Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 6 MARCH 2025 at 9:30 am

Present:

Councillor Pantling (Chair)	–	Assistant City Mayor, Health, Culture, Libraries and Community Centres, Leicester City Council.
Councillor Elaine Pantling	–	Assistant City Mayor, Education, Leicester City Council.
Councillor Geoff Whittle	–	Assistant City Mayor, Environment & Transport, Leicester City Council.
Rob Howard	–	Director of Public Health, Leicester City Council.
Laurence Jones	–	Strategic Director of Social Care and Education, Leicester City Council.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Caroline Trevithick	–	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board.
Rachna Vyas	–	Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board.
Helen Mather	–	Head of Childrens and Young People and Leicester Place Lead.
Dr Avi Prasad	–	Place Board Clinical Lead, Integrated Care Board.
Dr Ruw Abeyratne	–	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Jean Knight	–	Deputy Chief Executive, Leicestershire Partnership Trust.
Paula Clark	–	Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System.
Benjamin Bee	–	Area Manager Community Risk, Leicestershire Fire and Rescue Service
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Kevin Allen-Khimani	–	Chief Executive, Voluntary Action Leicester.
Rupert Matthews	–	Leicestershire and Rutland Police and Crime Commissioner.

Kevin Routledge	–	Strategic Sports Alliance Group.
Phoebe Dawson	–	Director, Leicester, Leicestershire Enterprise Partnership.
Barney Thorne	–	Mental Health Manager, Leicestershire Police.
Professor Bertha Ochieng	–	Integrated Health and Social Care, De Montfort University.

In Attendance

Diana Humphries	–	Public Health, Leicester City Council.
Kirsty Wootton		Governance Services, Leicester City Council

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109. APOLOGIES FOR ABSENCE

Apologies were received from:

Benjamin Bee (Fire and Rescue),

Rachna Vyas (Integrated Care Board)

Harsha Kotecha (Healthwatch), Kash Bhayani substitute.

Jean Knight (Leicestershire Partnership Trust), Glyn Edwards substitute.

110. 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.

111. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 19th December 2024 be confirmed as a correct record.

112. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that none had been received.

113. PHARMACEUTICAL NEEDS ASSESSMENT

The Consultant in Public Health presented the report and updated the board on the consultation for the draft suicide prevention strategy refresh for Leicester, Leicestershire and Rutland (LLR). It was noted that:

- Suicide affected many people and the ambition was to make the Strategy everybody's business, by empowering, educating and equipping individuals and organisations to support suicide awareness prevention.
- Leicestershire Police provided real time surveillance data for Leicester, Leicestershire and Rutland. The data was important to allow contact with the families of those affected by suicide.
- The suicide rate for all persons in Leicester was 11.1 per 100,000 population for the period 2021-2023. The rate was not significantly different to the national average suicide rate of 10.7 per 100,000.
- Year to year the rate of suicide was variable due to the size of the population.
- The national rate had been increasing since 2021 and Leicester's rates followed the same increase, based on economic difficulties people were experiencing in the city, which resonated with the Health and Wellbeing Strategy.
- There was a local strategy which was overseen by the Suicide Audit and Prevention Group and Leicester's local suicide prevention work benefited from the real time surveillance data provided.
- The unexpected deaths reported in 2023 were predominantly white males. There was a priority group for suicide prevention in white males. Ages 50-54 were the largest age group, although it tended to be across the board.

The National Suicide Prevention Strategy's ambitions were:

- Reduce the suicide rate over the next 5 years, with initial reductions observed within half this time or sooner.
- Continue to improve support for people who self-harm.
- Continue to improve support for people who have been bereaved by suicide.

Priorities in the National Suicide Prevention Strategy were:

- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

Risk factors and high-risk groups were noted as:

- Children and Young people
- Middle aged men
- Autistic people
- Pregnant women and new mothers

Other risk factors included:

- People who misuse alcohol and drugs
- Armed forces personal and the veteran community
- Female nurses
- Financial instability and hardship, including unemployment
- Relationship breakdown
- Homelessness
- LGBTQ + people
- Domestic abuse
- Childhood abuse, sexual trauma, and combat-related trauma are all associated with increased suicide risk.
- Gypsy or Irish Travellers

LLR Strategy Key Messages:

- Suicide is everybody's business
- Suicides were not inevitable
- Suicide has a wide impact
- Some people are at higher risk of suicide
- Mental health is as important as physical health
- Early intervention is vital

- During the consultation for the strategy, staff members went out to gather views and comments from the public on the strategy and implemented the recommendations made from the consultation. There were also focus groups with people who had been affected by suicide.
- The writing and delivery of the draft LLR suicide prevention strategy had been overseen by a steering group, which also included people from statutory, voluntary and community sector organisations and people with lived experience.
- The key priorities included:
  - Enabling partners, including educational establishments, to use sound evidence and proven measures to target and support children and young people at risk of suicide.
  - Targeted support and resources at higher risk groups and locations, as identified by local and national data and evidence.
  - Improve our local understanding of self-harm and support people with a history of self-harm.
  - Providing effective bereavement support to those affected by suicide.
  - Leadership and working with partners and communities to support their role within suicide prevention.
- During the consultation 173 responses were received from people across the LLR. There were also 3 focus groups on top of the consultation.
- The feedback from the consultation was positive, with room for improvement.

<u>Positive Feedback:</u>

- Good priorities
- Looking forward to seeing change
- Important
- Comprehensive

- Evidence based
- Well written with an empathic tone
- Excellent key messages
- Easy to understand
- Co-ordinated response

Room for improvement:

- Need to be more ambitious
- Focus on wider determinants
- Gain more funding for projects
- Teach self-esteem and resilience
- Focus on male suicide
- Reduce barriers to accessing mental health support

The next step was to develop an action plan, which would come to a future board meeting and subsequently be updated on a yearly basis.

In response to questions and comments from members, it was noted that:

- A project had commenced called Mental Health Friendly Places, which would roll out accredited mental health training to any public facing businesses and organisations. The focus for 2025 was to work with businesses such as Hairdressers, Barbers and Tattoo Parlours.
- A new section had been launched alongside the Mental Health Friendly Places, called Mental Health Friendly Clubs. Its purpose was toupskill people to have confident conversations around mental health in local communities. To help them to reach those people who fly under the radar and don't reach out for support and to help people before they reach that point of crisis.
- Leicester had an amazing Voluntary, Community and Social Enterprise (VCSE) that helps support people with their mental health until they are able to reach those statutory services.
- Significant work had taken place that people may not have thought related to suicide prevention but did, such as priorities within prevention and a focus on health inequalities for those with serious mental and ill health who are suffering from social isolation.
- Another serious risk factor was gambling addictions. A health needs assessments was currently being completed on gambling and a strategy was being developed to reduce gambling harms. A meeting was due to take place with someone whose partner took their own life due to gambling to help understand how the strategy could be taken forward.
- Suicide is everyone's business, was a very important statement. When someone takes their own life, it is hard to look back and recognise the signs.
- The Mental Health Cafes were a great service that was available for people who were feeling isolated and was an excellent initiative. Mental health is as important as physical health.

The Chair emphasised that mental health was just as important as physical health. While this belief was widely held, it was noted that, as a country, this recognition was not always reflected in the allocation of resources. Concern was expressed that mental health issues were not being addressed with the same level of commitment as physical health, and that greater parity was needed. It was requested that this be reflected in reports presented to the Board, where there was currently a stronger focus on physical health. It was highlighted that only by addressing mental health openly can it become more acceptable to discuss. The significant impact of this work over the past few years was acknowledged, and appreciation was expressed for the efforts of the team.

AGREED:

That the report was noted.

114. LEICESTER HEALTH AND WELLBEING SURVEY (ADULTS)

The Principal Public Health Intelligence Analyst presented the report, which showed the results of the most recent Health and Wellbeing Survey. It was noted that:

- The data was to be explored further but had already been made use of.
- The survey interviewed those aged 16+. Child specific ones had previously been completed.
- The primary purpose of the survey was to inform strategic decision making and specific needs assessments.
- The survey is used by outside partners and contributes to a wide variety of work, including Public Health campaigns.
- The survey provided levels of intelligence not everyone was able to access.
- 2100 interviews had been completed, which reflected around 100 people per ward. This was a weighted sample to reflect population data in the census to ensure it was representative.
- Sensitive questions were self-completed to encourage reliability.
- The team reflected the diversity found in the city allowing for different languages.
- A huge range of topics were covered, including new areas such as gambling, covid implications, mental health and wellbeing, food insecurity and some around vaping.
- The top 5 positives identified by residents were:
    - 4 in 5 residents rated their general health as good or very good.
    - There was a decline of 4% in those who smoked cigarettes compared to 2018.
    - 3 in 4 residents had used waterways, parks and green spaces at least once per month.
    - Most residents felt they had support they could rely on in difficult times.
    - 4 in 5 residents said they tended to bounce back quickly after difficult

times.

- The top 5 challenges identified were:
    - Nearly a quarter of residents had faced difficulties paying their food and energy bills, this was double the figure of 2018.
    - Challenges were faced by residents accessing medical services, particularly NHS dentists or GP appointments.
    - 1 in 14 residents with children at home say they smoked in the home.
    - 1 in 7 residents consumed alcohol to a level that was classified as 'increasing risk' or higher.
    - 1 in 20 households had reported damp or mould in their home.
- Long term conditions affected an individual's ability to 'bounce back' after hard times.
- 5 or 6% of residents had often felt lonely. This seemed like a small figure but 5% is 16,000 individuals.
- There were new questions on cultural aspects and sporting included. These showed that 25% of residents were using the libraries once a month. But half of the population had never attended a sporting event. This could be broken down further by economics and gender.
- Questions were asked on financial difficulties. These showed that 16% had difficulty paying council tax, 15% couldn't afford to go on holiday and 10% had difficulty affording food which was a significant increase. The difficulties affording food seen in the data can be broken down by gender, socio economic group and ethnicity.
- The key issue found regarding people's homes was tenure breakdown. When the homeowner occupied their property, the focus was on the cost of heating and the mortgage. For those in private rentals, it was that rent was too expensive. For those with a social landlord, the issue was the size of the property, mould and damp issues or the need for repairs.
- The data can be mapped by ward, for example it was seen that the lowest rates of difficulty paying energy bills were in Knighton and the highest rates were in Beaumont Leys.
- Data from the Health and Wellbeing Survey was to inform JSNA's, Health and Wellbeing strategies, local health profiles, health equity audits, equality impact assessments, funding applications along with being used in presentations and promotional materials in Public Health campaigns. It also provided insights for partners in academia and the VCS, as well as supporting press and media briefings and academic papers.

In response to questions and comments from members, it was noted that:

- The VCS offered their support in sharing information about the survey or facilitating Public Health building relationships with the sector to share the data.
- It was considered that this data could give funding applications an edge.
- Concerns were raised on access to GP's. It was queried whether the issue was an unavailability of GP's or whether alternative health professionals were being offered to patients. Alternative health care professionals being utilised in the GP practises and how to improve the public's understanding of this change in process was raised. Often patients had not necessarily

needed to see a GP and alternative professionals had been more suitable.

- The Director of Public Health agreed that promotion of other services was needed but highlighted that the level of GPs per population was the second lowest in the country. More GPs were needed, and this had to be acknowledged. It was suggested a report should come back to the Board on the number of GPs in the city.
- The Integrated Neighbourhood Board and Programme needed to utilise this data to see where the need was to allow the limited resources available to be prioritised according to the evidence.
- The picture of social isolation given by the data was particularly worrying, as well as the impact of long-term conditions.
- There were large pieces of ongoing work which would benefit from a whole systems approach which is all encompassing, rather than purely being based on health.
- The Chair highlighted that many of the things impacting upon residents' quality of life were within the remit of the Council and emphasised the importance of joined up thinking. The financial situations faced are similar across various organisations further compounding the requirement to be joined up in approaches.

Agreed:

1. The report was noted.
2. Neighbourhood programme to be added to the work programme for later in the year.
3. GP rate to be added to the work programme.

115. SUICIDE PREVENTION STRATEGY

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AGREED:

That the report was noted.

116. CENTRE PROJECT

Due to unforeseen circumstances, this item was withdrawn.

117. THE YOUNG VOICES CONSULTATION

The Engagement Officer for the Young Voices Consultation provided the update. It was noted that:

- The action plan considered things that were done well and that needed improving to be implemented in 2025/26.
- This was the first large scale engagement with children and young people that was youth led. It focused on inclusivity and was the foundation for ongoing conversations to improve health outcomes and experiences for children and young people.
- The Consultation had been influenced by the Lundy Model.
- It had been considered brave for the NHS to commission the VCS to hear children's and young people's voices through creative methods.
- Data gathering was concluded October 2025. There was a celebration event led by young people and the findings were shared with the ICB.
- A short video was created, featuring young people to explain the findings in a more appropriate way for children and young people.
- 3002 individuals participated in the survey including 2239 11- to 25-year-olds, 682 parents and carers and 81 Healthcare staff. The survey was conducted online and via a hard copy with an easy read version available. There were also creative focus groups.
- The results were for the whole of Leicester, Leicestershire and Rutland. This had created complexities in data collection.

- The key insights were:
    - That the healthcare experience was generally positive, although parents and carers were less satisfied.
    - When young people were ill, they first sought advice from parents and used the internet as their next step.

- Key concerns were:
    - Mental health and wellbeing including school stress, social media, bullying, family breakdown and poor sleep. Loneliness was also listed for young carers. Barriers to addressing these concerns included a lack of awareness of what mental health services were available and how to access them.
    - Access and transitions in care were also raised because young

people were often having to repeat their health story multiple times, transitions between child and adult services were unclear and young people sometimes felt they were not heard or taken seriously by healthcare professionals.

- Healthcare professionals commented that they wanted more support, particularly around mental health resources as well as improvement of referral pathways so they were more joined up.

- Next steps were:
    - An engagement strategy.
    - A move to digitalisation.
    - Moving healthcare into community settings.
    - Ramping up children, young peoples and families' voices.
    - Identify missing voices and engaging with those communities.
    - Improving communications.
    - Co-designing with young people.
    - Work with VCS to improve engagement and create information flow.
    - Improving experiences of services including transitions.

In response to comments from members, it was noted that:

- This work demonstrated the importance of identifying gaps to understand what was missing and that staff understand all the different pathways.
- A stronger parental voice may enhance the welfare and experiences of children.
- The transition from children to adult services had been described as 'falling off a cliff'.
- Parents and carers were often dissatisfied with waiting times.
- The medical jargon was cited as a barrier for children and young people.
- Parents often felt they had to become experts in their condition and fight for their children's care.
- Young mothers complained that they were often accused of being hysterical and not listened to.
- Children matured at different ages meaning pathways needed to provide some flexibility.
- The action plan was in consultation.

Agreed:

1. The update was noted.
2. A report to come back to the Board, including the action plan that was currently in consultation.

118. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SUPPORT IN THE CITY

The Children, Young People Mental Health Support Team from the ICB, introduced and presented the report to highlight the services that are commissioned by the ICB and their impact in supporting children and young people's mental health support and emotional wellbeing needs. It was noted that:

- Mental health support for children and young people (CYP) in the city was provided by Derbyshire United. There were two referral routes into the service, via GPs and an online self-referral option that CYP and parents could use. This approach aimed to reduce the need for GP visits and allowed individuals to complete referrals at a convenient time while sharing their story.
- Relate a Voluntary, Community and Social Enterprise (VCSE) ran two services, an early intervention service offering one-to-one counselling and a parent support programme for CYP aged 5-18. Following the closure of ADHD Solutions and they put on a pathway within their own service. Relate absorbed 1.5 team members to continue delivering support. The service had been operational since January.
- The Early Intervention Service is a step-down service from CAMHS that was provided by Leicester Partnerships Trust (LPT), offering evening appointments to improve access for CYP and parents. These appointments were based in the city centre to enhance attendance.
- Community Chill Out Zones operated at a preventive level for CYP, running in schools and community venues. Workshops were delivered in targeted areas to ensure support reached communities with health inequalities. The initiative had the capacity to reach up to 700 children per month. It also incorporated mental health assessment, diagnosis, and assistance.
- Child and Adolescent Mental Health Services (CAMHS) is a specialised mental health service offering support for CYP for more moderate to severe mental health presentation. They would receive an assessment, diagnosis and treatment for mental illness. There was a variety of teams within CAMHS such as CAMHS Eating Disorder Services, Access Service where assessments took place, Young Persons Teams.
- A lot of work had been completed recently within CAMHS to improve waiting times, which had historically been long. Significant efforts had been made over the past year to reduce waiting periods, including the introduction of evening appointments. The current waiting list for urgent outpatient cases was 4 weeks, aligning with the target. Routine cases had an 8-9 week wait, with a target of 13 weeks for access to mental health support.
- First Steps ED, a VCSE provided service which offered various forms of eating disorder support, including one-to-one counselling, psychoeducation, befriending services, and sibling and parent support. First Steps worked closely with CAMHS and were closely integrated together.
- Work was ongoing to prevent CYP from being discharged from CAMHS

eating disorder services without appropriate follow-up. Concerns were raised about the impact of inadequate support on family environments. A large-scale piece of work had been undertaken to improve referrals, particularly for ethnic minority communities, leading to a significant increase in referral numbers to 26% in a short period of time.

- Tell Me VCSE provided digital peer support for CYP aged 11 and above, with crisis intervention available if required. It was preponderated and there was a Pre-emptive Councillor should it be required. The service was monitored every 30 minutes and offered peer-to-peer support and therapy. Efforts were ongoing to raise awareness of the service, which had been introduced in April 2024 and was still being embedded.
- Mental Health Support Teams were being rolled out nationally in schools, supporting CYP with mild to moderate mental health needs. The service provided an early intervention service and group workshops, reaching a significant number of CYP. In Leicester City, the service had expanded to over 50% of schools, covering 57 schools and supporting 41,189 young people. The acceptance rate for referrals stood at 99%.
- Harmless VCSE offered specialist support for CYP at risk of self-harm and suicide. The service provided one-to-one cognitive behavioural therapy, psychological interventions, group work, and stabilization sessions contributing to the self-harm and suicide prevention strategy.
- The Tomorrow Project, a VCSE service, specialized in suicide bereavement support, offering one-to-one support and linking into the wider Suicide Prevention Strategy.
- The Mental Health Centre Access Point had replaced the previous Central Access Point (CAP) service, directing people to NHS 111, where option 2 was for mental health support. A 24/7 support line was available for mental health queries, with young people able to be triaged and, if necessary, referred for assessment at the Bradgate Unit or an urgent care hub. The service aimed to reduce pressure on A&E by offering alternative crisis support.
- Family Action Post Sexual Abuse Service was in place to provide direct trauma-informed support for CYP and their families. This specialist service worked with CYP over an extended period to offer tailored support.
- The City Early Intervention Psychological Support Service ran in partnership with LCC. The Service provided one-to-one and group psychological support for CYP with higher thresholds of need. The service involved educational and training psychologists and ran courses over 5-9 weeks, delivered in home and school environments. It differed from Mental Health Support Teams in Schools by focusing on progression through different intervention levels. Currently, the service operated in just over 50% of city schools, prioritizing those without existing mental health support and targeting areas with health inequalities. Efforts were being made to increase referrals where uptake had been low.
- A CYP Mental Health Directory had been commissioned, featuring both national and local services. It had been co-produced and co-signed by CYP, following a co-production event where young people expressed the need for a dedicated resource. Previously, directories were hosted

on the ICB website and had been difficult to access, but the new directory featured a QR code for ease of use. CYP played a role in its design. By September 2024, the directory had been scanned 2,607 times, rising to 3,789 scans by March 2025. It was available for use by professionals and parents, with links to the Joy App for parental support.

In response to comments from members, it was noted that:

- Members noted that the Joy platform had issues, and work was being completed to update the platform to include supportive information in the directory for CYP mental health support. It was noted that feedback had not been received and should be sent to Justin for review.
- The directory was praised, members recalled when it had been a physical resource and welcomed its online availability. However, concerns were raised about search engine optimisation, noting that it was not appearing at the top of Google search results. It was asked whether work could be done to improve its ranking and commended the improvement in figures. Members were encouraged to publicise the directory in other meetings.
- It was confirmed that priorities for 2025/26 funding had been secured to develop access for children and young people (CYP).
- School nursing services were not commissioned by the ICB but were managed by public health. It was emphasised the importance of school nursing in providing mental health support for CYP and stressed to ensure this was embedded in discussions going forward.
- The Chair acknowledged the broad range of available services but noted a gap between perception and reality, particularly among GPs. It was suggested that the ICB should focus on improving communication, ensuring that messages were clear and not misleading. Public health's focus on prevention was highlighted, along with the need for good communication.
- CAMHS had reduced waiting lists from a year to 8 weeks and it was noted that that different waiting lists existed for neurodevelopmental (ND) assessments and mental health assessments. The reduction in waiting times had been achieved through additional staff recruitment and offering evening appointments. Waiting times remained a national issue for people with ND.

AGREED:

1. The report was noted.
2. Slides be circulated to Members of the board.
3. Feedback for the Joy Platform be sent over to Officers.
4. The Chair and Public Health Officers would write to the Central Government and NHS to state that the board was concerned on information received about ND people and the support available.

119. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP

The Public Health programme manager presented the update which is a

standing item on Health and Wellbeing Board agenda, and it was noted that:

- The Integrated Health and Care Group was a subgroup from the Health and Wellbeing Board which met monthly.
- The Sub-Group aimed to improve and address health inequalities in the populations.
- The group monitored the implementation of the Health and Wellbeing strategy and had recently provided updates on mental health, hypertension and healthy weight. Meetings of the group also cover emergency care at University Hospitals of Leicester and good practise within Primary Care Networks.
- The Better Care Fund subgroup had been developed, along with a VCSE Task and Finish Group to strengthen community ties.

In response to comments from members, it was noted that:

- Concerns around the Joy platform had been raised at 4 separate meetings of the Health and Wellbeing Board. The concerns focused on safeguarding and due diligence following feedback received. Many VCS groups felt under pressure to be part of the website despite their concerns.
- It was highlighted that these concerns had been raised separately at the scrutiny commission of Public Health and Health Integration as well. The Chair stated that the Joy platform was to be included on the next agenda but a response to the concerns was to be circulated before the next meeting.

Agreed:

1. Update noted.
2. Joy platform to be on next agenda to address safeguarding concerns.

120. DATES OF FUTURE MEETINGS

The Board noted that future meetings of the Board would circulated following Annual Council on 15th May 2025.

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.

121. ANY OTHER URGENT BUSINESS

With there being no urgent business, the meeting closed at 11.58am.