Agenda Item 2

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 27 February 2025.

PRESENT

Leicestershire County Council

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

Integrated Care Board

Rachel Dewar

University Hospitals of Leicester NHS Trust

Simon Pizzey

Leicestershire Partnership NHS Trust

Jean Knight

District Councils

Edd de Coverly

Healthwatch Leicester and Leicestershire

Fiona Barber

Voluntary Action Leicestershire

Kevin Allen-Khimani

In attendance

Cheryl Bosworth (minute 53 refers)
Tracy Ward (minute 53 refers)
Ben Smith (minute 54 refers)
Kate Revell (minute 54 refers)
Mala Razak (minute 55 refers)
Joshna Mavji (minute 56 refers)
Abbe Vaughan (minute 56 refers)
Lisa Carter (minutes 57 and 58 refer)

Apologies

Mrs. D. Taylor CC, Dr Nikhil Mahatma, Cllr Cheryl Cashmore, Jane Moore and Siobhan Peters.

49. Minutes of the previous meeting.

The minutes of the meeting held on 5 December 2024 were taken as read, confirmed and signed.

50. Urgent items.

There were no urgent items for consideration.

51. 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.

52. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

i) Adult Social Care;
ii) NHS;
iii) End of Life Strategy update;
iv) Health & Wellbeing Board Development Session;
v) Community Engagement Activities;
vi) Key messages.

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

RESOLVED:

That the position statement be noted.

53. Integrated Personalised Care Framework.

The Board considered a report of the Director of Adults and Communities which provided an update on progress in relation to the Framework for Integrated Personalised Care (FIPC) and redesign of the training model which underpinned it. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

Arising from presentation of the report the following points were noted:

(i) Where tasks were delegated from health to social care, clinical oversight would be maintained by the delegating organisation. Concerns were raised about whether the clinical governance and oversight would be sufficient in some cases, particularly where patients were discharged from acute hospitals and GP Practices then took over responsibility for that patient. In response reassurance was given that full training would take place before the patient was discharged, and the patient would receive the same support with medication that anybody else registered with a GP

would receive. In addition, shared care records and handover procedures would make it clear what the patient required and which tasks were delegated. Nevertheless, it was agreed that further conversations would take place with Primary Care to ensure that they knew their responsibilities.

(ii) Concerns were also raised that the decision of the Integrated Care Board to cease Shared Care funding could have an impact on the County Council with regards to delegated tasks which the County Council did not recharge the NHS for. In response it was explained that all individuals currently in receipt of the service would be reviewed and consideration could be given to whether their care was jointly funded. An impact assessment had been carried out with regards to the effect of this change on patients, but the full impact would not be known until cases were reviewed and it could be established which pathway patients needed to be placed on.

(iii) In response to a question as to how patients and carers would be able to feedback their experiences in order to influence training programmes, it was confirmed that conversations with patients and family members would take place.

(iv) According to the timetable the procurement plan for specialist delegated healthcare tasks would be completed by March 2026. In response to a query about training in the intervening period, reassurance was given that the current training module would continue, and a record was always kept of which organisations attended the training. However, organisations did not have to accept the delegation of healthcare tasks if they did not feel that sufficient training had been provided.

RESOLVED:

That the update on progress in relation to the Framework for Integrated Personalised Care and redesign of the training model be noted.

54. Leicester, Leicestershire and Rutland Dementia Strategy 2024-28.

The Board considered a report of the Director of Adults and Communities which regarded the 2024-28 Leicester, Leicestershire and Rutland (LLR) Dementia Strategy and provided an update on the development of the Leicestershire Dementia Strategy Delivery Subgroup. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Arising from discussions the following points were noted:

(i) There was a disparity in the dementia diagnosis rates across LLR in that for Leicester 77.5% of people living with dementia had received a diagnosis whereas for West Leicestershire it was 61.8% and for East Leicestershire 60.8%. The diagnosis rate for Rutland was 54.8%. This trend was reflected nationally where cities had a higher diagnosis rate than rural county areas. It therefore appeared that economic factors and deprivation were not a relevant factor for dementia diagnosis. Instead, other factors were believed to be more relevant such as isolation which meant people were better able to hide the signs of dementia from others. It was queried whether GPs were being sufficiently proactive to identify patients with dementia. It was also noted that the memory assessment service ran by LPT was based in the city centre which could have an impact on the types of people that attended for appointments. Satellite dementia clinics had now been implemented in

the county, and this could have a positive impact on dementia diagnosis rates in people from rural areas. The introduction of Neighbourhood teams would also help the identification and referral process.

(ii) Referral to the memory assessment service took time and the average waiting time was 16 weeks. It was expected that the recent withdrawal of funding from the service would result in increased waiting times. However, the Board was pleased to note that whereas previously the dementia support service would liaise with a patient once the diagnosis had been made, it was now involved as soon as the referral was made and Age UK could also work with the patient straightaway.

(iii) It was important to make every contact count and housing teams at district councils could play a role in identifying people that may be suffering from dementia. District health leads could also play a role.

(iv) Thanks were given to Healthwatch Leicester and Leicestershire for their help with the engagement work. The number and quality of responses was pleasing. It was felt that Healthwatch were able to get better responses than if the County Council had carried out the consultation directly. Engagement had taken place with hard to reach groups in both the city and the county. More engagement was required with rural and farming communities.

(v) It was suggested that the strategy and engagement work should include reaching out to those people that were excluded from accessing digital methods of communication.

(vi) Voluntary Action Leicestershire requested to be involved with the dementia awareness raising activities given the contacts they had with a large number of organisations.

(vii) In response to a question, reassurance was given that links would be made between the Dementia Strategy work and Active Together, and a Public Health representative sat on the Dementia Programme Board who would be able to act as a conduit.

(viii) It was queried whether the dementia work did in fact have an equalities impact and suggested that future reports to the Board could have the Equality Impact Assessment appended to it to enable Board members to understand the equality implications.

(ix) It was queried how successful the previous dementia strategies had been and how it could be ascertained whether the current strategy was having a positive impact and what success looked like. In response it was explained that assurance would be provided through regular updates to the Health and Wellbeing Board.

(x) There was a shortage of care homes for people with dementia. This was significant because it often became increasingly difficult for families to deal with dementia patients as their condition progressed.

(xi) The loneliness of the carers of people with dementia needed to be addressed.

RESOLVED:

(a) That the information provided on the 2024-28 LLR Dementia Strategy and the consultation that informed the development of the strategy be noted;

(b) That the information provided on the development of a Leicestershire Dementia Strategy Delivery Subgroup and Action Plan be noted.

55. Joint Health and Wellbeing Strategy progress update on Best Start For Life.

The Board considered a report of the Children and Family Partnership which gave an update on progress in relation to the Best Start for Life priority of the Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted:

(i) The Children and Families Strategy was being reviewed at the same time as the Health and Wellbeing Board strategy and the two pieces of work were being linked and communication was taking place between officers involved in both strategies.

(ii) In December 2024 the Department for Education had announced continued funding for Family Hubs in Leicestershire for 2025-26. The Chair expressed disappointment that it had only been extended for one year.

(iii) It was queried whether work took place with mothers in the period after conception and before birth and suggested Family Hubs could cover this. It was agreed that this would be checked and an answer provided after the meeting.

(iv) When Children in Care reached the age of 18 they were referred onto Adult Care Services, however some of them still needed the type of services provided by Child and Adolescent Mental Health Services (CAMHS). So far there had been difficulties in finding an equivalent service for these people once they turned 18. The Looked After Children's Health Team run by Leicestershire Partnership NHS Trust (LPT) supported people up until the age of 25, and adult mental health teams were also available, so there should be services available for care leavers. LPT agreed to liaise with Children and Family Services about this.

(v) Whilst people were waiting for mental health services they could use the tellmi mobile phone app and the Chat Health website. The information was also shared in schools.

(vi) Data showed that single mothers aged 21 or below in LLR attended the Emergency Department at least once a year for a condition that did not require any treatment. It was questioned whether the Emergency Department was the most appropriate place to take these children and whether the strategy could give consideration to alternative venues for these mothers to receive the help they required. It was agreed that discussions about this would take place after the meeting.

(vii) A national survey indicated that 1 in 3 children refused to attend education and it was queried whether this could be addressed as part of the strategy. It was agreed that discussions about this would take place after the meeting and any conclusions would be fed into the refresh of Children and Families Partnership Plan.

(viii) It was queried whether there was ongoing work within the partnership around antenatal and postnatal care, including smoking cessation and weight management, as this was a key focus from a 'place' perspective between Public Health and the Integrated Care Board. A key consideration was how to strengthen the health focus in this area without destabilizing the valuable work that the Children and Family Partnership was doing around the wider determinants of health and education.

(ix) In Melton, as part of a pilot scheme, the Family Hubs had been working closely with GP Practices to provide health advice to children. It was intended to replicate this pilot in other parts of Leicestershire. Though it was noted that Melton only had one Primary Care Network, whereas other areas had more than one which could bring greater complexity and challenges. Outcomes in other parts of the county would need to be monitored and the Integrated Care Board could link in with this work.

(x) In response to a question as to whether the impact of screen time on child development and the affect of social media on teenagers emotional wellbeing was being considered as part of the Strategy work, it was explained that some work was already taking place in this regard but further work would need to take place.

(xi) It was questioned how the success of the Strategy was measured, where the Strategy had the most positive impact and which areas needed further development. In response assurance was given that these questions would be considered, and further information would be provided after the meeting.

RESOLVED:

(a) That the progress being made in relation to delivering against the Best Start for Life priority be noted;

(b) That the progress being made in relation to delivering against the cross-cutting priorities be noted.

56. Joint Local Health & Wellbeing Strategy Review - Approach and Plan.

The Board considered a report of the Director of Public Health which provided a detailed approach and timeframe for the review of the Joint Local Health and Wellbeing Board Strategy (JLHWS). A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

(i) The JLHWS review was proposed to cover the question of whether COVID-19 Recovery should still be a priority. It was suggested that this topic should be broadened out to include how prepared Leicestershire was for another pandemic. It was noted that work regarding this was taking place through the Local Resilience Forum and through the NHS, and reference could be made to that work in the JLHWS to help reassure the public that the matter was in hand. Updates could also be brought to future HWB meetings which would link in with the health protection work that the Board was already due to review.

(ii) Members welcomed the proposal to setup and launch a JLHWS Steering Group particularly as it would help identify gaps in the work. Rachel Dewar offered to be the ICB representative on the Steering Group.

(iii) Concerns were raised that the timeline was tight and it needed to be clarified quickly who was expected to be involved and what was expected of them. Some reassurance was given that the risk register covered this issue and parts of the work were ready to be launched.

(iv) It was queried whether the English Devolution White Paper published 16 December 2024 should be taken into account in the JLHWS work bearing in mind that local government structures could change as a result. It was thought more helpful to focus on system, place and locality rather than local government terminology.

RESOLVED:

(a) That the suggested approach be approved;

(b) That the detailed plan including milestones be approved;

(c) That Board members seek support/commitment from partners to input into the work;

(d) That an agile approach to governance be approved including the setup and launch of a Joint Local Health and Wellbeing Strategy (JLHWS) Steering Group;

(e) That the subgroups be asked to nominate representatives for the JLHWS Review Steering Group.

57. Better Care Fund Quarter 3 2024/25 return

The Board considered a report of the Director of Adults and Communities regarding the quarter 3, 2024/25 report of the Better Care Fund. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

With regards to Emergency Department Admissions which appeared to be on the increase it was pointed out that many of these were not genuine admissions but actually patients attending the same day emergency care service. Work was taking place to separate the data and identify how many of these were genuine admissions.

The previous report had incorrectly stated that during the first quarter of 2024-25 University Hospitals of Leicester NHS Trust experienced an increase in attendances of 30% when in fact the correct figure was 11%. This had now been corrected in the published data.

RESOLVED:

(a) That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 3 be noted;

(b) That the action taken by the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to approve the BCF Quarter 3 report and use of powers of delegation to approve this for the NHSE submission deadline of 14th February 2025, be noted.

58. Better Care Fund 2025/26 planning

The Board considered a report of the Director of Adults and Communities which provided an overview of the progress to date on the draft submission of the Leicestershire Better Care Fund (BCF) Plan 2025-26. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

As part of discussions the following points were made:

(i) There was an extremely tight timescale for this work with the submission guidance documentation only being published on the 31 January 2025, income and expenditure only finalised on 19 February 2025, and a national submission deadline of 31 March 2025. It was queried whether any opportunities had been missed due to the timescale and whether any changes would have been made to the submission if there had been more time. It was also questioned whether other areas of the country had come up with innovative ways of spending the BCF that had not been considered in Leicestershire. In response some reassurance was given that review always took place of whether the submission could have been put together in a more effective way, but the Board was reminded that the submission had to link to the BCF policy framework and suggestions had to be possible within the BCF. It was suggested that a workshop could take place in the summer to consider options for the next BCF submission. This would give Leicestershire a head start and allow Health and Wellbeing Board members to have an influence before the submission was made, though it was noted that the detailed guidance for the next submission would not be published by the summer. It was suggested that the majority of the BCF should still be focused on community and prevention.

(ii) The Integrated Care Board (ICB) minimum NHS contribution for 2025/26 was £57,070,979. Detail on the splits would be provided to Board members in due course.

(iii) Originally the uplift to the NHS minimum contribution was to be 1.7% however this had now changed and it would now remain static in return for the Discharge Grant being retained. This meant that activities which were funded by the Discharge Grant and which had been thought could no longer be funded, could now be retained. Some items which were previously funded by the ICB Discharge Grant would now be funded by the local authority Discharge Grant.

(iv) The National Conditions in the template had changed slightly from previous years. For example National Condition 2 now had the policy objective of demonstrating a 'home first' approach and a shift away from use of long-term residential and nursing home care. There was also a move away from treatment towards prevention.

(v) There was now an additional metric for average length of discharge delay for all acute adult patients.

(vi) There were now six supporting metrics but the BCF return was not dependent on them. However, work would be taking place to ensure that the work across the system aligned with the supporting metrics.

RESOLVED

(a) That the content of the report be noted;

(b) That the draft narrative document, attached as Appendix A, that details the proposed contents of the Better Care Fund Plan return, be noted;

(c) That the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, be authorised to finalise the Better Care Fund Plan before the national submission deadline of 31st March 2025.

(d) That it be noted that the members of the Integration Executive, at its meeting on 4th March 2025, will be asked to indicate their support for the Better Care Fund Plan ahead of the final submission to NHS England.

59. Date of next meeting.

RESOLVED:

That the next meeting of the Board take place on Thursday 29 May 2025 at 2.00pm.

2.00 - 4.30 pm CHAIRMAN
27 February 2025

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