

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 23 May 2024.

# PRESENT

Leicestershire County Council Mrs. L. Richardson CC Mrs. C. M. Radford CC Mrs. D. Taylor CC Mike Sandys

Integrated Care Board Dr Nikhil Mahatma Rachna Vyas

District Councils Cllr. J. Kaufman

<u>Healthwatch</u> Gemma Barrow Harsha Kotecha

In attendance

Hanna Blackledge, Leicestershire County Council Lisa Carter, Leicestershire County Council Fiona Grant, Leicestershire County Council Simon Pizzey, University Hospitals of Leicester Victoria Charlton, Leicestershire County Council Nicci Collins, Leicestershire County Council Tracy Ward, Leicestershire County Council

<u>Apologies</u> Sarah Prema, Edd de Coverly, John Sinnott, Cllr Cheryl Cashmore, Jane Moore and Jon Wilson

1. <u>Appointment of Chairman.</u>

RESOLVED:

That Mrs L. Richardson CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2025.

## Mrs. L. Richardson CC in the Chair

#### 2. <u>Minutes of the meeting held on 29 February 2024.</u>

The minutes of the meeting held on 29 February 2024 were taken as read, confirmed and signed.

# 3. <u>To advise of any other items which the Chairman has decided to take as urgent</u> <u>elsewhere on the agenda.</u>

There were no urgent items for consideration.

4. Declarations of interest in respect of items on the agenda.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

### 5. <u>Position Statement by the Chairman.</u>

The Chairman gave a position statement on the following matters:

- Adult Social Care;
- NHS Update;
- Update on pledges;
- Public Health;
- Comms and Engagement;
- Chairs Engagement.

A copy of the position statement is filed with these minutes.

## 6. <u>BETTER CARE FUND.</u>

## (a) <u>Guidance 2024/25.</u>

The Board considered a report of the Director of Adults and Communities which provided an update concerning the Leicestershire Better Care Fund – Guidance 2024/25. A copy of the report marked 'Agenda Item 6a' is filed with these minutes.

Arising from discussion the following points were noted:

- (i) It was noted that some officer details had changed and would be corrected prior to submission.
- (ii) Some data from LPT had been received following the publication of this report. It would be incorporated into the document prior to submission.

## RESOLVED:

- (a) That the Leicestershire Better Care Fund (BCF) Plan 2024/25 Planning Template be noted;
- (b) That the action to be taken by the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board to approve the BCF 2024/25 report and use his delegated powers to approve it for the NHSE submission deadline of 10 June 2024 be noted.

## (b) Year End 2023/24

The Board considered a report of the Director of Adults and Communities which provided an update concerning the refresh of the Leicestershire Better Care Fund - Year End 2023/24. A copy of the report marked 'Agenda Item 6b' is filed with these minutes.

Arising from discussion the following points were raised:

- (i) It was noted that the County Council passported the funding for Disabled Facilities Grants from central government straight to the district councils. Waiting times for adaptations varied depending on what was requested and were set out in the Lightbulb performance reports.
- (ii) The targets for unplanned hospital admissions and admissions due to falls in people aged 65 or over were not on track to be met. It was queried whether population health data, showing a 20% increase in frailty in the local population post covid, was taken into account. It was noted that the target was measured using national standardised data, which also lagged behind local data. The narrative supporting the target was therefore used to show that, when local population data was taken into account, performance was actually improving. It was suggested that the risk stratification model could be used to inform target setting going forward, as it contained a significant amount of data on local population health.
- (iii) It was suggested that, where targets were close to being met, it would be useful to see absolute numbers as well as percentages. This information could be shared with the Integration Executive, which had oversight of the Better Care Fund.

### **RESOLVED**:

- (a) That the performance against the BCF outcome metrics and the positive progress made in transforming health and care pathways in 2023-24 be noted;
- (b) That the year-end BCF 2023-24 template, appended to the report, for submission to NHS England by the submission deadline of 23 May 2024, be approved.

#### 7. Adult Mental Health Joint Strategic Needs Assessment.

The Board considered a report of the Director of Adults and Communities which provided a summary of the headlines, conclusions and recommendations arising from the recent Joint Strategic Needs Assessment (JSNA) chapter on the mental health of Leicestershire adults. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

Arising from discussions the following points were raised:

- (i) Members commented on the low take up of breast cancer screening for women with severe mental illnesses and noted that there was a general perception that cancer screening was difficult or painful, which was not the case. They encouraged people to take up screening opportunities whenever they arose.
- (ii) The Board was assured that the annual physical health checks for people with severe mental illness had exceeded the target for the year. Progress had also been made in perinatal mental health and for personality disorders since the JSNA data had been compiled. However, the waiting times for ADHD assessment remained a significant concern, with over 6,000 people waiting for assessment and the current timescale being four years.

- (iii) It was noted that some of the online and virtual offers to support the mental health of students had been designed by the students themselves. They were proving very popular and were available to view on the JOY App. Details of the JOY App would be shared with members of the Health and Wellbeing Board.
- (iv) It was reported that dementia diagnosis rates were lower in Leicestershire than in Leicester City or Rutland. In addition, significant cognitive impairments were being identified in older adults when the were in hospital, suggesting that perhaps diagnoses were being missed in the community. There was a considerable waiting list to access memory services once a diagnosis had been made.
- (v) The practical nature of the recommendations in the JSNA chapter were welcomed, as they could easily be turned into actions. It was suggested that the mental health sub-group's next steps should be to consider the affordability of the recommendations and to programme in action on those that were low cost.
- (vi) It was suggested that recommendation 17 in the report, Improved Transition from Children Services into Adults with a focus on preventative approach, be added as an agenda item when the three Cabinet Lead Members next met. It was noted that there was also ongoing work within the NHS to improve the transition from children services into adults with the ICB leading on a key piece of work making that link between children, young people and adults and flagging the importance of a preventative approach throughout the life course.
- (vii) It was highlighted that although improvements had been made, there was still a perception within the public of difficulty in accessing mental health services and that a range of engagement work was being done to address that the right service was available across various groups.

## RESOLVED:

- (a) That the findings and recommendations of the Mental Health (Adults) Joint Strategic Needs Assessment Chapter and approve them for publication be supported;
- (b) That the proposal that the relevant strategic leads take forward the findings and recommendations of the Chapter via activity in commissioning plans, strategies, through partnership working, and via the mental health subgroup, be supported.

## 8. <u>Healthy Weight Strategy.</u>

The Board considered a report of the Director of Public Health which provided an update on the Healthy Weight Strategy. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion the following points were raised:

(i) Members of the Board were pleased to note that work was underway within schools with the Food for Life Programme, which provided support, advice and guidance around good food habits and developing good eating habits for life. Cookery programmes were also available for families to pick up new skills and cook affordably, working with the family hubs and community kitchens to support people to have the skills.

- (ii) The work carried out with the schools had identified that there was a gap in terms of support around healthy eating and nutrition in further education. This was now an area of focus.
- (iii) Some concern was expressed regarding the intention to ensure that North West Leicestershire District Council's planning policy supported a healthy weight environment, as this was not national policy and there was a risk that developers could overturn such conditions at appeal. However, Board members supported the ambition and were pleased to note that work with the Town and County Planning Association to gain their support was ongoing. It was hoped that the remaining district councils in Leicestershire would adopt a similar approach to their planning policy when their Local Plans were renewed. All district council planning officers were engaged in work to ensure that health impact assessments were undertaken as part of the planning process.
- (iv) There was an ambition to pilot a scheme which encouraged shop keepers near schools to reconfigure their shops to be more mindful of their displays and promote healthy choices rather than ultra processed food and high sugar options.
- (v) The progress made towards creating a healthy environment was welcomed. It was confirmed that the strategy linked into locality based work, including some of the Community Health and Wellbeing Plans.
- (vi) It was noted that the UHL needed to invest in services for type 2 diabetes due to increased demand. It was acknowledged that it was cost effective in the long term to prevent obesity, but a whole system approach was needed. This included expensive options such as bariatric surgery, where demand outstripped supply.
- (vii) It was noted that Edible Loughborough, a community organisation that worked well in areas of deprivation, was maintaining small allotments in used gardens which provided free food. Understanding where food came from was included in the food plan with the intention of implementing similar ideas through partnership working.

## **RESOLVED**:

That the progress made to date be noted.

9. <u>Health Protection Assurance Report.</u>

The Board considered a report of the Director of Public Health which provided an update on the Health Assurance Report. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

#### **RESOLVED**:

That the Health Protection Annual Report 2023 be noted and in particular the specific health protection issues that have arisen locally, the steps taken to deal with them, and the areas of focus for the coming year.

10. Leicester, Leicestershire and Rutland Integrated Care Board End of Life Strategy.

The Board considered a report of the Integrated Care Board which provided an update on the Leicester, Leicestershire and Rutland Integrated Care Board End of Life Strategy. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:

- (i) The learning from the Health and Wellbeing Board Development Session on End of Life had been incorporated into the strategy. The communication and engagement exercises would be progressed once the General Election had taken place.
- (ii) Board members emphasised the importance of place in the development of the strategy, noting that the task group undertaking this work was LLR-wide and that work was also being co-ordinated and supported at locality level. In response it was confirmed that place-based representative such as the County Council were included in the workstreams.
- (iii) Training, awareness and education of what was available to practitioners when a person approached the end of their life was needed. Consideration of how front line teams could be supported and how partnership working could be improved should also take place.

**RESOLVED**:

That the update on the development of the strategy and the next steps be noted.

11. Community Health and Wellbeing Plan - Update.

The Board considered a report of the Integrated Care Board which provided an update on the Community Health and Wellbeing Plan. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

## **RESOLVED**:

- (a) That the progress of the seven Community Health and Wellbeing Plans within Leicestershire County be noted;
- (b) That the outcomes of the lessons learnt exercise and resultant action plan be noted;
- (c) That the escalations and celebrations outlined in the report be noted;
- (d) That the proposal that future updates be provided via the Staying Healthy Partnership update report or directly by exception be noted;
- (e) That the news bulletin relating to the Community Health and Wellbeing Plans be circulated to the Chairman for information.
- 12. <u>Staying Healthy Partnership Joint Health and Wellbeing Strategy Progress Update.</u>

The Board considered a report of the Staying Healthy Partnership which provided an update on the Staying Healthy Partnership Joint Health and Wellbeing Strategy Progress. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Arising from discussion the following points were raised:

- (i) Women traditionally experienced a lack of access to services, which was why work was being undertaken to address the health inequalities they faced. Where there was a generic barrier to access, such as in cancer screening, this was reflected in work to promote the service and ensure uptake.
- (ii) Prevention focus groups had identified that men generally did not attend services targeted at improving their health. The ICB therefore worked with local football, rugby and basketball teams to share relevant health messages.

**RESOLVED**:

- (a) That the progress being made in relation to delivering against the Staying Healthy, Safe and Well priorities be noted;
- (b) That the progress being made in relation to delivering against the reducing health inequalities cross cutting priority be noted.

## 13. Integration Executive Joint Health and Wellbeing Strategy Progress Update.

The Board considered a report of the Director of Adults and Communities which provided an update on the Integration Executive Joint Health and Wellbeing Strategy Progress. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Arising from discussion the following points were raised:

- (i) Members of the Board commended the achievements of the Integration Executive and felt that it successfully demonstrated demonstrate partnership working.
- (ii) It was noted that the aim of work on end of life care was to enable people to die in their place of choice. This perhaps explained why more people were dying at home in Leicestershire than in a hospital.
- (iii) It was noted that the reablement model was successful. It achieved positive outcomes for people and was an effective use of resources. It was also a good example of partnership working.

RESOLVED:

- (a) That the progress in delivering the Joint Health and Wellbeing Strategy priorities be noted, including the holding of an End-of-Life development session in March 2024.
- (b)That the additional plans for delivery of integrated services in 2024-25 be noted.

## 14. Health and Wellbeing Board Annual Report 2023/24.

The Board considered a report of the Director of Public Health which provided an update on the Health and Wellbeing Board Annual Report 2023/24. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

RESOLVED:

That the proposed approach for producing the HWB Annual Report for 2023/24 be approved.

## 15. Date of next meeting.

It was noted that the next meeting of the Health and Wellbeing Board was scheduled for 26 September 2024 at 2.00pm.

14.00 – 16.47 23 May 2024 CHAIRMAN