



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 18 APRIL 2024 at 9:30 am

Present:

Councillor Sarah Russell (Chair)	Deputy City Mayor - Social Care, Health, and Community Safety, Leicester City Council (LCC)
Councillor Elly Cutkelvin	Deputy City Mayor (Housing & Neighbourhoods), LCC
Rob Howard	Director of Public Health (DPH), Leicester City Council
Dr Kath Packham	Consultant in Public Health (PH), Leicester City Council
Helen Mather	City Place Lead - Leicester, Leicestershire, and Rutland Integrated Care Board (LLR ICB)
Ruw Abeyratne	Director of Health Equality & Inclusion, University Hospitals of Leicester NHS Trust (UHL)
Harsha Kotecha	Chair of Healthwatch Leicester and Leicestershire
Kevin Routledge	Strategic Sports Alliance Group
Benjamin Bee	Area Manager Community Risk, Leicestershire Fire & Rescue Service
Barney Thorne	Mental Health Manager, Local Policing Directorate, Leicestershire Police
Andres Patino	Deputy Director of Mental Health Services, Leicestershire Partnership Trust

In Attendance

Diana Humphries	Programme Manager - HWB (Public Health, LCC)
Amy Endacott	Programme Manager – Long Term Conditions (PH – LCC)
Michelle Larke	Head of Commissioning, Adult Social Care, LCC
Jacob Mann	Senior Governance Support Officer, LCC
Helen Reeve	Senior Intelligence Manager, Public Health, LCC
Robert Parkinson	Project Manager, SEND Early Help and Education, LCC
Grace Brough	Consultant in Public Health, LCC
Omalara Adegoke	Post Graduate Student – De Montfort University
Alison Williams	Public Health Admin, Leicester City Council (minute taker)

61. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:

- Councillor Vi Dempster - Deputy City Mayor (Education, Libraries &

- Community Centres), LCC
- Rani Mahal - Deputy Police and Crime Commissioner for Leicester, Leicestershire, and Rutland
 - Jean Knight – Deputy Chief Executive, LPT
 - Hardip Chohan, Head of Operations & Services, Voluntary Action LeicesterShire
 - Richard Mitchell – Chief Executive, UHL
 - Caroline Trevithick – LLR ICB Chief Nursing Officer & LLR ICB Deputy Chief Executive
 - Kevin Allen-Khimani – Chief Executive, Voluntary Action LeicesterShire
 - Dr Avi Prasad - Place Board Clinical Lead, LLR ICB
 - Rachna Vyas - Chief Operating Officer, LLR ICB

62. 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.

63. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 7 March 2024 be confirmed as a correct record.

64. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

65. JOINT HEALTH, CARE AND WELLBEING DELIVERY PLAN PROGRESS UPDATE - AUGUST - FEBRUARY 2024

Diana Humphries (Programme Manager – Health & Wellbeing Board, Public Health, LCC) presented slides to update members on the delivery plan and strategy progress. A copy of the slides was included in the agenda pack. “Do”, “Sponsor” and “Watch” have been allocated to each of the 19 priorities in the Health & Wellbeing Strategy. Each theme area was presented in turn as below, but with a focus on the “Do” priorities:-

Theme A: Healthy Places

The main priority has been to “**improve access to primary and community health and care services**” in two main ways:-

a) Develop integrated neighbourhood teams:-

- The 10 City Primary Care Networks (PCNs) identified 5 Priorities that have been delivered throughout 2023/24 (Bowel Cancer Screening, Weight Management, Hypertension, Integrated Chronic Kidney Disease and Women’s

Health). This has been achieved through work including:-

- The “Joy” app
 - Care Navigators
 - Social Prescribing
 - Direct Enhanced Service
 - The next steps are:-
 - Sharing of best practice.
 - Enable PCNs to co-design plans
 - Support PCNs to progress in their Maturity Matrix
- b) Deliver the Enhanced Access Service in Primary Care
- This has been delivered across Leicester City from October 2022 and has seen a rise in the number of more accessible appointments.
 - The next step is to publish the PCN Direct Enhanced Access guidance/specification for delivery from April 2024.

Theme B: Healthy Start

The main priority has been to **mitigate against the impacts of poverty on children and young people**. This has been tackled in two main ways:-

a) Peer Support Programme

- This is underway, but there remains a risk of not recruiting enough peer supporters with the appropriate lived experience. The next step is around linking with existing voluntary sector programmes who already have volunteers with lived experience.

b) Family Hubs

- 5 Family Hubs early adopter sites are in place.
- Cllr Russell noted that there is Government Funding to develop these Hubs in the City – but it is only for two years and has 182 criteria attached (put in place by the Department for Education). Leicestershire County received less funding but without specific criteria attached to it. Cllr Russell would be happy for an update on Family Hubs to be brought to a future HWB Board meeting.

Theme C: Healthy Lives

The main priority has been to **increase early detection of heart & lung diseases and cancer in adults**. This has been tackled in two main ways:-

a) Hypertension Optimisation

- The ICB reviewed the data to January 2024 and identified the 20 GP practices with the lowest rates. These practices are likely to have low optimisation of blood pressure (which was explained by Dr Packham in the meeting).
- The next steps are around targeting (using data), sharing best practice and promoting consistency.

b) The Faecal Immunochemical Test (FIT) Test Pilot

- This pilot has generated positive feedback and good results (although there is a risk that cumulative data can be misleading).
- The next step is to review the pilot and extend if it has evaluated well.
- Cllr Russell noted that this pilot is specific to lower gastrointestinal issues – but is included in this section of the Strategy as it connects to early detection of bowel cancer.

Theme D: Healthy Minds

The two main priorities have been to:- **i) improve access for children & young people to Mental Health & emotional wellbeing services, and ii) improve access to primary & neighbourhood level Mental Health services for adults.** This has been tackled in four main ways:-

- a) Mental Health Support Teams (MHSTs)
 - There will be 11 Leicester/Leicestershire/Rutland MHSTs (6 in the city) by the end of this academic term. Access to these is noted as a risk.
 - 7,700 young people will have been reached through workshops, and data from that will be used to inform future work.
 - Cllr Cutkelvin asked if it was clear whether the MHSTs were targeting young people with low, medium or high mental health needs. The Presenting Officer responded that the MHST offer includes low-level offers (eg school assemblies) up to higher-level offers by way of one-to-one sessions. The Chair noted that a list, of who leads on each part of the mental health offer to young people, would be useful for the Board.
 - Members were keen to know how many children are resident in the City – and what percentage of these are covered by the MHSTs; the presenting officer will find out the answers.
 - Members were also keen to understand whether the MHSTs cover all schools or just Local Authority ones. The Chair responded that it is all schools – but the service is still being built and so coverage is currently in “pockets”.
 - The Member representing UHL asked that any system conversation about mental health also include consideration of the home environment and support for parents.
- b) City Early Intervention Psychological Support (CEIPS)
 - 250 children have been supported on this intervention at the time of the meeting. The contract for this has been extended to March 2025.
 - As this relates to an offer in the “middle-level” range of mental health support (and prior to CAMHS) this should be part of the discussion within the aforementioned future Board item.
- c) Awareness Raising Roadshow
 - This roaming roadshow has spoken with 327 people across 13 events. It has also reached hundreds of employees at Walkers, Tesco and other City businesses.
 - The next step will be to roll out “stands” in community spaces as part of the roadshow’s extension. Members felt parental support should be included in the extension plans.
- d) The '3 Conversation' Project
 - Reablement workers are based in Saffron and Eyres Monsell – with more sites coming on board.
 - The next step is to establish the programme (which is running until March 2025).

Theme E: Healthy Ageing

The main priority has been to “**enable Leicester’s residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty**”. This has been

tackled by the Discharge to Assess Project:-

- 401 people benefited from this service in its first 3 months (Nov 1st 23 to Jan 31st 24) - with 58% becoming fully independent with no ongoing care needs.
- The next step is to support the high dependency cohort and reduce the risk of double-handed care by 1.6.24.

Comments and questions from the Board:-

The majority of the questions had been raised throughout the presentation – but the following were also noted:-

- The 19 priorities in the Strategy had been agreed by the Board – but the Member representing the Strategic Sports Alliance asked whether these have Key Performance Indicators attached to them. He acknowledged impact will be difficult to measure – particularly the mental health related priorities – but without KPIs it is difficult to assess efficiencies and cost effectiveness. Dr Packham responded that, over the next four months, the priorities will be reviewed to check they are still current and whether more/fewer are required (eg should childhood immunisations or oral health be added) – and some targets will be developed as part of that process. The Chair noted that a development session would be useful to undertake this review.

RESOLVED:

- That the Board thanked the Presenting Officer for the presentation and asked them to take Members comments into account.
- That the Presenting Officer note The Chair's wish for an update on Family Hubs to be brought to a future meeting.
- That the Presenting Officer noted The Chair's wish, for future reporting to the Board, that evaluation on the impact of the FIT pilot to be related specifically to its links to the early detection of bowel cancer.
- That the Presenting Officer will link Cllr Cutkelvin up with the Project Manager in charge of the MHST Service.
- That the Presenting Officer will organise a future Board agenda item around "Mental Health for children and young people". All the comments made during this meeting will be incorporated into the planning for this item (ie inviting the Project Manager, having a focus on the middle-level offer, considering the support for parents and including a list of who leads on each part of the mental health offer to young people).
- That the Presenting Officer will find out how many children are in the City and what percentage of those are covered by the current MHSTs.
- That the Presenting Officer will share, with Rob Melling at LPT, the comments about adding parental support to the extension plans for the mental health roadshows.

That the Presenting Officer will set up a Board Development Session to review the 19 HWB priorities and ensure they are the correct ones to focus on for the next 12-24 months. This will include discussions of any current issues or additional funding pots. Key Performance Indicators will be developed as part of this review.

66. LEARNING DISABILITY PROGRAMME BOARD UPDATE - LEARNING DISABILITY STRATEGY

Michelle Larke (Head of Commissioning, Adult Social Care, LCC) presented on the background/context of the Learning Disability Programme Board, and also an update on the Strategy (the Learning Disability Big Plan).

The following points were noted:

- The Chair noted that she attends the Learning Disability Programme Board and finds it to be an inclusive and proactive meeting – and thanked the Presenting Officer for this.
- The Learning Disability Programme Board was established in 2001 and is attended by NHS, LPT, ICB, Police, Voluntary Sector and families with learning disabilities. Its key role is to be a Place-Based Board to give those with learning disabilities a voice.
- There is a self-advocacy sub-group of the Board called “We Think”.
- The Board meets quarterly online – and there will be a development session in May 2024.
- The Strategy (shown in full in the agenda pack) launched in February 2020 and formally ended in December 2023 – although it has now been extended for two further years.
- The Strategy focusses on four main topics/areas:-
 - 1) Health Inequalities – including:-
 - The Learning Disabilities and Autism Collaborative
 - The Learning From Lives and Deaths Review (LeDeR)
 - Access to health checks, oral health, vaccinations and screening.
 - 2) The Short Breaks offer - including targeted engagement to find out what families really want.
 - 3) Support for employment; the Department for Work & Pensions is funding work that will give meaningful opportunities.
 - 4) Integration; getting the voice of those with learning disabilities integrated into the governance of City services.

Comments and questions from the Board:-

- The Chair noted that the uptake of annual health checks has increased significantly due to the actions of the LD Board – and is a higher uptake rate than most other areas in the Country. She also noted that a significant number of deaths were in people who had not had their annual check.
- The Member representing Leicestershire Police asked how many people had received blood tests at the annual health check. The Presenting Officer and the Member representing the ICB noted that needle phobia is common amongst people with learning disabilities (as found during the Covid-19 pandemic). Funding was secured for a Vena Puncture pilot, and this is now being rolled out with a pathway attached. Primary Care are now looking at phlebotomy as a priority area in general – particularly LPT (with regards to children under 12) and PCNs (with regards to those aged 12 to 16). There is also a “difficult to bleed” service (which can include need phobia or people unable to sit still) – and Helen Mather will speak to staff in this service about linkages to the LD Strategy.

- The Member representing Leicestershire Police felt that it would be a good idea for an “MOT” offer to be developed for those with learning disabilities (so this would include oral health within the annual health check). The Chair agreed that the fewer appointments the less anxiety – and wondered if there was a dental practice that may be keen to work with the Primary Care Networks in order to deliver a dental check at the same time as the health check. The Member representing the ICB responded that this multidisciplinary team approach is already something that is offered to patients with Cystic Fibrosis – so a similar offer could be considered for those with learning disabilities.
- Barney Thorne noted that he will be happy to represent Leicestershire Police on the LD Board.
- The Member representing UHL noted that oral hygiene, for those with learning disabilities, is an inequality that needs to be considered.
- Employment opportunities are being increased – but the Chair felt there may need to be a “starter pack” developed to encourage more organisations to become involved. The Members representing UHL will consider this in relation to hospital opportunities.
- The Member representing Leicestershire Police noted that the “Oliver Macgowan Training” would be more useful to large organisations if there could be group registrations and group sessions.

RESOLVED:

- That the Board thanked the Officer for the presentation and asked them to take Members comments into account.
- That the Presenting Officer and the Member Representing the ICB will check how many people had received blood tests at the annual health check – and also speak to staff in the “Difficult To Bleed” service about comments raised during this meeting.
- The Presenting Officer and the Member representing the ICB will consider the feasibility of developing an “MOT” offer for those with learning disabilities (so this would be a multidisciplinary team approach and include a dental health check within the annual health check).
- That the Presenting Officer will add Barney Thorne to the invitation list for future Learning Disability Programme Board meetings.
- That the Member representing UHL will take away a self-imposed action to consider the inequalities around both oral hygiene and employment opportunities for those with learning disabilities.
- That the Presenting Officer will link the Member representing Leicestershire Police up with the lead (within the ICB) on the “Oliver Macgowan Training”. In addition, any Members interested in getting their staff on this training will contact Michelle Larke.

67. HEALTHY CONVERSATION SKILLS (MECC)

Amy Endacott (Programme Manager, Public Health, LCC) presented on this training as a means of upskilling health/care/voluntary sector workforces in encouraging people they are in contact with to make positive changes to their health and wellbeing. It was noted that:

- The value of an upskilled workforce (both paid and voluntary) is vital to the prevention agenda.
- This training is low cost and evidence based (by NICE) – and is included in the following key local documents:-
 - i. The LLR 5 Year Forward Plan
 - ii. The UHL Annual Prevention Report
 - iii. The Health & Wellbeing Strategy and Action Plan
- The “MECC Plus” national programme was developed locally into the current “Healthy Conversation Skills” package – and is focussed on enabling the workforce to spot opportunities to empower their service-users to be aware of their health/wellbeing and develop their own solutions. This is achieved by focussing on open questions, listening, regular reflection and support/signposting.
- There are three levels of training:-
 - i. a 45 minute e-learning package (1500 people have completed this across LLR).
 - ii. a three hour face-to-face “HCS Lite”; 800 people have completed this across LLR – with around half of these being city-specific workforce. The completers for the City are mainly from Leicester City Council (Public Health, Housing, Adult Learning, Adult Social Care) and the voluntary care sector (Food Hubs, Open Hands, Leicester City in The Community etc).
 - iii. a full six-hour course. This is the Train The Trainer aspect to the programme – and 45 LLR staff have completed this. For the City there are 11 in this network from within Public Health (Live Well Service and Community Champions) and Adult Social Care.
- Another intended impacts is to build workforce confidence/knowledge – and this will then translate into an increase in referral to support services.
- The programme in LLR commenced in 2019 (with some short break between then and now due to Covid-19 and capacity). Initial funding has all been utilised – but some Public Health funds are enabling the programme to continue. The current funding only allows for targeted work (and currently this is with food banks/hub and the voluntary sector).
- The web pages have received nearly two million views.
- Slides within the pack show the dashboard data from the survey results (pre and post course attendance).
- Three case studies were presented:-
 - i. Open Hands
 - ii. Covid-19 Vaccine Confidence work – which utilised ICB funding to identify reasons for hesitancy and work alongside vaccination clinics.
 - iii. “Proof of Concept” work – which is ongoing.
- The Board was requested to input into the upcoming evaluation of the programme, help identify any funding pots to enable it to be sustained - and generally endorse the concept.

Comments and questions from the Board:-

- The member representing Healthwatch was keen for both Healthwatch and Voluntary Action Leicester to be involved.
- The Member representing the Fire Service felt this training would be useful for the Community Educators – ideally linked to a set of

priority messages (which could be chosen by The Board at the upcoming development session).

- The Chair will be happy to have this item back for a future HWB once the evaluation is complete.
- Dr Packham noted that a system-wide/population-level impact will not be achievable unless there is funding identified and allocated.

RESOLVED:

- That the Board thanked the Officer for the report and asked that comments from the meeting are taken into account.
- That the Presenting Officer will get in touch with the Member representing Healthwatch to ensure links.
- That the Presenting Officer will link up with the Member representing the Fire Service (regarding training for the Fire Service's Community Educators).
- That Helen Mather and Cllr Russell will flag up the issue of funding for MECC at a future ICB meeting.

That Diana Humphries will include MECC in the agenda for the upcoming Development Session on reviewing the HWB priorities.

68. BCF Q3 UPDATE

This paper (circulated via email rather than within the agenda pack) was for noting only – and so not formally presented.

RESOLVED:

- That the Board accept and note the update for Quarter 3.

69. DATES OF FUTURE MEETINGS

It was noted that the dates in the agenda pack for June 2024 to May 2025 were no longer correct; a revised set will be confirmed at a Full Council meeting and subsequently circulated via email to members.

RESOLVED:-

Governance Services will email a revised set of dates for future meetings to members as soon as they have been finalised.

70. ANY OTHER URGENT BUSINESS

- Thanks were noted to Alison Williams (from Public Health) for minuting these meetings for the last five sessions.
- The Governance Services Officer allocated to the Health and Wellbeing Board will be changing to Georgia Humby. Thanks were noted to Jacob Mann for his work in this role over recent months.
- There being no other business the meeting closed at 11.30am.