test and be conscious of the gaps that are holding people back from returning to work. Impacts on reductions in sick days and the impact on SMEs tentative discussions had taken place and would be ongoing. Work was taking place with the DWP to see how engagement with SMEs could improve going forward. The work coaches would help make a holistic plan for what matters to the individual, how they could be supported in getting back into work and a sustainable impact to keep them in work.
- 26 work coaches were based in Leicester City. An estimated 4000 people were using the scheme with concerns of whether the provisions in place had been suitable.
- The VCS had concerns that there were safeguarding issues with the Joy App.
- Regular evaluations on the programme were to be ongoing and part of that was to be the impact on equity. Monthly evaluations were to be reported to the steering group which involved LLR colleagues. More work was being done to onboard the remaining PCNs to ensure the evaluations are transparent across the programme.

AGREED:

- The board noted the report.
- That ICB colleagues update the board at the next meeting on concerns raised on safe guarding issues with the Joy App and to

liaise with colleagues before the next meeting.

103. LEDER OVERVIEW AND ASK

The LeDeR Clinical Lead presented the overview. It was noted that:

- This was a very emotive topic as it covered the lives and deaths of people.
- There were 6 high impact actions, and the key focus within them were:
 - Reduce avoidable mortality.
 - Focus on co-morbidities associated with premature death and DNACPR/RESPECT.
 - Importance of LeDeR reviews.
 - Understand the experience of ethnic minority groups.
 - Improve the accuracy of Learning Disability Registers and uptake of AHC.
- There had been reduced notification of ethnic minority backgrounds.
- It was paramount to highlight the individual person that lay behind the figures and data.
- A case study was presented. It was shocking, but not unusual.
- There was an inability to make reasonable adjustments for individuals accessing services.
- Learning disabilities and Autism needed to be flagged to health providers on systems.
- Preventing avoidable deaths had required ideas coming through from within the existing system.
- Improvements had been required in cancer screening, along with earlier screenings.
- There had been consideration of designing something that would actively encourage those with Learning Disability and Autism to access services.
- There were 2 important statements from LeDeR that were highlighted. The first was that LLR LeDeR urged the local system to act and enforce the MCA and ensure it becomes intrinsic to everyday care and support to people with a Learning Disability and Autistic people. Secondly, that these individuals were at increased risk of communication or pain being misinterpreted or missed altogether, despite tools having been readily available.
- Respiratory illnesses had been the leading cause of death in Leicester, Leicestershire and Rutland. Cardiovascular was the leading national cause of death.

As part of discussions following the overview, it was noted that:

- The Oliver McGowan training had a direct impact. At the end of December, 9800 individuals had been trained. This training had

resulted in more awareness and had connected individuals across health services, and had operated as a gateway.

- The issue of respiratory and cardiovascular mortality rates was to be taken back to the collaboratives.
- Work had been done on HPV vaccines and cervical screening for those with Learning Disabilities. It had been important for health professionals and for the education of families to understand how important attendance was.
- The issue of diagnosis could have been impacting the recording of deaths for those who had Learning Disabilities or Autism.
- The health outcomes for this cohort had been very different from those of the general population.
- It was queried whether cancer diagnosis was improving for those with Learning Disabilities and Autism.
- Pain management tools needed to be utilised so individuals who had been unable to express their needs could have had their needs supported appropriately.
- There had been issues around reporting. Work had been done on Downs Syndrome but there had not been a means of flagging.
- Communication had been needed around ethnic minority groups and had there been more that could be done around annual health checks to help reporting.
- Digital pathways had been needed to manage this issue and it needed to be incorporated into the everyday thinking of what flags appear and where.

Agreed:

The report was noted.

104. HEALTHY WEIGHT

The Deputy Director of Public Health presented the update on the Healthy Weight programme following feedback at the September Health and Wellbeing meeting that informed the KPI's. It was noted that:

- Children and young people had been built in following the feedback received previously.
- The areas that were highlighted in the presentation do not reflect all the work which had been going on. There had still been 'business as usual' with work on weight management services, along with work in schools and nurseries etc which had not been brought here.
- Intervention training had been made available to partners, which included healthy communication skills which enabled partners to have the skills to start conversations and signpost around weight. This had upskilled workers who were already working in the areas.
- The focus on pregnancy had been extended to post pregnancy as more impact can be had in this period. A health needs assessment was

currently being completed on this.

- Training had been provided for those working with pregnant women or new mums to give more confidence to provide support and signpost. There were a number of KPI's focused on this to monitor the impact.
- Provision of aqua natal classes and other services at affordable prices was being considered.
- Following covid, the number of schools who had participated in the daily mile had plummeted so there had been a focus to engage schools in more physical activity. This was a priority for Inspire Together and LPT nurses in schools.
- The Live Well service had not had many referrals for those with learning disabilities so there had been training for staff to ensure they had confidence in making referrals and providing support.
- Contracts had been considered and how healthier living can be built into all aspects of them.

Following the update, as part of discussions it was noted that:

- More conversations had been needed to aid collective work that had taken into account everything that was available, as well as the gaps.
- A workshop had been scheduled for January on healthy weight led by the long-term conditions collaborative.
- The influencing factors such as poverty and mental health that impact on weight management had to be considered.
- VALUES project had seen 120 clients assessed by social services. Training for support workers who needed to have access to healthy weight training needs to be considered.
- The practicality of the implementation of legislation was discussed as an option for controlling the excessive number of takeaways in an area.

Agreed:

1. Distribute materials so that they can be shared with staff working in schools.
2. Report noted.

105. INTEGRATED HEALTH AND CARE GROUP UPDATE

The Health and Wellbeing Board's Programme Manager provided a verbal update of the report. It was noted that:

- The group was established in September 2024 and had met monthly to address different matters around health collaboratively.
- It was hoped that a clear pathway would be established for the group to feed into the Health and Wellbeing Board.
- There had been recruitment of a manager who was to attend the Health and Wellbeing Board in the future.

As part of discussion, it was noted that:

- A risk log was to be developed and fed into the broader ICS systems.
- The meetings must be meaningful. The participation of the VCS has encouraged this.

Agreed:

The report was noted.

106. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Health and Wellbeing Board's Programme Manager provided a brief verbal update of the report. It was noted that:

- The annual report had shown the progress made across the year in general work and statutory duties.
- There had been updates on case studies, the Better Care Fund and other subgroups which had fed into the Health and Wellbeing Board.
- A significant proportion of the report had focused on the 19 priorities and the 6 that were monitored on a monthly basis.
- The conclusion of the report had contained the next steps and the work plan for the next period.

Following discussions, it was noted that:

- The report had held a lot of detail and it needed to be considered how to utilise the case studies to demonstrate the excellent work.
- Moving forward, it had been decided that there will be a section for case studies on monitoring documents.
- Case studies had provided a reality around an individual's experience, and this could be used for the 4 priority areas.

Agreed:

The report was noted.

107. DATES OF FUTURE MEETINGS

The next meeting would take place on 6th March 2025.

108. ANY OTHER URGENT BUSINESS

A Councillor for Evington Ward requested to speak on concerns of a surgery closure. It was noted that:

- The surgery had served around 1000 residents, with many elderly

patients.

- An alternative surgery could be up to 4 bus rides away concerns of access were raised.
- An increase in emergency department visits could result.
- It was requested that the ICB postpone the closure or allow another practise to take on the branch.

The Chair gave the ICB the right to reply. As part of the ICB's response, it was noted that:

- Mitigations had been put in place for patients.
- Public meetings were held with residents in preparation of the closure, and another was to be held in January.

The Chair thanked colleagues and Members and the meeting closed at 12.03.