



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 29 May 2025.

PRESENT

Leicestershire County Council

Mr. M. Squires CC (in the Chair)
Mr. J. Boam CC
Mr. C. Pugsley CC
Mike Sandys
Jon Wilson
Jane Moore

Integrated Care Board

Rachel Dewar
Dr Nikhil Mahatma

University Hospitals of Leicester NHS Trust

Ashley Epps

Leicestershire Partnership NHS Trust

Glyn Edwards

Office of the Police and Crime Commissioner

Siobhan Peters

Healthwatch Leicester and Leicestershire

Hardip Chohan

Voluntary Action Leicestershire

Kevin Allen-Khimani

In attendance

Abbe Vaughan – Leicestershire County Council
Lisa Carter – Leicestershire County Council
Hanna Blackledge – Leicestershire County Council
Stephen Shippey – Leicestershire County Council
Kristy Ball – Leicestershire County Council
Rachael Payne - British Red Cross

Apologies

Mr. J. Sinnott, Cllr Jeffrey Kaufman, Cllr Cheryl Cashmore, Jean Knight, Edd de Coverly and Fiona Barber.

1. Appointment of Chairman.

RESOLVED:

That Mr. M. Squires CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2026.

Mr. M. Squires CC in the Chair

2. Minutes of the previous meeting.

The minutes of the meeting held on 27 February 2025 were taken as read, confirmed and signed.

3. Urgent items.

There were no urgent items for consideration.

4. Declarations of interest.

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

The Chairman himself declared an Other Registerable Interest in all substantive items as he was an agency worker for Leicestershire Partnership NHS Trust. The Chairman clarified that the agenda items did not directly relate to his employment and therefore he would remain in the room throughout the meeting.

No other declarations were made.

5. Position Statement by the Chairman.

The Chairman presented a Position Statement on the following matters:

- i) Health and Wellbeing Board Membership update;
- ii) Adult Social Care;
- iii) NHS;
- iv) Key messages;
- v) Reminders.

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

RESOLVED:

That the position statement be noted.

6. NHS Transformation.

The Board considered a report of the Integrated Care Board which provided an update on changes to NHS structures which were taking place. A copy of the report, marked 'Agenda Item 5', is filed with these minutes.

In presenting the report it was emphasised that the changes would be less noticeable for patients, whereas they would have more impact on staff and practitioners.

In response to requests for more detail on the changes to be provided to Board members as soon as possible, reassurance was given that there would be more clarity over the next few months and communications would be disseminated during the period before the next Board meeting, and then a further update would be provided at the 25 September 2025 Board meeting itself.

RESOLVED:

That the information provided in the report be noted.

7. Neighbourhood Health Programme.

The Board considered a report of the Integrated Care Board which provided information on progress made to date with implementing the Neighbourhood Health Programme in Leicestershire. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

In response to a request from Kevin Allen-Khimani (Voluntary Action LeicesterShire) it was agreed that the voluntary sector would be liaised with regarding the Neighbourhood work and conversations would take place with Kevin Allen-Khimani after the meeting.

It was noted that in order to reduce costs and improve collaboration, consideration was being given to co-locating Neighbourhood services with other services such as Family Hubs.

RESOLVED:

(a) That the progress made thus far be noted;

(b) That the direction of travel outlined in the report be supported.

8. Resilience Strategy.

The Board considered a report of the Leicester, Leicestershire and Rutland (LLR) Resilience Forum which provided an overview of the LLR Community Resilience Strategy (CRS) 2024-2028 and Delivery Plan. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) As part of the Joint Local Health and Wellbeing Strategy refresh work consideration was being given to removing specific references to Covid-19 and focusing instead on the possibility of other pandemics and wider emergency issues. It was suggested that the Resilience Strategy should take a similar approach. Consideration also needed to be given to specific health issues which could arise during emergencies such as difficulties in access to medication for people that had been evacuated. Other vulnerable cohorts would also require assistance in an emergency situation

and an action plan needed to be put in place to manage this. A Working Group was already in place that managed issues relating to vulnerable people and the points now raised would be discussed at that Group.

- (ii) Often when emergencies happened the local community would arrive on the scene before emergency services, and communities would use their own resources to manage the situation. For example, a farmer might be able to provide a tractor to help, village halls could be used to evacuate people to, and local whatsapp groups could be used to disseminate messages. Flood Wardens would have local knowledge about water levels and Councillors also had a role to play in emergencies as Community Champions. It was therefore useful to be aware before the emergency happened of what resources were available. This is where Community Response Plans came in and collated the information so it was available when the emergency began.
- (iii) The recent floods in Leicestershire had provided an opportunity for Resilience Plans to be tested.

RESOLVED:

That the Board agrees:

- (a) To raise awareness of the Community Resilience Strategy 2024-25 within members' organisations and networks;
- (b) To identify activities and actions from members' organisations that could be included in the Delivery Plan;
- (c) To work with LLR Prepared in supporting communities to plan for, respond to and recover from emergencies.

9. Pharmaceutical Needs Assessment

The Board considered a report of the Director of Public Health which provided an update on work undertaken to produce the draft Pharmaceutical Needs Assessment (PNA) 2025 and sought the Board's approval to consult on the draft document. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) To gather additional intelligence for the development of the draft PNA, two surveys ran from February to April 2025. The public survey asked service users for their views on the current pharmaceutical provision and the professional survey of pharmacy professionals gathered data on services provided from pharmaceutical professionals. It was reported that some non-pharmacy health professionals had fed into the public survey, and suggested that in future surveys there needed to be greater clarity on how non-pharmacy professionals would feed in and whether there were other ways they could be engaged with.
- (ii) Data was being collated regarding housing numbers in Leicestershire and where new development was to take place. Currently some data was available for each District but all the required information on the specific localities of new housing had not yet been received. Once the information had been received it would enable

consideration to be given to how many pharmacies would be required and where they should be located.

- (iii) Pharmacists were helping with demands on primary care through initiatives such as Pharmacy First. Concerns were raised regarding whether pharmacists had sufficient capacity, and whether reliance on pharmacies could be creating inequity of service across Leicestershire particularly in rural areas. There was a known gap in health provision in the east of Leicestershire and in rural areas generally. Less public transport in those areas meant some people had difficulties accessing a pharmacist. In response it was explained that this was something that would need to be taken into account as part of the commissioning process.
- (iv) Concerns were raised that there were very few pharmacies in Leicestershire that were open late at night and this was a particular problem in relation to the dispensing of end-of-life medicines. Where a pharmacy was not open some patients nearing the end of life were reliant on hospitals or Loros. In response it was explained that this was a matter for the commissioners of pharmacies, but some reassurance was given that there had been no change to the overall availability of out of hours pharmacy services.

RESOLVED:

- (a) That the work undertaken to produce the draft Pharmaceutical Needs Assessment 2025, which has been developed in line with the findings of public and pharmacy surveys, be noted;
- (b) That the draft Pharmaceutical Needs Assessment 2025 be approved for statutory consultation;
- (c) That the Board notes that a further report will be considered by the Board at its meeting in September 2025 detailing the outcome of the consultation and seeking approval of the final Pharmaceutical Needs Assessment 2025.

10. Adults and Communities Strategy.

The Board considered a report of the Director of Adults and Communities which provided information relating to the refresh of the Adults and Communities Strategy, titled Delivering Wellbeing and Opportunity in Leicestershire 2025-2029. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

RESOLVED:

That the aims outlined within the strategy be noted.

11. HWB Development Sessions evaluation.

The Board considered a report of the Health and Wellbeing Board which provided an update on the evaluation of the development sessions that were conducted during 2024-25. Copies of the report, marked 'Agenda Item 10', and the presentation slides, are filed with these minutes.

Arising from discussions the following points were noted:

- (i) It was suggested that a development session regarding the changes to Integrated Care Board structures would be useful.
- (ii) Although some Health and Wellbeing Board members had suggested in their feedback that Dentistry / oral health could be covered in a future development session, it was noted that the Health and Wellbeing Board had spent a lot of time looking at this issue already and therefore questioned what more could be gained from a further look at the topic.
- (iii) There were links between the development session work and the Neighbourhood Health Programme work and conversations would take place between Rachel Dewar and Abbe Vaughan after the meeting regarding aligning the two pieces of work.
- (iv) In response to a question from the Chairman about whether the Joint Local Health and Wellbeing Strategy covered the issue of support for people with neurodiversity, it was explained that the Strategy addressed health inequalities and it was a cross-cutting theme across the four Health and Wellbeing sub-groups. The Staying Healthy Partnership had a particular focus during 2024/25 on ensuring that people with learning difficulties undertook health checks.
- (v) Concerns were raised that 80% of the budget related to 20% of service users. In response it was explained that those 20% of service users had the greatest need and needed to be prioritised, however work took place with these patients to try and reduce the cost of their care. The Neighbourhood Health Programme would play a role in reducing spend.

RESOLVED:

- (a) That the feedback from the development session evaluations be noted;
- (b) That the recommendations and key themes that came out of the sessions be noted;
- (c) That the Board agrees that the next iteration of HWB Development sessions will commence in 2026 and the focus of these sessions will be determined by Health and Wellbeing Board members, taking into consideration feedback gathered from previous sessions.

12. Better Care Fund - year end 2024-25.

The Board considered a report of the Director of Adults and Communities which provided the year-end performance reporting of the Better Care Fund programme for 2024-25. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) For each Better Care Fund metric there were targets which were set for Leicestershire. Performance in Leicestershire could be compared with other authorities for each quartile. Care was taken to set realistic targets as there was no point setting a target that had no chance of being achieved.
- (ii) The rate of admissions per 100,000 population was above target and it was hoped that additional investment in neighbourhood models of care and step-up activity

would mitigate the increase seen in the financial year. In response to concerns raised that the neighbourhood work would take time to implement and have an impact, it was explained that in the meantime consideration was being given to revising the falls response service. For 2025/26 an estimate had been made of how many admissions would be reduced by each measure put in place for example the introduction of virtual wards.

- (iii) The metric 'Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000' had met the target. In order to achieve this a lot of work had taken place with care homes, particularly the top 20 care homes for admissions, to help them avoid having to send residents to hospital. Efforts were made to ensure the care homes had the right equipment and technology so that residents could be managed within the care homes and did not suffer injuries that required hospital treatment.
- (iv) Work was also taking place to ensure that the Emergency Department at Leicester Royal Infirmary had the ability to refer patients into community pathways rather than having to admit them into the hospital. The Single Point of Access was also being strengthened.
- (v) Concerns were raised that not all care home staff were trained to assess residents after they had a fall and therefore it was suggested that care homes were erring on the side of caution and sending those residents to hospital when it might not be necessary. Adult social carers were advised not to lift residents if they had fallen, unless they had received specific training. However, staff from the falls car were able to triage residents that had fallen and were clinically competent to lift people. It was acknowledged that if attendances at the Emergency Department could be avoided then in turn admissions would be reduced.
- (vi) Concerns were also raised that falls patients were classed as low priority and therefore received a category 4 ambulance response which meant that the ambulance staff sent to the scene were not trained to the level of paramedics and were not able to judge whether the patient required attendance at the Emergency Department. In response some reassurance was given that a piece of work was taking place to ensure that category 3 and 4 calls could be diverted to the Home Visiting Service.

RESOLVED:

- a) That the performance against the Better Care Fund outcome metrics, and the positive progress made in transforming health and care pathways in 2024-25 be noted;
- b) The year-end Better Care Fund 2024-25 template, attached as the appendix to the report, be approved for submission to NHS England for the 6th June, 2025 submission deadline;

13. Better Care Fund Plan 2025-26.

The Board considered a report of the Director of Adults and Communities regarding the final Leicestershire Better Care Fund (BCF) Plan for 2025/26. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

It was suggested that a development session could take place regarding the Better Care Fund submission 2025/26 in the Autumn prior to the documents being submitted to NHS England.

RESOLVED:

- (a) That the Leicestershire Better Care Fund Plan 2025-26, including the Planning Template, Demand and Capacity template and Narrative document, 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 Better Care Fund Year 2025-26 report and use powers of delegation to approve this by the NHS England submission deadline of 31st March 2025, be noted.

14. Joint Health and Wellbeing Strategy progress update on Living and Supported Well and dying well.

The Board considered a report of the Integration Executive which provided an update on progress in relation to the Living & Supported Well and Dying Well strategic priorities of the Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

It was explained that work had taken place to understand the data and it had been learnt that the increase in admissions did not generally relate to this cohort, but related to a younger cohort. Admissions in the older cohort had been relatively stable and therefore the schemes that targeted the older cohort should not be expected to have a large impact on admissions.

RESOLVED:

- (a) That the progress being made in relation to delivering against the Living and Supported Well & Dying Well strategic priorities be noted;
- (b) That the progress being made in relation to delivering against the cross-cutting priorities be noted.

15. Joint Health and Wellbeing Strategy progress update on Staying Healthy, Safe and Well.

The Board considered a report of the Staying Healthy Partnership which provided an update on progress in relation to the Staying Healthy, Safe & Well priority of the Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

It was noted that the Staying Healthy Partnership had carried out work to increase the uptake of health checks for people with learning disabilities. This was part of a large amount of work which took place across the health system in relation to neurodiversity. The neurodiversity pathway work was led by the Learning Disability Partnership and the Neurodiversity Partnership.

RESOLVED:

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

16. Date of next meeting.

RESOLVED:

That the next meeting of the Board take place on Thursday 25 September 2025 at 2.00pm.

2.00 - 4.27 pm
29 May 2025

CHAIRMAN

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