



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 8 July 2021.

PRESENT

Leicestershire County Council

Mrs H. L. Richardson CC  
Mrs. C.M. Radford CC  
Heather Pick  
Vivienne Robbins

Clinical Commissioning Groups

Dr. Vivek Varakantam  
Dr. Geoff Hanlon  
Andy Williams  
Sarah Prema

District Councils

Cllr Cheryl Cashmore  
Cllr. J. Kaufman  
John Richardson

In attendance

Mark Wightman  
Mark Powell  
Mukesh Barot

Apologies

Mrs. D. Taylor CC, Jane Moore, Rupert Matthews, Hayley Jackson, Harsha Kotecha,  
Ch. Supt Adam Streets, Rachna Vyas

1. Appointment of Chairman.

RESOLVED:

That the appointment of Mrs. L. Richardson CC as Chairman of the Health and Wellbeing Board be noted.

Mrs. L. Richardson CC in the Chair

2. Appointment of Vice Chairman.

RESOLVED:

That the appointment of Dr Vivek Varakantam, as Vice Chairman of the Health and Wellbeing Board be noted.

3. Minutes of the previous meeting.

The minutes of the meeting held on 28 January 2021 were taken as read, confirmed and signed.

4. Urgent items.

There were no urgent items for consideration.

5. 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.

Cllr. J. Kaufman declared a personal interest in all agenda items as he had a close relative that was employed by NHS England.

No other declarations were made.

6. Position Statement by the Chairman.

The Chairman presented a position statement on the local response to the coronavirus pandemic, including information on the numbers of patients being treated in hospital, the vaccination programme and the delivery of Adult Social Care.

The communications update also covered the coronavirus pandemic, along with a number of other key areas such as; mental health and suicide prevention, the Green Homes Grant and the 0-19 consultation.

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

7. Joint Health and Wellbeing Strategy Refresh.

The Board considered a report of the Director of Public Health which presented a proposed approach to the development of a revised Joint Health and Wellbeing Strategy (JHWS) being aligned to the development of the Place led plan. A copy of the report, marked 'Agenda Item 7', is filed with these notes.

Arising from discussions the following points were noted:

- (i) Overall the approach set out in the report was welcomed and supported.
- (ii) With regards to the 'do, sponsor, and watch' approach to the JHWS priorities and place led workplan which was proposed in the report, it was suggested that the role and expectations of the sponsor be firmly clarified to ensure that any concerns were dealt with in a timely manner.
- (iii) With regards to membership of the Board it was important that Primary Care Networks (PCNs) were represented, along with considering the importance of feeding into neighbourhoods, and having representatives from schools involved.

Discussions on Board membership also needed to take into account the difference between CCG membership and General Practice and how PCNs and clinical directors were going to be represented.

- (iv) There was a requirement in the Integrated Care System (ICS) guidance that place based groups develop an integration plan and it was suggested that the refreshed JHWS could constitute this plan though the Strategy would need to cover wider issues than it did currently.
- (v) Consideration also needed to be given in the Strategy to issues which went beyond the Leicestershire boundary.
- (vi) The views of the public and those who experienced the services were important, and potential next steps were noted as 'designing in' health and wellbeing across a range of areas such as planning and housing etc.

RESOLVED:

That the Board:

- a) Approves the proposed development of a revised Joint Health and Wellbeing Strategy (JHWS);
- b) Notes the establishment of a JHWS Partnership Project Board which will lead on the development and associated engagement with Leicestershire residents in order to produce the revised JHWS;
- c) Notes the intended review of the governance structure of the Health and Wellbeing Board, including its Terms of Reference and subgroups, the outcome of which will be presented to the Board for approval at its meeting on 25 November;
- d) Notes the development of a Health and Wellbeing Board Communication and Engagement Strategy Plan to support the delivery of the revised JHWS and the creation of a visual identity for the Board to support partnership work across the County;
- e) Notes that a draft revised JHWS will be presented to the Health and Wellbeing Board for approval to consult at its meeting on the 25 November.

## 8. Overview of the Integrated Care System and its Purpose, Principles and Priorities.

The Board considered a report of Leicester, Leicestershire and Rutland (LLR) Health and Care Partnership which provided an overview of the Leicester, Leicestershire and Rutland Integrated Care System (ICS) including key components of the recently published Integrated Care Systems: design framework which was published by NHS England. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The Integrated Care System was intended to support the continued integration of services and the wider determinants of health. This was not a new approach; it built upon work that was already underway in LLR for example community based teams

and home support for those people who had been in long term hospital care including those with a learning disability.

- (ii) The guidance indicated that 20% of the ICS structure was mandated which left 80% to be agreed locally.
- (iii) The ICS was to work at three levels; System, Place and Neighbourhood. Locally the system would cover the whole LLR area, Place would be the three upper tier Local Authorities and Neighbourhood would be based on integration hubs. The Health and Wellbeing Board would drive the Place based work.
- (iv) At system level there was a requirement for two bodies. The ICS Board would replace the Clinical Commissioning Groups which (subject to the Bill being passed in Parliament) were due to be disbanded on 1 April 2022. Appointments to senior roles in the ICS Board would be made in quarter 2 and quarter 3 of the 2020/21 year. There was also a Health and Care Partnership to drive the collective work at system level with equal partners from across the NHS and Local Authority footprint.
- (v) Further consideration needed to be given to extending the integration agenda in the principles and priorities of the ICS including health inequalities, life expectancy and prevention. The impact of prevention work was hard to assess and measure in short timescales, however prevention was key from an early age.
- (vi) It was important to have measurable outcomes so that the success of the ICS could be evaluated.

RESOLVED:

- (a) That the Board notes the content of the report and presentation;
- (b) That the comments on the draft LLR ICS Purpose, Principles and Priorities be fed into the development of the ICS.

9. Outputs and Recommendations arising from the Health and Wellbeing Board Development Session held on 25 March 2021.

The Board considered a report of the Director of Public Health which presented a summary of the outputs arising from the Board's Development Session held on the 25 March 2021. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

RESOLVED:

That the actions arising from the Health and Wellbeing Board Development Session held on 25 March 2021 be supported.

10. Leicestershire, Leicester and Rutland Health Inequalities Framework.

The Board considered a joint report of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups and the Director of Public Health which presented the final version of the Leicestershire, Leicester and Rutland Health Inequalities Framework. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

RESOLVED:

That the LLR Health Inequalities Framework and its intended implementation across partner organisations be noted.

#### 11. Wider Determinants of Health Action Plan.

The Board considered a report of the Director of Public Health which sought approval of a Wider Determinants of Health Action Plan which had been developed in response to recommendations arising from the Wider Determinants and Health Inequalities Health and Wellbeing Board Development Session held on 25th March 2021. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The action plan would align with the Joint Health and Wellbeing Strategy refresh and in regards to delivery would link in with the evolving sub-groups and the proposed 'Staying Healthy Partnership'. Whilst the Action Plan was targeted at the whole population of Leicestershire it was important to identify and target those people that were at a specific risk of health inequalities and this identification process would be carried out using public health data.
- (ii) Every contact between a patient and a health professional should be meaningful in relation to not just treating the medical condition that the patient presented with but understanding the underlying causes and any social determinants that contributed to it.
- (iii) Some groups in society felt they had been victims of injustice and exclusion in the past and therefore did not always trust the information and services provided by health partners and therefore they did not take full advantage of the services available which could result in poor health outcomes for them. Consequently it was important to promote inclusion and equity with the new service design and persuade people that the options they were provided were safe.
- (iv) The Action Plan could include use of the "anchor" approach which recognised that large public sector organisations could have a significant influence on the health and wellbeing of communities. This approach was key to tackling wider determinants particularly in relation to employment opportunities.
- (v) The Action Plan would benefit from a population health management approach and using data to ensure that all work carried out was based on need.
- (vi) Each priority in the Action Plan had a representative from each District Council allocated to it to ensure consistency but if it was felt that further District representation was required then this could be accommodated.

RESOLVED:

That the Wider Determinants of Health Action Plan be approved.

## 12. Air Quality and Health Action Plan.

The Board considered a report of the Director of Public Health concerning the progress to date to deliver the multi-agency Air Quality and Health Action Plan. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) District Councils had been monitoring air quality during the Covid-19 pandemic and would analyse the data to see if any lessons could be learnt.
- (ii) The Air Quality and Health Action Plan built on the Health Inequalities Framework and partners were asked to give consideration to what support they could offer to staff. The Public Health Department was available to help partners in this regard and offer advice.
- (iii) University Hospitals of Leicester NHS Trust was in support of the Action Plan and were considering initiatives to help improve air quality such as converting the hospital hopper buses to run on electricity. Air quality considerations were an important part of the UHL Acute and Maternity Reconfiguration plans and advice was being taken from the Institute for Lung Health at Glenfield Hospital to improve outcomes.
- (iv) Consideration needed to be given to the impact on the environment and air quality from patients travelling to attend medical appointments. Virtual appointments were an option to alleviate this problem though it was noted that not all patients were in favour of virtual appointments.

RESOLVED:

- (a) That the progress to date in delivering the Air Quality and Health Action Plan be noted;
- (b) That health partners within LLR be requested to give further consider to how their organisations can improve air quality.

## 13. Leicestershire Children and Families Partnership Plan: Progress Update.

The Board considered a report of the Director of Children and Family Services which provided a progress update on the Children and Families Partnership Plan 2021-23. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) As well as the factual narrative it would be helpful to have figures and data in relation to the children and families involved in this work in order that trajectories could be tracked and targets could be set. For example with regards to the 1001 critical days agenda it would be useful to know what percentage of babies experienced positive beginnings to their life.

- (ii) Concerns were raised that children from out of county were being placed in children's homes in Leicestershire by other local authorities and that far more children's homes were being built in Leicestershire than were needed for the children of Leicestershire. In response reassurance was given that lists were kept of the children from out of county placed in homes in Leicestershire and the Joint Safeguarding Boards monitored the situation.
- (iii) Emergency Department attendances had increased and one reason was patients finding it more difficult to obtain an appointment with their GP due to the Covid-19 pandemic. This was particularly an issue with children. UHL and the CCGs were developing a plan to deal with this situation comprising of an immediate response and a long term response which included increasing staff numbers, improving the phonenumber infrastructure and providing more pharmacy led alternatives. A differentiation needed to be made between those patients that genuinely needed an appointment with their GP and those that could be assisted by other practitioners. The role of receptionists at GP Practices was changing and they were being trained to ask the patients more questions so the patient could be referred to the correct service more quickly. In response to concerns raised that the triage system at GP practices ended up in a patient having to have more appointments/conversations with practitioners than was necessary it was explained that the triage system was effective and although it could appear that there were more steps in the process than necessary in fact it did enable a patient to have an appointment with the appropriate practitioner more quickly.
- (iv) Further work needed to take place with GP Practices regarding infection control protocols in order to prevent Covid-19 infections increasing when Practices became more open for face to face appointments.

RESOLVED:

That the progress in delivery of the Children and Families Partnership Plan 2018-2021 be noted.

14. Domestic Abuse Act 2021.

The Board considered a joint report of the Director of Public Health and the Director of Children and Family Services which provided an overview of the work being undertaken locally as a result of the recently introduced Domestic Abuse (DA) Act 2021. The report also provided an update concerning the Recommissioning of Domestic and Sexual Violence and Abuse Services across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

In response to a question it was explained that although the initial planning for the Domestic and Sexual Violence and Abuse Service had taken place prior to the Covid-19 pandemic, the relevant data was habitually reviewed as part of contract management and an increase in demand had been noted. It had been concluded that whilst the substantive service did not need to change as a result of Covid-19, further investment was required in the digital part of the service in order to offer online consultations to those service users that did not feel comfortable with face to face meetings.

Reassurance was given that the Office of the Police and Crime Commissioner was working on two separate projects with Leicester City Council and Leicestershire County

Council regarding Perpetrator Interventions and the Clinical Commissioning Groups and Probation Service were involved in both projects. The contracts for the City and County were different from each other but provision would continue for both areas.

RESOLVED:

- (a) That the work being undertaken by partners in response to the recently introduced Domestic Abuse Act 2021, including the development of a Strategic Needs Assessment to assess the need for accommodation based domestic abuse support across Leicestershire be noted;
- (b) That the update concerning the recommissioning of Domestic and Sexual Violence and Abuse Service across Leicester, Leicestershire and Rutland be noted.

15. Transforming Care for those with Learning Disabilities and/or Autism.

The Board considered a joint report of the Director of Adults and Communities and Leicestershire Partnership NHS Trust which provided an update concerning the current activity and progress of the LLR Transforming Care Design Group in achieving the ambitions of the National Transforming Care Programme (TCP) of Change, which included the Learning from Deaths of people with Learning Disability (LD) Review Programme (LeDeR) Annual Report and the System 3 year plan to improve outcomes for service users with a learning disability and/or autism. A copy of the report, marked 'Agenda Item 15', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The Transforming Care work was a good example of partnership working as it was jointly led by the County Council and LPT and involved collaboration between NHS staff, social workers and housing providers. It was also intended that there would be engagement from service users and carers as well.
- (ii) The healthy life expectancy for people with learning disabilities and/or autism in Leicestershire was lower than the national average which was at odds with the overall life expectancy for Leicestershire which was above the national average. Further work was required to tackle this issue including increased screening, early intervention and Making Every Contact Count Plus training along with considering people with learning disabilities and/or autism in services offered by Public Health such as weight management etc.

RESOLVED:

- (a) That the Learning from Deaths of people with Learning Disability (LD) review programme Annual Report and support the work being undertaken to promote good health and wellbeing for service users with a learning disability and improve service design and delivery be noted;
- (b) That the Transforming Care in Leicester, Leicestershire and Rutland 3 year road map which seeks to improve outcomes for the LLR population with a learning disability and/or autism and aid service development be noted.

16. Framework for Integrated Personalised Care.



The Board considered a joint report of the Director of Adults and Communities and Leicester, Leicestershire and Rutland Clinical Commissioning Groups which sought approval for the Framework for Integrated Personalised Care, which was intended to supersede the Health and Social Care Protocol (2014). A copy of the report, marked 'Agenda Item 16', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The 2014 Health and Social Care Protocol divided tasks into those that should be carried out and paid for by health services and those that should be carried out and paid for by social care. Unfortunately some tasks were not easily allocated and therefore this had created debate about who should carry out the task and pay for it. However, it was believed that service users did not have a preference as to whether their support was provided by a health or social care professional as long as it was received in a timely manner. Therefore the Framework for Integrated Personalised Care took more of a holistic approach including the mantra that if a professional was present and able to carry out a task and had the appropriate training then they should do so regardless of whether they were a health or social care professional as long as this was safe.
- (ii) Further conversations would take place between Public Health and the Clinical Commissioning Groups around prevention and the Making Every Contact Count plus approach in order to prevent secondary conditions developing and secondary admissions resulting.

RESOLVED:

That the Framework for Integrated Personal Care be approved.

17. Health and Wellbeing Board Annual Report 2020/21.

The Board considered a report of the Director of Public Health which presented the Health and Wellbeing Board Annual Report 2020/2021 for approval. A copy of the report, marked 'Agenda Item 18', is filed with these minutes.

RESOLVED:

That the Board:

- (a) Notes the progress that has been made during the period 2020/2021;
- (b) Approves the Health and Wellbeing Board Annual Report for publication.

18. Healthwatch Annual Report 2020/21.

The Board considered a report of Healthwatch Leicester and Leicestershire which presented their Annual Report 2020/21. A copy of their report, marked 'Agenda Item 18', is filed with these minutes.

Board members committed to working with Healthwatch Leicester and Leicestershire in order to ensure that the patient voice was heard and the work of Healthwatch was linked in with the Joint Health and Wellbeing Strategy.

RESOLVED:

That the contents of the Healthwatch Leicester and Leicestershire Annual Report 2020/21 be noted.

19. Housing Services Update.

The Board considered a report of the Housing Services Partnership which provided an update concerning housing and the Lightbulb Partnership. A copy of the report, marked 'Agenda Item 19', is filed with these minutes.

It was noted that the Lightbulb Programme had been very successful, though as a result of the success demand had increased. This was still considered to be a good outcome.

It was also noted that an Assisted Technology dementia pilot was taking place which was aimed at people with dementia who lived on their own in their own homes. The pilot involved testing out new technology that monitored an individual's activity and daily routine in the home using sensors, smart plugs and sleep sensors and then shared this information with a selected family member/friend via the App, showing them a timeline of activity and raising alerts. It was noted that Health partners were also increasing technology to keep people in their own homes, and conversations regarding greater partnership working to reduce cost would take place after the meeting.

RESOLVED:

That the contents of the Housing Services Update be noted.

20. Date of next meeting.

RESOLVED:

That the next meeting of the Board take place on 25 November 2021 at 2.00pm.

2.00 - 4.55 pm  
08 July 2021

CHAIRMAN