
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 18 APRIL 2024

Time: 9:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.

JMAM

For Monitoring Officer

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City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
England

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



**POLICE & CRIME
COMMISSIONER**
for Leicestershire
Your voice in Leicester,
Leicestershire & Rutland

Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

MEMBERS OF THE BOARD

Councillors:

Councillor Sarah Russell, Deputy City Mayor, Social Care, Health and Community Safety (Chair)

Councillor Elly Cutkelvin, Deputy City Mayor, Housing and Neighbourhoods

Councillor Vi Dempster, Assistant City Mayor, Education, Libraries and Community Centres

2 Vacancies

City Council Officers:

Rob Howard, Director Public Health

Laurence Jones, Strategic Director of Social Care and Education

Dr Katherine Packham, Public Health Consultant

1 Vacancy

NHS Representatives:

Caroline Trevithick, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Rachna Vyas, Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Dr Avi Prasad, Place Board Clinical Lead, Integrated Care Board

Richard Mitchell, Chief Executive, University Hospitals of Leicester NHS Trust

Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust

2 Vacancies

Healthwatch / Other Representatives:

Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Kevin Routledge, Strategic Sports Alliance Group

Sue Tilley, Head of Leicester, Leicestershire Enterprise Partnership

Barney Thorne, Mental Health Manager, Local Policing Directorate, Leicestershire Police

1 vacancy

STANDING INVITEES: (Non-Voting Board Members)

Crishni Waring – Chair of Leicestershire Partnership NHS Trust

Professor Andrew Fry – College Director of Research, Leicester University

Susannah Ashton, Divisional Manager for Leicester, Leicestershire and Rutland,
East Midlands Ambulance Service

John MacDonald, Chair of University Hospitals of Leicester NHS Trust

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort
University

Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

**Item 3
(Pages 1 - 16)**

The Minutes of the previous meeting of the Board held on 7 March 2024 are attached and the Board is asked to confirm them as a correct record.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

5. JOINT HEALTH, CARE AND WELLBEING DELIVERY PLAN PROGRESS UPDATE - AUGUST - FEBRUARY 2024

**Item 5
(Pages 17 - 50)**

Update of the delivery plan discussing strategy progress.

6. LEARNING DISABILITY PROGRAMME BOARD UPDATE - LEARNING DISABILITY STRATEGY

**Item 6
(Pages 51 - 98)**

Background and context of the Learning Disability Board, focus on the 'Learning Disability Big Plan (strategy)' update.

7. HEALTHY CONVERSATION SKILLS (MECC)

**Item 7
(Pages 99 - 116)**

Presentation around using MECC as a means of upskilling the health and care workforces (and voluntary sector) in encouraging people to make positive changes to their health and wellbeing to prevent ill-health.

8. BCF Q3 UPDATE

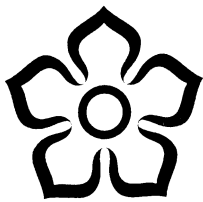
Position of BCF at Q3. (This document will be circulated to members via email)

9. DATES OF FUTURE MEETINGS

Below are the draft dates for the Health and Wellbeing Board for the 2024/25 municipal year. These are to be confirmed at the Annual Council meeting on 16 May. Please note these are subject to change.

1. Thurs 27 June 2024
2. Thurs 5 September 2024
3. Thurs 7 November 2024
4. Thurs 16 January 2025
5. Thurs 27 February 2025
6. Thurs 1 May 2025

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 7 MARCH 2024 at 9:30 am

Present:

Councillor Sarah Russell
(Chair)
Councillor Adam Clarke
Rob Howard

Dr Kath Packham

Helen Mather

Dr Avi Prasad
Harsha Kotecha
Kevin Routledge
Rachna Vyas
Simon Pizzey

Alison Gilmour

Deputy City Mayor - Social Care, Health, and
Community Safety, Leicester City Council (LCC)
Deputy City Mayor – Climate, Economy & Culture,
LCC
Director of Public Health (DPH), Leicester City
Council
Consultant in Public Health (PH), Leicester City
Council
City Place Lead - Leicester, Leicestershire, and
Rutland Integrated Care Board (LLR ICB)
Place Board Clinical Lead, LLR ICB
- Chair of Healthwatch Leicester and Leicestershire
- Strategic Sports Alliance Group
- Chief Operating Officer, LLR ICB
Director of Strategy & Partnerships, University of
Leicester Hospitals Trust (UHL)
Director of Strategy and Partnerships,
Leicestershire Partnership NHS Trust (LPT)

In Attendance

Sally Le-Good

Jeremy Bennett
Diana Humphries
Jo Atkinson
Nazira Vania

Amy Endacott
Carla Broadbent
Harpreet Sohal
Jacob Mann
Georgia Humby
Julian Yeung

Senior Cancer Service Manager, LLR ICB
Senior Integration & Transformation Manager,
LLR ICB
Programme Manager - HWB (Public Health, LCC)
Deputy Director of Public Health, LCC
Project Manager, Public Health, LCC
Programme Manager – Long Term Conditions
(PH – LCC)
Live Well Operations Manager, Public Health,
LCC
Healthy Lifestyle Service Manager, Public Health,
LCC
Senior Governance Support Officer, LCC
Senior Governance Support Officer, LCC

Helen Reeve	Governance Support Assistant, LCC
Nathan Smith	Senior Intelligence Manager, Public Health, LCC
	Tobacco Control Project Manager, Public Health, LCC
Ashlee Brown	Public Health Intelligence Analyst, LCC
Denise Stone	Business Manager, Public Health, LCC
Nazira Vania	Project Manager, Public Health, LCC
Claire Mellon	Programme Manager, Public Health, LCC
Joel Carter	Programme Officer, Public Health, LCC
Matthew Tarleton	Programme Officer, Public Health, LCC
Alison Williams	Public Health Admin, Leicester City Council (minute taker)

48. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:

- Councillor Vi Dempster - Deputy City Mayor (Education, Libraries & Community Centres), LCC
- Councillor Elly Cutkelvin - Deputy City Mayor (Housing & Neighbourhoods), LCC
- Rani Mahal - Deputy Police and Crime Commissioner for Leicester, Leicestershire, and Rutland
- Prof Andrew Fry – College Director of Research, Leicester University
- Sarah Prema – Chief Strategy Officer, LLR ICB
- Jean Knight – Deputy Chief Executive, LPT
- John Macdonald – Chair of UHL NHS Trust

49. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

50. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

- That the Minutes of the previous meeting of the Board, held on 18 January 2024, be confirmed as a correct record.
- That Members refrain from using acronyms and jargon – as it excludes members of the public.
- That the Chair passed thanks on to everyone involved in the recent Mental Health and Social Isolation Conference – which gave small voluntary sector organisations a chance to make connections and learn from peers.
- That the Chair passed her thanks on to Healthwatch for the swift removal of the names of the Hotels accommodating Asylum Seekers.

51. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public had been received.

52. CARDIOVASCULAR DISEASE JOINT STRATEGIC NEEDS ASSESSMENT

Helen Reeve (Senior Intelligence Manager, Public Health, LCC) presented the Cardiovascular Disease Joint Strategic Needs Assessment (JSNA). The full document can be viewed on the LCC Website. The Presenting Officer went through each of the Reports headings in turn as below:-

- Risk factors associated with Cardiovascular Diseases (CVD):
 - The unmodifiable and modifiable risks are listed in the report.
 - Lifestyle factors such as inactivity and poor diet impact, and these are higher in the City than the UK average.
- Impact of cardiovascular diseases on Leicester's population:
 - Leicester City has a relatively young population compared to County - and this may be impacting the low "crude prevalence" rates for cardiovascular diseases because prevalence is not age-standardised.
 - Most cardiovascular diseases show no significantly differing rates for different ethnicities – apart from Coronary Heart Disease (which is higher in the Asian/Asian British communities).
 - Hospital admission rates are significantly higher in residents from the most deprived deciles.
- Current services:
 - Early detection and support for managing lifestyle factors will impact – and locally we have services that do this, including:-
 - NHS Health Checks; Leicester performs better than the national average for completed NHS Health Checks.
 - Live Well (the Councils Lifestyle Services Hub).
 - Integrated CVD Service.
 - Unmet needs and service gaps:
 - There are some gaps in diagnosis based on what we expect rates to be.
 - There are some inequalities (as noted above) where rates are higher in the most deprived or certain ethnic groups. We have ambitions to address these through:-
 - Proportionate universalism
 - The "Core 20 Plus 5" (NHS)
 - The National CVD Prevalence Programme
 - Closing the inequality gap
 - Recommendations
 - In addition to the recommendations listed in the report, the presenting officer asked Members to note the unmet needs and service gaps in the report, and provide comment on areas identified for improvement.

Comments and questions from the Board:-

- The Chair thanked the presenting officer for the information - and asked whether the data could be extracted for over 50s only. The presenting officer noted that this is not currently available within the Quality and Outcomes Framework (QOF).

- Members felt that CVD prevalence by five-year age banding would be useful at Middle Layer Super Output Area (MSOA) level – but the presenting officer noted this is not currently available.
- The Chair noted that the map of Coronary Heart Disease prevalence in the City looks similar to maps for other aspects such as smoking prevalence – but the one for Stroke looks very different. Adding age to MSOA data would help us better understand this locally.
- Cllr Clarke noted that the impact of air pollution is lacking from the report – and particularly information about the burden on the NHS caused by poor air quality. The Director of Public Health (DPH) responded that air quality can be modelled at 5% of cause mortality – but it is difficult to be precise at neighbourhood level. We are unable to, for example, state how much poor air quality contributes to a cardiovascular death. The DPH did, however, agree that air quality is an important part of the Council’s strategies.
- The DPH noted that we can state whether a patient has a high BMI or smokes – but cannot say for certain that they are being impacted by poor air quality (ie the data is modelled rather than accessible). Cllr Clarke however felt that we can state whether a patient lives in an area within an air quality management system – and there are monitoring stations across the City that can be utilised to join up the data.
- Cllr Clarke asked that air quality be recognised as a wider determinant in future reports, and The Chair asked that future reports note air quality as a “contributory factor” and incorporate available data.
- Dr Packham asked members to revisit the commitment to invest in prevention (and particularly to revisit the ICB’s Five Year Plan’s chapter on prevention), even in the current financial climate. Without this investment/commitment she felt that patterns of cardiovascular disease will not be broken. The Chair felt that the data in the current JSNA suggests that investment is needed in the County more so than the City - so it would be difficult to argue for additional CVD prevention money for the City as it stands. She felt that the City has a younger population – but we know that our older population has high rates of ill health, so asked that this be reflected if possible.
- The COO of the ICB noted that, between Public Health and the ICB, we have the data to enable a comparison of age-standardised hospital admissions, mortality and overall costs to the NHS. She suggested that members re-read the Marmot Report which lists how we can work out return on investment for prevention. She also noted that the obesogenic environment is something we can impact on if all agencies work together.
- The City Place Lead noted that obesity and diabetes in children will result in cardiovascular disease as adults. The Chair felt that there is also an issue of a reduction in physical activity when children transition from primary to secondary school; she felt this would be a topic that can be explored at a future Health & Wellbeing Board meeting.
- Dr Packham noted that the Head of the ONS recently lectured on covid data once it has been rationalised in terms of age and ethnicity.
- Members noted that the data in the JSNA states that 50% of city residents do not consume alcohol – but this is via self-reporting. If 50%

of the city genuinely do not drink at all, then it is likely this is obscuring some high consuming communities.

- The DPH noted that mortality data is the key indicator that shows the City has higher levels of preventable avoidable deaths. He felt that the JSNA should not be amended – but was happy for the slides to be reviewed to reflect this better and take into account the above comments.

RESOLVED:

- That the Board thanked Officers for the presentation and asked them to take Members comments into account.
- That Members will consider ways to obtain age-standardised data at MSOA level – to give a more useful picture.
- That future reports will include reference to Air Quality as a “contributory factor and/or wider determinant of health” – and include any data available.
- That the slides can be reviewed, in light of the above comments, to see whether the data can be presented differently.
- That the HWB Programme Manager will add “drop-off in physical activity at the transition from primary to secondary school” to a future Board agenda.

53. TOBACCO SMOKING JOINT STRATEGIC NEEDS ASSESSMENT

Helen Reeve (Senior Intelligence Manager, Public Health, LCC) presented this JSNA on the risk factors associated with smoking, impact of tobacco smoking in Leicester, current services, service gaps and recommendations.

The following points were noted:

- The latest Health and Wellbeing Survey (carried out in 2018) shows:-
 - o Around 17% of men and 9% of women smoke in the City.
 - o The highest tobacco smoking prevalence is in men aged 25-44 who are routine/manual workers or long-term unemployed.
 - o White and Mixed ethnic groups have higher prevalence.
 - o The smoking cohort also has a high prevalence of long-term mental health conditions.
 - o The west and south of the city have higher prevalence.
- The rate of smoking-attributable hospital admissions in Leicester is significantly higher than the national rate (over 2,800 admissions per year). Life lost can be equated to around 2500 years.
- There has been a decline in smoking rates locally and nationally.
- Smoking at Time of Delivery (SATOD) has reduced significantly in Leicester in recent years (from 14% to just under 10%) – and is now in line with national levels.
- In Leicester we are meeting government guidelines for access to cessation support. Services offered are listed in the report and include the Live Well offer, support in hospital settings (Maternity and Acute) and tackling illicit tobacco (via Business Regulation at LCC and HMRC).
- Tobacco Harm reduction is part of the NHS Long Term Plan.
- Entrenched smokers are hard to target – and innovative methods of engagement are required to reach these groups and reduce inequalities.

In addition, monitoring of niche tobacco products (including e-cigarettes, smokeless tobacco and waterpipe smoking) is an acknowledged service gap.

- The presenting officer asked that the Board note the unmet needs and service gaps - and provide comment on areas identified for improvement.

Comments and questions from the Board:-

- The Chair noted that “White Other” has significantly high rates of smoking; if this relates to Eastern European migrants the lessons learnt from Covid indicate this group access health messages less than other communities – and have less religious/community leaders or Champions (and no Radio stations) in the City.
- The DPH noted that there is Government intention to introduce legislation to make smoking illegal for people born after 2009. If this legislation is brought in it will hopefully bring about a tobacco-free generation. In addition, the current Government have announced funding to double cessation services for the next five years (but this may be dependent on future political party changes).
- Dr Packham noted that trusted health professionals (particularly GPs) telling patients to stop smoking is a powerful intervention – and urged this to continue.
- The DPH felt that when national policy, local partnerships and funding comes together there can be a huge impact; this is evident in the significant improvement to SATOD rates in Leicester, and he paid tribute to the staff involved in this.
- The COO of the ICB noted that chewing tobacco impacts on head/neck cancers – so felt that should be embedded into business cases. The DPH agreed – and noted that there is an Action Plan following an Oral Cancer Needs Assessment (which is being presented to LCC Scrutiny in the near future). The Plan will also be presented - as part of a pre-statement on “Fluoridation and Oral Health” - at a future Health & Wellbeing Board.

RESOLVED:

- That the Board thanked the Officer for the presentation and asked them to take Members comments into account.
- That Members will consider the best methods to get health messages to Eastern European communities.

54. LEICESTER CITY TOBACCO CONTROL STRATEGY 2024-26

Nathan Smith (Tobacco Control Project Manager, Public Health, LCC) presented on this recently launched strategy – which seeks to build on the local progress resulting from the previous 2020-2022 strategy by continuing to identify the need for ongoing tobacco control within Leicester City.

It was noted that:

- The vision is to achieve “A smoke free Leicester – to make Leicester smoke free by 2030”.

- The good news is that there has been a reduction in smoking prevalence – but it is still a major cause of ill health. There is a 10 year gap in life expectancy for smokers versus non-smokers.
- Locally we have the “CURE” programme (for pregnant women, acute inpatients and mental health inpatients). There is also the cessation support provided by Live Well.
- There is no national strategy – but there is an increased national focus on reducing smoking (including fines, restrictions and legislation). As part of this national commitment, Leicester City will be receiving an additional £456,669 funding for smoking cessation; this money cannot be spent on youth vaping or enforcement, however. Plans are being drawn up as to the best way to spend this over the next five years.
- There are higher smoking rates among Looked After Children compared to their peers of the same age.
- In addition to the harms noted in item 6 above – there is a 65% link to oral cancer (and Leicester has higher prevalence of this cancer than the national average).
- The priorities for the Strategy were listed as:-
 - i. Partnership working to address tobacco control
 - ii. Achieving a smoke free generation
 - iii. A smoke free pregnancy for all
 - iv. Reducing the inequality gap for those with mental ill-health
 - v. Deliver consistent messaging on the harms of tobacco across the system
 - vi. Continue to improve the quality of our services and understand impact through data collection
- Methods to achieve the priorities include:-
 - i. Myth-busting
 - ii. Reducing illicit sales
 - iii. Targeting services
 - iv. Working with Social Housing, Looked After Children and Turning Point
 - v. “Step Right Out” campaign (smokefree care/home pledge) - relaunching soon
 - vi. Working in partnership with the Oral Health team
- Since the last Strategy ended in 2022, there have been the following changes and new services:-
 - i. The service offer for acute inpatients, mental health inpatients and pregnant women (see above)
 - ii. An offer for UHL staff
 - iii. A pilot with Social Housing – which is now rolling out
 - iv. An increase in young people vaping
 - v. The local team have joined the East Midlands Tobacco Group
 - vi. The existing Live Well service offer has retained some of the remote support offered during Covid – to give flexibility of choice
 - vii. A workforce development framework
- The Board was requested to:-
 - o Endorse the Leicester City Tobacco Control Strategy 2024-26
 - o Work with the Public Health Tobacco Control Team to promote smokefree sites
 - o Promote opportunities to train up staff

- o Provide an ongoing commitment to support quit attempts in all organisations.

Comments and questions from the Board:-

- The Chair noted that the national legislative framework has impacted on lowering smoking over the last 20 years.
- The Chair asked whether “smokefree” just refers to nicotine – and has the problem moved to cannabis and/or vaping? The presenting officer responded that the local on-the-ground team are upskilled in chewing tobacco, waterpipe and shisha – and they are also linked in to research that will improve the data gap.
- The DPH noted that the upcoming Health & Wellbeing Adult Survey will ask about vaping. He felt, however, that we need to retain a focus on tobacco – and not get distracted by vaping (as the latter is less harmful than cigarettes). The Chair felt that the Healthy Conversation Skills training can help staff negotiate the complexities around what constitutes “harmful”.
- With regards to vaping - some Members expressed concern that there is a new generation using a product with very little scientific data on the long-term effects (or knowledge of what chemicals are contained in vapes). The DPH noted that we know what are in regulated vapes - but agreed that the science on long term use will take time.
- Members asked whether we can impact the national conversation – and steer focus towards vaping and cannabis use. The DPH responded that Professor Chris Whitty has urged a focus on tobacco as it has the biggest adverse impact on health.
- The DPH noted that he has written to all local leaders to ask them to support the call for a national policy towards smokefree generation legislation.
- Members asked whether the Council can consider a local planning or environmental policy (eg to not give licences to vaping shops). It was noted that Public Health had recently been asked to input into a Vaping Shop applying for a Shop Improvement Grant Scheme award; there had been no consensus on the ethics – and the DPH felt there may need to be a corporate policy developed.
- The Chair noted that national policies around not advertising vapes at the till point would be useful – but we could also consider speaking with the Retail Consortium locally in the meantime.

RESOLVED:

1. That the Board thanked Officers for the report and asked that comments from the meeting are taken into account.
2. That the presenting officer will speak with Regulatory Services about whether the Council can consider developing a local planning or environmental policy.
3. That the Board will collectively support staff to train and upskill - in order to give consistent messages around tobacco control.

55. LIVE WELL

6. LIVE WELL LEICESTER - OVERVIEW

Harpreet Sohal (Healthy Lifestyle Service Manager, Public Health, LCC) and Carla Broadbent (Live Well Operations Manager, Public Health, LCC) presented an overview of the service.

It was noted that:

- The in-house service is a team of 23 advisors who can help clients get the right support to help lead a healthier lifestyle. This includes eating healthier, stopping smoking, doing more exercise and drinking less alcohol.
- The service is for Leicester residents only (and over the age of 12).
- Adaptations were made so that no part of the service had to cease during the Covid pandemic – and Ms Sohal extended thanks to the team for their flexibility. The service was fully face-to-face prior to March 2020 – but is now a blend of online and in-person sessions to give client choice.
- The physical activity offer is a free 12 week programme delivered from Leisure Centres (this also includes nutrition advice).
- There is also a free falls prevention programme (24 weeks – targeted at those over 65 or clients concerned about falling).
- There is also a walks programme. Clients are encouraged to volunteer (and are trained up to be walk leaders themselves).
- The alcohol support aspect is by referral to Turning Point.
- Live Well signposts to other service that can assist with debt, housing and social isolation.
- The Key Performance Indicators (KPIs) were monitored in 2022/23 – and it was found that 80% of referrals were from those living in the two highest deprivation quintiles.
- Another KPI was for 40% of the clients to be male – and this was over-achieved at 43% in 2022/3.
- 46% of new client registrations were from BAME communities – but the presenting officers noted the Boards earlier comments (in Item 6) about Eastern European communities in the City. Ms Sohal promised that the team will do more targeting with this community in future.
- Plans have been drawn up as to how to spend the extra government funding for smoking cessation; the paper will be going to Cllr Russell's Lead Member Briefing on 18.3.24.
- A new case management system will be launching on 11.3.24 – and presenting officers can return to discuss this with the Board in future.
- An evaluation of the service has been conducted; the report can be shared with the Board at a future meeting.
- Members were requested to buy-in to the service, encourage referrals and assist in embedding into the voluntary sector. Contact details for further questions are in the slides.

Comments and questions from the Board:-

- The Chair asked that the data around deprivation quintiles be drilled down further (as 72% of City residents are in quintiles 1 and 2). She

- would like to see details on who refers into the programme, who accesses the offer and who completes full packages (ie retention rates).
- The Member representing the Sports Alliance asked whether 7591 people accessing the service in one year is a good total. He also wondered whether a branded service is the best fit – and whether it would benefit from being connected to the GP service. Cllr Russell noted that many people do not access their GP until they are very poorly – so the self-referral aspect of Live Well is important.
 - The Chair felt that the Board would find a key measure of success to be the numbers of clients retaining healthy changes 12 months after contact with Live Well. Jo Atkinson responded that longer term outcomes are measured by taking a baseline measurement and then re-measuring at 4 weeks, 12 weeks and 12 months. This data will be collected by the new case management system and incorporated into the upcoming Evaluation Report.
 - Jo Atkinson noted that Public Health offer some population level interventions (eg Beat The Street), but this needs to be balanced against targeted interventions (eg for the inactive or smokers) and school based prevention. Delivery at a larger scale would require more infrastructure and financial resource. With the current resources, the team are at their limits for the physical activity 12 week programme, but there is no waiting list currently for smoking cessation.
 - Dr Prasad felt that the Board should have faith in the fact that outcomes from the service will be seen 10 or 20 years down the line – and approved of the fact that there are self-referral and digital access aspects to the service. He felt that clients may resist when told not to do something – but self-referral can offset this. He asked whether there was sufficient money in the budget to advertise more widely (eg on busses). Jo Atkinson responded that the self-referral aspect has not been widely promoted due to the capacity of the team (although the additional government funding for smoking cessation means that arm of the offer will now be promoted widely).
 - Dr Prasad asked whether future reporting can incorporate modelling data on how much money is saved in the future by preventative services. The Chair noted that the usual figure quoted for prevention is “£3 saved for every £1 spent”.
 - The Chair noted that lifestyle offers present a challenge around whether they are targeted correctly, whether we are doing enough and whether we are collectively helping to reach clients and support them to access what is on offer.

RESOLVED:

1. That the Board thanked Officers for the report - and asked that comments from the Board be taken into account.
2. That Live Well will undertake more targeting with the Eastern European Communities in Leicester in future.
3. That Live Well will drill down into the data, providing the details that the Chair requested (see above) in future reporting to the Board.

4. That Members will feedback to partners about the service.

56. MANAGING LONG TERM CONDITIONS

Jeremy Bennett (Senior Integration & Transformation Manager, LLR ICB) presented a paper as a response to the request to update the H&WB about detection and management of Heart Disease in Leicester City. The paper provides a brief overview of the profile of Cardiovascular Disease (CVD) across LLR and summarises some of the initiatives being delivered by the ICB's Long Term Conditions (LTC) team, with the focus on CVD in Leicester City.

It was noted that:

- A Communications Plan is key to the work – to raise awareness and allow patients to be signposted (eg diabetics to retinopathy).
- Case finding and early detection are key (eg hypertension and atrial fibrillation). The ICB's LTC Team are supporting Primary Care Networks (PCNs) to identify cases. There is also a mobile van that now has space for blood pressure and pulse monitoring.
- Secondary Prevention is key to LTC management – and there is redirection into other broader offers (eg Diabetes Services and Live Well).
- As part of the hypertension work – 500 patients were identified and invited for an appointment.
- Another example of the team's work is that there were focus groups carried out with clients who failed to attend for Pulmonary Rehabilitation; the results of those focus groups showed a lack of understanding of their medical conditions.

Comments and questions from the Board:-

- Members asked why the stroke map (from Item 5) does not follow expected patterns – and whether the fact that PCNs are not geographically aligned impacts on focussing on the groups most in need. The presenting officer noted that the PCNs have access to all information systems – and the ICB's LTC Team support the practices to identify the correct patients. The COO of the ICB noted that, for the purposes of LTC management, practice level data is more useful than PCN level data.
- The Chair asked whether there is consistency of referrals to Live Well - and would appreciate any mapping of those referrals by GP Practice and long term condition in order to optimise our prevention services. She also felt the feedback loop is useful to evidence impact.
- The COO of the ICB noted that a joined-up plan, that is owned by the whole Board, would benefit the system. The Chair agreed, and felt this may be easier if a small piece of focussed work is chosen - that we all work on for a short time - and then show the difference that can be made when all agencies come together. Dr Prasad noted that this approach has worked well for GPs in the past (eg 10 years ago there was an atrial fibrillation drive, and then 1 year ago there was a collective focus on hypertension).
- Dr Prasad noted that the system needs space to think about how deprivation affects a family rather than constantly firefighting. This

can then help develop enthused patients who create demand. The Chair agreed that all organisations involved in anti-poverty work are experiencing this firefighting to ensure clients have gas/electric and a roof over their heads. The DPH agreed that it was the remit of the Board to recognise pressures and check that resources are allocated to those most in need (and not shirk away from withdrawing services from more affluent areas if necessary).

- The Chair asked that the Board consider what health support we can add to help alleviate the cost-of-living pressures – whilst acknowledging this may not be quantifiable. This may be a case of allowing the space to have conversations with clients about accessing existing services rather than creating new ones.
- The COO of the ICB warned about being driven by data – but instead urged members to use collective knowledge to address poverty and obesity to turn the tide of health issues in 10 years. An example of this is the three new hospital wards being built in the City.
- In response to the above comments, the presenting officer agreed that active secondary prevention is about supporting patients to make beneficial choices.
- The UHL representative noted that the Alcohol Liaison Team are an example of a cross-working team. He felt that every £1 invested in that kind of work releases £3 downstream.
- The DPH noted that there will be two new methods to progress the prevention work in 2024/25. The first is that Public Health and Social Care will be systematically working with primary care (this has been ad-hoc in the past). The second is that there will be a new Prevention and Inequalities Group for the City – which will have members from ICB, PH, Social Care, UHL and Primary Care. Plans are being drawn up – and this group will focus on specific conditions in a robust, targeted way.
- The Chair noted that many people only seek medical assistance when they are very ill – so anything we can do to encourage people to have their blood pressure or pulse taken could help early detection/diagnosis. Sports events have been used to reach people for these tests in the past – but could we now look to include the festivals/events programme in the City? Cllr Clarke noted that Star Diabetes already attend our festivals/events – but was happy for this to expand via the HWB.

RESOLVED:

That the Board thanked Officers for the report - and asked that comments from the Board be taken into account.

57. LEICESTERSHIRE'S TARGETED LUNG HEALTH CHECKS PROGRAMME OVERVIEW

Sally Le-Good (Senior Cancer Service Manager, LLR ICB) presented an overview of the Targeted Lung Health Check (TLHC) Project to be offered to those aged 55 to 74 who are at a greater risk of developing lung cancer.

It was noted that:-

- This is a new screening service being rolled out across England. It will help identify lung diseases/cancers.
- The screening is offered to anyone 55-74 who have ever smoked; in Leicester, Leicestershire and Rutland this will equate to 78,000 people.
- Those identified will be invited to be screened. This will start as a telephone triage, leading on to a face-to-face spirometry test, chest x-ray and CT Scan as required. The result can either be referral to smoking cessation or onward to care/treatment.
- The pathway is not prescriptive yet – and local decisions are required. To enable those decision to be made at a clinical level the programme has been paused. However it was hoped that the service will commence from June 2024.
- The screening will create a bulge in early-stage cancers – so an infrastructure needs to be in place.
- There is a Steering Group who will be deciding where the tests will be procured or sub-contracted from. That Group will feed into the Cancer Board (among others) for governance.
- Funding is from the East Midlands Cancer Alliance for this year and next year.

Comments and questions from the Board:-

- Members asked whether people exposed to passive/second-hand smoke should also be invited to the screening. The presenting officer noted that miners and military groups are already being considered as high risk cohorts – and was happy to ask the National Team whether passive smokers could also be added to the list. She did feel however that, as this group will be a very large cohort, it may need to be part of a phased approach. The DPH noted that there is potential for any screening to cause unnecessary worry - and he felt that the National Screening Committee's experts will have already considered the risk balance in order to exclude passive smokers from the screening. He will therefore ask someone in Public Health to look into this in the first instance – rather than making this request direct to the National Team.
- Rachna Vyas felt that we should write to the National Team, as a Board, about the fact that the age profile for the screening is incorrect with regards to Leicester. She felt that the large list can be narrowed if we invite the most at-risk cohorts first – and this is particularly important as the funding is set to end after two years. She felt this should be incorporated into a letter to the national team.
- Members agreed that the invitation letters need to be screened for health literacy and written with our local population in mind – ie be bespoke for Leicester and easy to read/understand. Public Health leads will draft a letter (on behalf of the Board) to the National Team with a request to look at the health literacy of the letter.
- Jo Atkinson noted that there need to be seamless pathways to the cessation services (“Live Well” for Leicester and “Quit Ready” for the County and Rutland. This could use an “opt out” methodology as is used for the maternity smoking cessation offer.

- The presenting officer took on board the comments about the screening letter itself – and noted that the “Gallery” blood letters were reviewed and amended in a similar way and resulted in a 93% retention rate.

RESOLVED:

1. That the Board thanked Officers for the report - and asked that comments from the Board be taken into account.
2. That the DPH will ask someone in Public Health to look into the issue of whether passive smokers could/should be added to the list of invitees to the screening.
3. That the Board will consider writing a letter to the National Team about the current age profile of the screening, and about the possibility of inviting the most at-risk cohorts first.
4. That Rob Howard and Dr Packham will draft a letter, on behalf of the Board, to the National Team with a request to look at the health literacy (ie readability and appropriate use of language to fit our communities) of the screening invitation letter.

58. UNIVERSITY HOSPITALS OF LEICESTER: ANNUAL PREVENTION REPORT

Simon Pizzey (Director of Strategy & Partnerships, University of Leicester Hospitals Trust) presented a report on UHLs progress, in the last year, embedding prevention into services. It was noted that:-

- The report in the pack is an internal one - and is focussed on delivery.
- UHL employ 19,000 staff.
- The report ensures that prevention (and Making Every Contact Count (MECC)) is embedded despite the current financial climate.
- The key aim is to support people to lead an independent and healthy life.

Comments and questions from the Board:-

- Dr Packham was grateful that UHL are committed to MECC training for their staff - but noted that the capacity in City and County Public Health teams is insufficient to conduct this training for all UHL staff. She urged all members to consider investment in order to do MECC at a large scale. The Chair noted that the report discussed the “Train The Trainer” model; she welcomed that as it should result in added capacity.
- The DPH asked that the Board commit to at least maintaining the levels of MECC and CURE that we have currently (as a bare minimum).
- The Member representing the Sports Alliance noted that obesity and the environment were not mentioned in the report. The presenting officer will include those in future reports – and noted that substance misuse in children will also be included in future reports.
- The Chair asked whether the issue of cold homes could also be part of the prevention conversation in future.
- Cllr Clarke asked whether UHL’s reconfiguration is helping with prevention, particularly as it may mean people are accessing services differently. The presenting officer agreed that reconfiguration is helping.

RESOLVED:

1. That the Board thanked Officers for the report - and asked that comments from the Board be taken into account.

59. DATES OF FUTURE MEETINGS

To note that a meeting has been arranged for the following date (submitted to the Annual Council in May 2023). Please add this date to your diaries. Diary appointments will be sent to Board Members.

- Thursday 18 April 2024 – 9.30am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and G02 at City Hall unless stated otherwise on the agenda for the meeting.

RESOLVED:-

Governance Services officers will bring the list of meeting dates, for the remainder of 2024, to the next meeting.

60. ANY OTHER URGENT BUSINESS

There being no other business the meeting closed at 12 noon.



**LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 18th April 2024**

Subject:	Joint Health, Care and Wellbeing Delivery Plan progress update – August – February 2024
Presented to the Health and Wellbeing Board by:	Diana Humphries- Programme Manager, Health and Wellbeing Board
Author:	Diana Humphries- Programme Manager, Health and Wellbeing Board

EXECUTIVE SUMMARY:

Leicester's Joint Health, Care and Wellbeing strategy (JHCWS) outlines the health and wellbeing needs of Leicester's population and highlights 19 priorities for action. These are categorised into 'do,' 'sponsor,' and 'watch' in recognition that equal resource and focus cannot be given to all 19 priorities simultaneously. This update reflects progress highlights, next steps, and key risks against the six 'do' priorities which were selected, through a public consultation, for initial focus, and for which a full action plan has been developed to run from 2023-2025. The period covered by this update is August – February (inclusive) 2024.

The action plan is a collaborative plan which encompasses activity across the Local Authority, NHS, Integrated Care Board, and the Voluntary and Community Enterprise Sector (VCSE).

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Review the detail of the report.
- Provide feedback on any topics or matters arising from updates where more detailed discussions would facilitate delivery.
- Provide feedback on opportunities for strategic leadership to enhance progress against individual priority areas.
- Provide any feedback on mitigation of risks and issues that are included within the report.

Healthy Start

Priority: We will mitigate against the impacts of poverty on children and young people

Detail of progress to date:

List of projects and summary of outcomes below:

Active Projects	Outcome to date	Next step	Risks
<p>STORK Programme (<i>Supporting Training Offering Reassurance and Knowledge</i>)</p> <p>To implement a parent, carer and family empowerment and educational package, aimed at reducing the risks for infant mortality in LLR. The training covers different aspects of safer sleeping and is delivered to workforce within maternity and neonates.</p>	<p>Delivery of a parent education and skills support/empowerment programme, to all at-risk parents and families cared for by UHL neonatal and maternity services.</p> <p>Initial project term has concluded. No funding available to develop the STORK Project further into the community. Looking to evaluate now.</p> <p>Awaiting detail on evaluation which should feature information on outcomes and benefits.</p>	<p>Would like to fund a programme manager for the next 2 years to scope how to be embed the concept of STORK and its digital application throughout health and wellbeing services. Programme sits within UHL.</p>	<p>No funding to expand further</p>
<p>Peer Support Programme</p> <p>Programme recruits Peer Support Workers which are people with lived experience to act as an advocate in perinatal mental health.</p>	<p>The perinatal team have received a team preparation session which provides information about peer support, the evidence base, provides the opportunity to dispel myths, ask questions, talk about fears and worries about the peer support role.</p> <p>Currently there is 1 peer support worker in the service but plans for the development of a lived experience network which will provide the opportunity for women</p>	<p>Also linking in with other VCSE organisations such as blossom and bloom, Mamas, Heads up Leicester and Homestart, who have volunteers with lived experience who may be looking for development opportunities.</p>	<p>Not being able to recruit enough peer supporters with the appropriate lived experience.</p>

	with lived experience to find out more about peer support opportunities.		
Family Hubs Network of support both online and at physical locations across Leicester.	5 Family Hubs early adopter sites are in place, the main Family Hub sites to be identified by the end 2024. Delivery Plan in place and working towards it. Governance in place and has oversight from the Head of Service for Early Help. Schools Heads presentations and partnership workshop held. Soft Launch events held in Leicester City.	Roadshow engagement events to be held. Digital website in development. The Family Hub team within Leicester City Council have commissioned Mapping for Change to conduct a Needs Assessment which will impact the priorities and direction of Family Hubs, this is due to be completed in May 24.	None identified.
Community Anti-Poverty Grants	Update not provided.	Awaiting decisions regarding second round of grants.	None identified.

Healthy Minds

Priority 1: We will improve access for children & young people to Mental Health & emotional wellbeing services.

Priority 2: We will improve access to primary & neighbourhood level Mental Health services for adults.

Progress to date

Children and young people (CYP)

Active Projects	Outcome to date	Next step	Risks

<p>Mental Health Support Teams</p> <p>Provide direct mental health support in schools (1:1, group work, workshops, assemblies, staff support / education, signposting).</p>	<p>At the end of the 2023/24 academic year, LLR MHSTs will have 11 functioning teams which equates to six localities within Leicester City and five across Leicestershire, including cover within Rutland. The service will cover ~96,000 C&YP aged 5-18. The locality teams offer a service to schools within a given geographical area up to a population of 8,000 C&YP. The interventions vary from group work to individual sessions affecting measurement of reach.</p> <p>Wave 9 trainees have commenced training. Planning has started for 2 new wave 11 teams for 24/25 in City Central & West, and a team in Blaby.</p>	<p>MHST Led C&YP workshops for C&YP MH Week 5th – 11th Feb.</p> <p>The data is still being extracted, they were held across LLR secondary schools that have a MHST – initial numbers indicated 7,700 C&YP were reached in this week through 1:1, workshops, activities, assemblies (although this is LLR wide, not just the City).</p>	<p>Action planning to ensure readiness in the City and mitigate risks around access (early conversations around pathways and alternative models).</p>
<p>C&YP directory & QR code campaign</p> <p>This will contain a directory of services available for C&YP's MH and emotional wellbeing. It is being designed by C&YP to ensure it is C&YP friendly with an aim to improve access. The QR code will be displayed in various places so that C&YP can link straight onto the website.</p>	<p>Held CYP Directory pop up's in Highcross and Haymarket. There were 2 which were held on the 20th & 21st Feb – results of the engagement have not yet been analysed.</p>	<p>C&YP directory & QR code campaign – project commenced 4th Dec.</p> <p>CYP Directory pop up shops for engagement coinciding with both half terms.</p>	<p>None identified.</p>
<p>Youth Workers and Enhanced Chill</p>	<p>Enhanced Chill Out Zones flyer of information has been</p>	<p>1 role has been recruited, awaiting recruitment of</p>	<p>None identified.</p>

<p>Out Zones</p> <p>The enhanced chill out zones are workshop sessions in schools and community venues in LLR for children from year 1 to year 13. This has a strong preventative approach which enables C&YP to build their resilience and coping strategies which can prevent them reaching crisis point and accessing services such as the Emergency Department (ED) & CAMHS. The role of the Youth workers is to engage within the local community building relationships.</p> <p>Follow-up on C&YP who have attended the Emergency Department to make them aware of local MH services that can help support them as an alternative to ED.</p>	<p>circulated at the Provider Network meeting and to key partners.</p> <p>Received financial confirmation of winter funding for both youth workers and enhanced chill out zones. Feedback any barriers to accessing services or gaps in service that may be identified through their work.</p> <p>Numbers of people benefiting so far: December 23: 11 1:1 CYP workshops January 24: 11 1:1 CYP workshops February 24: 18 1:1 CYP workshops</p> <p>Total = 40 CYP 1:1 workshops</p>	<p>2nd worker.</p> <p>1:1 workshop scheduled: March 24: TBC 31st March 2024</p>	
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<p>City Early Intervention Psychological Support (CEIPS).</p> <p>Work within schools in the City - not those that have MHST's. They deliver brief early intervention programme where C&YP can reflect on their emotional wellbeing with respect to anxiety, low self-esteem, worries, exam stress and everyday friendship skills with an assistant psychologist.</p>	<p>This preventative and early approach helps C&YP understand their thoughts and feelings and develop coping strategies and resilience they can incorporate into everyday life. Through this work C&YP will be better prepared to manage their MH and emotional needs which will impact access to services such as the ED and CAMHS.</p> <p>CEIPS team has worked with 67 different schools in the primary and secondary school sector. It has delivered a combination of direct casework small group work interventions, and critical incident support (around loss , bereavement death).</p> <p>The team is 2.5 full-time equivalent and supervised by clinical and educational psychologist. The outcomes and impact a very positive.</p> <p>Nearly 250 children and young people have been seen during the last two years.</p>	<p>CEIPS core service contract has been extended until March 2025.</p>	<p>None identified.</p>
<p>Families, Young People and Children: Additional Roles Reimbursement Scheme (ARRS)</p> <p>Through the scheme, primary care networks (PCNs) can claim reimbursement for</p>	<p>2 band 6 Mental Health Practitioner roles, 1 for Leicester City.</p> <p>Leicester City South PCN.</p> <p>The Mental health practitioners offer targeted therapeutic interventions to YP (0-18yrs), presenting with</p>	<p>The MHP holds a caseload of 15 clinical contacts per week for a WTE (whole time equivalent), (average between 75 -90 young people per year) and 9 clinical contacts for 0.6 WTE, (average</p>	<p>Awaiting a further update on how the work is going.</p>

<p>the salaries (and some on costs), selected to meet the needs of the local population.</p>	<p>a mild to moderate mental health presentation by offering up to 6-8 sessions. This ensures that young people are given the tools they need to manage their presentation before it requires an intervention by a more specialist CAMHS service.</p>	<p>between 45 -60 young people per year). These figures are dependent on how many sessions accessed/offered to YP/parent/carer and this could increase. The offer will be up to 6-8 sessions per YP and or parent/carer. This includes an initial assessment of need, 1-1 work. At this stage it is difficult to judge the impact of having a youth worker and how many young people will be supported via this opportunity.</p> <p>Both of the clinicians have started and have undertaken their inductions with both CAMHS and GP's and are now seeing young people.</p>	
<p>11-25 transitions engagement</p>	<p>Live: supporting team to reach C&YP, midpoint evaluation shows highest responses in 17 – 25 with MH as biggest health concern</p> <p>CYP engagement numbers – Surveys completed: 11–25-year-olds 1,908. Approx 30% are 17 to 25 years old.</p> <p>This is not including VCSE focus group numbers.</p>	<p>The insight gathered will be evaluated by an independent evaluator. An initial report of findings will be produced from survey data. Qualitative insight report will be produced from the VCSE engagement.</p> <p>Embedding process: insight will be shared across health systems</p>	<p>None identified.</p>

		<p>CYP HWB Collaborative LD Collaborative Partnership groups – E.g. CYP, MH, Carers, HWB Boards</p> <p>Feedback event: High profile event, lead jointly by young people and VCSE and the ICB Board.</p>	
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**Progress to date
Healthy Minds (Adults)**

Active Projects	Outcome to date	Next step	Risks
Awareness Raising Roadshow	<p>An awareness raising roadshow has been completed in a range of neighbourhood venues and local business enterprise inc. GP Practices, Tesco (Hamilton), Sainsburys, Walkers (PepsiCo), Hastings providing information to local people to improve access.</p> <p>327 people spoken to across 13 events (GP Practices, Libraries, supermarkets). Roadshow at Walkers Crisps (c.1,880 employees). Tesco's (est. c.900 footfall in hours roadshow took place).</p>	<p>Blueprint developed for rolling out local small-scale stands in a community spaces (GP practices, libraries, local businesses) which provides information on all local offers and the opportunity to speak to an 'expert in the area'.</p>	None identified.
Mental Health Cafes	<p>8 providers have received continuation funding for providing Neighbourhood Mental Health Cafes. The University cafes (DeMontfort & Leicester) and other neighbourhood cafes have gone back out to the market. VAL supporting the application process. Specs revised and a new University spec developed as a result of the reviews.</p>	<p>Reviews underway to track progress.</p> <p>Applications for available cafes being reviewed by multi-sector Panel on 8th March 2024.</p> <p>Increased training across café providers to teach psychologically informed skills to</p>	None identified.

	There have been 1,061 contacts at the City cafes since November '23'.	individuals to increase ability to self-help. Analysis of data highlighting key groups not accessing the cafes and engagement work to commence to increase use of the cafes.	
Mental Health Training	Training to be rolled out to VCS sector. Talking therapies (through VitaMinds) are also to be offered to VCSE. Target is for 8-12 sessions over the year. A sleep session has been delivered in March with 31 people registered. A 'What is stress' session is planned in April. It is estimated that around 50 individuals would benefit from these sessions.	Increased training across café providers to teach psychologically informed skills to individuals to increase ability to self-help.	None identified.
Dementia projects	Grant programme monitoring is complete. 29 projects in total. Some projects continue due to independent funding. Updates shared with Dementia Programme board. LLR Dementia Strategy consultation complete. Lead member updated in detail through LMB reports.	Publish strategy post sign off from partner organisations. Bring this to the Health and Wellbeing Board.	None identified.
Decider skills (form of CBT) 12 VCS providers have been offered 3 Decider Skills training packages. The training allows recovery workers to teach	36 individuals will receive the training that will; <ul style="list-style-type: none"> - Increase their knowledge of psychologically informed skills to support people to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health. This will also support the	Ongoing work by LPT to embed community mental health teams into eight neighbourhood teams across LLR and integration with primary care and other health and social care services. Testing of the new front door model expected in City East in February	None identified.

individuals skills to support their mental health & well-being.	workers to manage their own mental health.	2024. Request a 'stock take' of the MH offer to improve awareness of the available capacity.	
'3 Conversation' Project 3 Conversations is a strength-based approach to transform the way teams and services interact with individuals, moving away from traditional system referrals to a more person-centred interaction.	A team of reablement workers are working with people in a 3-conversation way to implement the approach. There are two innovation sites in Leicester City. The Innovation sites have 1-2 reablement workers per site, each who can support up to 10-12 people over a 6-week period. City East (proposal agreed) – Supporting individuals who have been referred multiple times to Community Mental Health Services but not met the threshold. Reablement workers will engage the individuals and develop plan and actions to support their needs. Saffron & Eyres Monsell (Live) - sets out to support people initially who had PPNs (Police Protection Notices). Reablement workers engage with the individuals and are there to support people to identify and reach the help they require. A drop in has also been developed at the Pork Pie Library.	Progress on establishing a local Step 3 plus (NHS Psychological Therapies LLR) service to strengthen the overall LLR psychological therapies support offer. The projects should run until March 2025	None identified.
Peer Support workers This is linked to the transformation of the community mental health services and increasing the number of	39 individuals with lived experience of mental health are in employment. Valuing the skills of people who live with or who have experienced Mental ill health. Peer support workers have been recruited mainly as a result of attending the peer support worker training. The pathway tends to work on a	To develop additional training and pathways for the PSWs to develop their skills.	None identified.

people with lived experience employed within secondary care mental health.	train to recruit basis. MH services and teams have signposted individuals, the Recovery College and Patient Experience team have also signposted individuals to the training course.		
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Healthy Ageing

Priority: We will enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.

Active Projects	Outcome to date	Next step	Risks
<p>Discharge to Assess Project</p> <p>This work is a requirement set by NHS England whereby all ICB's have local plans in place which enable patients who have been medically optimised for discharge and require social care support being discharged within 2 hours / same day. The City has received 433k to assist with developing this which is also set on an LLR footprint that enables the freeing up of hospital beds, reduces the risk</p>	<p>A detailed ASC Scrutiny Report is now available which was presented to the Scrutiny Commission on 7th March 24 which was well received and lists the key benefits and achievements so far. The report shows how 401 people benefited from this service in its first 3 months of go live (Nov 1st 23 to Jan 31st 24) with 58% becoming fully independent with no ongoing care needs.</p> <p>The overall value can be measured not only through freed up hospital beds, alongside better outcomes for the people of Leicester but also less reliance on the</p>	<p>Key developments are around transforming our current therapy led offer into one that can support our high dependency cohort. This is a cohort characterised by cognitive impairment and behaviour that challenges and is a cohort that is often hard to place so at risk of long length of stays within UHL. It is also not a cohort that currently is provided with an intermediate care offer.</p>	<p>Ensuring people with double-handed care needs are also discharged through this pathway. In order to progress with this, the service has revisited its staffing rotas and processes to ensure capacity and flow is sufficient to help sustain this. It is anticipated by 1st June 24/before this risk will have been significantly reduced.</p> <p>There are a very small number of people who are re-admitted into hospital so its ensuring any</p>

of deconditioning in hospital through the Reablement Service which actively promotes independence and integrated care leading to better outcomes.	ASC Dom Care Commissioning Budget.		re-admissions are avoided (where possible) by working alongside all our system partners.
Supported Living Arrangements	Procurement for the development of 2 independent living schemes has not been successful with no viable bids.	Recommended that a critical review is carried out to look at whether the vehicle was the right one to deliver accommodation. Scope of work will include engagement with market, explore different delivery models for accommodation. Currently in the scoping stage of that review.	None identified.
Carer Support Service	Report on findings from engagement and proposed model for Carer Support Service has gone to SMT.	The purpose of the engagement was to understand whether the existing model of carer support was the right one and what changes would be necessary as part of the future model. The model has been revised and is now out for procurement. Deadline for tender submission is Monday 4th March 2024.	The potential for a failed procurement.
ICRS (Integrated Crisis Response Service) to work alongside Loros	Work on the development of an overnight service for End of Life Care (Go Live Jan 2024). The Unscheduled Care Hub is a co-located offer of key/critical services that work together in helping prevent EMAS (East Midlands	This pilot will no longer be taking place as Loros are unable to progress. The ICB have been made aware. The ICB hosts the totality of people accessing this service which can be shared at the next update. ICRS refers into the hub on a regular basis each month (around 10 people per month) and equally	N/A no longer going live The numbers from an ICRS perspective remain relatively low so this will need to be monitored to ensure the Hub offers maximum benefit to as

	<p>Ambulance Service) call outs and hospital admissions. In many ways it's an extension of the Home First offer at the Neville Centre, but with a real focus on hospital avoidance. It brings together key services such as ICRS, Therapy, Nursing and County services all working together from one building.</p>	<p>responds to any referrals being made via the Hub members whereby ICRS responds within 2 hours.</p> <p>The primary benefit is EMAS and hospital avoidance and treating the person at home immediately with all the key wrap around services enabling integrated and co-ordinated care.</p>	<p>many people as possible which is anticipated to grow overtime.</p>
<p>Engagement for short term breaks for carers/ parents of people with LD and Autism.</p>	<p>We lack short breaks for parents/carers of people (18+) with LD/A. Officers are working up the plan with a view to inviting parents in the city to a series of focus groups. We need to manage expectations but given our spend we want to explore whether there are any efficiencies in the way we currently spot purchase a short break as opposed to a commissioned offer.</p>	<p>A plan for engagement being developed – officers in the team are working up proposals and a timeline for engagement.</p>	<p>Some capacity issues due to other pressing work so engagement temporarily delayed.</p>
<p>Making Every Contact Count</p> <p>This is a low-cost intervention which is underpinned by the evidence-base for behaviour change approaches to</p>	<p>Making Every Contact Count has been rolled out to all care navigators to enhance the preventative element to the service that they provide. This has included extensive work with partner organisations to understand things</p>	<p>No next steps in terms of a specific project within Adult Social Care, but consideration ought to be given to how Making Every Contact Count could be rolled out to other departments within the Council.</p>	<p>None identified.</p>

prevention.	<p>like the action to take when they identify someone with hoarding behaviours for example.</p> <p>2 staff within Adult Social Care are now trained as ‘train the trainers’ which will enable them to deliver sessions on an as-needed basis, and additional training sessions have now been offered to staff across different ASC areas. MECC/ Healthy Conversation Skills is also incorporated into the mandatory training package for new starters in ASC as part of their overall approach to strengths-based practice.</p>		
Day Opportunities	<p>Complete. Service redesigned and new contracts in place from 1st April & 1st October 2023. 17 organisations on framework, across 5 lots.</p> <p>Lot 5 – Complex and Multiple needs is jointly commissioned with health.</p>	<p>Quarterly provider forums are now established. Follow ups with social work teams to understand referral numbers.</p>	<p>Low take up of services is a risk as contracts might not be sustainable for some organisations, thereby reducing choice on the framework.</p>

Healthy Places

Priority: We will improve access to primary and community health and care services.

Active Projects	Outcome to date	Next step	Risks
<p>Develop integrated neighbourhood teams to work in more coordinated way with partners at a local level through enabling the evolution of PCNs.</p>	<p>Progressing through Deep Dive work with City PCNs.</p> <p>The 10 City PCNs identified 5 Priorities that have been delivered throughout 2023/24 which include;</p> <ol style="list-style-type: none"> 1. Bowel Cancer Screening 2. Weight management 3. Hypertension 4. ICKD (Integrated Chronic Kidney Disease) 5. Womens Health <p>In addition, PCNs are progressing the delivery of their Health Inequality Plan and Personalised Care Plans as part of the PCN DES requirement.</p> <p>Holding monthly meetings to share best practice and encourage integrated working – launch of Joy App and use of Care Navigator.</p> <p>To fully understand the level of integration and collaboration in delivery of the above, the ICB have been linking in with the City</p>	<p>Undertake further deep dive and sharing of best practice.</p> <p>Enable PCNs to co-design plans with their partners on addressing health inequality.</p> <p>Support PCNs to progress in their Maturity Matrix.- which outlines components that underpin the successful development of networks.</p>	<p>None identified.</p>

	<p>PCNs to capture the work progressed, the use of the Additional Roles</p> <p>Reimbursement staff to enable these plans to be progressed, the level of interaction in the community, etc.</p> <p>This deep dive information is being gathered for example, a Social Prescriber has shared examples of the variety of work undertaken with children supporting their mental health and building their confidence.</p>		
<p>Empower citizens to use technology where appropriate by enabling people to improve their literacy of local technology.</p>	<p>People team presented a segment at the Community Wellbeing Champions Network online forum on the Health+ programme of support for accessing digital health services.</p> <p>LLR ICB comms presented a segment at the 21.11.23 Community Wellbeing Champions Network online forum on helping communities navigate the NHS system to access health care this winter.</p>	None identified.	None identified.
<p>Deliver the Enhanced Access service in Primary Care</p> <p>Enhanced Access aims to remove variability across the country by putting in place a more standardised and better understood offer for</p>	<p>Enhanced Access has been delivered across Leicester City from October 2022 and has seen a rise in the number of appointments which are more accessible and multidisciplinary approach to primary</p>	<p>NHSE will publish the Primary Care Network Direct Enhanced Access guidance / specification which will outline the delivery of</p>	None identified.

<p>patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks (PCNs) to use the Enhanced Access (EA) capacity for delivering routine services.</p>	<p>care, benefiting patients and supporting healthcare providers. A range of appointments are offered focusing on Long Term conditions management, preventive care, same day, etc. PCNs offer more appointments in addition to the core appointments which include evenings and Saturday</p> <p>Continue to deliver EA appts across LLR; EA appts are delivered by a variety of ARRS roles offering a range of clinics. Data from IIF (Investment and Impact Fund) Dashboard has shown an improvement. This data looks at appointments for targeted clinics.</p>	<p>Enhanced Access from April 2024/25.</p> <p>Once the guidance is published, next steps will be designed on how PCNs continue to delivery EA and improve care and access offered to patients across the City.</p>	
<p>On-going discussions re: same day access in terms of PCN EA and ED (Emergency Department) provision.</p>	<p>PCNs offer Enhanced Access appointments Monday to Friday 6.30pm to 8pm and 9am to 5pm on Saturday.</p> <p>ED provision access continues to be available.</p> <p>Estimate of numbers of people benefiting from the scheme cannot be shared due to data recording methods.</p>	<p>ICB continue to monitor EA contracted hours delivered and UCT (urgent treatment centre) activity to consider the level of demand and capacity in both primary care and urgent care.</p>	<p>Enhanced Access – Continuation of DES (Direct Enhanced Service), data received via monthly return, pending publication of EA data. Continue using monthly returns until this information is available. ED – workforce pressures</p>

			and other national implications.
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Healthy Lives

Priority: We will increase early detection of heart & lung diseases and cancer in adults

Active Projects	Outcome to date	Next step	Risks
Hypertension Optimisation	We reviewed the PCN/Practice data up to Jan 2024 for LLR and identified the 20 practices with the lowest rates of optimisation (treatment to target) in the City. Hypertension forms one of the City PCN's key priorities for their community health and wellbeing plan. The data set identified the optimisation gap for each practice – this gap is the number of patients that needs to be recorded as 'optimised' by 31/03/24 to meet the ambition of having 77% of their Hypertensives optimised.	Meeting with City Place to share the data at both PCN and practice level identifying which age group to target: recommendation from this exercise is that they focus their activities on the 79 yrs. and under band. The rationale being that there is a much wider gap in achievement of this indicator. Discussing the data openly will provide an opportunity for practices to share and learn from those practices who are already meeting this target.	That Practices do not act consistently on the information shared.
Hypertension Detection	Links established with LLR Community Pharmacist Lead and engagement with key practices. Identification and targeting of key practices in County & Rutland will commence with activities to increase detection of hypertensive patients.	Working with colleagues in the Medicines optimisation team to develop Community Pharmacy as an enabler for the case finding programme. In addition, practices are being encouraged to make use of the mobile unit and set up	Ensuring that communication between Primary Care and Community Pharmacy remains clear. The Medicines Optimisation team is working to ensure that 'messaging' from

	Utilising community pharmacy in the approach will be critical to meeting the national targets.	community events or have the unit parked outside in their car parks where possible. Community Connectors are being asked to support with raising awareness and education – e.g., the ‘Know your numbers’ initiative, stressing the importance of undertaking the blood pressure checks at comm pharmacist etc.	Pharmacy to patients is consistent, to avoid an unnecessary practice attendance.
FIT test Pilot	<p>A City PCN is undertaking a pilot to directly provide patients with FIT (Faecal Immunochemical Test) and samples to be returned to the surgery – Feedback is positive.</p> <p>IIF (Impact and investment Fund) January 24 data has just been released and LLR have achieved 81.9% of Lower GI (Gastrointestinal) referrals which are accompanied by a FIT diagnostic test completed in the last 3 weeks. This is over the required 80%.</p>	Carry out a review of the PCN FIT pilot and work with County to extend the pilot to another PCN.	The risk will be around April when the % will reset as the data we collect next to our targets is cumulated annually. Because of information governance we are unable to be provided with the data from practices with 6 or less patients either having been referred or tested by LHS (Leicestershire Health Informatics Service).
Cervical Screening and HPV Work	<p>Mobile cervical screening for women experiencing homelessness was undertaken. One patient was seen, although this is low numbers that is one person who would not have accessed the service and a review was undertaken on how to promote this within the target group in the future.</p> <p>Colposcopy chair</p>	LD Video is currently being edited and HPV will be recorded 12/3/24.	Increase of screening uptake inevitably will impact diagnosis rate and demand on the system-difficult when we are still tackling the backlog. 62 day wait still a massive issue

	purchased.		
<p>Targeted Lung Checks Programme</p> <p>The Targeted Lung Health Check (TLHC) Project is a new service offered to those aged 55 to 74 who are at a greater risk of developing lung cancer.</p>	<p>Nationally the TLHC programme has diagnosed over 1,350 lung cancers so far, more than 75% at stage one or two in line with national guidance on more stage 1 and 2 cancers being diagnosed by 2028.</p> <p>A snapshot of our current LLR population suggests that screening will be for 189,210 eligible participants (i.e. ever smokers) however some areas have utilised an open invitation technique, if we were to pursue that then it would be anyone within the age frame of 55-74 who is an LLR resident, the numbers of which currently sit at 243,359.</p>	<p>Project documentation is being completed for agreement when the Clinical Director is in position.</p>	<p>Some issue around the financing of the whole project as we have limited posts supported by EMCA and the rest needs to be supported via the tariff aligned with UHL work.</p>
<p>Awareness campaigns</p>	<p>Future awareness campaigns in early diagnosis – lung cancer and skin cancer.</p>	<p>Producing videos to support skin cancer and breast screening too ongoing.</p>	<p>Lack of time and resource across the system to push some of this work forward – recruiting of PMs will alleviate some of this pressure.</p>

Home

Foreword

Strategy purpose

Background

Core 20 Plus 5

Why the need for a strategy?

Themes for Action

Theme 1: Healthy Places

Theme 2: Healthy Minds

Theme 3: Healthy Start

Theme 4: Healthy Lives

Theme 5: Healthy Ageing

Key Priorities

What

Leicester's Care, Health and Wellbeing Strategy 2022-2027

Delivery Plan Update
August- March 2024

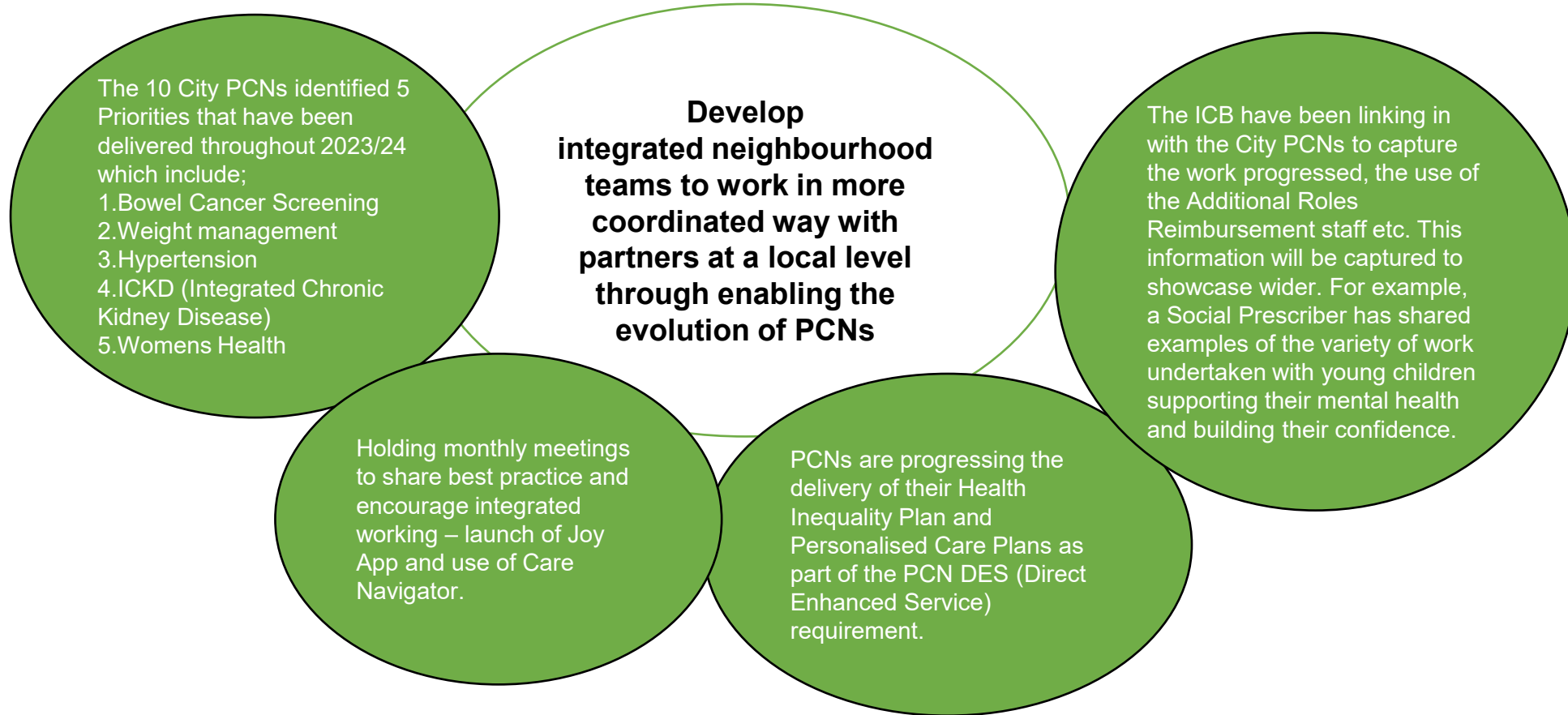
Item 5

Theme	Proposed Priority
<p>A. HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work</p>	1. We will improve the built environment to support people’s long-term health and wellbeing.
	2. We will improve access to primary and community health and care services.
	3. We will move towards being a carbon neutral city.
	4. We will create Mental Health & Dementia friendly communities within Leicester.
<p>B. HEALTHY START Giving Leicester’s children the best start in life.</p>	5. We will give every child the best start in life by focusing on the critical 1001 first days of life.
	6. We will make sure our children are able to Play and Learn.
	7. We will mitigate against the impacts of poverty on children and young people.
	8. We will empower health self-care in families with young children.
<p>C. HEALTHY LIVES  Encouraging people to make sustainable and healthy lifestyle choices</p>	9. We will take action to reduce levels of unhealthy weight across all ages.
	10. We will increase early detection of heart & lung diseases and Cancer in adults.
	11. We will promoting independent living for people with long term health conditions.
	12. We will improve support for Carers.
<p>D. HEALTHY MINDS Promoting positive mental health within Leicester across the life course</p>	13. We will improve access for children & young people to Mental Health & emotional wellbeing services.
	14. We will improve access to primary & neighbourhood level Mental Health services for adults.
	15. We will reduce levels of social isolation in older people and adults.
	16. We will work towards having no deaths from suicide in the city.
<p>E. HEALTHY AGEING Enabling Leicester’s residents to age comfortably & confidently</p>	17. We will enable Leicester’s residents to age comfortably and confidently through a through a person-centred programme to support self-care, build on strengths and reduce frailty.
	18. We will promote independent living, so that older people can live in their own homes and communities.
	19. We will reduce the number of falls for people aged 65+ in Leicester.

Healthy Places

DO: We will improve access to primary and community health and care services.

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Next Steps

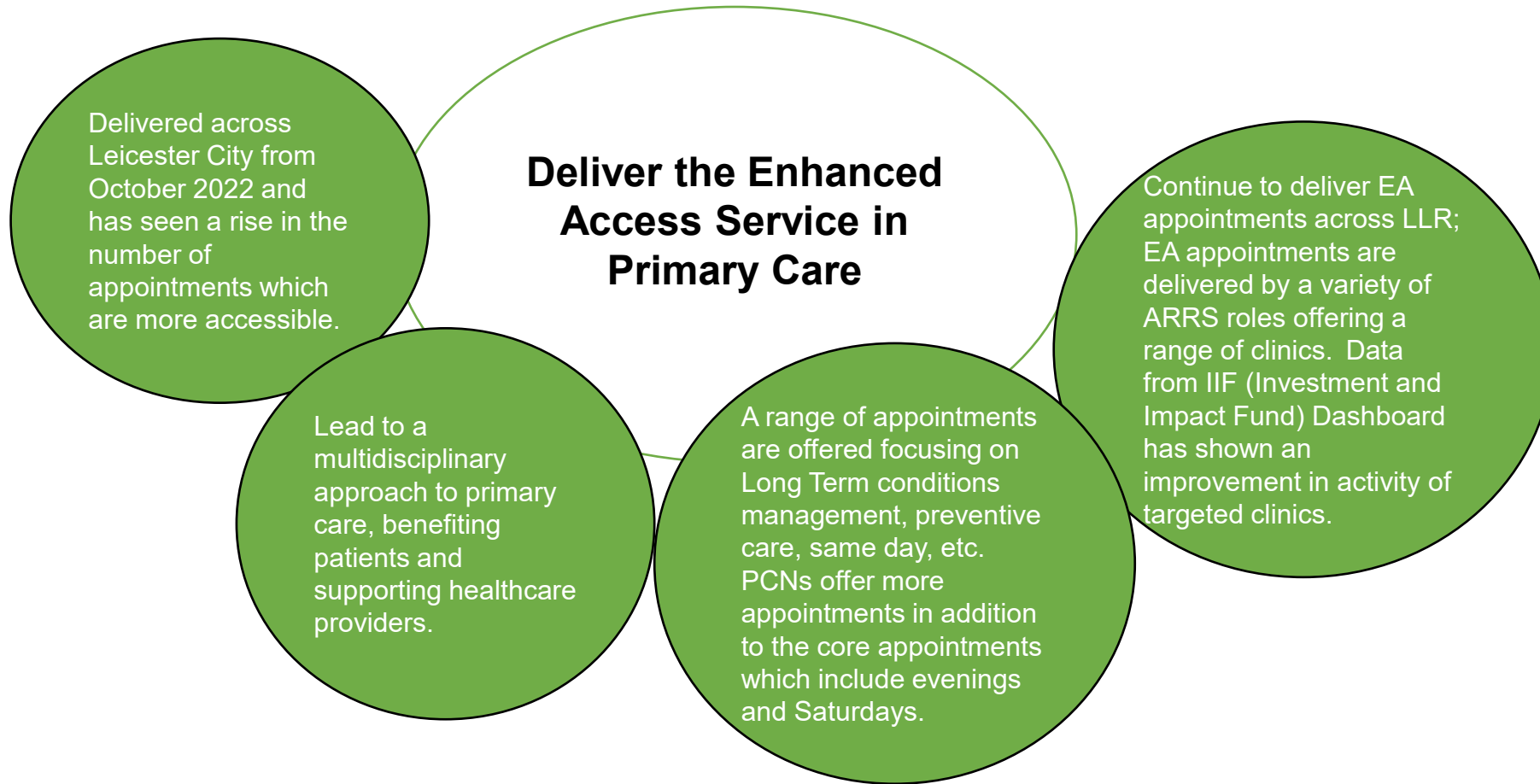
Undertake further deep dive and sharing of best practice.

Enable PCNs to co-design plans with their partners on addressing health inequality.

Support PCNs to progress in their Maturity Matrix.- which outlines components that underpin the successful development of networks.

Healthy Places

DO: We will improve access to primary and community health and care services.



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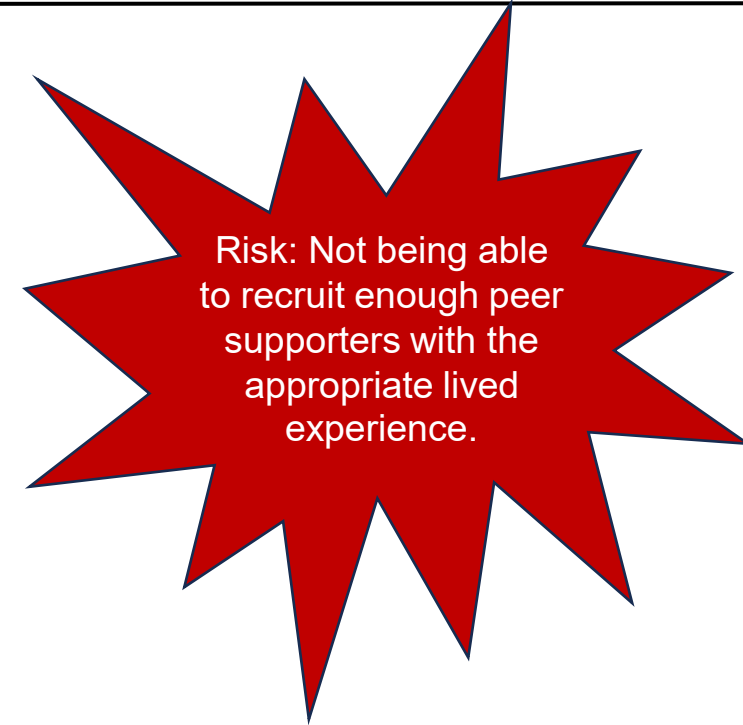
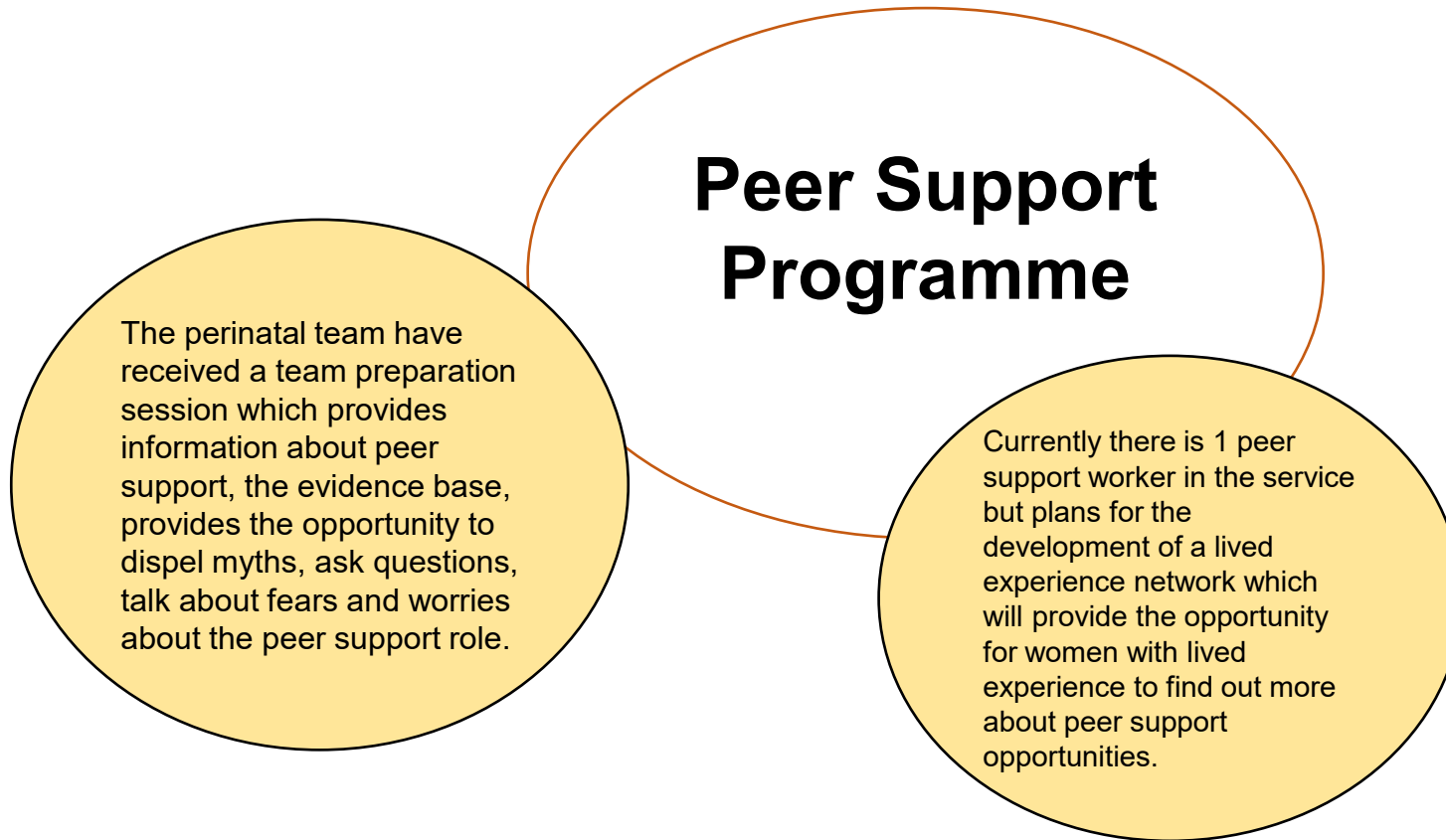
Next Steps

NHSE will publish the Primary Care Network Direct Enhanced Access guidance / specification which will outline the delivery of Enhanced Access from April 2024/25. Next steps will then be designed on how PCNs continue to delivery EA and improve care and access offered to patients across the City.

Healthy Start

DO: We will mitigate against the impacts of poverty on children and young people

41

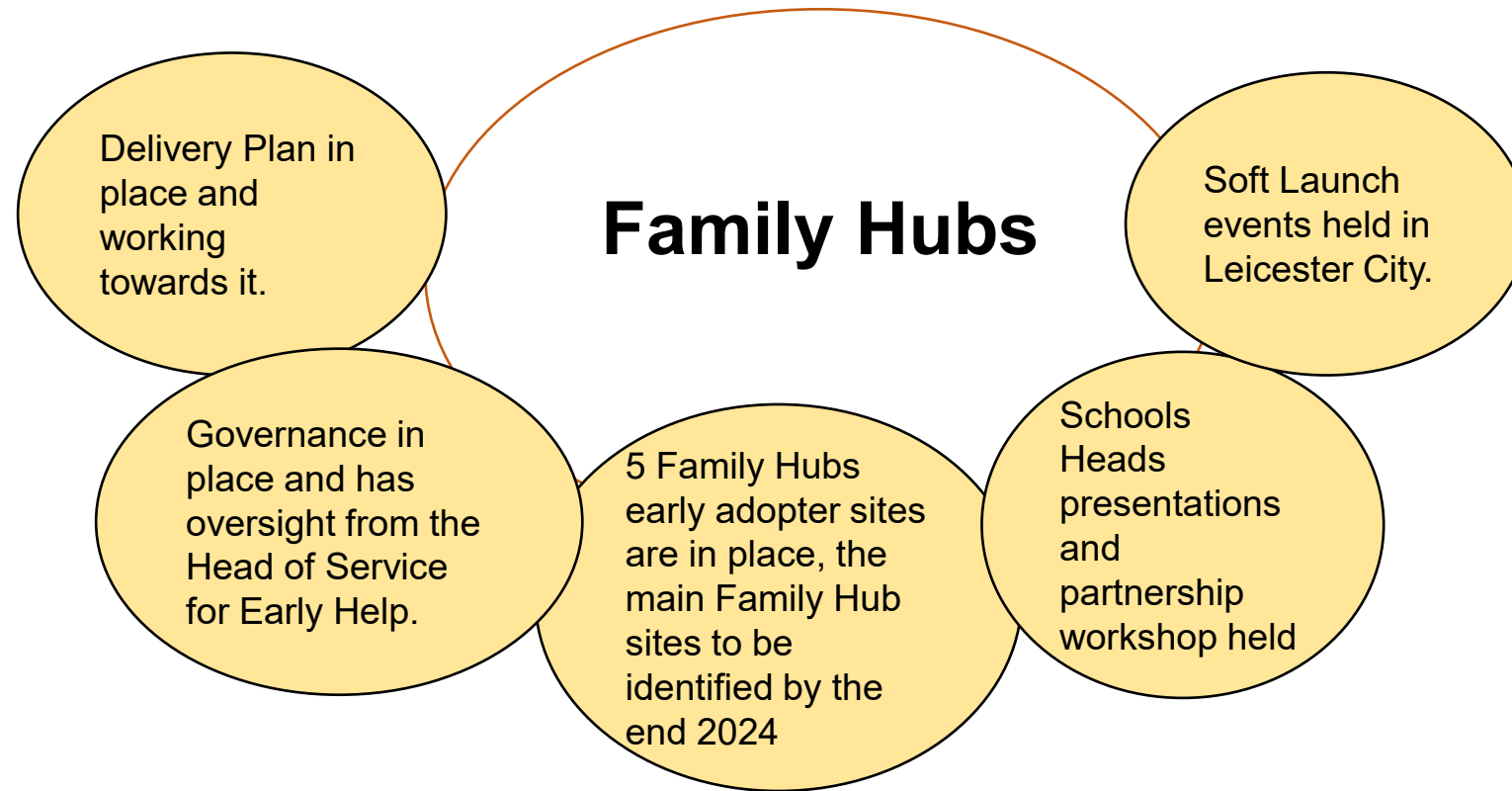


Next Steps

Also linking in with other VCSE organisations such as blossom and bloom, Leicester Mamas, Heads up Leicester and Home Start, who have volunteers with lived experience who may be looking for development opportunities.

Healthy Start

DO: We will mitigate against the impacts of poverty on children and young people



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Next Steps

Roadshow engagement events to be held; Digital website in development; Needs Analysis taking place and due to be completed May 24

Healthy Lives

DO: We will increase early detection of heart & lung diseases and cancer in adults

43

Hypertension Optimisation

Reviewed the PCN/Practice data up to Jan 2024 for LLR and identified the 20 practices with the lowest rates of optimisation (treatment to target) in the City.

The data set identified the optimisation gap for each practice – this gap is the number of patients that needs to be recorded as 'optimised' by 31/03/24 to meet the ambition of having 77% of their Hypertensives optimised.

Practices may not act consistently on the information shared.

Next Steps

Met with City Place group to share the data at both PCN and practice level identifying which age group to target, recommendation from this exercise is that they focus their activities on the 79 yrs. and under band. There is a much wider gap in achievement of this indicator. Discussing the data openly will provide an opportunity for practices to share and learn from those practices who are already meeting this target.

Healthy Lives

DO: We will increase early detection of heart & lung diseases and cancer in adults

FIT Test Pilot

A City PCN is undertaking a pilot to directly provide patients with FIT (Faecal Immunochemical Test) and samples to be returned to the surgery – Feedback is positive

IIF (Impact and investment Fund) January 24 data has been released and LLR have achieved 81.9% of Lower GI (Gastrointestinal) referrals which are accompanied by a FIT diagnostic test completed in the last 3 weeks.. This is over the required 80%.

In April, the % will reset as the data collected next to targets is cumulated annually. Because of information governance, they are unable to be provided with the data from practices with 6 or less patients either having been referred or tested by LHS (LeicestershireHealth Informatics Service).

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Next Steps

Carry out a review of the PCN FIT pilot and work with County to extend the pilot to another PCN.

Healthy Minds

DO: We will improve access for children & young people to Mental Health & emotional wellbeing services.

45



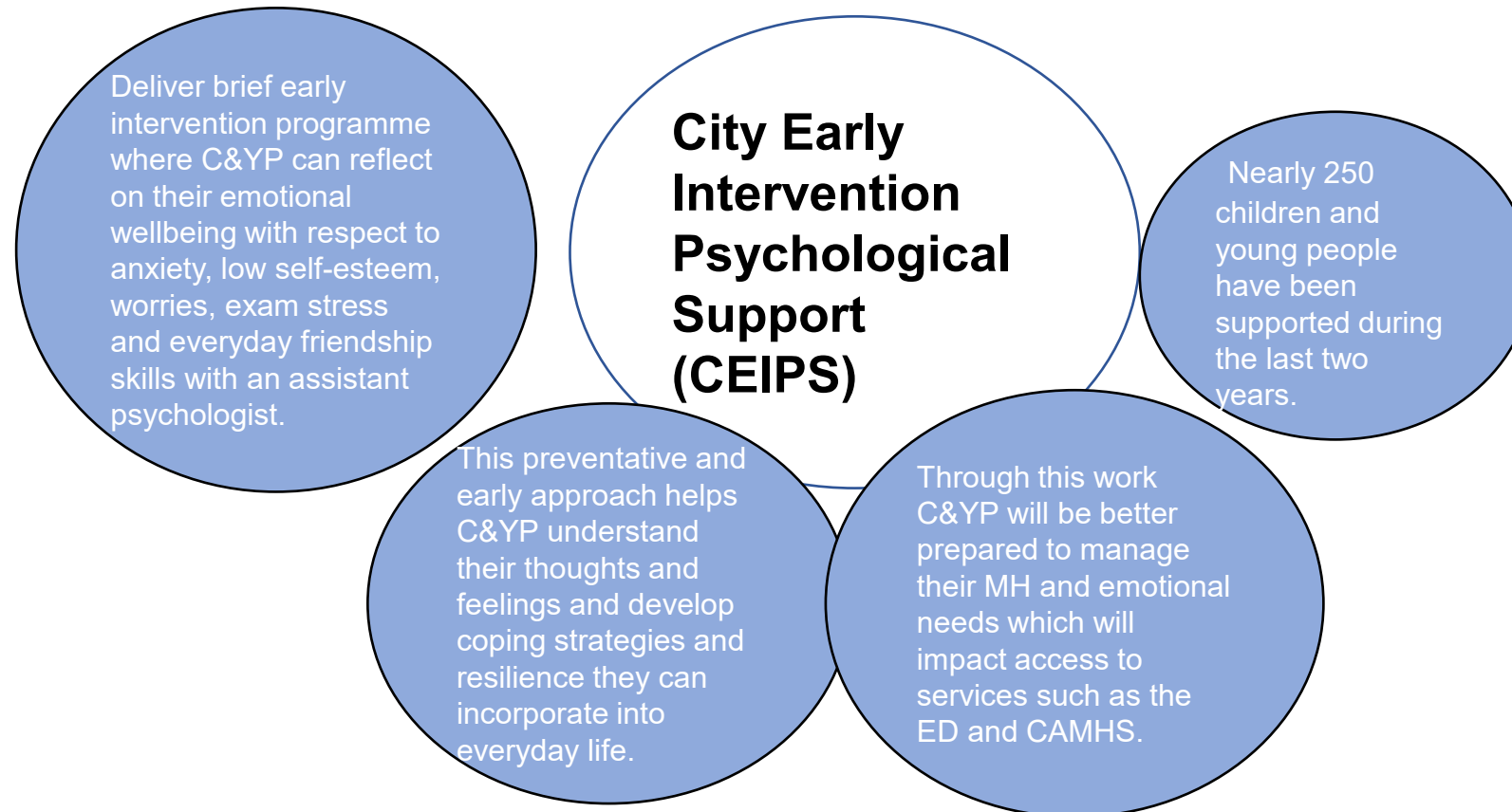
Next Steps

MHST Led C&YP workshops for C&YP MH Week 5th – 11th Feb. The data is still being extracted, they were held across LLR secondary schools that have an MHST – initial numbers indicated 7,700 C&YP were reached in this week through 1:1, workshops, activities, assemblies (although this is LLR wide, not just the City).

Healthy Minds

DO: We will improve access for children & young people to Mental Health & emotional wellbeing services.

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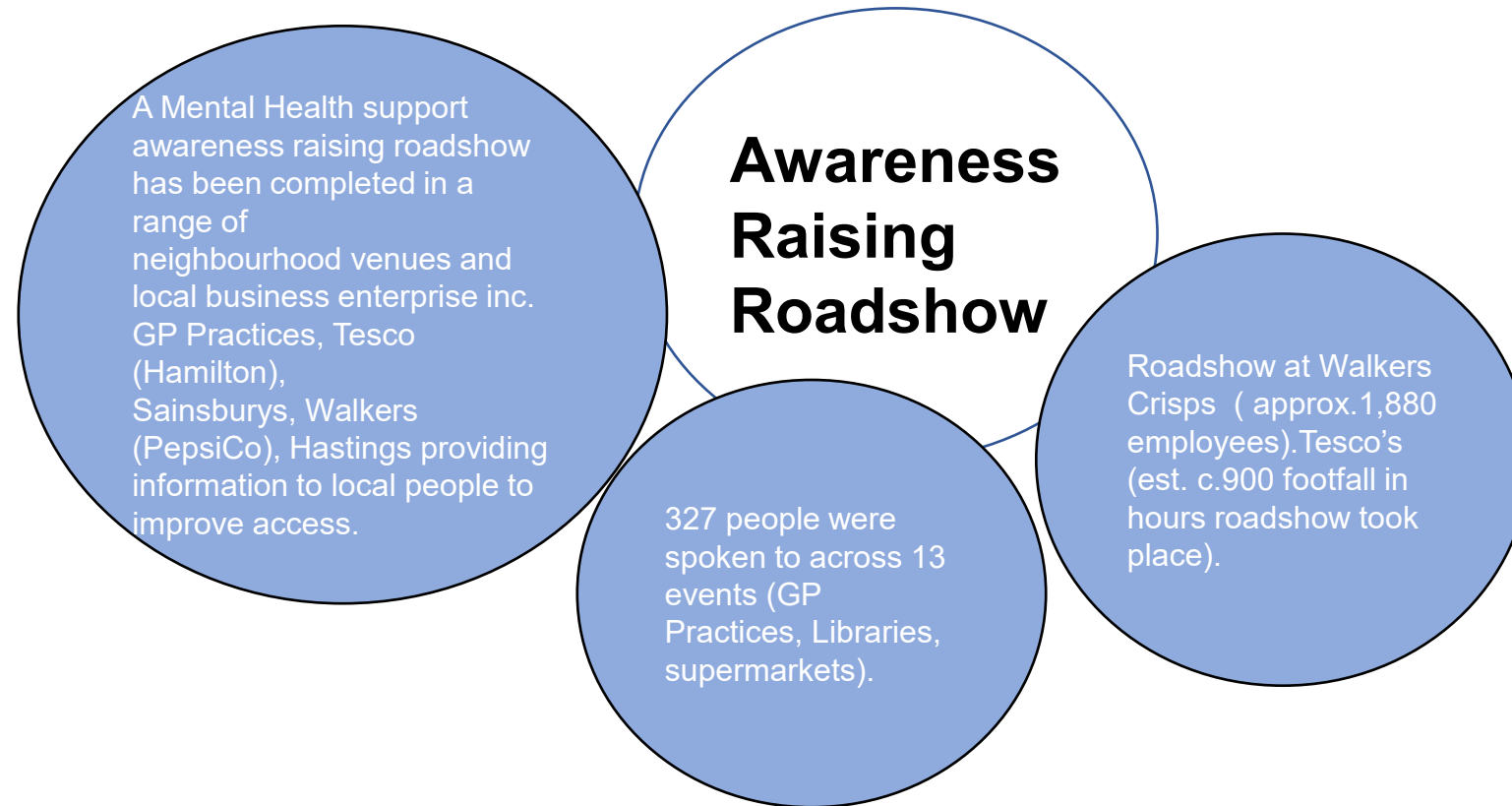
Next Steps

CEIPS core service contract has been extended until March 2025

Healthy Minds

DO: We will improve access to primary & neighbourhood level Mental Health services for adults.

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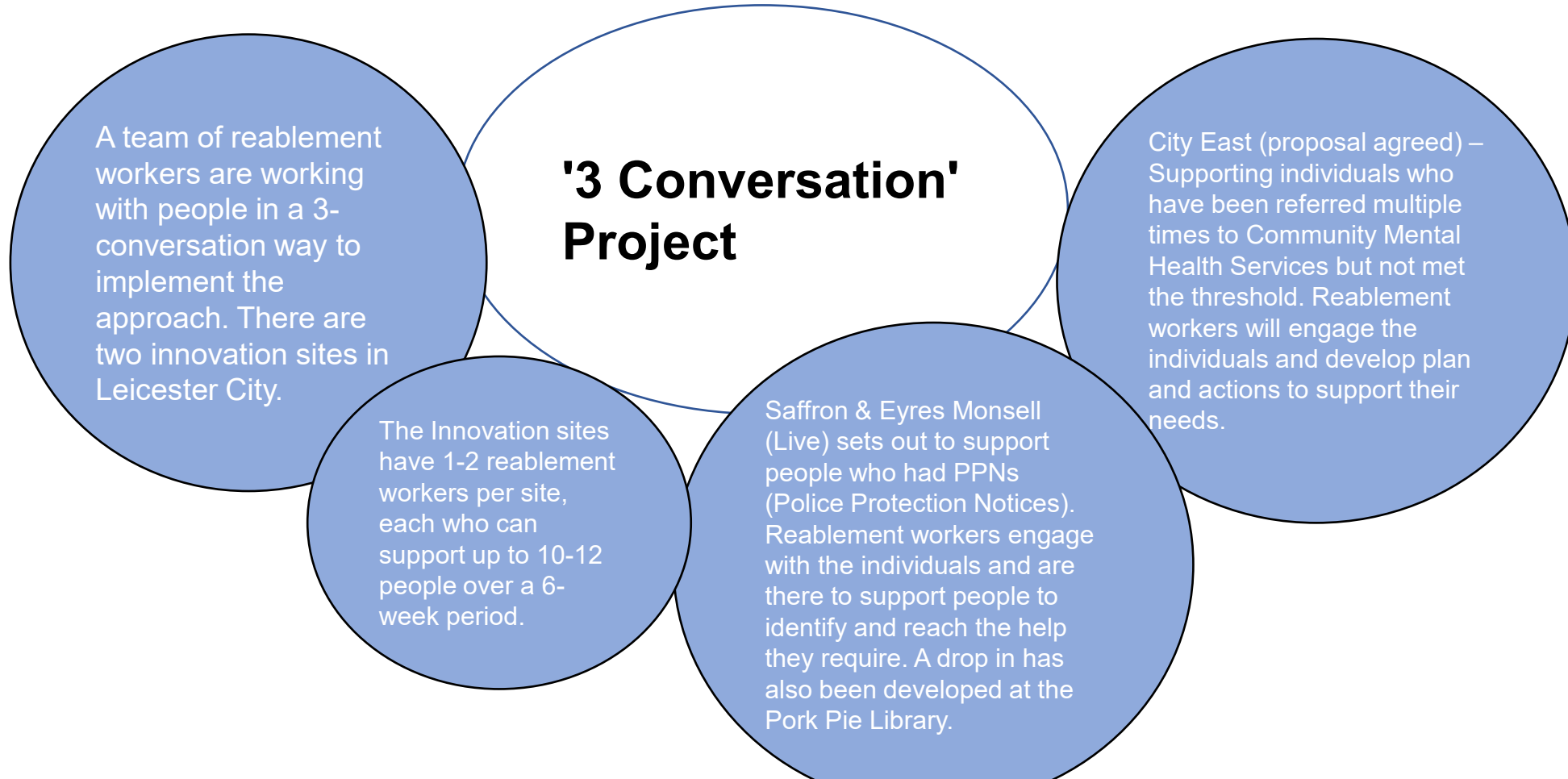
Next Steps

Blueprint developed for rolling out local small-scale stands in a community spaces (GP practices, libraries, local businesses) which provides information on all local offers and the opportunity to speak to an 'expert in the area'.

Healthy Minds

DO: We will improve access to primary & neighbourhood level Mental Health services for adults.

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Next Steps

Progress on establishing a local Step 3 plus (NHS Psychological Therapies LLR) service to strengthen the overall LLR psychological therapies support offer. The projects should run until March 2025.

Healthy Ageing

DO: We will enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.

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This work is a requirement set by NHS England whereby all ICB's have local plans in place which enable patients who have been medically optimised for discharge who require social care support being discharged within 2 hours / same day.

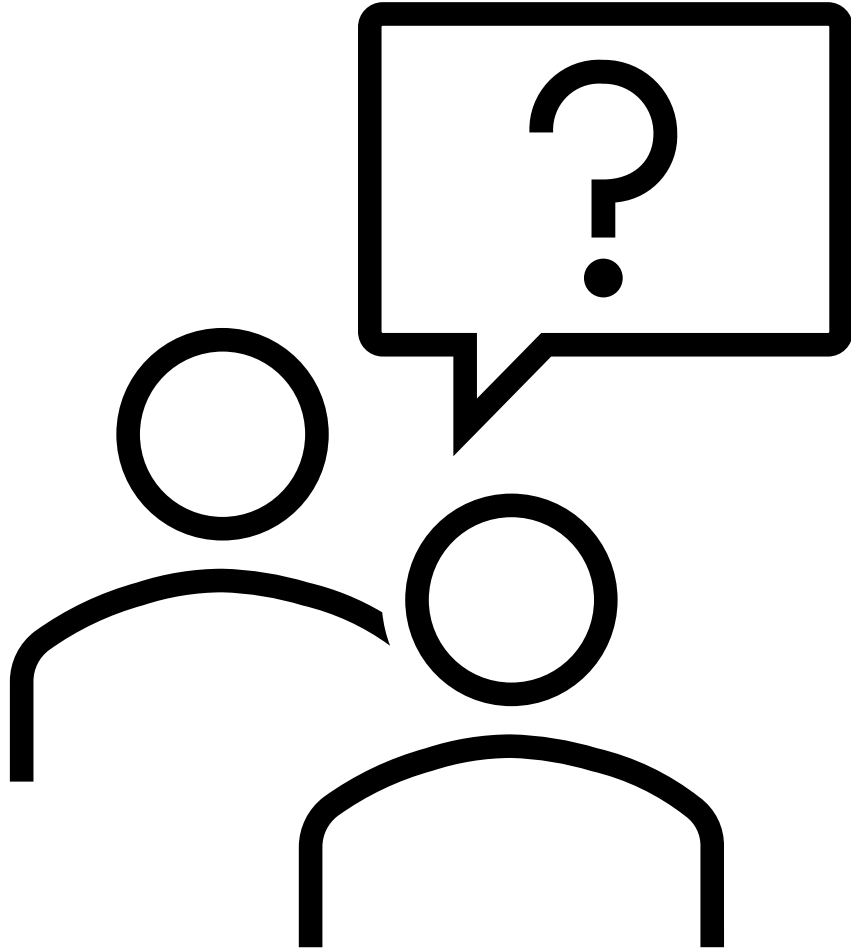
Discharge to Assess Project

401 people benefited from this service in its first 3 months of go live (Nov 1st 23 to Jan 31st 24) with 58% becoming fully independent with no ongoing care needs.

Ensuring people with double-handed care needs are also discharged through this pathway. The service has revisited its staffing rotas and processes to ensure capacity and flow is sufficient to help sustain this.

Next Steps

Key developments are around transforming our current therapy led offer into one that can support our high dependency cohort.



Any questions?

diana.humphries@leicester.gov.uk

Item 6



LEICESTER CITY HEALTH AND WELLBEING BOARD 18th April 2024

Subject:	Learning Disability Programme Board Update - Learning Disability Strategy
Presented to the Health and Wellbeing Board by:	Michelle Larke- Lead Commissioner in Adult Social Care
Author:	Michelle Larke/ Ayesha McKechnie

EXECUTIVE SUMMARY:

Leicester City Council is currently working to a [Leicester City Joint Health and Social Care Learning Disability Strategy 2020 - 23](#). The strategy was co-produced with people from Leicester, including people with learning disabilities, family members and other unpaid carers, industry organisations, and practitioners from health and social care backgrounds. The strategy is co-owned, co-delivered and overseen by the Leicester Learning Disability Partnership Board.

In January 2023, it was agreed by DMT and ASC Lead Member that the strategy would be extended for two year (2024-26) to enable partners to deliver on outstanding commitments within the strategy: Health, Social Care and Community Inequalities; Employment; Support for Carers (short breaks).

Following a period of engagement during the Spring, commissioners have developed a supplementary paper setting out details of the extension and key priority areas of focus for the two years. This includes a review of short breaks and what can be provided to support our families/carers and people with LD(A). Targeted engagement will be needed so that we understand what's needed and share what can be provided now (in absence of a more formal overnight bed based offer).

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note and comment on the content of the presentation.



***Report Title: Learning
Disability Big Plan
(Strategy)***

For consideration by: Councillor Russell/LMB

Date: November 2023

Lead director: Kate Galoppi

Useful information

- Ward(s) All
- Report author: Ayesha McKechnie
- Author contact details:

1. Purpose of report

- 1.1. The purpose of this report is to set out details of a two-year extension of this strategy (as authorised by SCE DMT and ASC Lead Member), and how the extension will seek to deliver on the outstanding commitments in the original strategy.
- 1.2. The report also seeks agreement to publish the appended strategy extension documents to the council website.
- 1.3. Given a key area of focus of our extended strategy is about our carers and how we support them better through a coherent short breaks offer, this report asks for agreement for commissioners to embark on a process of informal engagement with our families caring for young people/adult children with a Learning Disability (or who are autistic) aged 16 plus.

2. Report Summary

- 2.1. Leicester City Council is currently working to a [Leicester City Joint Health and Social Care Learning Disability Strategy 2020 - 23](#). The strategy was co-produced with people from Leicester, including people with learning disabilities, family members and other unpaid carers, industry organisations, and practitioners from health and social care backgrounds. The strategy is co-owned, co-delivered and overseen by the Leicester Learning Disability Partnership Board.
- 2.2. In January 2023, it was agreed by DMT and ASC Lead Member that the strategy would be extended for two year (2024-26) to enable partners to deliver on outstanding commitments within the strategy: Health, Social Care and Community Inequalities; Employment; Support for Carers (short breaks).
- 2.3. Following a period of engagement during the Spring, commissioners have developed a supplementary paper setting out details of the extension and key priority areas of focus for the two years. This includes a review of short breaks and what can be provided to support our families/carers and people with LD(A). Targeted engagement will be needed so that we understand what's needed and share what can be provided now (in absence of a more formal overnight bed based offer)

3. Recommendations

- 3.1. SCE DMT is asked to:

- 3.1.1. Provide comments and note the report which highlights the progress against the strategy throughout the three years of delivery.
- 3.1.2. Note the supplementary document which set out details of the extension and agree for this to be published on the council website.
- 3.1.3. Note that this report is also scheduled to be tabled at ASC Lead Member briefing and make recommendations to support the discussion.
- 3.2. Request permission to informally engage and consult with unpaid carers of people with a learning disability and/or autism, about their need and use of short breaks.
- 3.3. Request permission to use the online survey tool 'Citizen Space' to engage and consult informally with a wide range of unpaid carers.

4. Supporting information

4.1. Background

- 4.1.1. The 'The Big Plan' has eight priority focus areas that aim to improve the experience people with learning disabilities have of health care, social care and wider community services. Each of these focus areas, developed with people and families, have 'Making it Real' principles at their core:
 - Social care
 - Housing and accommodation
 - Equal healthcare
 - Healthy lifestyles
 - Access and inclusion to leisure, recreation, and public transport
 - Work, college, and money
 - Moving into adulthood
 - Support for carers
- 4.1.2. Colleagues in ASC DMT, the Lead Member for Social Care and the ASC Scrutiny Committee have received annual report (Appendix A) on progress against the strategy which are also published on the city council website. subsequently published on the city council website.
- 4.1.3. In January 2023, it was recommended by health and social care partners, learning disability local leaders and carers that the strategy be extended with a delivery plan (Appendix B) to ensure that services across health and social care and the wider learning disability partnership can continue to sufficiently adapt working practice to meet the needs of people with a range of learning disabilities, delivering on outstanding commitments within the strategy.
- 4.1.4. Agreement was sought from SMT and ASC Lead Member to extend the strategy in recognition of the additional work and focussed efforts to keep

people safe during the COVID-19 pandemic which ultimately affected the partnership's ability to deliver on three key priority areas within the strategy.

4.1.5. The strategy is due to expire in December 2023 and commissioners have been undertaking engagement with partners and key stakeholders to develop a supplementary document (Appendix C) setting out a two-year extension of the strategy.

4.2. Priority areas to be taken forward in the extension

4.2.1. Intensive engagement was undertaken during the Spring to review progress against the strategy thus far and to determine the next steps for the strategy, that engagement included various different stakeholders with invested interest such as:

- The We Think Group for people with learning disabilities
- Family carers of people with learning disabilities
- The Big Mouth Forum for children and young people with learning disabilities
- Age UK Carers Support Service
- Supported Employment Working Group
- ASC and Children's Respite and Short Breaks Board
- Colleges and universities
- Learning Disability Partnership Board including DWP partners, social workers, public health and providers of learning disability services
- System partners (including health) within the LDA Collaborative including the Health Inequalities Group and Quality Group
- LCC Legal Services
- VCS providers

4.2.2. As a system we have identified three key priority areas to be taken carried forward in the extension and how the work should be targeted to ensure we are able to make a difference, taking into consideration national developments including new legislation:

4.2.3. Short Breaks (support for carers)

There are a range of different ways that carers can access a short break through social care services and through voluntary sector services. We need to work together with people with a learning disability and with carers to make sure that these services are of high quality and are able to support people with profound and multiple learning disabilities and people with complex support needs.

We also need to make sure that carers know all the different ways they can access a break and how to get support with this.

In order to understand the perspectives and experiences of unpaid carers, we would like to engage and consult informally with local people. This is so we can hear about carer's and family members experiences of accessing short breaks first-hand.

We want to hear from unpaid carers about the suitability and quality of the short breaks that are currently on offer and whether they have accessed them. During the informal consultation exercise it will also provide an opportunity to enhance people's understanding of what is currently available, the referral processes and eligibility criteria.

We will develop a consultation plan which would include talking to a wide range of carer organisations including the LLR Carers Support Service, the Leicester City Learning Disability Partnership Board, a range of social media platforms and if permission is granted, the online surveying tool Citizen Space.

4.2.4. Support into work (work, college and money)

Many businesses stopped running and/or employing people during the COVID-19 pandemic and this means that there is now a lot more work to do to ensure people with a learning disability get the right support to find and stay in a job that they want. ASCOF measures for 2014 - 2021 show the employment rate for people with a learning disability drawing on adult social care support was 4.8% in Leicester, ranking the city 99th across the country. We know we have a lot of work to do to make Leicester a more inclusive city for employment.

Our Supported Employment service for people with learning disabilities and autistic people launched in January 2023 to address this statistic, supporting people into meaningful and lasting employment while supporting employers in the city to become Disability Confident. This programme will support a legacy of employers equipped and interested in supporting people with a learning disability into employment, and the learning from the outcomes of this programme will enable the council to better understand barriers to employment and inform what work is needed to ensure meaningful opportunities to enter employment remain in the city going forward.

4.2.5. Health, Social Care and Community inequalities (equal healthcare and healthy lifestyles)

Our health inequalities work has ensured that people with a learning disability have had good access to COVID-19 support and were talking to their GPs during the pandemic. There is a need to build on this work ensure GPs stay in touch with people with a learning disability and that we continue to address health inequalities beyond COVID-19 through the work of the new LLR LDA Health Inequalities Group.

Over the last three years, we have done lots of work together to make sure that more and more people are having their annual health checks. We need to continue this good work so no one gets left out and so that people can get treatment and support as early as possible to stay healthy.

During the last three years, we have set up a new Learning from Lives and Deaths Review (LeDeR) steering group and this has meant that we've been able to our Learning into Action by changing health and social care policies to

make sure people get the right support. This has included giving better support, equipment and training to GPs.

The [2021 national LeDeR report](#) identified that people with a learning disability from minority ethnic communities appeared to be dying significantly younger so an work was undertaken by NHSE the Race and Health Observatory to understand what was causing the additional health inequalities. It was found that where general population life expectancy is on average 80 years old, for a person with a learning disability, this is 60 years old and for a person with a learning disability who is South Asian, this is 30 years old. Using the recommendations from [this report](#), Integrated Care Boards will be expected to show that they are taking action to reduce this health inequality.

We also need to do more work as a city to encourage community and universal services to become more accessible to people with a learning disability by providing the right advice, support and guidance. This includes bus services, leisure centres for example.

4.2.6. There is also a need to build on our joint working arrangements as a new ICS, ensuring inequalities experienced by people with LD are not exacerbated within the new infrastructure and that people's voices remain central to decision making within the system. Work will be undertaken through the LDA Collaborative during the two year extension period to ensure that the work of the Collaborative is well aligned to the LD strategy.

4.2.7. Over the last two years partners across Health and Social Care have worked together to deliver the key priorities and actions as set out in the original Joint Health and Social Care Learning Disability Strategy 2020-23. Partners intend to continue this work over the coming years, drawing on the support of the new LDA Collaborative arrangements, to take forward the three priority areas identified.

4.2.8. Partners will continue to report into the Learning Disability Partnership Board, using these meetings to determine, with experts by experience, the impact and quality achieved through delivery.

5. Financial, Legal and other implications

Financial implications

There are no direct financial implications arising from this report, as the report is an update on the strategy and seeking agreement to extend the strategy, with no additional resources highlighted at this stage.

Yogesh Patel – Accountant (ext 4011)

Legal implications

The report refers to LDA Collaborative Arrangements and other joint working arrangements. If these are formal joint working arrangements, then advice should be sought from Legal Services in relation to any agreements or other formal documentation which the Council may be required to enter into.

The report does not specify whether any funding is received or granted in relation to the DMT Learning Disability Strategy. If there is any grant funding being awarded to the Council in relation to this project it will be necessary to consult Legal Services to ensure that the necessary subsidy control assessment has been carried out and that the Council can comply with any terms and conditions that are attached to the funding. If the Council is awarding funding, then again it is required to carry out a subsidy control assessment in conjunction with Legal Services and obtain advice on appropriate terms and conditions under which to award the contracts.

Tracey Wakelam
Principal Lawyer
Commercial, Property and Planning

Climate Change Emergency implications

There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any impacts can be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as applicable to the service and any changes implemented.

Aidan Davis, Sustainability Officer, Ext 37 2284

Equalities Implications

Under the Equality Act 2010, public authorities have a Public-Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report updates on work done against the strategy to date and sets out details to extend it a further two years. The aims highlighted in the strategy are likely to lead to positive outcomes for people from a range of protected characteristics, especially those with a disability. The strategy will advance opportunity and foster good relations between people of who have a protected characteristic and those who don't.

There was an Equality Impact Assessment completed when the strategy was first launched and this should be revisited to ensure that we are still meeting the aims of the Public-Sector Equality Duty, and to further inform the development of proposals including the delivery plan and any potential mitigating actions if a disproportionate negative impact for any protected characteristics is identified.

Kalvaran Sandhu, Equalities Manager, ext. 6344

6. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a “key decision”?

No

8. Appendices

Appendix A – Three-year report (easy read version to be published on the LCC website)

**Leicester City
Joint Health & Social Care
Learning Disability
Strategy
(The Big Plan)**







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The Big Plan Report

2020 – 2023



	<p>Introduction</p>
	<p>The Big Plan started in February 2020.</p>
	<p>The Big Plan was written by:</p> <ul style="list-style-type: none"> • People with learning disabilities • Families and friends of people with learning disabilities • Unpaid carers • Professionals
	<p>It has been three years since the Big Plan started.</p> <p>This report says what we have done over the last three years in 2020 to 2023.</p>
	<p>This report will explain what we have done to make things better for people with learning disabilities in Leicester.</p>

	<p>Some of the things we wanted to do</p>
	<p>We wanted to make reasonable adjustments so people can access leisure and community services.</p>
	<p>We wanted to make health care services better for people with learning disabilities.</p>
	<p>We wanted to make sure people have the choice and control over where they live and the support they receive.</p>
	<p>We wanted to give training to staff on:</p> <ul style="list-style-type: none"> • Learning Disability • Reasonable adjustments • Equality and Diversity
	<p>We wanted to work to support the stopping over medication of people (STOMP) and to give information and guidance to staff.</p>

	<p>We wanted to work with public health to make sure that people with learning disabilities are thought about when making public health campaigns in Leicester.</p>
	<p>We wanted to look at how people make a complaint to make sure that people with learning disabilities can raise a complaint on their own.</p>
	<p>We wanted to carry on with our work on the Learning Disability and Autism Programme to support our care providers to support people well.</p>
	<p>We wanted to check that our services are signed up to the Health Charter.</p>
	<p>We wanted to work closely with the 'Learning from Lives and Deaths' (LeDeR) team.</p> <p>We wanted to learn lessons from the reviews they write.</p> <p>We wanted to improve health outcomes for people with learning disabilities.</p>

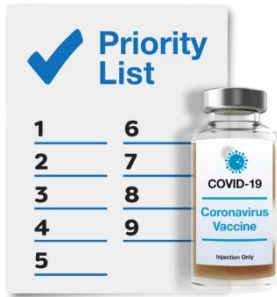


We wanted to make sure people get good support to go to college or find work.



[You can read The Big Plan on the Leicester City Council website.](#)

	How we worked together during COVID-19
	<p>We worked in a different way during the lockdowns in England.</p> <p>We had online meetings</p>
	<p>Health and Social Care worked together to try and make sure people could stay safe during COVID-19.</p>
	<p>We kept a register of people with learning disabilities who were most at risk of covid and we made sure they were getting the right support from different teams to stay safe.</p>
	<p>We worked together to make sure that people who needed extra support to make a choice about getting a job could get the right support.</p>



We wrote a letter to government to tell them people with a learning disability need to have quick access to covid jabs.

We had covid jabs for people with learning disabilities in Leicester before the rest of the country.



We started and carried on with our Learning Disability flu and covid vaccine work to make sure people can get the right support to have their jabs in special clinics.

Even people who don't like needles said it was easy to get their jab.








We worked closely with families and GPs to make sure that everyone who needed a covid jab could have one.



We shared information and support about covid with people with learning disabilities, carers and people who work with them.

We had covid bulletins and drop-in sessions

	<p>We made sure people could find easy read information about covid on the council website.</p>
	<p>We started and carried on work to make sure people with learning disabilities and carers could be involved in meetings online during covid lockdowns, by getting the skills and equipment they needed.</p>
 <p>Day Centre</p>	<p>We worked closely with families to keep our council day services safe for people during covid.</p>
	<p>Our contracts team worked with providers of learning disability services to make sure they had the right support and could keep people safe during covid.</p>

	<p>Work that Social Care did between 2020 and 2023</p>
	<p>People who work in social care took part in easy read training.</p> <p>We have been working with the rest of the council to find out which other teams need easy read training.</p> <p>We have created a toolkit to help council staff to write easy read documents.</p>
	<p>The Council website pages for information about learning disabilities is better.</p> <p>The website gives more information about different services and support.</p> <p>The web page is easier to understand.</p>
	<p>We have set up a group at the council called Working with Communities with Additional Access Needs (CWAAN). We work together to make sure that all council departments and services know how to support people with a learning disability.</p>



We have done work to make applying for a home online easier.

Our Housing team has created 'how to' videos to help people to apply for a house.



We have been working with other councils to make sure we are up to date on training that all staff must do if they work with people with learning disabilities.

This is called the **Oliver McGowan mandatory training**.

We have started making sure that everyone who works with people with learning disabilities and autism does the Oliver McGowan Mandatory Training.

We are working with other departments in the council like housing and customer services to make sure all council staff can get the training if they need it.



We have made sure we have easy read information on the council website about important things like COVID-19 and the Cost of Living.



We have updated the Housing Information Pack that tells people all about moving home if you have a learning disability or if you care for or work with someone who does.



Some people with learning disabilities go into hospital for the wrong reasons.

There is a special team that try to stop people going to hospital for the wrong reasons.

They have been working with people in Housing teams to look at what homes we need for people coming out of hospital.

We make sure this happens at our Accommodation Board.



We have been working together to find out how many people with learning disabilities need respite and what type of support they need.

We have been working together to find out how many adults and how many people preparing for adulthood will need respite in the future.

We have set up a Respite and Short Breaks Board to look at this.



We have been working with public health to make sure that people with learning disabilities are involved in our Active Leicester Plan and our plans to transform the city.



The Carers Support Service gives support to carers for managing benefits and money and accessing mental health and wellbeing support.

It also supports carers to be involved in the design of social care services and support.

	<p>We have made sure that any new providers we work with must sign up to the health charter when they start working with us.</p> <p>We are doing this work with all providers that already work with us too. We make sure this is in their contract with us.</p>
	<p>We have set up a Forms group to make sure that people can get any social care forms and letters in easy-to-understand formats.</p>
	<p>The complaints team wanted to make it easier for people to tell us when things go wrong.</p> <p>The complaints team have made easy read forms for people to make a complaint easily.</p>
	<p>We have made sure that carers can take part in our Learning Disability Partnership Board.</p>
	<p>Social care is asking all of its staff to stop using the term service user.</p> <p>We say 'people' or 'person' instead of service user.</p> <p>The term person is more person centred.</p> <p>Being person centred will help improve people's lives and the services they receive.</p>



We set up our new Supported Employment team.

This team supports people with a learning disability to find meaningful work and supports them to stay in work.

We also support employers to become disability confident. This includes the council.








We have grown our Accessible Places work to look at how we can make our community spaces easier for people with learning disabilities to access.

We have started by working with our libraries to help them to become more accessible by putting information in easy read and offering computer classes.



We are working more closely with Public Health to look at how we involve people with learning disabilities in important meetings about health and wellbeing.

	<p>Work that the NHS did between 2020 and 2023</p>
	<p>We have done lots of work to help more people stay well in the community and not need to go into hospital.</p>
	<p>We work more closely together to help people in hospital to get all the support they need so they can leave hospital when they are ready.</p>
	<p>The LeDeR team have been working with GPs to make sure they get proper access to the right kind of weighing scales.</p>
	<p>We have been sharing our learning about lives and deaths with other areas across the country.</p>
	<p>We worked hard to make sure that more people are having their annual health checks than the year before.</p>



We are making sure that everyone gets a better Health Action Plan after their Health check.






We have carried on with our special vaccine clinics for covid and flu.



Our health inequalities work made sure that people with learning disabilities had good access to covid support and were talking to their GPs when they needed help.

We need to build on this work and make sure GPs stay in touch with people with learning disabilities so they can keep having access to annual health checks and screening.

	<p>Work we did together</p>
	<p>We have been looking at how we can work in a more joined up way in health and social care to make things better for people with learning disabilities.</p> <p>We have been looking at how we can make sure people with learning disabilities and their carers are involved in important plans for learning disabilities.</p>
	<p>A person with a learning disability now co-chairs the LeDeR group. This is the team that has been set up to do work together and make changes to help people with learning disabilities live longer and better lives. Carers are also involved in this work.</p> <p>All of our meeting papers are now in easy read.</p> <p>We have been working together to try and reduce the numbers of people with learning disabilities dying at an early age.</p>
	<p>We have been learning and sharing from lessons we have found in our LeDeR work.</p> <p>We put our learning in action and we have good plans in place for this.</p> <p>We share our learning with GPs and hospitals as part of their training.</p>



We have set up a Health Inequalities Group to make sure we are working together across health and social care to make access better for people with learning disabilities.

We look at things like annual health checks, health action plans and vaccinations.



We worked with the Learning Disability Partnership Board to make sure carers could have information about stopping over medication of people.



We have set up a Quality group where we work together to make sure all of our health and social care services give good quality care and support.

This includes things like making sure people in hospital can work with an advocate that understands how to support them.



We have done work to make sure that carers of people with a learning disability know they can get a Carers Passport when they are supporting their loved one at health appointments.



We now have trained Learning Disability Health Inequalities Champions that work in health and social care.

Champions make sure that all of our services think about how people with learning disabilities will access them.



We have set up an Accommodation Board with partners from Health, Social Care and Housing.

We use these meetings to make sure that we have the right homes available for people with a learning disability, especially when they are being discharged from hospital.



We have been working together to share training about health and wellbeing to our care and support providers like care homes.

We also ask all of our providers to be signed up to the Health Charter.

Leicester City Joint Health and Social Care Learning Disability Big Plan 2024 -2026

Delivery Plan (not to be published)

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What we said we'd do	What we've done	What we will do in the next 2 years (2024 – 2026)	Who will be responsible?
<p>1. To look at complaints procedure and ensure that people with learning disability can use this and raise a complaint independently.</p>	<p>Work has been undertaken to make the complaints procedure and form available in easy read. This has included providing a telephone number as part of the process so that people can make a complaint or share feedback by speaking to someone over the phone, in person at our customer service centre, or using the online form.</p>	<p>Ensure that these documents are made available publicly including through the council website.</p> <p>Exploration of whether an easy read online form can be developed to make this process even more accessible.</p> <p>Monitoring of whether this is making a difference, i.e. are we receiving more complaints and feedback directly from people with a learning disability?</p>	<p>Joanne Tansey</p>
<p>2. We will use lessons from LeDeR reports to help us make services better for people</p>	<p>Since the creating of the LeDeR steering group in LLR, life expectancy for people with a learning disability locally has increased. People are living longer and the</p>	<p>We need to share our learning nationally with other areas.</p> <p>We also need to better understand how Learning is applied into Action</p>	<p>Rebecca Eccles</p>

<p>with a learning disability.</p>	<p>mean age of people who died has increased by 5 years.</p> <p>Some causes of deaths will remain unavoidable, such as cardiac arrest and cancer.</p> <p>Even though we know some improvement has been made in quality of life and life expectancy, the last three years have been an anomaly because of COVID-19, so we can't say for certain yet.</p> <p>Where we have found learning in our LeDeR work, we have put this into practice. For example, LeDeR studies shown us that many deaths locally were related to weight. We have now provided GPs with better weighing scales to enable them to more accurately weight people who use a wheelchair.</p> <p>We have also learnt that many deaths were related to Aspiration Pneumonia. When someone goes into hospital with Aspiration Pneumonia, they will now have support from an MDT team.</p>	<p>in social care services and whether this is making a difference.</p>	
<p>3. We will work together to find</p>	<p>Work has been undertaken to ensure that more people are having their annual health</p>	<p>We need to continue this good work to ensure more and more</p>	<p>Rebecca Eccles</p>

<p>out why some people with learning disabilities are missing out on their health checks.</p>	<p>checks and that everyone gets a better Health Action Plan after their Health check.</p> <p>At Dec 22, 40% of people have had an annual health check, compared with 32% the year before.</p> <p>94.5% of these people were given a Health Action Plan to take away.</p> <p>200 patients struggled to attend their check in the past 2 years. These people were contacted by a specialist LD nurse to attend their checks. Others will continue to be contacted.</p>	<p>people can have an annual health check.</p> <p>Social care, public health and health partners across LLR will work together to ensure training and support is delivered to care and support providers to improve their understanding of health and wellbeing and of annual health checks.</p>	
<p>4. Training will be provided to all staff on:</p> <ul style="list-style-type: none"> • Learning disability awareness • Reasonable adjustments • Equality and diversity 	<p>Hidden Disabilities and Equality and Diversity training are already mandatory in social care.</p> <p>We have been working with partners in LLR to roll out the Oliver McGowan Mandatory Learning to all staff in health and social care who work with people with a learning disability.</p>	<p>We will continue the rollout of this new training to ensure all staff get access to it.</p> <p>We will also work with wider council departments to offer the training to them if they work with people with a learning disability. This includes our Housing, Customer Service and Public Health teams.</p>	Susan Moore

<p>5. We will ask care and support professionals to design a healthy eating and lifestyle plan to be included in care assessments or support plans.</p>			<p>Sharon Charles-Cockerill, Rebecca Eccles</p>
<p>6. Work to support the stop over medication people (STOMP) initiative and provide information and guidance to.</p>	<p>Continued work to raise awareness of STOMP:</p> <ul style="list-style-type: none"> • We worked with the Learning Disability Partnership Board to ensure carers could have information about stopping over medication of people, including carers who access Hastings Road Day Centre. • Primary care - Rolling training programme for GPs, targeted intervention at high prescribing GP practices, targeted intervention for high co-prescribing or depot prescribing, ongoing engagement through comms, leaflets and emails, and progress reviews through pharmacy framework and PCN DES • Secondary Care - STOMP awareness training package developed and will be delivered to DMH and FYPCLD, 	<p>We will continue this programme of work and ensure that we are raising awareness about STOMP through online and in-person workshops and posters.</p> <p>We will make sure we are raising awareness amongst PCLNs and carers.</p>	<p>Rebecca Eccles</p>

	<p>engagement with teams such as SAT/NMP forum in CAMHS etc., QI projects development with FYPC pharmacy – discharging pts on medication, audit action plans, and developing NMP role in LD</p> <ul style="list-style-type: none"> • Patient and Carer - Workshops offered regularly, STOMP/STAMP embedded into OPA clinical templates • People with a learning disability and/or autistic people have been invited to participate in a number of STOMP/STAMP workshops, one which took place in September 2022. 		
<p>7. We will speak to the local bus companies and offer them advise on how to ensure their services are inclusive and support people with a learning disability to access them.</p>	<p>Enablement travel trainer provides travel training to people with Learning Disabilities and as part of this process will challenge bus drivers/ companies if there are accessibility issues .</p>	<p>LDA Employer and Business Engagement Officer 2 year fixed term post to engage with bus companies</p>	<p>Rachel Durrant Phil Hazledine manages travel training however we are currently undergoing to changes in enablement and are unsure about the future of travel training at the moment.</p>

<p>8. We will support the work of 'accessible places' and provide more support to this project to ensure the work can make a difference.</p>	<p>We have developed and expanded this project to support our community spaces to become more accessible.</p> <p>We have started with supported libraries to offer information in easy read and to offer computer classes for people with a learning disability.</p>	<p>We will continue to grow this project and consider what other community spaces could benefit from this support.</p> <p>We will share learning and recommendations through the LDPB.</p> <p>LDA Employer and Business Engagement Officer 2 year fixed term post to engage with businesses - Make the point to businesses about legislation, this is not about support</p>	<p>Michelle Larke</p>
<p>9. We will build a network of recreation and leisure services that are able to recognise and provide good services to people with a learning disability.</p>	<p>Enablement supported the library project and are in the process of helping set up a similar project in another library.</p> <p>We hope to expand this work further in future to other areas.</p>	<p>We will work with our Enablement team to formalise the network of leisure and recreation services they already work with and provide information, advice and resources to help them to become more accessible.</p> <p>LDA Employer and Business Engagement Officer 2 year fixed term post to coordinate</p>	<p>Rachel Durrant</p>
<p><i>Priority area 2: Work, college and money</i></p>			
<p>10. We will work with job centre plus</p>	<p>The Supported Employment team has worked with DWP reps at the Job Centre to</p>	<p>We will continue the work of the Supported Employment team and</p>	<p>Rachel Durrant, LCC Chris Edwards, JCP</p>

<p>and other partners to write an action plan to make things better.</p>	<p>identify people with a learning disability who are eligible for Supported Employment.</p> <p>The Supported Employment team is made up of a team leader, two job coaches and an economic regeneration officer who work really closely with the JCP to ensure the right people get the right support. The team works with people and employers to develop meaningful and lasting employment paid are general market rate.</p> <p>The team is targeted to work with 68 people with learning disabilities and autistic people over a period of two years.</p>	<p>work with the JCP and the LDPB to develop an action plan. This will be about improving access to the JCP and into work.</p> <p>LDA Employer and Business Engagement Officer 2 year fixed term post to coordinate:</p> <ul style="list-style-type: none"> • DC and A2W awareness and employer education • Engagement with people with a learning disability • Joining the dots in terms of a network 	
<p>11. We will continue to offer employment opportunities within Leicester City Council for people with learning disability to access.</p>	<p>Leicester City Council is Level 3 Disability Confident and currently employs people with a learning disability but we know we can do better.</p> <p>Supported Employment are working with HR and hope to be part of training for recruiting managers in Leicester City Council to discuss accessible recruitment processes.</p> <p>We have been securing work experience placements within the council with the</p>	<p>Opportunities in LCC to be offered through the Supported Employment Service.</p> <p>We may need to look at whether a post is needed to support people with a learning disability in employment, for example through Inclusive Apprenticeships.</p> <p>Inclusive apprenticeships in LCC and potentially health – paid post needed to support this.</p>	<p>Ola Oke, Rachel Durrant</p>

	<p>scope that this will lead to employment opportunities.</p> <p>We are in discussion about the Apprenticeship levy to look at whether this could be appropriate for some of the people we support.</p>		
<p>12. We will work with Leicester College and other partners to understand how colleges meet the needs of students with learning disabilities.</p>	<p>Kuldeep Uppal is leading on the Supported Internships/Project search and will be able to give an update on this. As she is in communication with colleges and they are starting new placements soon.</p>	<p>Work with Connexions to create supported internships for colleges within LPT (similar to Project Search)</p>	<p>Rachel Durrant, Rizwana Hassan</p>
<p>13. We will work to increase the number of companies that register as 'Disability Confident' recruiters and leaders in the city.</p>	<p>Our new Supported Employment service offers an incentive of up to £1000 to employers who become Disability Confident. This promotes opportunities for people to be in work for at least 4 months and eases the burden on employers through financial support.</p>	<p>We will work with the JCP to formalise this incentive better and create a planned pathway so that employers know how to get support through the JCP to become disability confident.</p> <p>We will monitor the number of employers we have supported to become Disability Confident and whether this has led to lasting employment opportunities for people with a learning disability.</p>	<p>Rachel Durrant, LCC Chris Edwards, JCP</p>

		LDA Employer and Business Engagement Officer 2 year fixed term post to coordinate with JCP, Connexions and SEP – this is already happening in many places but needs better coordination and we need to capture numbers, outcomes and impact of this work.	
14. We will contact all our 'Disability Confident' care providers and ask for a report on how to make this work better.		To be determined in action plan with JCP – potential to build Disability Confident expectations into service specifications under Social Value.	Rizwana Hassan, Rachel Durrant
<i>Priority area 3: Support for our carers</i>			
15. Short breaks needs for carers of people with complex needs, and profound and multiple learning disability need to be met.	<p>LCC is undertaking a review of planned respite opportunities in the city for people with complex needs and PMLD.</p> <p>We have spent a lot of time looking at demand and we know that there are many more families needing short breaks support than those who are accessing it.</p> <p>We know through our engagement that this is because our services don't always meet the needs of people in Leicester and we</p>	<p>Will we continue our commissioning review including understanding true demand and work with families to design an appropriate service for the longer term and improve access to existing services.</p> <p>Continue mapping the current offer with County and Rutland and make this information available to families so they know the different ways they can access a break</p>	Michelle Larke

	know we need to do more work to make sure our services can deliver high quality, enabling support.	locally. Opportunity to align services to broaden local offer. Need to understand impact of health short breaks change in eligibility and what this means for families, whether we need to put any additional support in place.	
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We've extended the Big Plan 2024-26 (Joint Health and Social Care Learning Disability Strategy)

Introduction

Over the last three years partners across Health and Social Care have worked together to deliver the key priorities and actions as set out in the original Joint Health and Social Care Learning Disability Strategy 2020 to 2023. The delivery of the Big Plan and action has improved the outcomes people in Leicester with a learning disability and their families. This includes developing training and resources for our staff to better communicate and share information with people with a learning disability in easy read formats. It also includes work that means more people with a learning disability are now having an annual health check and getting a health action plan.

Our partnership working also provided the good governance and commitment needed to take forward the city's response to COVID-19 in relation to people with learning disabilities. Building on our joint working around the strategy, we were able to lead work from city and county partnership boards ensuring that Leicester was first in the country to offer priority vaccination to people with learning disabilities. Drawing on our health inequalities work we were able to develop a learning disability and autism vaccine programme, including specialist person-centred vaccine clinics.

You can see all of our 'You Said, We Did' updates on our [website](#) to find out how we worked together to make it happen.

You can read the full strategy using the below links:

- Easy Read Learning Disability Big Plan
- Joint Health and Social Care Learning Disability Strategy

Where are we now?

We have worked closely with people with a learning disability, their carers and key partners to the strategy in to understand what the priorities are in Leicester for people with a learning disability. We know that more needs to be done to improve the lives of people with a learning disability and their family carers. Therefore, we have decided to extend our strategy and carry forward some key priorities and actions for a further two-years. We will continue to focus on three key aims that focus on empowerment, enablement and prevention:

- Ensuring that people with a learning disability can have equal access to health, social care and wider community and universal services through reasonable adjustments.
- Ensuring that people with a learning disability are well supported into meaningful, paid employment and that the job centre and employers know how to support them well.
- Ensuring that carers of people with a learning disability can have short breaks to support them in their caring role and that our support services in Leicester can provide good breaks for people with a learning disability.

Our Joint Health and Social Care Learning Disability Strategy 2024-26 will also link to a wider Early Intervention and Prevention Strategy in Leicester. This is in development and will ensure that all of our council services are focussed on becoming more accessible for people with a learning disability.

Work is also being undertaken to refresh the data and intelligence in our Learning Disability Joint Strategic Needs Assessment. This will inform the delivery of this strategy and enable partners to plan effectively how best to deliver on our priorities responding to the contemporary needs of the population, recognising that these have changed, particularly since the onset of the COVID-19 pandemic.

Areas of focus

Working on the Big Plan for a further two years will enable us to build on the good work that has already happened to fulfil our ambitions and to make a positive impact in areas that couldn't take priority during the COVID-19 pandemic. We know that these areas are still important to enabling people with a learning disability to lead good lives and to contribute to the community in a meaningful way.

To ensure the Big Plan is successful and can make a difference, we have identified three priority areas that the partnership will focus on over the next two years:

Equal health, social care and community access

Our health inequalities work has ensured that people with a learning disability have had good access to COVID-19 support and were talking to their GPs during the pandemic. There is a need to build on this work ensure GPs stay in touch with people with a learning disability and that we continue to address health inequalities beyond COVID-19 through the work of the new LLR LDA Health Inequalities Group.

Over the last three years, we have done lots of work together to make sure that more and more people are having their annual health checks. We need to

continue this good work so no one gets left out and so that people can get treatment and support as early as possible to stay healthy.

During the last three years, we have set up a new Learning from Lives and Deaths Review (LeDeR) steering group and this has meant that we've been able to our Learning into Action by changing health and social care policies to make sure people get the right support. This has included giving better support, equipment and training to GPs.

The [2021 national LeDeR report](#) identified that people with a learning disability from minority ethnic communities appeared to be dying significantly younger so an work was undertaken by NHSE the Race and Health Observatory to understand what was causing the additional health inequalities. It was found that where general population life expectancy is on average 80 years old, for a person with a learning disability, this is 60 years old and for a person with a learning disability who is South Asian, this is 30 years old. Using the recommendations from [this report](#), Integrated Care Boards will be expected to show that they are taking action to reduce this health inequality.

We also need to do more work as a city to encourage community and universal services to become more accessible to people with a learning disability by providing the right advice, support and guidance. This includes bus services, leisure centres for example.

Support into work

Many businesses stopped running and/or employing people during the COVID-19 pandemic and this means that there is now a lot more work to do to ensure people with a learning disability get the right support to find and stay in a job that they want. ASCOF measures for 2014 - 2021 show the employment rate for people with a learning disability drawing on adult social care support was 4.8% in Leicester, ranking the city 99th across the country. We know we have a lot of work to do to make Leicester a more inclusive city for employment.

Our Supported Employment service for people with learning disabilities and autistic people launched in January 2023 to address this statistic, supporting people into meaningful and lasting employment while supporting employers in the city to become Disability Confident. This programme will support a legacy of employers equipped and interested in supporting people with a learning disability into employment, and the learning from the outcomes of this programme will enable the council to better understand barriers to employment and inform what work is needed to ensure meaningful opportunities to enter employment remain in the city going forward.

Short breaks for carers

There are a range of different ways that carers can access a short break through social care services and through voluntary sector services. We need to work together with people with a learning disability and with carers to make sure that these services are of high quality and are able to support people with profound and multiple learning disabilities and people with complex support needs.

We also need to make sure that carers know all the different ways they can access a break and how to get support with this.

Governance

To support the delivery of actions outlined in the Joint Health and Social Care Learning Disability Strategy and the underpinning delivery plan, three groups will bring together relevant partners to deliver on the three priority areas. The LLR Health Inequalities Group, the Supported Employment Working Group and the Leicester ASC Accommodation Board. Each of these groups will be responsible for providing updates to the Learning Disability Partnership Board who will oversee the delivery of the Big Plan. The Learning Disability Partnership Board brings together representatives from social care, health, JCP, Leicestershire Police and the voluntary sector and has responsibility for ensuring that work between the groups is joined up and for monitoring risks and issues.

The LLR LDA Collaborative will update the Learning Disability Partnership Board on work being undertaken across Leicester, Leicestershire and Rutland to improve the lives of people with a learning disability and will ensure that the work is coproduced with people at the heart of its delivery and governance.

The Learning Disability Partnership Board will provide updates on progress against the strategy to the Leicester Joint Integrated Commissioning Board and to the Leicester Health and Wellbeing Board.

Key primary strategic partners

- Leicester Learning Disability Partnership Board
- The We Think participation group for people with a learning disability
- The LLR Carers Support Service for carers of people with a learning disability
- Leicester Joint Integrated Commissioning Board
- Leicester Health and Wellbeing Board
- Leicester, Leicestershire and Rutland Learning Disability and Autism Collaborative
 - LLR Delivery and Transformation Group
 - LLR Health Inequalities Group
 - LLR Engagement and Coproduction Group

- LLR Quality Group

Key secondary strategic partnership boards

- Leicestershire Learning Disability Partnership Board
- Rutland Learning Disability Partnership Board
- Leicester, Leicestershire and Rutland Autism Partnership Board
- SEND Strategic Partnership Board
- Leicester Safeguarding Adults Board
- Leicester Mental Health Partnership Board

Partners

The governance and oversight of Leicester's Joint Health and Social Care Learning Disability Strategy recognises that the delivery of our offer is not the responsibility of a single agency but is owned by all partners that work with people with a learning disability locally.

Since the Big Plan was first written, we have established a new way of working as a partnership to address health inequalities and transform the lives of autistic people and people with learning disabilities, across Leicester, Leicestershire and Rutland. Read about the ambitions of our learning disability and autism collaborative at www.leicspart.nhs.uk.

To support the ambitions and aims laid out in this strategy a number of partners will work in partnership to make sure that their organisations are delivering on the commitments they have made in the strategy.

To ensure the Big Plan is a success and that it is making a difference to the lives of people with a learning disability, it is important that the voices of people with a learning disability and their carers are heard and that they are involved in delivering on and overseeing the strategy. The We Think Group for people with a learning disability and the Carers Support Service will ensure that this happens.

Partners identified include:

- Adult Social Care and Commissioning
- ASC Learning and Development
- Children's Social Care and Commissioning
- Leicester, Leicestershire and Rutland Integrated Care Board
- Leicestershire NHS Partnership Trust
- Department for Work and Pensions
- Job Centre Plus
- Local employers
- Housing
- Schools and colleges

- Leicestershire Police
- Voluntary and community sector
- We Think Group
- Leicestershire Carers Support Service
- Big Mouth Forum
- NHS Continuing Health Care
- Connexions

Key drivers

Making improvements to the lives of people we support is referred to in the [Adult Social Care strategic priorities](#), noting that “The purpose of Adult Social Care is to protect and empower the most vulnerable people in Leicester”.

Key local policies/strategies

- Leicester Joint Strategic Needs Assessment (JSNA). Health and social care needs associated with learning disabilities, 2016. (to be refreshed)
- Supported Living and Extra Care Strategy 2021 - 2031
- Joint Health, Social Care and Education Transitions Strategy Refresh 2022 - 2024
- Joint Integrated Commissioning Strategy for Adult Mental Health 2021 - 2025
- LLR Autism Delivery Plan (to be published)
- LLR Joint Carers Strategy 2022 - 2025

Key national legislation/guidance

- Care Act 2014 - The Care Act 2014 helps to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
- Social Care Reform white paper - The white paper sets out a 10-year vision for care and support in England and is based around three key objectives: People have choice, control and support to live independent lives. People can access outstanding quality and tailored care and support. People find adult social care fair and accessible.
- NICE Guidelines - are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings.
- Transforming Care - all about improving health and care services so that more people with a learning disability and/or autistic people can live in the community, with the right support, and close to home.

- Mental Health Act 1983 - The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
- Mental Capacity Act 2005 - provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.
- Mental Capacity Act 2019 - introduces a new process for authorising deprivations of liberty for persons who lack capacity to make a particular decision.
- Valuing People White Paper - Valuing People sets out how the Government will provide new opportunities for children and adults with learning disabilities and their families to live full and independent lives as part of their local communities.
- Equality Act 2010 - The Equality Act is a law which protects you from discrimination. It means that discrimination or unfair treatment on the basis of certain personal characteristics, such as disability, is now against the law in almost all cases.
- Building the right support for people with a learning disability and autistic people - An action plan to strengthen community support for people with a learning disability and autistic people, and reduce reliance on mental health inpatient care.
- Think Local Act Personal (TLAP) - a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support.
- Learning from Lives and Deaths - People with a Learning Disability and autistic people (LeDeR) - LeDeR reviews deaths to see where we can find areas of learning, opportunities to improve, and examples of excellent practice. This information is then used to improve services for people living with a learning disability and autistic people.
- Stopping over medication of people with a learning disability, autism or both (STOMP) - a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.
- NHS Long Term Plan – sets out the ways that the NHS wants to improve care for patients over the next ten years.
- [Supporting adults with a learning disability to have better lives framework \(LGA and ADASS\)](#) - The aim of the framework is to help directors of adult social services work with their colleagues and partners to identify how they can improve how they support adults with a learning disability and how they can be assured that the care and support in their area is good value for money.
- [We deserve better: Ethnic minorities with a learning disability and access to healthcare](#) - This review spans the last two decades and gives a deep insight using mixed research methods into the access and experiences of healthcare services for people with a learning disability from Black, South

Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds.

Key priorities

Priority area one

Health, social care and community inequalities

Action

1. To look at complaints procedure and ensure that people with learning disability can use this and raise a complaint independently.
2. We will use lessons from LeDeR reports (LeDeR looks at why a person with a Learning Disability has died) to help us make services better for people with a learning disability.
3. We will work together to find out why some people with learning disabilities are missing out on their health checks.
4. Training will be provided to all staff on:
 - learning disability awareness
 - reasonable adjustments
 - equality and diversity
5. We will ask care and support professionals to design a healthy eating and lifestyle plan to be included care assessments or support plans.
6. Work to support the stop over medication people (STOMP) initiative and provide information and guidance to.
7. We will speak to the local bus companies and offer them advice on how to ensure their services are inclusive and support people with a learning disability to access them.
8. We will support the work of 'accessible places' and provide more support to this project to ensure the work can make a difference.
9. We will build a network of recreation and leisure services that are able to recognise and provide good services to people with a learning disability.

Priority area two

Work, college and money

Action

1. We will work with job centre plus and other partners to write an action plan to make things better.
2. We will continue to offer employment opportunities within Leicester City Council for people with learning disability to access.
3. We will work with Leicester College and other partners to understand how colleges meet the needs of students with learning disabilities.
4. We will work to increase the number of companies that register as 'Disability Confident' recruiters and leaders in the city.
5. We will contact all our 'Disability Confident' care providers and ask for a report on how make this work better.

Priority area three

Support for carers.

Action

1. Short break needs for carers of people with complex needs and profound and multiple learning disability need to be met.

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 18th April 2024

Subject:	Healthy Conversation Skills (MECC)
Presented to the Health and Wellbeing Board by:	Amy Endacott
Author:	Amy Endacott

EXECUTIVE SUMMARY:

Having a strong prevention programme and prevention-focussed workforce across Leicester is critical in addressing the increasing burden of preventable disease, and preventative approaches are increasingly featured as a cornerstone of the strategic direction of health and care services. To achieve this, it is vital that Leicester's workforce, both within and external to health services, and wider voluntary sector staff and volunteers are equipped with the tools and skills which empower them to feel confident and competent in engaging people in conversations about their health and wellbeing in a positive way which motivates behaviour change.

Making Every Contact Count (MECC) is a low-cost intervention which is underpinned by the evidence-base for behaviour change approaches to prevention. In its original iteration, MECC focussed on the following key pillars of preventable ill-health: not smoking tobacco, not drinking alcohol problematically, maintaining a healthy weight, being physically active, and looking after mental health and wellbeing. In Leicester, Leicestershire and Rutland (LLR) a broader approach (called MECC 'plus') has been adopted, which in addition to the factors already outlined also encompasses the wider determinants of health, such as conversations which help people to think about addressing debt or social isolation. In LLR this programme is called Healthy Conversation Skills, and has been developed through a multi-agency partnership led by the Leicester and Leicestershire local authority public health teams

Healthy Conversation Skills is a bespoke suite of training packages which focus on using the thousands of everyday interactions which are had across all sectors to provide brief or very brief interventions to people whose health and wellbeing may be at risk. The HCS training packages support trainees to develop their conversation skills to make these interactions meaningful and

impactful through the use of, for example, practicing using open discovery questions to help an individual explore an issue.

The Healthy Conversation Skills programme was set up across LLR with an initial non-recurrent fund of £50k, provided by East Midlands Cancer Alliance. This has enabled the following elements of the programme to be developed and delivered:

- Development of a multi-level training programme (e-learning, 3-hour HCS 'lite' face-to-face training, 6-hour full face-to-face training)
- Expansion of the pool of trainers through a Train the Trainer approach, thus enabling the model of delivery to be sustainable.
- Creation of the Healthy Conversation Skills website which hosts the e-learning package and a range of other resources and signposting materials
- Training delivery across a range of organisations and departments
- Development of a bespoke vaccine-hesitancy conversation tool and targeted engagement and training with staff providing vaccinations (funded by the Integrated Care Board as an additional one-off fund)
- Development of resources to promote the training opportunity

To date more than 1400 people have completed the e-learning package, and more than 700 people have completed the HCS 'lite' training across LLR. Training has been provided across a wide range of organisations and departments including Adult Social Care, Housing, Live Well, Active Leicester, the food network, and the Open Hands charity. Pilot programmes have also been developed within health services, including a bespoke webinar session for Primary Care Network staff. The trainer network currently comprises around 45 trainers, of which 11 are based in Leicester city.

This initial funding has now been used and in order to enable longer-term continuation of the programme it is necessary to secure future funding. In Leicester City, public health are able to fund the programme to continue to be rolled-out across relevant internal local authority departments as well as voluntary sector organisations and other relevant workforces, but this will not be adequate to enable roll-out of training across the NHS due to the volume of staff groups this would entail. If additional funding could be provided by the ICB, it would enable the public health team another avenue to support strategic prevention ambitions at system level, such as those which have been set out in the ICB 5-year forward plan.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the content of the presentation
- Support identification of funding which would enable wider roll-out of the MECC approaches outlined within the presentation across NHS and health services.

- Endorse delivery of the programme, including support from senior leadership to enable staff within relevant staff groups to attend training sessions, and for designated staff to become 'Train the Trainers' to support sustainability of the model.

Healthy Conversation Skills



Amy Endacott

Public Health Programme
Manager (Long-term
Conditions)

Leicester City Council

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Item 7

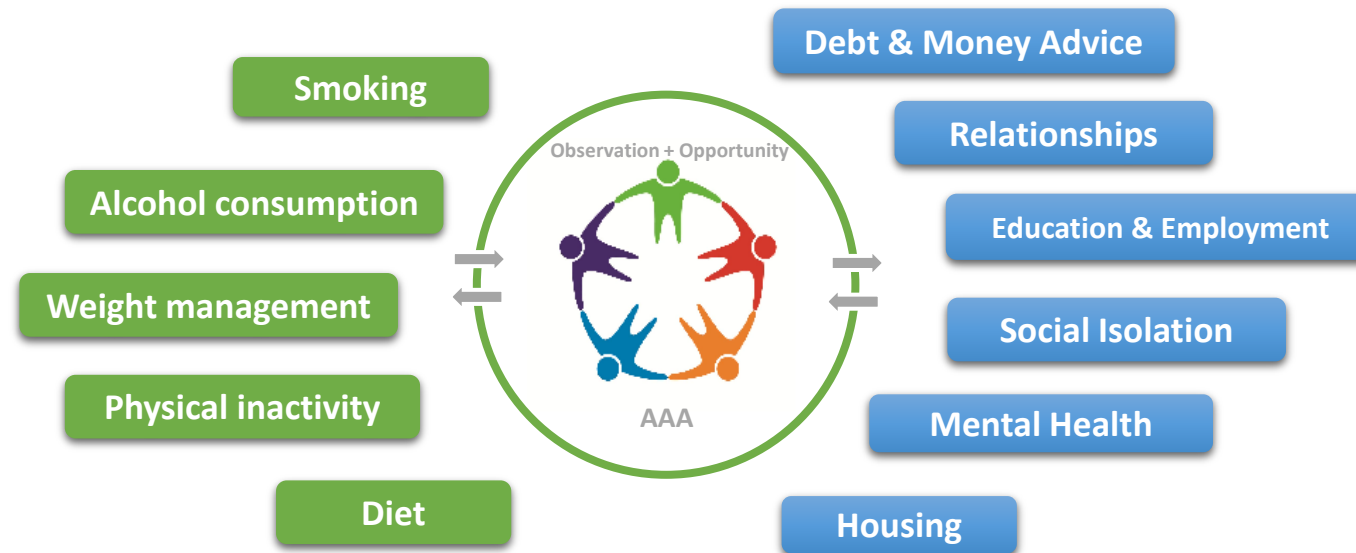


Overview

- Having a strong prevention programme across Leicester is critical in addressing the increasing burden of preventable disease.
- Prevention (and MECC) has increasingly featured as a cornerstone of the strategic direction that health and care services are going in (ICB 5 year forward plan, ICP Strategy, UHL prevention report, HWB strategy)
- The wider Leicester workforce and VCSE have a vital role in prevention. In order to achieve this, the workforce need to be upskilled.
- Making Every Contact Count (MECC) is a low-cost intervention, underpinned by the evidence-base for behaviour change approaches to prevention.

Making Every Contact Count Plus (MECC+) – “Healthy Conversation Skills”

‘Enabling the **workforce** to **recognise the opportunity** they have in facilitating people to have a greater awareness of their health and wellbeing’



‘Empowering **people** to seek out their **own solutions** to support their own health and wellbeing’

What are Healthy Conversation Skills?

How

What

Use **open discovery questions** to help someone explore an issue



Regularly **reflect** on your practice and conversations



Spend more time **listening** than giving information or making suggestions



Use open discovery questions to support someone to make a SMARTER plan

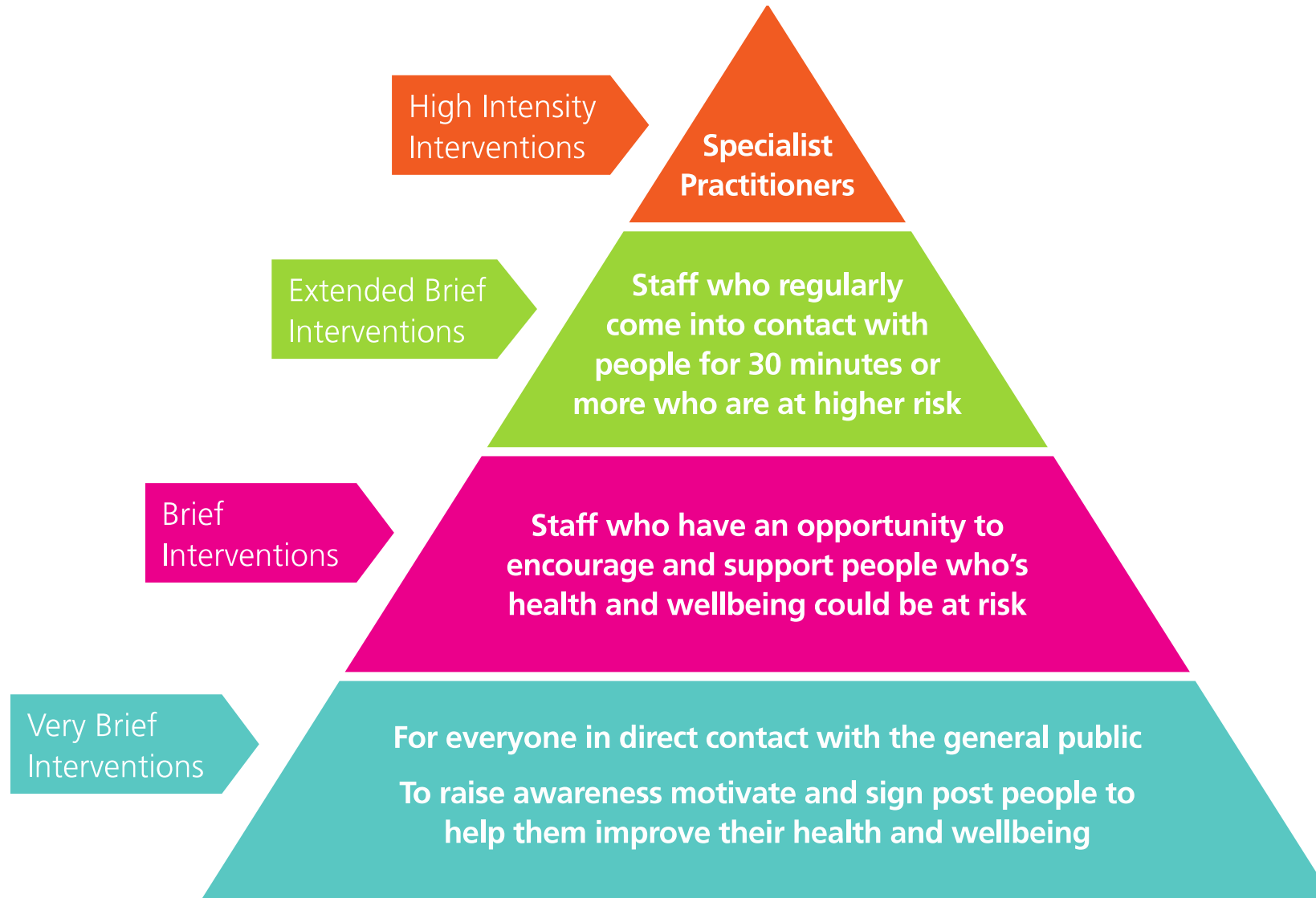
Intended impacts

For staff/workforce:

- Increased confidence and competence to have healthy conversations and take action
- Improved knowledge and understanding of prevention, wider determinants of health and behaviour change.
- Improved awareness of local signposting/referral routes
- Increase number of referrals to lifestyle and wider prevention services

For the system:

- Improved reach, sustainability, feasibility and acceptance of the training programme and approach across the ICS workforce
- Promotion of effective multi-agency working and relationship building across organisational boundaries.



Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
<https://www.nice.org.uk/Guidance/PH49>

Historical delivery of the programme

- 2019 – Programme initiated (LLR) – partnership approach and matrix working
- March 2020 – Oct 2020 (break in delivery)
- March 2021 – bespoke vaccine hesitancy conversation tool developed
- Sept 2021 – October 2022 – (break in delivery)
- February 2022 – Leicester Medical School
- Winter 2023/Spring 2024 – UHL Band 2 work
- January 2024 – PCN webinar model
- 2024 – Funding from Public Health to continue delivery across Leicester in the short term in line with strategic plan, addressing health inequalities

Data and outcomes to date

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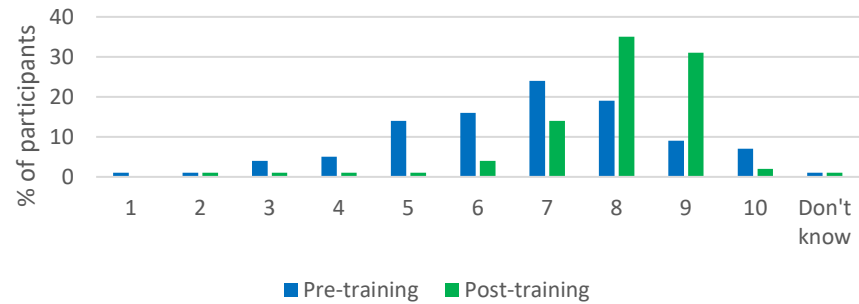
e-learning
1479 across LLR

MECC (lite)
Almost 400 trained
in City.

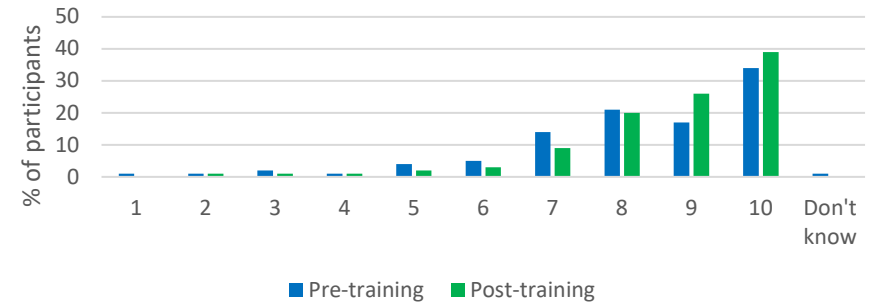
Trainer network
45 trainers across
LLR (11 are City-
based)

1,931,397 – website
home page views

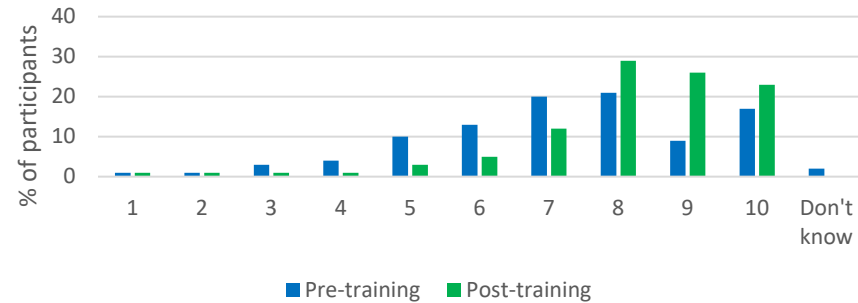
On a scale of 1-10 how confident do you feel about supporting individuals to make a positive/healthy change? (1 not confident, 10 very confident)



On a scale of 1-10, how important is it for you to have healthy conversations with the people you meet? (1 not important, 10 very important)



On a scale of 1-10, how useful do you think the conversations you have are at supporting individuals to make a positive/healthy change? (1 not useful, 10 very useful)



Case studies – Open Hands

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It was stimulating to meet other volunteers who were committed to improve their communication skills. The congenial atmosphere enabled me to speak up and engage with the content. During the training it became obvious that using “open discovery” style questions was a great way to facilitate wider and potentially more helpful conversations. I have started to use this approach in my conversations with guests (clients) I serve at Open Hands - it has really opened up conversations.

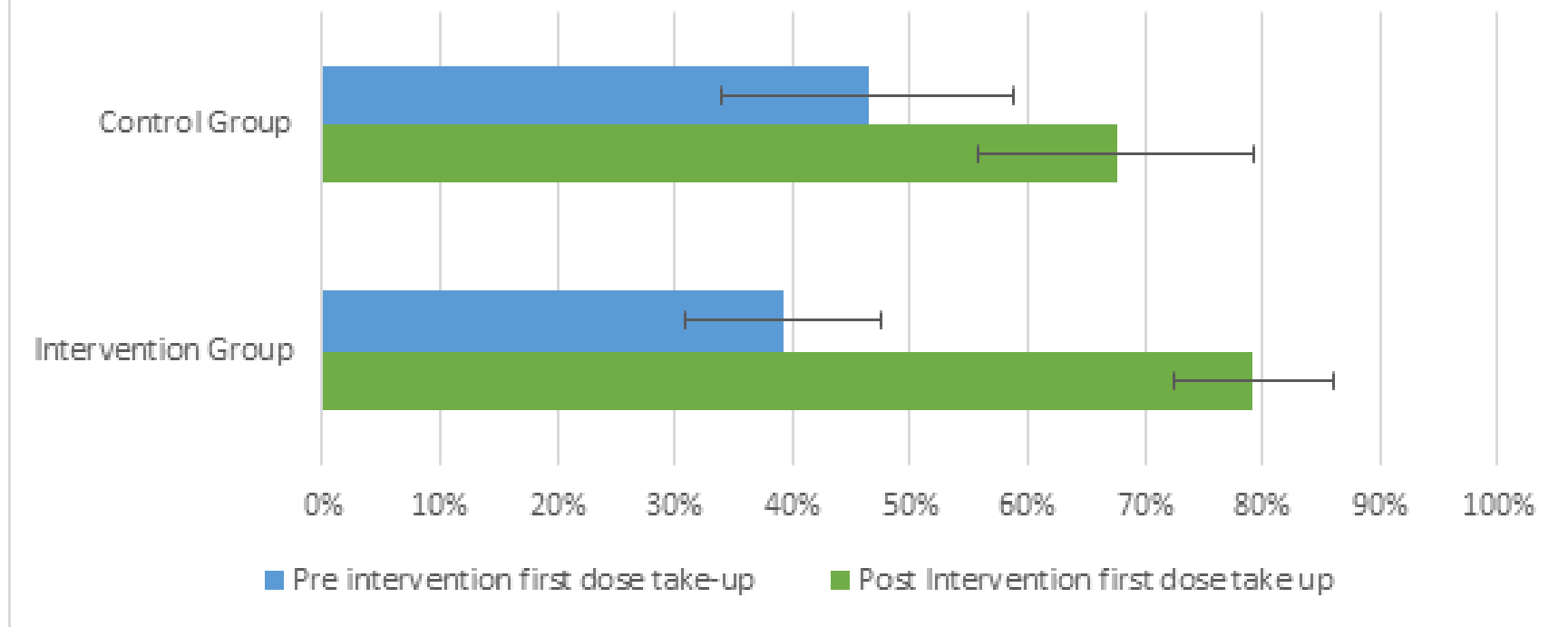
*It's plain we can't solve every problem our guests have, but I felt this man left having received food help **and** a conversation that left him in a much more positive frame of mind.*

Our guests are from all backgrounds, countries, and circumstances. Sometimes it is difficult to adjust a conversation when meeting a new guest, particularly if guests are different ages. The HCS training has given me more confidence to begin conversations with people, who may not initially open up.

*In one example, the week after the training, I noticed a guest was sitting in our reception area. His body language was saying “I’m not interested in talking – I don’t even want to be here!” I approached him, his head was down staring at the floor. I enquired if he had checked in at reception. I got a one-word reply! So, I sat next to him and started asking him open questions about his visit. After several questions and answers he was looking at me and engaging in a conversation with me about his life situation and **what he hoped to be able to do to move on from where he was.***

Case study - Vaccine confidence tool

Chart to show dose 1 COVID-19 vaccine uptake pre and post intervention in LLR care homes staff in control group vs Intervention group (12-week follow-up)



Case study – Proof of concept work

UHL – Band
2's

LPT – initial
sessions
delivered

PCN –
Webinar
model

Future direction in Leicester

- Prioritisation of delivery
- Increase trainer network
- Strengthen programme evaluation
- Explore further opportunities to use HCS to support prevention efforts
- Continue to work with organisations who have MECC approaches embedded with policy and strategy to upskill their workforces – resource permitting

Where can the Health and Wellbeing Board support?

- Identification of any funding to support system-level needs assessment and training roll-out.
- Partnership working to endorse programme across different workforces (including Train the Trainer model).
- Input to support development of a robust evaluation plan