
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 27 JUNE 2019

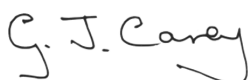
Time: 10:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

NOTE:

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>



City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
Leicester City
Clinical Commissioning Group

NHS
England

University Hospitals of Leicester
NHS Trust

Caring at its best



**POLICE & CRIME
COMMISSIONER**
for Leicestershire
Your voice in Leicester,
Leicestershire & Rutland

Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

MEMBERS OF THE BOARD

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

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 INVITEES: (Not Board Members)

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

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MEMBERSHIP OF THE BOARD

To note the membership of the Board for 2019/20 approved by the Council on 1 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

**Appendix A
(Pages 1 - 6)**

To note the Board's Terms of Reference approved by the Annual Council on 16 May 2019.

5. MINUTES OF THE PREVIOUS MEETING

**Appendix B
(Pages 7 - 20)**

The Minutes of the previous meeting of the Board held on 28 February 2018 are attached and the Board is asked to confirm them as a correct record.

6. HEALTHY PLACES

To note that the theme of the meeting is Healthy Places, one of the five themes within the Joint Health and Wellbeing Strategy.

The objectives of the theme are to:-

- 1) Influence the environment to make healthier choice more accessible;
- 2) Ensure decent homes are within the reach of all citizens;

- 3) Improve air quality; and
- 4) Develop and encourage healthy neighbourhoods and a sense of community.

7. THE JOINT HEALTH AND WELLBEING STRATEGY AND ACTION PLAN **Appendix C
(Pages 21 - 30)**

Ivan Browne, Director of Public Health, Leicester City Council to present the Joint Health and Wellbeing Strategy setting out the health priorities for Leicester and providing details of the Board's plans over the next five years.

The Board will be shown a short promotional video on the Strategy.

The Board is asked to pledge its commitment to the Strategy and Action Plan, contribute to the delivery and reporting on progress with the Strategy and Action Plan and Board Members are asked to ensure that there is strategic alignment between the strategy and their own organisations commissioning plans.

8. THE AIR QUALITY ACTION PLAN **Appendix D
(Pages 31 - 32)**

Matthew Mace, Group Manager – Transport Strategy, Leicester City Council will give a presentation on the Air Quality Action Plan adopted by the Council in 2015. The plan outlines the picture of Air Quality and states what the council are doing to improve Air Quality in Leicester through its action plan, which includes the Secretary of State for the Environment's Direction for the council to achieve compliance with EU nitrogen dioxide objective levels "in the shortest possible time".

The Board is asked to note the ambitions of the Air Quality Action Plan and to consider how Members' organisations can contribute to its delivery.

9. IMPROVING AIR QUALITY IN THE CITY - BUS RETROFIT TECHNOLOGY PROJECT **Appendix E
(Pages 33 - 34)**

Dr Jolanta Obszynska, Project Officer, Air Quality Systems, Leicester City Council will give a presentation on the Bus Retrofit Technology Project which result in over 200 buses being retrofitted with the abatement technology by 2020. Four bus companies are involved in the project which has secured £4m of funding over the last 5 years. The project will result in all buses operating within the Air Quality Management Area from 2020 below the Euro VI standard.

The Board is asked to note the bus retrofit project and the progress it has made in reducing NO₂ in the City.

10. AIR QUALITY WHEN WALKING AND CYCLING

**Appendix F
(Pages 35 - 36)**

Hannah May, Transport Development Officer, Leicester City Council and Joshua Vande Hey, University of Leicester to give a presentation on a project aimed at understanding the level of exposure to NO2 Air Pollution: Walking, Cycling and Driving Journeys in Leicester. The presentation outlines the first of two phases of research, the second of which will take place in the summer. The data from both studies should contribute towards a robust evidence base for delivering public messaging.

The Board is asked to note the work undertaken so far and the intention to conduct a further study to support evidence-based messaging to the public on travel modes, and support the dissemination of public messaging developed with public health in Member's own organisations.

11. SUSTAINABLE TRAVEL: WALKING AND CYCLING

**Appendix G
(Pages 37 - 38)**

Sally Slade, Cycling and Walking Team Leader, Leicester City Council to give a presentation on initiatives in the Walking & Cycling Team's work programme which has largely been funded through successful bids of the Department of Transport since 2011. The work programme supports a number of local strategic priorities, referenced in the City Council's actions plans, including those with a health & wellbeing focus

The Board is asked to note the ongoing work and to consider how Members' own organisations can contribute to the walking and cycling targets by encouraging active travel and support the Walking & Cycling Team initiatives by sharing information on their work.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

13. DATES OF FUTURE MEETINGS

To note that future meetings of the Board will be held on the following dates:-

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

Thursday 30 April 2020 – 10.30 am

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

14. ANY OTHER URGENT BUSINESS

Appendix A

Leicester City Health and Wellbeing Board

Terms of Reference

Approved at Annual Council on 16 May 2019

Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions and met for the first time on 11 April 2013.

1 Aim

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

2 Objectives

- 2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and in work to reduce health inequalities.
- 2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- 2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.
- 2.4 To provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health & Wellbeing Board agrees are directly related to health and wellbeing.

3 Responsibilities

- 3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

- 3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.
- 3.3 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JHWS is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.
- 3.4 Save in relation to agreeing the JSNA, JHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties.
- 3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.
- 3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in their commissioning decisions.
- 3.7 To monitor, evaluate and annually report on the Leicester City Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by the national Commissioning Board.
- 3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.
- 3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of Leicester City Clinical Commissioning Group to ensure that the Board is publicly accountable for delivery.
- 3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes.
- 3.12 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.

- 3.13 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.
- 3.14 The Board will agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes.

4 Membership

Members:

Up to five Elected Members of Leicester City Council (5)

- The Executive Lead Member for Health (1)
- Four Elected Members nominated by the City Mayor (4)

Up to six representatives of the NHS (6)

- The Co -Chair of the Leicester City Clinical Commissioning Group (1)
- A further GP representative of the Leicester City Clinical Commissioning Group (1)
- The Managing Director of the Leicester City Clinical Commissioning Group (1)
- The Locality Director Central NHS England – Midlands and East (1)
- The Chief Executive of University Hospitals NHS Trust (1)
- The Chief Executive of Leicestershire Partnership NHS Trust (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Social Care and Education (Leicester City Council) (1)
- The Director of Public Health (Leicester City Council) (1)
- Two Officers nominated by the Chief Operating Officer (2)

Up to eight further representatives including Healthwatch Leicester/Other Representatives (8)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Local Policing Directorate, Leicestershire Police (1)
- The Leicester, Leicestershire and Rutland Police and Crime Commissioner (1)
- Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service (1)
- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)
- A representative of the city's sports community (1)
- A representative of the private sector/business/employers (1)

5 Quorum & Chair

5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:

- Leicester City Council (Elected Member)
- Leicester City Clinical Commissioning Group or NHS England
- One senior officer Board Member from Leicester City Council
- Local Healthwatch/Other Representatives

5.2 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.

5.4 The City Council has nominated the Executive Lead for Health to Chair the Board. Where the Executive Lead for Health is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one Elected Member must be present in order for the meeting to be declared quorate).

6 Voting

6.1 The City Council at its meeting on 29 May 2014 resolved to disapply Section 13(1A) of the Local Government and Housing Act 1989 such that the four local authority officers on the Board will not exercise voting rights.

6.2 Any representatives of bodies asked to attend meetings of the Board as 'Standing Invitees' by the Board shall not have a vote.

6.3 All other members will have an equal vote.

6.4 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where votes are equal the chair will have a second and casting vote.

7 Code of conduct and member responsibilities

All voting members are required to comply with Leicester City Council's Code of Conduct, including each submitting a Register of Interest.

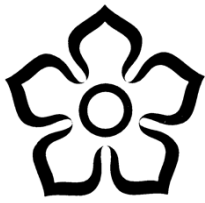
In addition, all members of the Board will commit to the following roles, responsibilities and expectations:

- 7.1 Commit to attending the majority of meetings.
- 7.2 Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest.
- 7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- 7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 7.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

8 Agenda and Meetings

- 8.1 Administration support will be provided by Leicester City Council.
- 8.2 There will be standing items on each agenda to include:
 - Declarations of Interest
 - Minutes of the Previous Meeting
 - Matters Arising
 - Updates from each of the working subgroups of the Health & Wellbeing Board.
- 8.3 Meetings will be held a minimum of four times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution.

Version 9.6 May 2019



Leicester
City Council

Appendix B

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
(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 |
| <u>In attendance</u>
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 predictable 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 improved 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 to 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.



LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Places
Title:	The Joint Health and Wellbeing Strategy and Action Plan
Presented to the Health and Wellbeing Board by:	Ivan Browne Director of Public Health
Date:	27 th June 2019

EXECUTIVE SUMMARY:

Our Joint Health and Wellbeing Strategy sets out the health priorities for Leicester and provides details of the Health and Wellbeing Board's plans over the next five years. It has been developed and informed from a variety of sources, including, engagement workshops, consideration of other strategies and plans and an 8 week public consultation. The Strategy is underpinned by an Action Plan to help set directions and support the monitoring of progress via the board. The Action plan sets out a clear approach to meeting the ambitions, through identifying objections (We will), actions (By) and why it is important to health and wellbeing (Because);

The Health and Wellbeing Strategy is a 'call to action' to tackle health inequalities in our City. The Health and Wellbeing Board members are therefore asked to pledge their commitment to working together to achieve the best possible outcomes for the population of Leicester.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

This is the launch of the Strategy and Action Plan

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Pledge their commitment to the Joint Health and Wellbeing Strategy and Action Plan
 - The final Strategy and Action Plan report will be disseminated to board members on the 24th June.
 - Board members will be asked to pledge their commitment to the Strategy on the 27th June prior to the commencement of the board. This will include a signature from members and a photo opportunity of the strategy and board members at the start of the meeting.
- Contribute to the delivery and reporting of The Joint Health and Wellbeing Strategy and Action Plan
- To ensure there is strategic alignment between the strategy and their organisations commissioning plans

'OUR HEALTHY CITY'

The Joint Health and Wellbeing Strategy 2019- 2024

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Presentation to Leicester City
Health and Wellbeing Board
27 June 2019

Ivan Browne – Director of Public Health



Animation

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The Joint Health and Wellbeing Strategy Journey

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Development Workshops

The Strategy was initiated with workshops to determine the content for each theme



Governance

The Strategy has been to relevant boards for comment and feedback



Stakeholder Engagement

A number of stakeholder activities have taken place to progress the development of the Strategy and Action Plan



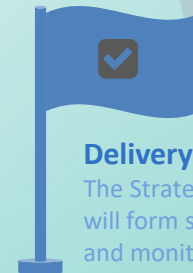
Public Consultation

Alterations have been made in response the 8 week consultation feedback



Health and Wellbeing Board Launch

Commitment to the delivery of this Strategy



Delivery

The Strategy and Action Plan will form structure to the board and monitor progress in each theme



Leicester
City Council

The Public Consultation

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“highlight the value of the natural environment to residents for both physical and mental improvements. The urban environment is a stressor alone .”

“STRATEGY NEEDS ACTION otherwise it is only pencil exercise “

“Stopping new application for food outlets, our neighbourhoods and city centre are inundated with eateries.”

“good seeing positive action taking place around mental wellbeing & the support “

“It is a good idea and obviously much needed in Leicester. “

 The Action Plan will now be made public

 Introduced a commitment pledge to demonstrate joint delivery of the Strategy

 Amendments to text to improve consistency



**Pledge their
commitment**

**The Joint
Health and
Wellbeing
Strategy asks
Board
members to**

Ensure Strategic Alignment

How will you ensure that there is alignment between the strategy and your organisations commissioning plans

Contribute to the Action Plan

What actions are your organization already taking or could take to address key issues identified in the strategy?

The Action Plan

HEALTHY PLACES

629 Make Leicester the healthiest environment to live and work in

Ambition	WE WILL	BY
	1. Influence the environment to make healthier choices more accessible	a) Improve the provision of healthy food options in businesses and communities to help reduce obesity levels in adults and children
		b) Continue and develop initiatives which preserve and encourage use of green, open and blue spaces which support good physical and mental health in people
		c) Work with planning and associated department to prioritise those applications that support city residents to make choices that benefit their health and wellbeing
	2. Ensure decent homes are within the reach of all citizens	a) Deliver the Health Through Warmth Scheme to support reduction in hospital admissions over winter
		b) Support vulnerable people to maintain a stable level of health while in their home and help maintain their tenancies
		c) Improve the number of households prevented from becoming homeless after seeking help to support mental ill health and risk of substance misuse.
		d) Maintain and improve housing standards in the public and private sector to ensure properties are safe, healthy places to live in
	3. Improve air quality	a) Increase the uptake of more sustainable transport options to encourage active and sociable communities
		b) Work with transport sectors to reduce their environmental impact and reduce harm to resident's health
		c) Introduce an ultra-low emission zone for all vehicles to reduce risk or development of chronic conditions caused by pollution
	4. Develop and encourage healthy neighbourhoods and a sense of community	a) Involve the communities wants and needs in the development of health improvement to improve long term engagement in positive health behaviours
		b) Ensure everyone living in Leicester feels sufficiently safe within their communities to actively participate in positive health choices
		c) Support and influence asset-based approaches and development to support health and wellbeing across the city

Air Quality: Health and Wellbeing Survey



Half the population are concerned about Air Quality



11% cycle on a normal week

7/10 respondents **do not have access** to a bike



25% of people coming into the city centre **walk**



71% of residents **cannot recall any health campaigns**; 4.8% spontaneously mention cycling campaigns.



LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Places
Title:	Air Quality Action Plan Leicester
Presented to the Health and Wellbeing Board by:	Matthew Mace Group Manager – Transport Strategy
Date:	27 th June 2019

EXECUTIVE SUMMARY:

The Air Quality Action Plan was devised and adopted in 2015. The plan outlines the picture of Air Quality and states what the council are doing to improve Air quality in Leicester City through its action plan. This includes the Secretary of State for the Environment's Direction placed upon the council to achieve compliance with EU nitrogen dioxide objective levels "in the shortest possible time".

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

Healthy Places

- Improve Air Quality

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

To take note of the presented Air Quality Action Plan and its ambitions and consider how your organisation can contribute to its delivery.



LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Places
Title:	“Bus Retrofit Technology Project”
Presented to the Health and Wellbeing Board by:	Jolanta Obszynska
Date:	27th June 2019

EXECUTIVE SUMMARY:

Leicester City Council has been committed to make Leicester one of the best places to live, work and visit. To deliver this promise an Air Quality Action Plan “Healthier Air for Leicester” (AQAP) was devised and adopted in 2015, <https://www.leicester.gov.uk/media/180653/air-quality-action-plan.pdf>. The plan aims to improve air quality in the city through a range of projects including “Bus Retrofit Technology Project”. The total funding secured throughout past five years to retrofit buses in Leicester with the abatement technology is in the region of £4,000,000. Four bus companies have been involved in bus retrofitting projects over the years, resulting in over two hundred vehicles in total to be retrofitted by the year 2020. No buses operating within the Air Quality Management Area from 2020 will be below the Euro VI standard.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

Healthy Places

- Improve Air Quality

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

To note and be aware of the bus retrofit project and the progress it has made in reducing NO2

LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Places
Title:	Understanding the Level of Exposure to NO₂ Air Pollution: Walking, Cycling and Driving Journeys in Leicester
Presented to the Health and Wellbeing Board by:	Hannah May (LCC) and Joshua Vande Hey (UoL)
Date:	27th June 2019

EXECUTIVE SUMMARY:

The aim of this project was to obtain local data showing the difference in air pollution exposure to individuals who are walking and cycling compared to those who are driving the to/from work journey. This presentation outlines the first of two phases of research, the second of which will take place in the summer. The data from both studies together should contribute towards a robust evidence base for public messaging.

The rationale for carrying out the testing was to gain evidence to challenge, or otherwise, the assumption from the public that the air quality that active travellers are exposed to beside traffic is worse than the air quality inside the cabin of a car. The testing ensures that we are able to give an evidence-based message to the public on travel mode choice, aligned with public health.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

Healthy Places

- Improve air quality

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the work undertaken so far and intention to conduct a further study to support evidence-based messaging to the public on travel modes.

- Support the dissemination of public messaging developed with public health in your organisation.



LEICESTER CITY HEALTH AND WELLBEING BOARD

Theme of Meeting	Healthy Places
Title:	The Walking & Cycling Team Work Programme
Presented to the Health and Wellbeing Board by:	Sally Slade (LCC)
Date:	27 th June 2019

EXECUTIVE SUMMARY:

The Walking & Cycling Team's work programme has been largely funded by successful bids to the DfT since 2011, the latest being the Access Fund 2017-2020. The Choose How You Move programme fulfils the objectives of the Access Fund to support the local economy by supporting access to new and existing employment, education and training; to actively promote increased levels of physical activity through walking and cycling; to increase cycling activity; to reverse the decline in walking; to reduce the rate of cyclists killed and seriously injured; to increase the percentage of children aged 5 – 10 that usually walk to school; to demonstrate an understanding around how transport contributes to carbon emissions and air quality levels, and to reduce traffic congestion through providing people travel choices. In doing so, the work programme supports a number of local strategic priorities, referenced in the City Council's actions plans, including those with a health & wellbeing focus. This presentation showcases the team's work.

Contributing to the objectives of the Joint Health and Wellbeing Strategy:

Healthy Places

- Improve air quality
- Develop and encourage healthy neighbourhoods and a sense of community

Healthy Start

- Support families and caregivers to influence and practise positive health behaviours with children

Healthy Lives

- Increase the number of people engaging in protective behaviours

Healthy Ageing

- Support informal carers to continue to care and improve their health and wellbeing

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- To note ongoing work and to consider how your organisation can contribute to the walking and cycling targets by encouraging active travel.
- Support the work of the Walking & Cycling Team by sharing information on our work