



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 27 JUNE 2019 at 10:30 am

P R E S E N T :

Present:

- | | | |
|---------------------------------|---|---|
| Councillor Dempster
(Chair) | – | Assistant City Mayor, Health, Leicester City Council. |
| Lord Willy Bach | – | Leicestershire and Rutland Police and Crime Commissioner. |
| Paul Hindson | – | Chief Executive, Police and Crime Commissioner's Office |
| Harsha Kotecha | – | Chair, Healthwatch Advisory Board, Leicester and Leicestershire. |
| Councillor Piara Singh
Clair | – | Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council. |
| Councillor Danny Myers | – | Assistant City Mayor, Policy Delivery and Communications, Leicester City Council. |
| Professor Azhar Farooqi | – | Co-Chair, Leicester City Clinical Commissioning Group. |
| Inspector Dwight Barker | – | Leicestershire Police. |
| Sue Lock | – | Managing Director, Leicester Clinical Commissioning Group |
| Councillor Sarah Russell | – | Deputy City Mayor, Social Care and Anti-Poverty, Leicester City Council |
| Councillor Elly Cutkelvin | – | Assistant City Mayor, Housing and Education |
| Ivan Browne | – | Director of Public Health, Leicester City Council. |
| Mark Wightman | – | Director of Marketing and Communications, University Hospitals of Leicester NHS Trust |

In attendance

Julie Harget

– Democratic Services, Leicester City Council.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Chief Supt Adam Street	Head of Local Policing Directorate, Leicestershire Police
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Frances Shattock	Director of Strategic Transformation, NHS England
Steven Forbes	Strategic Director, Social Care and Education
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust

2. DECLARATIONS OF INTEREST

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

3. MEMBERSHIP OF THE BOARD

The Board noted its membership for 2019/20 as approved by the Council on 16 May 2019:-

City Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health (Chair)
Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure and Sport
Councillor Sarah Russell, Deputy City Mayor, Social Care and Anti-Poverty
Councillor Elly Cutkelvin, Assistant City Mayor, Education and Housing
Councillor Danny Myers, Assistant City Mayor, Policy Delivery and Communications

City Council Officers:

Steven Forbes, Strategic Director of Social Care and Education
Ivan Browne, Director Public Health
2 Vacancies to be nominated by the Chief Operating Officer

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group
Sue Lock, Managing Director, Leicester City Clinical Commissioning Group
Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group
Frances Shattock, Director of Strategic Transformation, NHS England, Midlands & East (Central Midlands)

Healthwatch / Other Representatives:

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Adam Streets, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEE: (Not Board Member)

Richard Lyne, General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust

4. TERMS OF REFERENCE

The Board noted the Terms of Reference as approved by the Annual Council on 16 May 2019.

5. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the minutes of the previous meeting of the Health and Wellbeing Board held on 28 February 2019 be confirmed as a correct record.

6. HEALTHY PLACES

The Board noted that the theme of the meeting was Healthy Places, which was one of the five themes within the Joint Health and Wellbeing Strategy.

7. THE JOINT HEALTH AND WELLBEING STRATEGY AND ACTION PLAN

Ivan Browne, the Director of Public Health presented the Joint Health and

Wellbeing Strategy and Action Plan to the Board. As part of this, Members received a power-point presentation. This differed slightly to the version included in the agenda, and the amended version is attached to the back of these minutes.

The Chair introduced the Strategy and Action Plan commenting on the importance of looking at the wider determinants of health and taking a longer term rather than a short term view.

The Director of Public Health explained that in drawing up the Strategy, they wanted to make sure that there was an early and a real engagement with the public and partners. One of the themes that had emerged was the need to look at the wider determinants that contributed to people's health and wellbeing.

The full consultation had resulted in 83 responses and showed that the majority of individuals welcomed the approach. A recurring theme related to the use of green and open spaces and the need for an action relating to this, and environmental issues was emphasised. Concerns were also raised regarding the local environment and the proliferation of fast food outlets. In addition, comments were made that a greater emphasis was needed on people's wellbeing and mental health. Members heard that the Board drove the Strategy and in turn, the Strategy drove the Action Plan.

The Director explained that the Action Plan was a live working document which would change over time. He asked all partners to pledge commitment to the Strategy and to contribute to the Action Plan. The Director also requested some strategic alignment; it was recognised that the different organisations had their own policies, but it was hoped that this Health and Wellbeing Strategy and Action Plan would be reflected in those individual policies.

Members welcomed the Strategy and Action Plan and comments were made that it brought a focus to the work. The Deputy City Mayor for Social Care and Anti-Poverty commented that it had been a pleasure to be involved in the Strategy and commended the work that had taken place to engage with the Children's Trust at an early stage. As part of this, New College had their own Health and Wellbeing Strategy which linked into the City Strategy but focused on their school population and the issues that they could target. Members heard that New College had developed their own Strategy with the intention of rolling it out to other schools. Paul Hindson, Police and Crime Commissioner's office stated that in terms of strategic alignment, there was a good opportunity to work together, as for the example the work in the Violence Reduction Unit was linked inexorably to health and wellbeing.

Comments were made that the Council were taking a holistic approach towards health and there were Executive Members on the Board to ensure that health and wellbeing was embedded across the Council.

The Chair concluded the discussion and gave credit for the Strategy and Action Plan to the officers and to the Deputy City Mayor Councillor Clarke who had been the previous Chair of the Board. The Chair added however that she

looked forward to delivering the Strategy.

Members indicated their commitment to the Strategy and Action Plan. The Chair added that this would be brought back to the Board on a regular basis.

RESOLVED:

that the Board pledge their commitment to the Health and Wellbeing Strategy and Action Plan.

8. THE AIR QUALITY ACTION PLAN

The Chair explained that there would be one presentation to include this item, and agenda items 9,10 and 11, and therefore all four items would be considered together.

Stuart Maxwell, City Transport Director delivered a combined presentation which related to the following:

- The Air Quality Action Plan
- Improving Air Quality in the City – Bus Retrofit Technology Project
- Air Quality when walking and cycling
- Sustainable travel – walking and cycling

A copy of this combined presentation is attached to the back of these minutes.

The Chair thanked the City Transport Director for the presentation, commenting that it was very informative. During the ensuing discussion, a number of comments and queries were raised which included the following:

- Mark Wightman, Director of Marketing and Communications, UHL commented that 5% of traffic on UK roads happened as a consequence of the NHS. This linked into the reconfiguration work that the UHL were carrying out, which included work to establish Primary Care Networks (PCNs) to provide health infrastructure closer to home and to prevent people from coming into hospitals unnecessarily. The PCNs would have a direct impact on the amount of traffic on the roads but also make it more convenient for people to receive treatment. Mr Wightman added that issues around air quality was a very important aspect of the Health and Wellbeing Strategy and that the Board had an important role to play in its delivery.
- The Chair commented that this was not just about the actions that the Council were taking, but also about the work that other organisations were undertaking to improve air quality. The Chair suggested that they might also bring presentations to the Board.
- Most schools had issues with irresponsible parking outside their premises, and just a small amount of rain resulted in more people driving rather than walking to school. The recent Clean Air Day event proved to be very successful and it was important to try to encourage people to think about their behaviour and use the car a bit less. The Director for Public Health

added that many parents thought that they were doing their best for their child by taking them to school by car, but in reality, they were doing the opposite.

- The majority of people who worked in the City, also lived in the City and had a small footprint. 33% of people who came into the City in the working day used buses and by providing more dedicated bus lanes, improving bus reliability and by providing more cycle lanes, air quality could be significantly improved.
- A Member said that he believed prevention was better than cure and that nationally people didn't exercise enough. There were many parks and gyms in the City and people could be guided as to how to use them. There was also a very good network of sports centres.
- It was acknowledged that behavioural change was needed, and it was suggested that it would be useful to have a common approach with partners working together to achieve this.
- A concern was raised that by moving some of the services from the Leicester General Hospital (LGH) to the Leicester Royal Infirmary (LRI) , there would be more traffic which would increase air pollution in an area that was already congested.

Mr Wightman responded that the LRI was the Trust's 'hottest' site in terms of outpatients whether people attended by car or ambulance and they had a target to reduce the number of outpatients by 30% over five years. They also wished to move some of the services to a treatment centre at the Glenfield Hospital to improve the model of care. This would, as an extra benefit, reduce congestion in the City.

- A Member suggested that a few key markers were needed so that the success of the Action Plan could be measured.
- It was noted that the Council had declared a climate emergency and a Member commented that air quality was a local and national priority. The Board heard that the Council stood alongside Climate Earth who were pressing the Council and the Government to clean up the air. Plans included the Targeted Diesel Scrappage Scheme for those people who could not afford an Ultra-Low Emission Vehicle. Board Members were urged to think about what they were doing with their own fleets or strategies to improve air quality.
- The Chair thanked everyone for a stimulating discussion and moved that a presentation should be brought back to the Board in six months' time. This would be led by the Council but would have contributions from the partners. Members agreed to this approach.

RESOLVED:

that a further presentation be brought back to the Board in six

months' time, which would be led by the Council but include contributions from Board Members.

9. IMPROVING AIR QUALITY IN THE CITY - BUS RETROFIT TECHNOLOGY PROJECT

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

10. AIR QUALITY WHEN WALKING AND CYCLING

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

11. SUSTAINABLE TRAVEL: WALKING AND CYCLING

Consideration of this item of business took place under agenda Item 8, the Air Quality Action Plan and there was no further discussion on this item.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public said that the University Hospitals of Leicester, NHS Trust were planning to close the Leicester General Hospital (LGH) as an acute hospital and move a range of services from the LGH and the Glenfield to the Leicester Royal Infirmary (LRI). Local NHS leaders were refusing to share details of their plans with members of the public. He said it was envisaged that this would bring more traffic on the ring road and increase air pollution. He questioned whether Council Planners were working with the UHL to consider a potential increase in nitrogen dioxide and PM 2.5 pollution levels adjacent to the LRI, and if not when they would they do so.

Further questions were asked as follows:

- 1) Are the air pollution levels near the LRI compliant with the European Union's air quality objectives for nitrogen dioxide?
- 2) Do the PM 2.5 air pollution levels meet the World Health Organisation (WHO) guidelines? There were no Government standards for this.
- 3) Where is the nearest monitoring station to the LRI, for monitoring nitrogen dioxide and PM 2.5 and are the air pollution records in the public domain and on the City Council website?

The following responses were given:

- The Highway Authority would be consulted on this planning application when it was submitted to the Planning Service and officers would be looking at the highways issues raised.
- The closest air quality monitoring station to the LRI was on Vaughan Way

where nitrogen dioxide and PM 10 levels were monitored. The Council exceeded nitrogen dioxide levels on the inner ring road.

- Air quality information was published on the Council website.
- There was one air quality station at the University of Leicester where PM. levels were monitored. The annual average level was 11 and Council did not exceed the PM10 or PM2.5 levels.
- The questioner had stated that there were no Government Standards for PM 2.5 levels, but this was incorrect. The Council were obliged to follow the E.U. directive regarding air quality levels but were not obliged to adhere to the WHO guidelines. Defra were looking into revising standards, but this still work in progress.
- Acute hospitals wherever they were situated brought in a very considerable number of patients, but not all those patients needed an acute hospital. Part of the NHS Long Term plan was to reduce the reliance on acute hospitals.
- The plans for the LGH, the Glenfield and the Children's hospital at the LRI had been published so that people have been able to see what the plans looked like. It had been previously explained however that the UHL were not yet allowed to publish the 1600 page business case.

The Chair thanked the member of the public and the officers who had responded to the questions.

13. DATES OF FUTURE MEETINGS

Members noted that future meetings would be held on the following dates:

Thursday 19 September 2019 – 10.30am
Thursday 28 November 2019 – 10.30am
Thursday 27 February 2020 – 10.30am.


14. CLOSE OF MEETING

The meeting closed at 11.54 am.


'OUR HEALTHY CITY'
The Joint Health and Wellbeing Strategy
2019- 2024

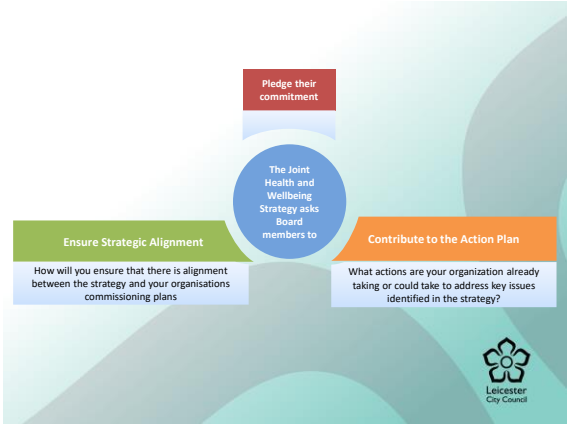
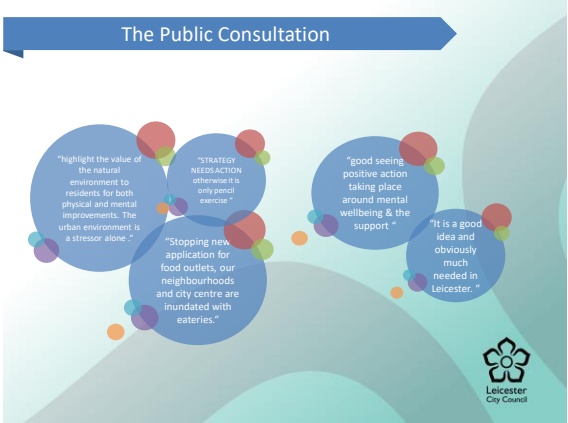
Presentation to Leicester City
Health and Wellbeing Board
27 June 2019

Ivan Browne – Director of Public Health



Animation





The Action Plan

Healthy Places

Ambition	WE WILL	BY	BECAUSE
To make Leicester the healthiest possible environment in which to live and work	1. Influence the environment to make healthier choices more accessible	<ul style="list-style-type: none"> a) Work with businesses and organisations to increase healthy food options to help reduce obesity levels in adults and children b) Continue and develop initiatives which promote and encourage use of green space and their spaces which support good physical and mental health for people c) Work with planning and associated departments to support city residents to make choices that benefit their health and wellbeing d) Provide open home resources and energy efficiency advice to support households experiencing fuel poverty 	The built and natural environment are major determinants of health and wellbeing. These three actions address Leicester's food landscape, open and green space and the building infrastructure, all of which can influence a person's behaviour. Quick and easy access to food, food in the highstreets, the influence of green space on air quality, and the benefits of open and green space to close proximity may make it easier for people to be physically active.
	2. Ensure decent homes are within the reach of all citizens	<ul style="list-style-type: none"> a) Support vulnerable people to maintain a stable level of health whilst in their home and help maintain their tenancies b) Increase the number of households prevented from becoming homeless by providing suitable accommodation and support options c) Continue to maintain and improve the quality of existing housing and provide decent housing standards for new homes provided in the public and private sector d) Increase the uptake of more sustainable transport options to encourage active and sustainable communities 	Housing can affect an individual's health and wellbeing. Having a roof over your head and a warm, dry safe place to live can prevent serious negative impacts on physical and mental health. Having comfortable housing in a safe environment can make a feel more connected and confident within our communities.
	3. Improve air quality	<ul style="list-style-type: none"> a) Work with transport sectors to reduce their environmental impact and reduce harm to citizens's health b) Work towards an ultra-low emission zone for all vehicles to help reduce the impacts of poor air quality on health 	Poor air quality affects people's health and damages the environment. The major human sources of air pollution are the combustion of fuels for heat, electricity and transport. Urban areas tend to have higher pollutant levels than rural areas.
	4. Develop and encourage healthy neighbourhoods and a sense of community	<ul style="list-style-type: none"> a) Involve communities in the development of health improvement to increase long-term engagement in positive health behaviours b) Influence environmental factors that enable residents to feel safe, comfortable and able to actively participate in positive health choices c) Encourage neighbourhoods and communities to use their collective skills, knowledge, connections and resources to improve their health and wellbeing. This is known as an asset-based approach to community health. 	Safe in the community has a huge impact on our ability to interact, go outside, and be active. Using it as safe communities make us more likely to use local spaces, such as parks and community centres, increasing the opportunity in decisions about the health and make for more meaningful and sustainable change in health behaviours.

Today: Improving Air Quality

Thank you



Air Quality in Leicester

Where We Are & What We Are Doing

Stuart Maxwell – City Transport Director


Health & Wellbeing Board
27th June 2019




Where We Are




The impact of air quality on health




That air pollution impacts on health is in no doubt, each year in the UK, around **40,000 deaths** are attributable to exposure to outdoor air pollution.



Poor air quality has been linked to **cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia.**



Health problems resulting from exposure to air pollution have a **high cost to our health services and to business.** In the UK, these costs add up to more than £20 billion every year.

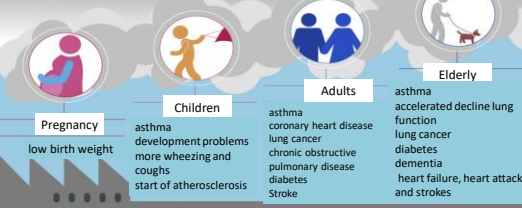


Source: Every breath we take; the lifelong impact of air pollution, Royal College of Physicians (2016)

The impact of air quality on health: over a lifetime

Public Health England Health Matters

Air pollution affects people throughout their lifetime




Pregnancy
low birth weight

Children
asthma
development problems
more wheezing and coughs
start of atherosclerosis

Adults
asthma
coronary heart disease
lung cancer
chronic obstructive pulmonary disease
diabetes
Stroke

Elderly
asthma
accelerated decline lung function
lung cancer
diabetes
dementia
heart failure, heart attack and strokes

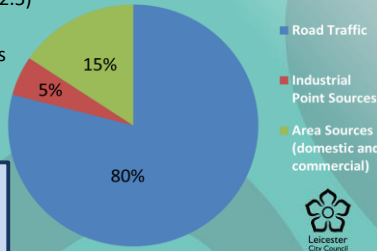
More vulnerable groups include children and older people, those already in ill health and the most deprived living in built up areas.




Current Position: NO2 Sources

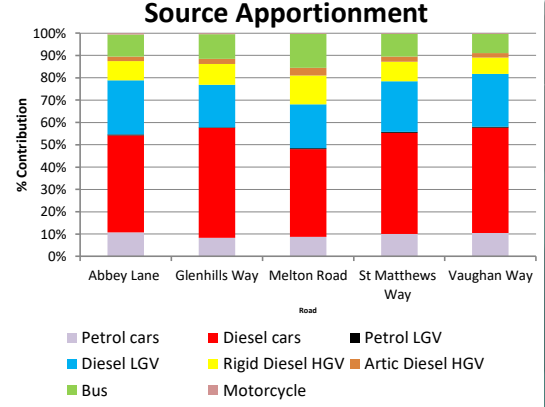
- Key pollutants: NO2; PM10 & 2.5)
- NOx primary transport focus

Leicester NOx source apportionment for point, area and traffic sources



80% NO2 from road traffic





Leicester – Compliance Summary 2018

		TARGET	
		EU	WHO
NO2	1 hr Ann Mean	✗	✗
PM10	1 hr Ann Mean	✓	✗
PM2.5	1 hr Ann Mean	✓	✗



Secretary of State Direction

- October 2018
- Requirement to meet NO2 EU level “in quickest possible time”
- Fully model traffic and air quality
- Must benchmark improvement options against an All Vehicle charging zone
- Outline Business Case required by 31 October 2019



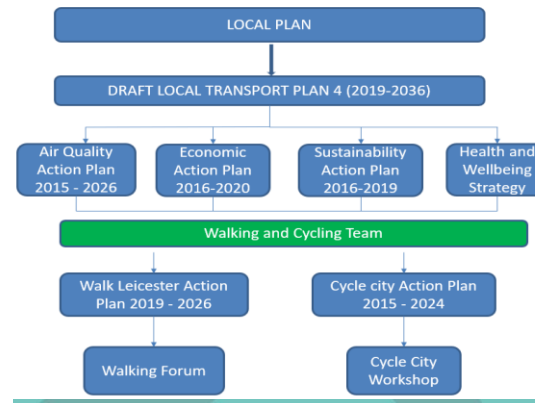
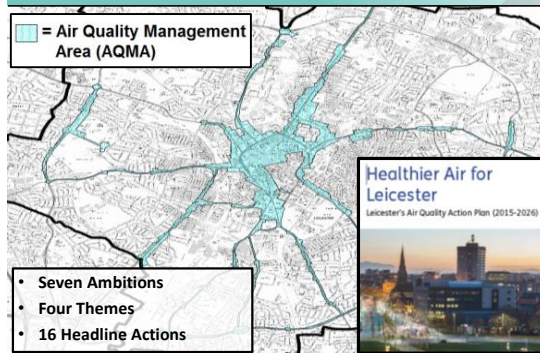
What Are We Doing?

Following examples illustrate :

- Policies and action plans
- Leicester’s position in a national context
- Range of measures and initiatives underway
- Our response to the Sec of State mandate
- Research
- Funding

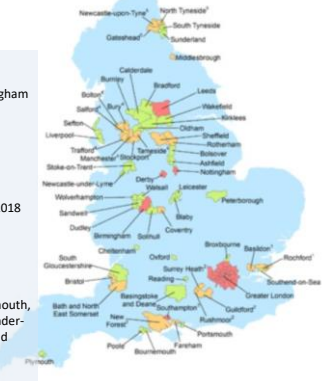


AQAP (2015-2026) & AQMA



National Context

- 1st Wave (Dec 2015)
 - assumed CAZ required
 - 6 LA's incl. Derby & Nottingham
 - Initial plan by Mar 2018
 - Final Dec 2018
- 2nd Wave (July 2017)
 - modelling required
 - 22 LA's
 - Local Action plan by Mar 2018
- 3rd Wave (Aug 2018)
 - 33 authorities;
 - 8 to do more studies
 - Leicester +
 - Bolsover, Bradford, Portsmouth, Broxbourne, Newcastle-under-Lyme & Stoke-on-Trent, and Liverpool
 - Report by Oct 2019



LCC in National Context

- Supported Client Earth when prosecuting govt over inadequate AQ plans
- Joined UK 100 group
- Objected to Defra / JAQU when Leicester omitted from initial list of mandated authorities – felt issues were underestimated
- Declared Climate Emergency
- Been pro-active on AQ issues



Bus Retrofits / Clean Air Zone Agreement

- Project BREATHE - £764,770 DfT grant
- Clean Bus Technology Fund - £ 3,183,162.00
- Over 200 buses retrofitted by 2020
- Bus Ops CAZ Agreement (2018):
– Euro VI min standard by end of 2020



EV Charging Points

- Installed in car parks 160+
- Funds secured for £390k taxi charging points and £500k for publicly available chargers
- Promote charging through planning process
- On-street trials – West End / Clarendon Park
- Challenge – technology changing fast



ERDF - Leicester Low Carbon Transport Accelerator Grant



£12.5m project with 4 themes:

- Connecting Leicester – London Rd; Horsefair St; Pocklington's Walk
- ULEV Grants – offset add'l costs
- Solar Panels (St Margaret's BS; 2 car parks)
- Behavioural change programme



Connecting Leicester

– Urban Realm /Walking/Cycling

- Newarke Street
- Welford Rd
- Belgrave Gte Sth
- London Rd
- King St / Welford Rd
- Bonners La – York Rd
- DMU Mill Lane Campus



Transforming Cities Tranche 1 – £7.8m (19-20)

- 1. Connecting Leicester (£6.25m)**
 - 6 cycle / walking schemes
 - 500 bike / 50 dock Bike Share
 - 2 Secure Cycle Parking Hubs (SMBS & Humb. Gte)
- 2. Electric'n Birstall P&R (£1.6m)**
 - 5 single deck electric buses
 - Charging infrastructure

Tranche 2 Bid – submit Nov 2019



Promoting Sustainable Transport

Business Engagement

- LCC Staff
- Sustran's Staff
- Living Street's staff
- Go Travel Solutions

Community Engagement

- LCC Staff
- Sustran's Staff
- Living Street's staff
- British Cycling Staff
- Led Walk and Led Ride Volunteers

School Engagement

- LCC Staff
- Sustran's Staff
- Living Street's Staff
- British Cycling Staff



School & Business Engagement



COMMUNITY ENGAGEMENT



Cycling: - 2x by 2024
Walking: +20% by 2025

Cycling & Walking – Events



Post AQ Mandate – What are we doing?

- Modelling AQ – like other mandated cities
- Testing the impact of our interventions?
- Will they make us compliant?
- Benchmarking against a charged CAZ – gov requirement.
- Review results / submit our local plan Oct 2019
- Await Defra response



Research – Exposure to NO2

- Research with Univ. of Leicester
- Monitor exposure by travel mode for same journey
- Early evidence – active modes reduce exposure



To conclude

- Lots of positive action
- Many aligned with health objectives
- AQ results are improving
- Radials – all EU compliant
- CRR & ORR exceedances
- Working on SoS Mandate
- Secure funding where possible

Continue to expand infrastructure & promote sustainable travel

Healthier
AIR
for Leicester



