



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 28 FEBRUARY 2019 at 5:30 pm

P R E S E N T :

**Present:**

- |   |   |
|---|---|
| Councillor Clarke<br>(Chair)                | – Deputy City Mayor, Environment, Public Health and Health Integration, Leicester City Council. |
| Lord Willy Bach                             | – Leicester, Leicestershire and Rutland Police and Crime Commissioner.                          |
| Ivan Browne                                 | – Director of Public Health, Leicester City Council.  |
| Harsha Kotecha                              | – Chair, Healthwatch Advisory Board, Leicester and Leicestershire.                              |
| Councillor Vi Dempster                      | – Assistant City Mayor, Adult Social Care and Wellbeing, Leicester City Council.                |
| Sue Lock                                    | – Managing Director, Leicester Clinical Commissioning Group                                     |
| Councillor Danny Myers                      | – Assistant City Mayor, Entrepreneurial Councils Agenda, Leicester City Council.                |
| Councillor Sarah Russell                    | – Deputy City Mayor, Children and Young People's Services, Leicester City Council.              |
| Superintendent Shane O'Neill)               | – Neighbourhood Policing, Local Policing Directorate  |
| Mark Wightman                               | – Director of Marketing and Communications, University Hospitals of Leicester NHS Trust         |
| <b><u>In attendance</u></b><br>Graham Carey | – Democratic Services, Leicester City Council.  |

### **163. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:-

Councillor Piara Singh Clair	Deputy City Mayor, Culture, Leisure, Sport and Regulatory Services
John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Phil Coyne	Strategic Director City Development and Neighbourhoods, Leicester City Council
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Steven Forbes	Strategic Director of Social Care and Education, Leicester City Council
Mark Gregory	General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust
Roz Lindridge	Locality Director Central NHS England – Midlands & East (Central England)
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Chief Supt Adam Street	Head of Local Policing Directorate, Leicestershire Police

### **164. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were made.

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

RESOLVED:

That the Minutes of the previous meeting of the Board held on 22 November 2018 be confirmed as a correct record.

## 166. INTERNATIONAL WOMEN'S DAY - INTRODUCTION

The Chair stated that the agenda was part of a thematic approach and there were a range of things which coalesced around women's health. A slide was displayed showing various aspects that would be picked up later in the Health and Wellbeing Survey. The key issues were:

- 75% of women reported being in good health.
- 50% were overweight or obese.
- 20% reported being in poor mental health.
- 10% often felt isolated and lonely.
- 14% had a caring responsibility.
- Women were more likely:-
  - to use health services;
  - live with a long term chronic condition;
  - want to exercise more;
  - overestimate weight; and
  - to want to lose weight.

The Health and Wellbeing Survey 2018 provided key data on the health of women in the City but there was also a great difference between some health issues relating to factors such as age, ethnicity, deprivation and employment.

## 167. NHS SCREENING IN LEICESTER

Dr Tim Davies, Consultant Screening & Immunisation Lead, NHS England/Public Health England gave a presentation on the benefits to be achieved from screening programmes. The uptake on screening services in Leicester was generally below the national average.

During the presentation Dr Davies commented that:-

- All screening programmes had false positive and false negative results, and the effectiveness of any screening programme was to have low numbers of both these false results.
- Cervical Screening rates in Leicester were declining more rapidly than the decline in the national average and were now 64.3% compared to the Central Midlands rate of 72.9% and the national rate of 71.7%.
- The uptake from younger women was lower than older women. There was now collaborative working between all health agencies and providers to address this in Leicester by both national and local publicity campaigns. Locally, UHL was working actively with GP practices and offering in-house and community clinics to improve the take up. In addition, there was a student led social media campaign, local business/community venues were being asked to display posters and there was an active Don't Fear the Smear campaign asking women who have taken the test to take a selfie and post on their social media account with the # and to tag 5 of their friends to spread awareness.

- Traditionally, all smears were examined under a microscope and those showing minor changes were then tested for human papilloma virus (HPV), this was changing to all smears being tested for HPV first and only those showing a positive result would be examined under a microscope. This would enable the number of test laboratories to be reduced from around 45 to 9. There would be one test laboratory in the West Midlands and one in the East Midlands. UHL had not bid to be a test a laboratory and mitigations would be put in place whilst people changed from one test to the other and the new arrangements were fully implemented. The new practice and arrangements should be in place by the end of 2019.
- Breast Screening rates again lower than the national rate but whereas the national rate had remained fairly static over the last 8 years; the rate in Leicester had pronounced fluctuations within it. Leicester's current rate was now 65.8% compared to the Central Midlands' rate of 73.9% and the national rate of 72.1%.
- The City was divided into 3 areas for the 3-year screening programme and the fluctuations in uptake were reasonably predicable depending upon which part of the city was being screened each year.
- Bowel Screening in Leicester showed men had a lower uptake but higher levels of positive results and women had a higher uptake with lower levels of positive results.
- The test was changing from April 2019 from one where 2 samples are taken on 3 separate occasions and these are then sent in a sealed envelope for testing in a laboratory; to one where a single sample is taken. It was felt that this would improve the uptake of the test, especially in households with multiple occupants where an individual may find embarrassment with storing the stool sample card for 3 days in a bathroom shared with others.

In response to a question, Dr Davis commented that the previous test for bowel cancer produced a higher than average level of positive results resulting in a patient having a colonoscopy. Projections showed that if there was an 7% increase in the uptake of the new tests and the forecast level of slightly lower positive results, then this would have a negligible effect upon the number of colonoscopy procedures carried out. A 10% increase in the uptake could have an impact on the colonoscopy service.

Dr Davies was thanked for his presentation.

## **168. WOMEN'S HEALTH AND WELLBEING**

Khudeja Amer-Sharif, Shama Women's Centre, gave a presentation on the delivery of mental health Support Services for bereaved Black Minority Ethnic Women and their families in Leicester through the pioneering 'Bereavement to

Achievement programme. This programme overcomes cultural, social and economic barriers through early interventions and had been delivered by the Shama Women's Centre since 2014.

During the presentation the following comments were noted:-

- The Centre had been providing services for over 33 years.
- There was an holistic offer of services including:-
  - Overcoming barriers
  - English as a second language
  - Providing the only textile training for women in Leicester
  - Providing creative/Social functions
  - Help to Find Work
  - Volunteering
  - Counselling
  - Bereavement
  - Domestic Abuse
  - Holistic Therapies
  - Health Awareness
  - Gym/Sauna and Nursery facilities
- Through its holistic approach the mental health support programme had supported 1,225 women and their families; with 98% showing involved emotional and physical wellbeing. 73% had seen a reduction in the need to utilise statutory mental health services, with an estimated cost saving of £2.1m to the local Health and Social Care budget in the first 4 years of the programme.
- The programme was funded until March 2019 by the BIG Lottery and the Centre were awaiting the outcomes of extended funding for an additional 3 years.
- Over 15,000 women had entered work through the programme and 30,000 women had achieved qualifications particularly in IT and health and social care. 2,000 women had entered volunteering services.
- 87% of service users had increased their health and wellbeing.
- The majority of service users were BME women in Leicester and increasing numbers of refugee and asylum seekers were accessing services.
- The Centre encouraged and empowered women to achieve by helping them overcoming barriers such as unemployment, educational attainment and skills, cultural, domestic abuse and FGM and health inequalities.
- BME communities experience inequalities in accessing mental health

services. Mental health in SE Asian women often went 'unrecognised' and there were higher suicide rates for Asian women and they were dissatisfied with the mental health services they received and they were over represented in compulsory detention.

- Often bereaved BME women suffered in silence through cultural norms or stigma.
- Mapping of local services in 2014 highlighted that only 11% of BME women had taken up local bereavement counselling services by BME women. 89% of bereaved client had accessed IAPT services and found that it did not meet cultural expectations and only 7% had indicated they would use it again.
- The Centre's Bereavement to Achievement programme, funded by lottery funds, had started in 2014 and integrated with primary and secondary services, NHS bereavement services, IAPT and hospices and community and faith groups. The service had subsequently been described as 'Inspirational' by NHS England.
- The Centre had been successful in educating women, in partnership with the police, to challenge accepted cultural attitudes towards abuse and report crimes of abuse.

Following the presentation, the Board were shown a short video of service users experiences of using the Bereavement to Achievement programme.

Members of the Board commented on their support for the Centre and the services it provided based upon previous personal visits and experiences, especially their aim to eliminate social isolation and build users' confidence.

Sue Locke indicated she would be interested to receive the absolute numbers in relation to the uplifts in wellbeing etc in preference to the percentages quoted; with a view to see whether the service could be adapted to fit the IAPT model, which CCGs were encouraged to use.

In response, Khudeja Amer- Sharif commented that one of the Centre's 3 counsellors had gone to IAPT but as the centre used holistic approaches, including physical contact such as hand holding to great success, this did not meet the formal counselling model for IAPT.

The Chair thanked Khudeja Amer- Sharif for her informative presentation and responses to Members questions and echoed other Members comments on the value of the services offered by the centre.

## **169. LOCAL AUTHORITY APPROACH TO FEMALE GENITAL MUTILATION**

Etain McDermott, Public Health Leicester City Council and Nicola Bassindale, Social Care & Education, Leicester City Council submitted a report and gave a presentation on proposals to strengthen Leicester City Council and its partners'

stance against Female Genital Mutilation (FGM). The report provided some basic information about the practice, set out what had been addressed so far in terms of the approach to FGM and provided some options for further work, drawing on examples from nationally recognised good practice to strengthen the Council's and its partners stance against FGM. Whilst the Council condemned the practice in all its recognised forms, no dedicated work had been undertaken to formally publicise this stance or indeed invite partners to join in the stance. To address this a group of officers from a range of partners had been identified and approached with a view to forming a task and finish group.

The approach had received strong support and following this a Task and Finish had been established and was scheduled to start meeting in March 2019. The purpose of the Task Group would be to gather knowledge and intelligence on the extent of FGM in Leicester, how it was being addressed by various partners and the barriers to dealing with FGM.

Membership of the Group would include:

- Public Health
- Social Care & Education (Safeguarding (Children & Adults) & Education reps)
- Leicestershire Police
- Clinical Commissioning Group
- Leicestershire Partnership Trust (Health Visiting rep)
- University Hospitals Leicester (Midwifery rep)
- Specialist violence against women representative (Voluntary & Community Sector)
- University of Leicester
- Community representatives
- Community Safety (Domestic Violence/Sexual Violence Manager)

Further members would be identified as the work progressed.

The Task and Finish Group's purpose was to use the knowledge and intelligence it gathered to form an action plan that addresses key priorities. These might include

- Prevention through awareness raising and education
- Community-led initiatives to ensure appropriate messages, campaigns, etc.
- Training and empowerment through the implementation of training & education programmes across the City tailored to professionals and communities.
- Continued support to law enforcement officers safeguarding, reporting and recording.
- Ensure that professionals access the LSCB multi-agency safeguarding training to include the issue of identifying girls at risk of FGM and referring them as part of child safeguarding.
- Take a life course approach to treatment, services and support
- Support University Hospitals Leicester NHS Trust in their work to offer

women access to a specialist FGM midwife and increase access to psychological support.

- Data collection and sharing - Agencies including health, social care, safeguarding, police and midwifery should collect and share data where appropriate.

It was also proposed to hold a number of community engagement events, held in conjunction with voluntary and community groups, to discuss FGM. Events for women and children would be held separately and there would be a particular focus on engagement with men and older women.

An Action Plan would be then developed and submitted to a future Board meeting for comment and sign off.

Supt O'Neill suggested that involving the Council of Faiths at an early stage would help to encourage the discussion of the issues in the community.

The Chair thanked Etain McDermott and Nicola Bassindale for their presentation.

AGREED:

- 1) That the Board supports the approach to set up a multi-agency group tasked to:-
  - Seek to understand the current prevalence of FGM and how it is affecting women and girls in Leicester;
  - Review current procedures and ensure the support available is accessible and effective;
  - Develop a joint action plan focusing on community engagement to understand and educate about the issue within communities
- 2) That all Board partner organisations be encouraged to sign/support the proposed pledge.

## **170. DOMESTIC AND SEXUAL VIOLENCE AND ABUSE IN LEICESTER**

Stephanie McBurney, Team Manager Domestic and Sexual Violence, Leicester City Council and DCI Lucy Batchelor submitted a report and gave a presentation on Domestic and Sexual Violence and Abuse in Leicester, setting out the current situation, the challenges and what could be done to improve pathways and provide support to those affected.

It was noted that:-

- Domestic and Sexual Violence and Abuse affected large numbers of adults and children in Leicester and could have a significant impact on the health and wellbeing of those individuals directly involved and the



communities around them.

- Domestic violence and abuse included forced marriage, female genital mutilation and so called 'honour based' violence. It could take place between those aged 16 years and over and be within an intimate partner (current or past) or familial relationship.
- A 2019 Home Office report estimated the unit cost of domestic abuse to be £34,015. Each domestic homicide is estimated to cost £2.2 million, arising from the cost of harms, health services and lost output. In Leicester there had been 7 domestic homicides since domestic homicide reviews were made a statutory requirement.
- Sexual abuse could take place inside or outside of a domestic violence situation. Roughly a third of all sexual offences took place within a setting that would meet the definition of domestic violence and abuse.
- Locally there was a growing volume in the number of increased cases, reflecting a national trend, although the rate in Leicester was lower than the national increase. The reason for this was not fully understood. All public sector services had a role to play in tackling the issue, supporting victims, responding to service demand and meeting the needs of victims.
- It was estimated that currently services were dealing with between a fifth to a third of incidents what was realistically known to exist.

Members of the Board commented that:-

- Previous work with childrens' safeguarding had shown the positive benefits of engagement of partners in providing a cross-over of understanding of the issues amongst partners which had helped with the early identification and links into support.
- Initiatives such as GPs being given a mouse mat with relevant telephone numbers on it 5 years ago, had produced a spike in the incidence of reporting issues of concerns.
- 80% of children in care experienced domestic violence and this impacted significantly on their ability to form stable relationships. The way in which schools treated cases of abuse and made school a safe environment for those vulnerable to abuse had a significant impact also.
- Supt O Neill commented that domestic violence arose over number of issues such as drugs and drink etc, and part of the issue was the challenge and ability of services such as the Police to allow space to step back from simply being reactionary to dealing operationally with incidents and to understand the more holistic issues, possible early interventions and responses to incidents.

- The new compulsory sex and relationship education programme in schools would hopefully create a more positive environment which would equip young people to have the relationship skills and understanding what constitutes an appropriate relationship and not to accept or remain in an abusive relationship. Many young people in abusive relationship had a tendency to stay in them following experiences of successive abusive partners.

The Chair thanked for Stephanie McBurney and DCI Lucy Batchelor for their informative and interesting presentation and felt it was important to reassure people to know there was somewhere to go if they were being subjected of abuse.

AGREED:-

That the Board:-

- 1) Notes the risks to the health and well-being of people of Leicester that domestic and sexual violence and abuse present and the value of having effective provision.
- 2) Supports awareness raising, identification, better data and more efficient pathways for those affected by sexual and domestic violence and abuse.
- 3) Establishes clear links and accountability with and to the Vulnerabilities Executive in relation to the Domestic and Sexual Violence and Abuse Strategy.

## **171. ARMED FORCES COVENANT**

Miranda Cannon – Leicester City Council, Director Champion for Armed Forces Covenant (AFC) & Co-Chair Leicester, Leicestershire and Rutland (LLR) Civil & Military Partnership Board, supported by Dr Richard Hurwood - Co-Chair LLR Civil & Military Partnership Board and Brendan Daly – Leicestershire Partnership NHS Trust, gave a presentation on delivering the Armed Forces Covenant.

In addition to the information contained in the presentation the following points were noted:-

- That the AFC was a national commitment by the nation to ensure that those who served in the armed services and their families were treated fairly and with respect.
- The Covenant aimed to address the needs and barriers faced by servicemen and ex-servicemen and their families.
- Within the LLR, there was a strong focus on working in partnership with

all public sector bodies (local authorities, health trusts and CCGs, Universities and government departments) the Armed Services and Voluntary and Community Sector Groups.

- There was a national fund of £10m and bids of up to £20k could be submitted on themes and priorities which changed each year.
- Work was still progressing to identify all ex-servicemen in the LLR area based upon data provided by the Armed Forces Compensation Scheme database that provided data for postcodes within the LLR.

Members of the Board commented that:-

- They were not aware of the GP accreditation scheme, but the CCG would consider how this could be supported.
- The Chair commented that the Council had been awarded funding to be a Time to Change hub and he would ensure that this work was embedded within the hub.

The Chair thanked everyone for their presentation and it was:-

AGREED:-

That the recommendations in the report be supported and partners consider how these can be taken forward within their own organisations.

## **172. LEICESTER HEALTH AND WELLBEING SURVEY**

Nicola Moss & Joe Wheeler, Ipsos MORI North gave a presentation on the results of the Leicester Health and Wellbeing Survey 2019, which provided a snapshot of the health and wellbeing issues of the population aged 16 years and over in Leicester. The current report followed on from the previous surveys in 2010, 2015 and 2016 (Children and Young People). The survey had been compiled from the views of 2,224 residents, which made the results for Leicester more statistically reliable than data extrapolated from national surveys. The report would be made available on the Leicester City Council website and data would be shared via the Leicester Open Data Platform at the following link:-

<https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/healthand-social-care/data-reports-information/leicester-health-and-wellbeingsurveys/>

The headline result of the survey were:-

- Since 2015 more residents:-
  - rated their health as good;
  - accepted personal responsibility for their health; and
  - were making healthy lifestyle changes.

- There were high levels of satisfaction with parks, waterways and green spaces, the local area and their home.
- Physical activity had increased, particularly walking and cycling.
- Challenges identified in the survey were:-
  - There were fewer visits to GPs and more visits to A&E since 2015;
  - 50% of residents were overweight or obese, although most believed they had a healthy diet.
  - Only 20% had their 5 a day;
  - 1 in 5 currently smoked;
  - 70% of residents did not have a bike and most residents had not used a cycle route;
  - 50% of residents were concerned with air quality; and
  - There were increased numbers of residents with poor mental health and wellbeing scores.
- 18% of the population had a life limiting disability.
- The majority did not use health technology but would do if recommended by a GP or health professional.
- People were more likely to be overweight if they were either over 35 years old, off work, sick or disabled, white British, had a poor mental health score and were a social renter.
- Although 87% believed they had a healthy diet, only 21% had their 5 a day and 39% ate fast food at least once a week.
- Although alcohol consumption had fallen (51% never drank alcohol) 9% exceeded the recommended limit particular groups at risk were men aged over 65 years, those with no religion or belief, white British residents and those who were in poor health.
- Smoking prevalence had remained static at 20%, 2% above the national average.
- Inactivity had decreased since 2015 and popular growth areas were jogging/running, cycle for travel, yoga/pilates, sports and heavy gardening.
- Poor mental health had increased from 14% in 2015 to 17% now, and there was a close relationship between poor mental health and wellbeing and isolation.

The Chair thanked Nicola for the presentation and stated that the survey had

presented a lot of data that was valuable to both the Council in corporate planning of health-related services but also to many partners and organisations involved in health issues.

**173. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

**174. DATES OF FUTURE MEETINGS**

The Board noted that future meetings of the Board would be determined at the Annual Meeting of Leicester City Council held on 16 May 2019.

Meetings of the Board were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

**175. ANY OTHER URGENT BUSINESS**

There were no items of Any Other Urgent Business.

**176. CLOSE OF MEETING**

The Chair declared the meeting closed at 8.00pm.