



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 26 SEPTEMBER 2024 at 9:30 am

**Present:**

Councillor Russell (Chair)	Deputy City Mayor, Health, Social Care, Health, and Community Safety, Leicester City Council.
Councillor Elaine Pantling	Assistant City Mayor, Education
Councillor Geoff Whittle	Assistant City Mayor, Environment and Transport
Jo Atkinson	Deputy Director Public Health, Leicester City Council
Rachna Vyas	Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board
Glyn Edwards	Group Head of Strategy & Partnerships, Leicestershire Partnership NHS Trust.
Kash Bhayani	Healthwatch Advisory Board, Leicester and Leicestershire.
Kevin Allen-Khimani	Chief Executive, Voluntary Action Leicester.
Helen Mather	City Place Lead - Leicester, Leicestershire, and Rutland Integrated Care Board (LLR ICB)
Dr Katherine Packham	Public Health Consultant, Leicester City Council.
Kevin Routledge	Strategic Sports Alliance Group.
Phoebe Dawson	Director of Business and Skills for Leicester and Leicestershire Business and Skills Partnership.
Professor Bertha Ochieng	Professor of Integrated Health and Social Care, De Montfort University.

## **In Attendance**

Diana Humphries	Programme Manager, Public Health, Leicester City Council
Natasha Bednall	Lead Commissioner, Adult Social Care, Leicester City Council
Claire Mellon	Programme Manager, Public Health, Leicester City Council
Annie Traynor	Head of Operations and Delivery, NHS
Mary Hall	Consultant in Public Health, Leicester City Council
Ruth Lake	Director of Adult Social Care & Safeguarding, Leicester City Council
Gemma Barrow	Healthwatch Manager
Hardip Chohan	Head of Operations & Services, Voluntary Action Leicester
Mark Wheatley	Programme Manager, Public Health, Leicester City Council
Mayur Patel	Head of Integration and Transformation, ICB
Dr Arshad Khalid	GP & Cardiology Outpatients at Glenfield Hospital.
Georgia Humby	Governance Services, Leicester City Council.
Kirsty Wootton	Governance Services, Leicester City Council

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## **85. APOLOGIES FOR ABSENCE**

Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Caroline Trevithick - Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

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

Jean Knight - Deputy Chief Executive, LPT

Laurence Jones – Strategic Director for Education and Social Care

Pauline Tagg – Interim Chair, Integrated Care System

Rob Howard – Director of Public Health,

Ruw Abeyratne - Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust

The Chair noted that the Fire and Rescue Service, Police and the Police and Crime Commissioner were organisations not represented at the meeting.

## **86. DECLARATIONS OF INTEREST**

The Chair asked Members to declare any interests in the meeting for which there were none.

## **87. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board held on 27 June 2024 were agreed to be a correct record.

## **88. QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was noted that no questions from members of the public had been received.

## **89. BCF 24-25 PLANNING**

The Director for Adult Social Care & Safeguarding presented the report in which it was noted that:

- Better Care Fund (BCF) arrangements had been in place for 10 years and have strengthened relationships across the health and social care sector. The submission required approval and sign off by the relevant organisations, including the Health and Wellbeing Board where further information could be provided throughout the year if desired.
- Preventative services are provided which enables individuals to stay well and to stay independent. Home first was also highlighted as a focus to keep individuals in the community, preventing unnecessary hospital

admissions. There had been a good track record of timely discharge from hospitals and encouraging ongoing independence. Partnerships with voluntary and community sector organisation also ensure those who could be excluded have their needs met.

- The proposal had not changed – the funding arrangements have been uplifted and compliant with planning guidance.

As part of the discussion, it was noted that the BCF had positive results, with the most important metric being people remaining at home which was exemplary in this service based on performance and data which should be celebrated.

The Chair further noted the strong track record of the BCF and the positive impact of genuine partnership working that continues to be seen and thanked the team for their work.

AGREED

- The report was supported.

## **90. MENTAL HEALTH PROGRAMME BOARD UPDATE**

The Lead Commissioner in Adult Social Care presented the Mental Health Programme Board update in which it was noted that:

- The Board brings together lots of partners including health, social care and the VCSE, along with those with lived experiences and carers to drive forward actions.
- It is a place-based Board in the City, meaning that developments are based on data collected which has ensured developments are tailored to the City's needs.
- There had been progress establishing a voluntary sector representative as part of the Better Mental Health network.
- The current strategy ends in 2025 in which the Board will be looking at how it could be refreshed and particularly how it could sit alongside Healthy Minds.

As part of discussions, it was noted that:

- The Board is not a collaborative but a partnership where organisations come together to work in the interests of residents and the place-based approach is therefore essential for this.
- There had been confusion amongst the voluntary and community sector about the Joy app, including who it is relevant to, the route to appeal for service users and who controls due diligence. It was highlighted that the app is a misnomer as it is not actually an app.
- The Better Mental Health is a great idea in principle, but concerns were raised about how other organisations beyond LTP could raise agenda items.

- Perinatal mental health was a concern and should be a focus for those working in the different communities given the effect on both the family and child.
- Measuring the impact at a community level and across projects was queried and requested to be considered.
- The Loudspeaker group had been facilitated by Mosaic for those with mental health concerns, learning disabilities and autism - providing advocacy for those with lived experience and further involvement through a strengthened relationship.

The Chair highlighted the importance of having a range of feedback and learning lessons, noting MyChoice as a good example to be considered following comments about the Joy app. The challenge of supported living accommodation amidst the ongoing housing crisis was also identified by the Chair as a red alert on the delivery plan.

AGREED:

- The joy app to be looked into further with a conversation to be arranged between the ICB and VCS and feedback taken back to relevant teams.
- To consider how to promote the Loudspeaker group.
- Further conversations to take place between the ICB, Mental Health Programme Board and VCS.
- An update to be provided to the Board in 6 months.

## **91. HEALTHWATCH - END OF YEAR REVIEW OF PRIORITIES & FUTURE PLANS**

The Healthwatch Manager presented their annual end of year review of priorities and future plans in which it was noted that:

- The report gave a summary of the contract for the last 12 months as an independent statutory body ensuring health services receive and act on feedback from local people.
- Over 8000 individuals sought information or gave feedback of experiences. Issues were found in accessing GP services, dentistry and young people's mental health.
- Engagement occurred with different communities, including asylum seekers and Bangladeshi women to empower and actively listen to different patient groups. This allowed insights of services including how it is being used, how it is accessed and any barriers that may face different groups.
- Issues were raised around; availability, equality, language barriers, access to mental health services for certain groups and women's health. Identified concerns are shared with service providers and helps inform communities what is available and where it can be accessed.
- Key impacts of work have been seen in the LLR Dementia Strategy, signposting, wheelchair access and patient flow at the LRI Adults Emergency Department.

- A better understanding of what will happen when services are accessed has reduced complaints.
- NHS dentistry remained a key priority as access and affordability has been raised as an issue. Healthwatch engaged with the ICB and regional commissioners to ensure local provision aligned with the National Recovery Plan.
- Key priorities identified for 2024-25 include GP access, NHS dentistry and young people's mental health services. The work programme for the next 12 months included children's emergency department at the LRI, eye care services and supported living for the deaf community.

As part of discussions, it was noted that:

- Voluntary Action Leicester is the contract provider for Healthwatch. It is a joint commissioned contract and individuals within the team represent each area. Concerns were raised as to whether the City is appropriately represented with dentistry access issues and tooth decay highlighted as an example of what differences in Rutland and County compared to the City. Assurances were provided that data is captured for each area to ensure focused work can occur, but as a joint commissioned contract, efforts have to be split and some boards only have one seat for Healthwatch, so only one representative can attend.
- Access to NHS dentistry had been raised as a concern and focus needs to be on preventative work to tackle the issue of tooth decay. Members of the Board noted they would like to see more work on preventative programmes to address issues.
- Partnership working with Public Health would ensure the public's voice is fed into their work.
- Both staff and the public have lacked information on appropriate pathways, so work is needed to ensure that information is known and can be appropriately filtered down.
- The contract moving to VAL provided an opportunity to engage with different sectors and hear more experiences on wider issues. However, Members highlighted that several communities are underserved in the City and the County and requested further data to understand if any voices are missing as there is a risk that only the loudest voices are being heard.
- UHL thanked Healthwatch for the work done in the Emergency Department and noted their commitment to strengthening their relationship with both Healthwatch and the VCS.

AGREED:

- The Chair thanked the team for the report.
- Comments from discussion be considered.

## **92. PREVENTION & HEALTH INEQUALITIES STEERING GROUP**

The Consultant in Public Health presented an overview, and it was noted that:

- The Steering Group was established in June 2024 with a vision of being a preventative focused group. It meets monthly and is comprised of officers across health and social care along with health providers.
- The group had focused on a handful of priorities that could be action focused. These are preventative actions, based on data and evidence that could quickly make changes.
- There was a stakeholder workshop in August and detail of the discussion was outlined in the report pack. A particular focus was on how to work together and how delivery can be approached. The steering group met following the workshop to narrow down the priorities.
- For each priority area, task and finish groups will be established to work on small, specific actions that can be boosted by joint working with partners and ensure visible results.

As part of the discussion, it was noted that:

- The healthy weight priority will include work with children, so a priority specifically for child obesity was not identified.
- Healthy weight is the biggest factor in overall health, there are approximately 200 diseases associated with weight. It is challenging the health system, but nobody has a quick solution to manage this issue.
- Healthy weight requires a whole system approach and whilst more could be done it requires further commitment and investment.
- The Darzi Review report recently published could impact the approach moving forward.
- Consideration of how to utilise and work with VCS and communities will be explored once task and finish groups are set up.
- A new system has been embedded for health checks. It has changed from the priority of age into a new systematic approach targeting those with risk factors. Having to make these decisions based on resources available.

AGREED:

- The Board to receive regular updates on the priorities.

## **93. HEALTH AND WELLBEING BOARD PRIORITY LOGIC MODELS**

The Consultant in Public Health introduced the item and invited colleagues to highlight the key points for the four identified priority themes. It was noted that the focus on the Boards priorities had not reduced the importance of the others. There were originally 19 priorities in the Health and Wellbeing Strategy and the workshop had identified 4 for further focus, including childhood immunisation;

healthy weight; hypertension prevention and case finding; and mental health and wellbeing related to social inclusion and supportive networks. The annual report would continue to provide updates on all priorities.

As part of updates on the 4 priorities it was noted that:

Childhood immunisations:

- There had been a decline in uptake over the last decade, and rising cases of infectious disease. Uptake across the city had varied.
- Recent publication of national vaccination strategy, with a move to the ICB holding more responsibility. However, this had been delayed until 2025 as NHS England indicated some systems were not ready which was disappointing as the local ICB felt ready.
- Vaccinations are key to supporting the NHS through the winter.
- Targets are pregnant women, children and young people. Educating parents help uptake but issues have been identified around access for working parents and better convenience could help through pop up vaccination facilities.
- The practises with the lowest uptake had been identified and work has been ongoing with them.
- More babies are being born than health professionals have the capacity to vaccinate so more nurses are being trained to vaccinate.
- A super vaccinator shift occurred in August, providing an additional 1000 vaccinations.
- The roving health care unit continued to be used to enable more vaccinations and build confidence. Funding is due to end later this year, but the ICB is looking to procure it on a longer-term basis.
- NHS England funding had been used to set up a community street team who help encourage vaccinations and are multi-lingual to engage with different communities.
- There had been an extensive communications campaign and a vaccine hub was to be launched to provide information about how to access vaccinations across the life course.
- Work is occurring in schools and services need to be ready for new and seasonal outbreaks. Still having to use practise level data, all other data is held by NHS England as they still commission the service and there had been difficulty recording KPI for vaccinations due to timescales used.

Hypertension:

- Life expectancy in Leicester is below the national average with deprivation a key factor. Other risk factors include healthy diet and exercise, smoking, alcohol and obesity.
- An estimated 24,000 individuals are undiagnosed. A national screening programme was considered inappropriate, but resources are being targeted.
- 3000 monitors have been purchased, 900 for targeted areas.
- Community pharmacists are increasingly involved in delivering healthcare, can provide opportunistic health checks.



- Digital transformation in health check services where patients can collaboratively populate their notes.
- Health checks being offered for 40–74-year-olds who are not thought to have had existing conditions.
- NHS England grant allowed targeted checks in areas of high incidence which uncovered lots of new cases.
- A new communications campaign is planned to support medication adherence.

#### Healthy weight:

- It is a huge area of work involving various partners, a steering group and action plan. All the work being done could not be reflected in this update, instead this was focused on what the Health and Wellbeing Board could help with.
- Healthy weight can be a sensitive subject and basic messages need to be shared with a focus on effective promotion of healthy lifestyles. Work includes training work programmes in different workforces and more staff training in Primary Care Networks and joint working.
- Maternity and social care are priority groups. Targeted focus on pregnant women as there have been higher levels of excess weight in this group. There have been walking programmes, buggy walks, working with leisure centres for them to become lifestyle hubs and training for midwives.

#### Mental health and wellbeing:

- Poor mental health as a consequence of poverty and social isolation is high in Leicester.
- An annual report will show progress from the action plan.
- Partnership board working with ICB, LPT and VCSE which has looked at work in communities.
- There are lots of offers available, but they need to be linked together to ensure the offer is not disjointed.

#### As part of the discussion, it was noted that:

- An impressive amount of work has been done on the childhood immunisations.
- Women's health hubs all have hypertension tests, and the pharmacy programme is allowing people who wouldn't normally see a GP to be seen.
- Nationally, the focus of hypertension is those aged over 50, whereas Leicester has gone beyond to look at the cohort of those in their 40's.
- There is no focus on children, young people or residents in care home in healthy weight. This is despite Leicester's childhood obesity levels being one of the worst.
- Engaging children needs to be addressed along with a focused session on the food plan for healthy weight.
- There has been lots of work with younger age groups on healthy weight but this has not been reflected here.
- Mental health cafes have been really well received in the communities.

Outcome measures need to be demonstrated, as well as the potential impact to communities and areas to attract funding. VAL had been working with organisations to address sustainability.

- It would be good to see qualitative data such as focus groups, feedback or case studies or quality reviews to see how services have impacted individuals to promote interventions.

It was noted that the logic models will be monitored and evolved. Two subgroups of Health and Wellbeing Board had merged and meet monthly to receive updates that will be reported to the Health and Wellbeing Board.

Agreed:

- The report was noted.
- The Board to receive regular updates on the priorities.
- Comments from discussion to be considered.

#### **94. DATES OF FUTURE MEETINGS**

The Board noted the date of future meetings.

#### **95. ANY OTHER URGENT BUSINESS**

It was noted that there was no other urgent business.