Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 28 APRIL 2022 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Leicester City Council.
Ivan Browne	–	Director of Public Health, Leicester City Council.
Councillor Elly Cutkelvin	–	Assistant City Mayor, Education and Housing.
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group.
Chief Inspector Rich Jackson	–	Local Policing Directorate, Leicestershire Constabulary.
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Ruth Lake	–	Director of Adult Social Care and Safeguarding, Leicester City Council.
Rupert Matthews	–	Leicestershire and Rutland Police and Crime Commissioner.
Ellen Osbourne	–	Strategy And Partnerships Manager, University Hospitals of Leicester NHS Trust.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Martin Samuels	–	Strategic Director Social Care and Education, Leicester City Council.
Councillor Piara Singh Clair	–	Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council.
David Sissling	–	Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland.

Caroline Trevithick	–	Executive Director of Nursing, Quality and Performance, Leicester, Leicestershire and Rutland, Clinical Commissioning Groups.

Standing Invitees

Cathy Ellis	–	Chair of Leicestershire Partnership NHS Trust.
Graham Carey	–	Democratic Services, Leicester City Council.

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49. APPOINTMENT OF CHAIR

It was reported that the Chair Councillor Dempster would be arriving later in the meeting due to a previous Council engagement.

RESOLVED:-

That Councillor Singh Clair be appointed Chair of the meeting until such time as Councillor Dempster arrived at the meeting.

50. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:-

Councillor Sarah Russell	Deputy City Mayor Social Care and Anti-Poverty, Leicester City Council.
Andrew Fry	College Director of Research, University of Leicester.
Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust.
Haley Jackson	Deputy Director of Strategic Transformation, NHS England and NHS Improvement.
Kevan Liles	Chief Executive, Voluntary Action Leicester.
Richard Mitchell	Chief Executive, University Hospitals of Leicester NHS Trust.
Kevin Routledge	Strategic Sports Alliance Group.
Chief Supt Jonny Starbuck	Head of Local Policing Directorate, Leicestershire Police.
Martin Samuels	Strategic Director of Social Care and Education.

Andy Williams	Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Group.

51. DECLARATIONS OF INTEREST

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

52. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 28October 2021 be confirmed as a correct record.

53. SPOTLIGHT ON CASE STUDY

Consideration of the item was deferred until the Chair had arrived at the meeting.

54. THE LEICESTER HEALTH, CARE AND WELLBEING STRATEGY 2022-2027

Dr Katherine Packham, Consultant in Public Health, Leicester City Council presented the Leicester Health, Care and Wellbeing Strategy, 2022-2027 which had been updated since the Board considered the Draft Strategy on 28 October 2021.

The Board were asked to approve the final version of the overarching priority of the strategy outlined in the report and to approve the Leicester Health, Care and Wellbeing Strategy 2022-2027 and commit to the action plan development process to develop an action plan for implementation of the strategy.

It was noted that:-

- The Strategy combined the draft strategy together with the items which had emerged from the development sessions since then.
- The 19 priorities had been the subject of an online public engagement exercise from November 2021 to January 2022, as well as an extensive programme of discussion and engagement with a range of partnership boards and groups, and community groups and organisations.
- The Strategy aimed to tackle the Inverse Care Law where those who needed health care the most were least likely to receive it.
- It was intended to put all the priorities into the supporting Action Plan to form a list of issues which needed to be addressed during the 5-year period of the Strategy. A smaller manageable number (4-6 priorities) would be identified to be addressed in the in short term with the others being put into lower priority categories to be developed so everyone gets services proportionate to existing needs and circumstances. As the Action Plan progressed, and the initial priorities were achieved, the

Action Plan would be reviewed and priorities in the lower priority groups would be re-assessed to determine which should be considered to be addressed next. In this way, the Action Plan would be responsive to the changing health needs and circumstances prevalent at that time.

- Staff were working with the communications and engagement staff in the CCG.
- A rapid engagement group citizens panel had looked at the current wording of overarching priority of 'Working together to enable everyone in Leicester to have an equal opportunity for good health and wellbeing' and had preferred 'fair' to 'same' or 'equal' in relation to opportunity.
- It was hoped to get the final Strategy and collaborative Action Plan to the Board's next meeting.

Members of the Board commented that:-

- The Strategy did not comment upon the primary determinants of health such as employment and housing etc.
- 'Enable' in the overarching statement could mean that the opportunity was their there but 'fair' could mean that if people don't pick up the opportunity it was their fault.
- 'I statements' were supported in the Strategy together with the extensive engagement that had been carried out. Continued engagement could be addressed as part of the Action Plan.

Once the final version of the Strategy was available it would go through the Council's process for approval and scrutiny. The Strategy would also need to go to integrated boards and any other body or partners involved in the Strategy to get the Strategy into a wider audience and throughout the community.

It was emphasised that the Strategy was not an NHS and Local Authority document but was a strategic Health and Wellbeing Board document which needed to be owned and distributed in all the Board's organisations and partner organisations.

RESOLVED:-

1) That the Leicester Health, Care and Wellbeing Strategy be approved subject to amendments suggested in the meeting and that the Action Plan development processes to develop the Action Plan to implement the Strategy be supported.

2) That officers review and reword the overarching priority of the strategy based upon the comment made in the meeting.

3) That the final Strategy, as amended, be submitted to the Board's next meeting.

55. COUNCILLOR DEMPSTER IN THE CHAIR

Councillor Dempster arrived in the meeting and apologised for being delayed.

Councillor Dempster resumed her role as Chair for the remainder of the meeting

56. SPOTLIGHT ON CASE STUDY

The Chair introduced an anonymised case study of someone who was diagnosed with COPD and outlined his subsequent health issues.

The Chair commented that it was important to come back to issues to focus on what was done by all involved to provide best possible services to meet people's needs and to listen to concerns and to respond to them in a positive manner. The Chair felt that the case study showed what good was done, but also showed those things that did not go right. It was importance to address these issues and make sure they didn't happen again.

Members of the Board commented that:-

- The circumstances linked into the Health & Wellbeing Strategy. The person was likely to have been a smoker and smoking services funding had been decreased. If the person had lived in County, it was likely, statistically, that the COPD issues would have picked up earlier. Once COPD was diagnosed it was less likely the person would have got services as there were less in the City and the person was less likely to have received flu jabs as there were lower rates of these in the City
- This was a good study and it highlighted that the importance of wellbeing as well as care of wellbeing seemed to have fallen through the cracks.
- It was felt that the patient was a bystander in their care, and it was important to make sure patients were actively part of their care package and pathway.

RESOLVED:-

That the Case Study be received and all partners on the Board ensure that the lessons learned are addressed and included in the future care of patients.

57. PRIMARY CARE DEVELOPMENT

Yasmin Sidyot, Deputy Director Integration & Transformation, Leicester City Council submitted a report on the Identification of Unregistered Patients Programme and gave a presentation on primary care development plans in Leicester City which covered the context, key achievements, vision, focus areas and priorities.

During the presentation it was noted that:-

- The last 2 years had placed unprecedented demand on health and social care.
- LLR Primary Care Networks and practices had collaboratively

implemented a very successful Mass Covid Vaccination Programme, staffed by local primary care staff, wider health and social care teams and volunteers from local communities.

- The pandemic had significantly impacted on staffing levels due to sickness, self-isolation and the opportunity to recruit into vacancies.
- During the Covid period, practices had very quickly set up more telephony and virtual based contact with patients and this had been challenging for a number of reasons including the telephone systems that were in place were not equipped to deal with the call demands placed upon them. Although most practices had upgraded their systems to move to cloud-based telephony it had required retraining staff in the use of the new technology and having the right technology infrastructure in place that could support it.
- The aim to improve access to priority care included:-
    - Negating the need for patients to ring at 8.00am and ensure that same day access must be fit for purpose and needs based.
    - Where patients required additional services not offered by general practices, practices must have local services to book patients into where a GP is not appropriate for:-
        - 1. Pharmacy
        - 2. Optometrist
        - 3. Therapy services
        - 4. Mental health services
        - 5. Urgent treatment Centres / minor injury services
- Develop & implement service delivery models at neighbourhood / place level i.e. minor surgery etc.
- An understanding of the variation in access, outcomes and service utilisation would be co-designed and officers would work in partnership with practices and PCN's to understand how variations can be reduced.
- Where practices were struggling, officers would jointly agree a plan to tackle the issues and then work together with each PCN to implement working jointly with the LMC co produce a framework to support a Quality Improvement approach.
- Practice sustainability and business continuity plans would be part of the joint improvement programme at practice level, with support provided to practice managers / business managers to enable plans to be stress tested and regularly reviewed.
- The improvements planned for service delivery models were outlined.
- Workforce and leadership development proposals were explained in the presentation.
- The planned Primary Care trajectories were:-
    - Return to 2019 appointment levels across all general practice
    - Benchmarking of Practice appointments against locally agreed standard of minimum 75 appointments per 1000 population
    - 100% of completion of all Primary Care Backlog by Q3 2022/23
    - Improvement in prevalence targeted Long Term Conditions
    - 50% of GP appointments were face to face
    - 100% active participation of general practice in CPCS
    - Increase in FTE GPs

    - Balanced scorecard and benchmarking for all practices to be completed by the end of Q1 22/23
- Following funding awarded to the CCG, it had enabled them to meet part of the NHS's pledge to reduce health inequalities, working with areas of high deprivation and large BAME communities. The work had involved working with local communities, patient groups, identifying unregistered patients and supporting them through the process. Additionally, it had involved registering patients with 'No Legal Status' in the UK, informing them of all the healthcare and benefits provided by NHS. The target had been to register 5,000 new patients by January 2022. The success and effectiveness of the programme were measured regularly and by the end of December 2021, 51,545 new patients were registered within Leicester City which was an increase of 22,323 new patients than in year 2020. Full details of the methodology, engagement, communications and the learning outcomes were fully detailed in the report.
- In order to understand the depth and challenge of the problem of unregistered patients, 2 GP registration officers had made contact with organisations, religious sites, voluntary sector bodies and food banks to undertake outreach work and register patients with GPs. When the vaccination programme was launched it had enabled staff to utilise the programme to promote the benefits of registering with GPs as it enabled access to health services. A number of unregistered patients had underlying health issues and had not previously accessed services. The outreach model had resulted in more registrations as the community groups and representatives understood the barriers and challenges involved; and working with GPs enabled a 2 way dialogue to work across both sectors. The model to register Afghan and other refugees had been deployed quickly to get them registered and access health services. The feedback from GPs had indicated that they had found it useful to both themselves and for the individuals.
- Engagement with the community had been prepared in a language the patient could understand in the form of a conversation. The information was made available via a leaflet, Facebook, twitter and other communication methods.

Following the presentation members of the Board commented that:-

- The Strategy was considered to be good, but it hinged around staff supporting it and it would be useful to see how many CPCS and practice nurses per 100k were there, what was being done to increase numbers and how the City compared to surrounding areas.
- Different parts of the health and care system had access to patients records and hospital, social care and primary care staff should have the same access to patients' records, the current arrangements could be improved to be more effective.
- More diagnostics could be developed within the community diagnostic programme.
- More still needed to be done on equitable access to services and this should be at the fore and centre of the Strategy.

- The work on patient registration was welcomed but there were still challenges on capturing remaining numbers of unregistered patients before they attended A&E departments for treatment.
- Healthwatch commented that patients told them they had left hospital without a sick note and had been told to see their GP to obtain one. It was felt that patients should be advised not to see their doctor necessarily but to contact their medical practice to allow them to decide who followed up on issuing the certificate.
- Partners should support the changing ways to deliver primary care. For example, GPs used to see 50-60 patients per day and now new GPs didn't see more than 20-25 patients a day as the rest of the practice team was growing by the addition of qualified health practitioners/pharmacists etc so that the GP was not the only person patients needed to see in the practice for their health care.
- The early identification of patient issues and treatment not only benefited the patient but also patient care, UHL and LPT. An update in 6 months to provide an update on progress would be helpful.

The Chair commented that issues around primary care were crucial for the City and suggested that these be discussed at the next board meeting with particular focus on workforce and engagement. There should be more of joined up approach by the ICS, the Council, LPT and UHL working together on these issues.

RESOLVED:-

That officers be thanked for the report and the presentation and that partners on the Board actively support the work being taken forward to improve Primary Care Development.

58. TOBACCO CONTROL STRATEGY

Amy Endacott, Tobacco Control Lead, Public Health, Leicester City Council gave a presentation on the Tobacco Control Strategy.

During the presentation it was noted that:-

- In 2019 the Government laid out their ambition to achieve a smoke free generation (where prevalence of smoking is 5% or less) by 2030.
- Smoking rates had been in decline both nationally and locally over the last 20 years and were currently at their lowest ever rates of 13.9% nationally, and 15.4% locally.
- This trend has not translated across all groups, particularly those with mental health issues and those in routine and manual occupations, and smoking rates had remained unfairly high in these groups.
- A Tobacco Control Strategy for Leicester City was published in March 2021 which outlined how the Council intended to work towards the Government's 2030 ambition on a local level. It highlighted four key aims which will be integral to driving down smoking rates:
    - Partnership working to address tobacco control within Leicester

City
    - Achieving a smoke free generation
    - Smoke free pregnancy for all
    - Reducing the inequality gap for those with mental ill-health
- The interim target for a smoke free generation was to achieve 12% or less smoking and less than 3% of young people smoking and to reduce the levels of smoking in pregnancy before end of this year. Work was progressing with UHL in relation to anti-smoking in pregnancy and mental health.
- Smoking still had massive inequalities issues but had reduced over last 20 years – smoke free generation by 2030 (less than 5% of pop smoke).

The Board were asked to:-

1. Support the actions arising from the Tobacco Control Alliance (TCA) through promotion, sharing key communications, partnership working to achieve the goals and encouragement of staff to attend relevant training.
2. Provide representation on the TCA on an ongoing basis from the CCG, UHL and LPT.
3. Support the development of a robust approach to helping smokers who have mental health conditions to quit which was empathetic to their unique needs:
    - LPT had recruited a smoke free lead to progress this work within inpatient settings, but it was not funded to extend into the community
    - Ask the CCG to consider investing in the work proposed for the community?
4. Embed tobacco control in COVID recovery work – protecting the most vulnerable in our society from the impacts of COVID, keeping people out of hospitals etc.

RESOLVED:-

That the Board support the four actions requested as outlined above and partner organisations were requested to provide representatives on the Tobacco Control Alliance.

59. HEALTHY START - FIRST 1001 CRITICAL DAYS OF LIFE

Sue Welford (Principal Education Officer, Leicester City Council) Mel Thwaites (Head of Women's and Children's Transformation, CCG) and Clare Mills (Public Health Children's Commissioner) presented a report and gave a presentation on Healthy Start – First 1001 Critical Days of Life.

During the presentation the following was noted:-

- Leicester was a deprived city and 31% of children were in low-income families compared with 19% nationally.
- There were high numbers of homeless, or at risk of homelessness, families requiring protection.

- There were high levels of obesity in early pregnancy.
- The City had areas with high under-18 conception rates.
- Over a fifth of under 25-year-old mothers were smokers at the time of delivery.
- The breastfeeding prevalence at 6 to 8 weeks varies across the city
- Infant mortality rates were a significant concern; there were approximately 28 infant deaths (under 12 months) per year in Leicester and 5.9 deaths per 1,000 live births which was significantly higher than England (3.9).
- There were low MMR immunisation rates for 2 year olds
- Depravation leads to difficult engagement and outcomes for children.
- Asian heritage women were twice as likely to die in maternity, mixed heritage were 3 times more likely and black women were 4 times as likely compared to women of white heritage. Officers were working with health services to look at this.
- Postnatal depression affects the child's response at high levels for long periods and has an impact on its developing brain.
- New services commissioned by Public Health were:-
    - Building Communication Skills to support a reduction in the number of children who have below expected language levels at the 2 – 2 ½ year developmental review, and increasing children's school readiness.
    - Improving the mental and physical wellbeing of parents with vulnerabilities. In addition to mums and babies, the service also targeted fathers, male carers, and LGBT+ parents, ensuring their voices and needs were not overlooked.
- Schools were reporting children starting school were further behind following covid than before.
- The next steps for action were:-
    - A Start for Life offer, delivery plan and impact framework would be co-produced with families and created in partnership across health, education, social care, and the voluntary/community sector through the Readiness for School Steering Group by Autumn 2022.
    - A stakeholder engagement strategy, including a one-day workshop, would be held to shape the Equity and Equality work.
    - Following on from a successful online workforce development event held on 10th November 2021 on the importance of the First 1001 Critical Days, further engagement opportunities would be held in 2022 to encourage understanding and engagement with the Start for Life offer.
    - The development of Family Hubs and the Start for Life offer would be taken forward through funds from the Family Hubs and Start for Life programme from the Department for Education and Department for Health and Social Care (announced 2nd April 2022). Key learning exchange and impact frameworks would be developed with local, regional and national partners including the National Centre for Family

Hubs, Family Hubs Network, East Midlands Family Hubs Transformation Programme network and regional Early Years Strategic Leads network.

- The response to the First 1001 Critical Days benefited from a strong partnership between the Council, health services and community services.

Members of the Board commented that:-

- There were increasing numbers of children who were not vaccinated, and this led to later health issues.
- Childhood immunisation used to be good but there had been an on-going decline in recent years and the vaccination confidence was now impacting as well and further efforts were required to prevent further erosion in levels in vaccination and raise it to the previous levels and to promote immunisation to mothers.
- The higher rates of maternity deaths for black women should be linked to the broader health inequalities and service provision.
- There were links with the Action Plans involving groups and the Action Plan for the Health and Wellbeing Strategy and these needed to be linked to ensure issues incorporated into action plans enact with the whole strategy.

The Chair commented that the average case load was 200 per health visitor for city with our deprivation, the current rate in the city was over 500 cases and some had 600 cases per health visitors. The trial system that worked in County would not work in the City as it has different issues and levels of deprivation. A scheme should be tailored for the needs in the City and not the County. The issues of training and recruitment of health visitors required to be addressed urgently. The Chair would raise the issue of post-natal depression want to take up with Public Health. Neurodiversity also needed to be included to pick up these issues at a very early stage as it impacts significantly upon parenting and the family. An Action Plan on what was being done to reduce the levels of unvaccinated young people should be submitted to a future Board meeting.

RESOLVED:-

Officers were thanked for the report and the presentation and Board Members were requested to encourage partnership engagement in the development of the Start for Life offer.

60. PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a report for noting on the Pharmaceutical Needs Assessment which needed to be prepared and published by 1 October 2022. The Board was asked to note the report and to approve the interagency LLR wide reference group and to receive further reports to future meetings.

RESOLVED:-

That the Pharmaceutical Needs Assessment be noted.

61. BETTER CARE FUND 2021-22

The Better Care Fund 2021-22 spending outline was submitted to the Board for noting.

RESOLVED:-

That the Better Care Fund 2021-22 spending outline be noted.

62. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

63. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would be agreed at the Annual Council Meeting on 19 May 2022 and would be published soon afterwards.

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

64. ANY OTHER URGENT BUSINESS

There were no items of Any Other Business to be discussed.

65. CLOSE OF MEETING

The Chair declared the meeting closed at 11.52 am.