

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 5 December 2024.

PRESENT

Leicestershire County Council

Mrs. L. Richardson CC (in the Chair)
Mrs. C. M. Radford CC
Mike Sandys
Jon Wilson

Integrated Care Board

Rachna Vyas
Dr Nikhil Mahatma

University Hospitals of Leicester NHS Trust

Simon Pizzey

Leicestershire Partnership NHS Trust

Jean Knight

District Councils

Edd de Coverly

Voluntary Action Leicestershire

Kevin Allen-Khimini
Hardip Chohan

In attendance

Sarah Lewis	Integrated Care Board (minute 36 refers)
Louise Young	Integrated Care Board (minute 37 refers)
Glenn Halliday	Integrated Care Board (minute 37 refers)
Lisa Carter	Leicestershire County Council (minutes 38 and 39 refer)
Victoria Rice	Leicestershire County Council (minute 40 refers)
Hanna Blackledge	Leicestershire County Council (minute 41 refers)
Sharon Aiken	Leicestershire County Council (minute 41 refers)
Fiona Grant	Leicestershire County Council (minutes 42 and 43 refer)
Hollie Hutchinson	Leicestershire County Council (minute 42 refers)
Victoria Charlton	Leicestershire County Council (minute 44 refers)
Euan Walters	Leicestershire County Council (minute 46 refers)

Apologies

Harsha Kotecha, Jane Moore and Cllr Cheryl Cashmore

30. Minutes.

The minutes of the meeting held on 26 September 2024 were taken as read, confirmed and signed as a correct record.

31. Urgent items.

The Chairman advised that there was one urgent item for consideration relating to the increasing pressures on Urgent and Emergency Care in Leicestershire. The item was urgent because since the agenda for the meeting had been published the pressures on the Urgent and Emergency Care system had increased significantly and in particular the ambulance services saw the highest call volume ever recorded in one day.

32. Declarations of interest.

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.

33. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

- i) Adult Social Care;
- ii) NHS;
- iii) The Health and Wellbeing Board Annual Report;
- iv) Local Transport Plan.

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

RESOLVED:

That the position statement be noted.

34. Change to the Order of Business.

The Chairman sought and obtained the consent of the Board to vary the order of business from that set out on the agenda for the meeting.

35. Staying Healthy, Safe and Well Development Session outcomes and recommendations.

The Board considered a joint report of the Director of Public Health and the Chief Executive of Melton Borough Council on behalf of the Staying Healthy Partnership which presented the outcomes and recommendations highlighted at a recent development session themed on the Staying Healthy, Safe and Well life course priority. A copy of the report, marked 'Agenda Item 15', is filed with these minutes.

In presenting the report it was explained that the Staying Healthy Partnership was seeking approval from the Board to spotlight two priority areas: Health and the Strategic Planning System, and Healthy Weight. The approach to each would be tailored, including

the partners involved as it was recognised that not all partners had the same interests and flexibility was important.

It was noted that the next steps following on from the development sessions included utilising the voluntary and community sector more effectively. Healthwatch Leicestershire welcomed this and emphasised the role Healthwatch could play and offered to have further discussions in this regard after the meeting. In response it was confirmed that Voluntary Action Leicestershire would be involved in the work around obesity and foodbanks.

RESOLVED:

That the Board agrees to spotlight the following priority areas:

- (a) Health and the Strategic Planning System;
- (b) Healthy Weight.

36. Progress report on Community Health and Wellbeing Plans.

The Board considered a report of the Integrated Care Board which provided an update on the progress of the seven Community Health and Wellbeing Plans (CHWPs) across Leicestershire and highlighted recent improvements to working practice to ensure alignment between system, place and neighbourhood level work. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

As an update to the information provided in the report it was confirmed that six of the seven CHWPs for Leicestershire had now been approved, with the remaining plan for Harborough District due to be considered by their Partnership Board the following week.

Arising from discussions the following points were noted:

- (i) CHWPs were being developed on a neighbourhood footprint and sought to understand and improve the health and wellbeing needs of local populations by identifying and addressing key priorities and issues. Many of these priorities were the responsibility of the Integration Executive (IE) and the work was fed into the IE by way of quarterly highlights reports produced by the priority leads. For each priority there needed to be a clinical lead and this would be put in place going forward.
- (ii) The CHWPs did not come with any additional funding or workforce. Capacity could be an issue and partners were asked to flag up when it was a problem so that decisions could be made on which workstreams should be prioritised and which should be put on hold. The Chairman welcomed the emphasis of the plans on avoiding duplication of work.
- (iii) In response to a question from the Chairman it was explained that the CHWP work did not currently feed into the joint communications planning that took place but it would be going forward.
- (iv) Concerns were raised by Voluntary Action Leicestershire that the voluntary sector was on the periphery of these plans and needed to be more imbedded.

RESOLVED:

- (a) That the progress of the seven Community Health and Wellbeing Plans within Leicestershire County be noted;
- (b) That the areas of concern and celebrations outlined in the report be noted;
- (c) That future updates will be provided to the Health and Wellbeing Board via the Staying Healthy Partnership update report or directly by exception.

37. Workwell Programme update.

The Board considered a report of the Integrated Care Board regarding the delivery plan for Leicestershire, Leicester City and Rutland (LLR) WorkWell, and how the programme would be placed in General Practice to support the population that might have barriers in returning to work. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The LLR programme was one of 15 national vanguards being established to provide the service. The Chairman welcomed how quickly the WorkWell programme had been put together in LLR since the bid to the Department of Health and Social Care had been approved in May 2024, particularly as the funding was only available until March 2025. The LLR programme was of particular interest nationally because the delivery model being used was based on a partnership and Primary Care Network model rather than using a single provider.
- (ii) The LLR programme was appointing 26 work health coaches and four senior work health coaches. One senior work health coach was already in place. The work health coaches would identify the barriers to a person returning to work and link in with social prescribers.
- (iii) In response to a question as to whether specific locations in LLR were being targeted or whether the offer was universal, it was explained that originally the localities that were most inactive with regards to people in work were focused on, but because all 15 Primary Care Networks (PCNs) within Leicestershire had signed up to host and deliver the Programme the same model was now in place across Leicestershire.
- (iv) The Joy App was being used to help refer the public to different agencies, and a contract variation had been agreed with Joy so that the service for LLR met the requirements of the WorkWell programme and the Department of Work and Pensions (DWP).
- (v) The WorkWell programme was linked in with the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance but the membership of the Alliance was still developing and therefore further engagement with the voluntary sector needed to take place. Voluntary Action Leicestershire offered to help as they had links with many more organisations, many of which were not on the Joy App.
- (vi) Specific public consultation had not taken place regarding the WorkWell programme, partly due to the short period of time there was to put the programme in place. However, engagement had taken place over the years with regards to some

of the individual aspects of the programme. There was an intention to carry out further engagement with the WorkWell participants as they went through the programme.

- (vii) Potential participants in the WorkWell programme were identified through the Statement of Fitness for Work, commonly known as the 'fit note', which was issued by healthcare professionals. The WorkWell programme had targets to meet in terms of people engaged with, and monthly data would be captured and submitted to DWP. Discussion took place around whether it was better to work with the people that were motivated to return to work, rather than use resources on those people who did not want to return to work. A member sought reassurance that the programme would not just focus on those people that were the easiest to return to work in order to meet the targets but would also work with those people with more complex issues who were more difficult to return to work. In response reassurance was given that WorkWell was more integrated than previous DWP approaches, and the model was a 'wrap around' offer using different agencies where there was not an incentive just to target the easiest cohorts but would also tackle those with long term conditions and disabilities. The Programme would evolve and adapt depending on the nature of the people coming forward.

RESOLVED:

- (a) That the update on the WorkWell programme for LLR, including that all fifteen Primary Care Networks within Leicestershire have signed up to host and deliver the Programme, be noted;
- (b) That the implementation of WorkWell within Leicestershire be supported.

38. Better Care Fund Quarter 2, 2024/25 return.

The Board considered a report of the Director of Adults and Communities which provided the Quarter 2, 2024/25 template report of the Better Care Fund (BCF) including performance against demand and capacity, BCF metrics, spend and activity and statements as to whether the national conditions continued to be met. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted.

- (i) The deadline for submission of the BCF Quarter 2 report to NHSE had been 31st October 2024 and therefore the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, had used his powers of delegation to approve the submission. With regards to the Avoidable Admissions metric, as part of the submission it had been stated that during the first quarter of 2024-25 University Hospitals of Leicester NHS Trust experienced an increase in attendances of 30%. This figure was queried and it was suggested that the correct figure for attendances was an 11% increase year on year. In response reassurance was given that the correct figure would be submitted in the quarter 3 return. *(Note: after the meeting it was confirmed that there was a 11% year on year increase in attendances to the Emergency Department for Quarter 2.)*

- (ii) The Board welcomed the improvements that had been made against the metrics, particularly with regards to hospital discharge which was now not as significant an issue as it used to be.
- (iii) It was suggested that there needed to be more focus on the technology used across the care system and consideration of whether there was duplication of systems and whether systems and databases could be more joined up. In response it was explained that conversations were already taking place with the ICB in this regard. Reassurance was given that there had already been significant improvements with assisted care technology as a result of the Discharge Grant.

RESOLVED:

That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways up to Quarter 2 be noted.

39. Better Care Fund Section 75 Agreement - approval and assurance.

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 (BCF) section 75 agreement for 2024/25 and sought approval to continue with the pooled budget arrangements. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

It was reported that the BCF expenditure plan for Leicestershire came to a total of £82.5m for 2024/25. A member suggested that consideration needed to be given to how this funding could be used to tackle winter pressures in 2025/26. In response it was clarified that the BCF was designed for community care rather than acute care. Nevertheless, partners could still pool funding outside of the BCF to help with winter pressures. It was also noted that as the BCF funding helped with flow out of hospitals it had a positive effect on acute and emergency pressures.

It was noted that the lead officer names on the section 75 Partnership Agreement were incorrect and would need amending before the document was signed.

RESOLVED:

- (a) That the work undertaken to refresh the Section 75 pooled budget agreement for the Better Care Fund be noted;
- (b) That the continuation of Section 75 pooled budget arrangements between Leicestershire County Council and the Leicester, Leicestershire and Rutland Integrated Care Board be approved.

40. Refresh of the Joint Strategic Needs Assessment process.

The Board considered a report of the Director of Public Health which provided an update on work on the ongoing development of the Leicestershire Joint Strategic Needs Assessment (JSNA), currently being undertaken on a rolling basis, and sought approval to pilot a new approach from 2025 onwards. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Board welcomed that the new approach involved more focus on dashboards, but with summaries of key points, allowing for more accessible and frequent updates of key information, however felt that the narrative and analysis provided as part of the old approach was useful and members requested that it be retained. It was also suggested that the JSNA should drive policy making and help ensure partners were basing decisions on the same data set.

In response to a question as to whether the new approach would enable a close examination of the data relating to Middle Layer Super Output Areas (MSOAs) it was explained that this would depend on the topic. Board members felt it would be useful if MSOA data was available.

It was suggested that what was missing from the JSNA was the economic argument for taking a particular decision. In response it was confirmed that this idea had not been looked at so far but would be considered going forward. Further conversations about this would take place outside of the meeting.

RESOLVED:

That a new approach to the Joint Strategic Needs Assessment be approved as a pilot subject to the comments now made about narrative and analysis.

41. Carers - Draft Joint Strategic Needs Assessment.

The Board considered a report of the Director of Public Health which presented the findings of the needs assessment for carers in Leicestershire and asked the Board to approve the current draft Joint Strategic Needs Assessment (JSNA), as a basis for updating the Carers Strategy. A copy of the report, marked 'Agenda Item 10', is filed with these minutes along with the presentation slides.

Arising from discussions the following points were noted:

- (i) A good proportion of carers in Leicestershire remained unidentified and were not registered as they did not identify themselves as formal carers. It was important to raise awareness of the importance of being registered so carers could receive additional help.
- (ii) The current Carers Strategy would expire in 2025. The Joint Strategic Needs Assessment (JSNA) work which had taken place would form a basis for updating the Carers Strategy. Discussion took place around whether the recommendations in the Needs Assessment should inform the Carers Strategy, or whether the Carers Strategy should inform the recommendations in the Needs Assessment. It was suggested that the documents should be produced concurrently and inform each other.
- (iii) Members stated that they wanted to see both data dashboards and a narrative in the JSNA.
- (iv) The governance around the Carers strategy required reviewing. Consideration was being given to the way the Carers Delivery Group worked and which body it should report to.

RESOLVED:

- (a) That the findings of the needs assessment for Leicestershire carers be noted;
- (b) That the current draft of the Joint Strategic Needs Assessment be approved;
- (c) That the full commissioner-led recommendations be added to the report once the Carers Strategy working group has developed the new strategy in due course.

42. Draft Suicide Prevention Strategy 2024-29.

The Board considered a report of the Director of Public Health which presented the refreshed draft Leicester, Leicestershire and Rutland (LLR) Suicide Prevention Strategy 2024-2029, as part of consultation on the Strategy. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The 2024-29 Strategy had more focus on children and young people than the previous Strategy.
- (ii) The data set out at Figure 5 on page 388 of the agenda pack indicated that there had been a steady increase in the rates of suicide in Leicestershire between 2018 and 2022. In response to a question it was stated that it was believed that this trend had continued up until the present time.
- (iii) Healthwatch Leicestershire had carried out some research into male suicide and published a report. The findings in the report had been used to help produce the latest Suicide Prevention Strategy.
- (iv) The Voluntary, Community and Social Enterprise (VCSE) sector had been consulted on the Strategy. Faith groups had also been involved.
- (v) An action plan would also be developed with the steering group to ensure the priorities are acted upon. Consideration needed to be given to which Boards the action plan should be taken to and what the reporting mechanism was.
- (vi) Trends with regards to suicide could change over time and new trends could emerge during the course of the Strategy. It was therefore important that the Strategy could be reactive to events within an appropriate timescale. Reassurance was given that monitoring would take place and any changes would be implemented through the Action Plan. Business Intelligence at Leicestershire County Council was working with Leicestershire Police with regards to capturing additional data.

RESOLVED:

- (a) That the update on the development of the LLR Suicide Prevention Strategy 2024-2029 be noted.
- (b) That officers be requested to consider the comments now made, as part of the consultation on the Strategy.

43. Joint Local Health and Wellbeing Strategy progress update for the Mental Health Subgroup.

The Board considered a report of the Director of Public Health which provided a progress update on the Mental Health (MH) Joint Local Health and Wellbeing Strategy (JLHWS) priority areas. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

It was noted that one of the challenges in this area was demonstrating value for money and evidencing the impact of the work being undertaken. Reassurance was given that evaluation and data collection was taking place which would help demonstrate the impact. Healthwatch Leicestershire assisted with this by providing feedback from community groups.

RESOLVED:

- (a) That the progress underway, including the actions relating to the December 2023 development, be noted;
- (b) That the ongoing activity to deliver these actions be supported.

44. Joint Local Health & Wellbeing Strategy refresh proposal.

The Board considered a report of the Director of Public Health which provided an outline proposal for the Joint Local Health and Wellbeing Board Strategy (JLHWS) review due to commence in February 2025. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

It was noted that as the Strategy was being reviewed, rather than refreshed, full consultation would not be taking place. However, engagement would be taking place with the voluntary sector and there would be a co-ordinated approach between Healthwatch Leicestershire and Voluntary Action Leicestershire.

RESOLVED:

- (a) That the suggested approach to carrying out the Joint Local Health and Wellbeing Strategy review, included the suggested approach to carry out the consultation and engagement, be approved;
- (b) That the timescales for delivery as set out in the report be agreed.

45. Annual Report of the Director of Public Health - Leicestershire's Health - Inequalities in Health.

The Board considered a report of the Director of Public Health which presented his Annual Report for 2024 which focused on health inequalities. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

The Director emphasised that whilst there were health inequalities in Leicester City and a lot of work was taking place to address those, there were also inequalities in the County of Leicestershire, particularly relating to poverty and deprivation, which needed tackling. It was suggested that the Director of Public Health's Annual Report should be taken to a meeting of the Integrated Care Board.

RESOLVED:

- (a) That the Director of Public Health's Annual Report for 2024 and the recommendations in the report be noted;
- (b) That the Director of Public Health's Annual Report be taken into account when reviewing the Joint Local Health & Wellbeing Strategy;
- (c) That the Integrated Care Board consider the Director of Public Health's Annual Report at one of its future meetings.

46. Protocol between the Health and Wellbeing Board, The Health Overview and Scrutiny Committee and Healthwatch Leicestershire.

The Board considered a report of the Chief Executive which asked the Board to approve proposed changes to the Protocol Between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire. A copy of the report, marked 'Agenda Item 16', is filed with these minutes.

RESOLVED:

That the revised Protocol Between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire, be approved.

47. Date of next meeting.

RESOLVED:

That the next meeting of the Board takes place on Thursday 27 February 2025 at 2.00pm.

48. Urgent item - Pressures on Urgent and Emergency Care.

The Board considered an urgent item relating to the pressures on urgent and emergency care which had been increasing. Updates were provided by University Hospitals of Leicester NHS Trust (UHL) and Leicestershire Partnership NHS Trust (LPT).

Arising from discussions the following points were noted:

- (i) The urgent and emergency care system in Leicester and Leicestershire had recently seen some of the busiest days on record. The Emergency Department at Leicester Royal Infirmary had seen very high footfall. There had also been exceptional demand across the region and nationally.
- (ii) There had been a spike in respiratory conditions such as flu and covid-19. Numbers had been higher than at the same time the previous year. The National Medical Director of NHS England Stephen Powis had raised concerns regarding this.
- (iii) Vaccination rates had improved as a result of partnership working which had taken place.
- (iv) GP collective action could have an impact on capacity. Patients were advised to seek access to care through the 111 and 999 telephone numbers and also consider

whether the Pharmacy First programme could help them. Healthwatch Leicestershire had been supporting UHL and LPT with disseminating messages to the public about the best treatment options available and avoiding the Emergency Department where possible.

- (v) In response to a question as to bed occupancy numbers at University Hospitals of Leicester NHS Trust it was agreed that this information would be provided after the meeting.

RESOLVED:

That the contents of the update be noted.

2.00 - 5.00 pm
05 December 2024

CHAIRMAN