

Leicester
City Council

**MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION
SCRUTINY COMMISSION**

DATE: TUESDAY, 4 MARCH 2025

TIME: 5:30 pm

**PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115
Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor Pickering (Chair)

Councillor Joel (Vice-Chair)

Councillors Bonham, Clarke, Haq, Joannou, Sahu and Zaman

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Katie Jordan (Governance Services), Governance Services (Governance Services) and Kirsty Wootton (Governance Services),

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Katie Jordan, Governance Services and Kirsty Wootton, Governance Services on .
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PUBLIC SESSION

AGENDA

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1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTERESTS

Members will be asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

[Appendix A](#)

The minutes of the meeting of the Public Health and Health Integration Scrutiny Commission which was held on 21st January 2025 have been circulated, and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

7. HEALTH PROTECTION - TB FOCUS

The Director of Public Health will provide the Commission with a verbal update on TB rates in Leicester and the ongoing work by the Leicester, Leicestershire and Rutland TB Strategy Group.

8. HEALTH RESEARCH

An overview of health research will be provided to the Commission by representatives from De Montfort University and Public Health to consider how research benefits the communities of Leicester and addresses health inequalities.

9. LONG TERM CONDITIONS

[Appendix B](#)

The Director of Public Health submits an overview of the Long Term Conditions (LTC) programme currently being delivered through Public Health and its proposed future direction.

10. HEALTH AND WELLBEING STRATEGY

[Appendix C](#)

The Director of Public Health submits a report to update the Public Health and Health Integration Scrutiny Commission of the progress of the Health and Wellbeing Board and the progress made on the Health, Care and Wellbeing Strategy.

11. HEALTH AND WELLBEING SURVEY

[Appendix D](#)

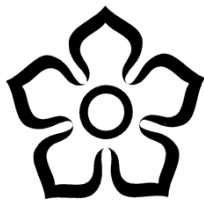
The Director of Public Health submits a report to provide an update on the Health and Wellbeing Survey 2024.

12. WORK PROGRAMME

[Appendix E](#)

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

13. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Held: TUESDAY, 21 JANUARY 2025 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham
Councillor Haq
Councillor Zaman

Councillor Clarke
Councillor Sahu

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety
Assistant City Mayor, Councillor Dempster – Culture, Libraries & Community Centres
Kash Bhayani – Healthwatch

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95. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Joannou.

96. DECLARATIONS OF INTERESTS

The Chair asked members of the commission to declare any interests in the proceedings for which there were none.

97. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of the previous meeting held on 5 November 2024 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

AGREED:

- Members confirmed that the minutes for the meeting on 5 November 2024 were a correct record.

98. CHAIRS ANNOUNCEMENTS

The Chair announced that Councillor Joannou had taken the Membership place of Councillor Westley and that Deputy City Mayor, Councillor Russell was leaving her role. The Chair thanked Councillor Russell for her contributions to the Public Health and Health Integration Scrutiny Commission, as well as her work elsewhere in the Council.

99. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

100. PETITIONS

It was noted that none had been received.

101. HEALTH PROTECTION UPDATE

The Director of Public Health gave a verbal update of the latest position of health protection, and it was noted that:

- There had been high levels of norovirus across the country which had meant some extra precautions had been taken, particularly in care homes to isolate residents coming out of hospital. The numbers have now reduced.
- There had been a scabies outbreak in a care home, but there were no further cases.
- Uptake of the flu vaccination had been particularly poor in schools. Work was ongoing to promote update and procurement was in process for a new contract.
- The uptake of covid vaccinations was lower than the previous year.
- Leicester was still the local authority with the highest rates of TB. Regular cases were still being reported but these had remained evenly spread throughout the year.
- Work on TB rates was ongoing, including a dedicated steering group, a strategy and a detailed action plan to address the rates.
- A business case had been put to the Integrated Care Board for the University Hospitals Leicester TB service.
- There was still stigma attached to TB, particularly in certain communities so work was needed to address this barrier.
- The cases of whooping cough had reduced consistently in Leicester. The County Council were leading the response as they had experienced higher rates of whooping cough.
- Last year saw a high peak in cases of measles. This had been addressed through exemplary partnership working. The success had not made them complacent however as measles is hugely contagious.
- There was reduced concern around covid, but there was concern around covid vaccination rates as they are much lower in Leicester City than in the county.
- The low vaccination rates were likely due to the public being fatigued

by vaccination messages.

- H5N1 Bird Flu pandemic exercise was planned for April 2025. There had been no human-to-human transmissions to date but the Local Resilience Forum had planned the exercise to ensure they were prepared for the worst case.
- There had been 1 new case of M-Pox, but none had been in the City. Despite this, work was ongoing with sexual health providers to ensure awareness.
- A key priority of the Health and Wellbeing Board was childhood vaccinations. The HPV vaccine was key in this as uptake had been so low in the city. More work was needed in communities to encourage uptake.

In response to questions and comments from Members, it was noted that:

- The uptake rates for HPV vaccinations were around 50% for girls and considerably less for boys.
- The Deputy City Mayor commented that there had been increased discussion around vaccines since Covid with more people becoming less inclined to have them. Since this, Public Health campaigns had been a bigger challenge.
- The evidence for the HPV vaccines effectiveness was incredibly strong.
- Work was needed to understand what would make a difference for school age vaccinations, including the unpicking of myths which are a huge threat to herd immunity and are often hard to combat.
- Teachers and teaching assistants were often not confident enough to dispel the myths around vaccinations.
- The majority of vaccines had been delivered through school provision; therefore, this was where the trust building, and myth debunking needed to occur.
- Health champions were needed across all communities to discuss why vaccines are so important.
- The online vaccine forms were nationally put together. These were being reworked for the City to make them more accessible.
- The highest uptake within schools was when schools worked with pupils to fill in the majority of the form themselves and then got a signature from parents and guardians.
- It was important to work with families, as well as considering the age that young people can consent themselves.
- The HPV vaccine eliminates cancer but information around it needs to be changed.
- Emails to parents with more information was likely to encourage uptake.
- The resurgence of children's illnesses such as Slapped Cheek and Hand, Foot and Mouth was not anything of concern as they are seasonal illness that come in patterns.

AGREED:

It was agreed that slides from the presentation were to be shared, and the update was noted.

102. SYSTEMS PRESSURES UPDATE

The Integrated Care Board (ICB) gave a verbal update to the Commission on System Pressures. It was noted that:

- The City had faced a Quademic, particularly in children and elderly patients. With high numbers of the common cold, flu, covid pressures and norovirus.
- The data demonstrated that all Health Care settings had been under pressure.
- A knock-on effect and additional pressures were faced due to the flooding and this had put a strain on the Ambulance Service.
- Additional services had been put into place to support the winter pressures. This included:
 - Extra appointments in primary care.
 - Increased opening hours of urgent treatment centres and increased number of available appointments.
 - Ambulances taking patients to A&E and same day emergency care, enabling patients to be seen by the correct service without waiting in the emergency department.
 - The Same Day Emergency Frailty Service was now live.
 - Work had taken place with Derbyshire Health United to help manage the ambulance stack for category 3 and 4 calls, to manage them with a different disposition.
 - Increases to the number of community hospital beds.
 - Working with colleagues to try and promote the vaccination service. Low levels of uptake had added to the overall pressures with more patients in hospital with respiratory and viral infections that could have been prevented, had they been vaccinated.
 - The Respiratory Syncytial Virus (RSV) vaccination programme had been launched for patients over 75 this year. It's hard to see the data at this stage, however, it is hopeful this will help ease pressures going forward.
- Plans were currently under way to help support the NHS through next winters pressures and to reduce overall waiting times across the service.

As part of discussions following the update it was noted that:

- An additional clinical navigation system was in place for 111 calls to make sure patients get in the right disposition and reviews were in place to ensure calls were getting to the right place, at the right time.
- From a General Practice point of view, all GPs as part of the post graduate qualification have to train in paediatrics either through hospital training or through their general practice training.

- The Merlin Vaz and Oadby Walk-In Centre are both available for walk in patients. When at full capacity, patients are booked in to those centres and are streaming away from A&E. On occasion when they are full, they may temporally stop walk in patients.
- The Central Access point was now in place for all patients across Leicester, Leicestershire and Rutland (LLR) seeking Mental Health support. Patients can phone the line and get immediate help either on the phone, face to face or if they are known to the service the can go straight in to existing services they have previously attended. Very few waits had been observed in LLRs, compared to regional colleagues. LLR have one of the lowest rates of patients who wait a significant amount of time in Health Services for support because of the pathways that are in place.
- The flu season had peaked, and the trust was now experiencing a decline in cases. However, from a respiratory virus perspective, the situation remained uncertain. The trust continued to face extreme pressure during this time of year, with additional measures in place to mitigate the impact while actively exploring further actions to support services. Rapid evaluations were taking place on pressures put in place this year to see what had been the most productive. The trust had a strong feeling on what those are and are using that to put in place the plan for next year.
- The work done to manage the ambulance stack had positive effects that were noticed. There was still room for improvement, but it supported challenges and reduced conveyances on patients going into A&E.
- Work was still needed to optimize ambulance turnaround times, ensuring that handovers are completed within a maximum of 45 minutes so ambulances can return to service promptly. A new initiative, *Leicester 90*, was being explored to ensure safe and efficient patient drop-offs and handovers. Learning from neighbouring cities, the focus was not only on the handover process but also on improving patient flow through the hospital. Measures were being put in place to facilitate smooth transitions, aiming for rapid handovers at a rate of three to four patients per hour. This would help ensure timely assessments while addressing essential patient needs such as pressure relief, access to toilets, and nutritional support. Interventions were in place to support these improvements.

AGREED:

- Members thanked the NHS for the update and note the report.
- That data on 111 patients to be circulated to Members.
- An in-depth report into the Leicestershire Partnership Trust Mental Health Services to be added to the Work Programme.

103. GENERAL FUND BUDGET PROPOSALS 2025/26

The Head of Finance presented the Revenue Budget 2025/26 and it was noted that:

- The budget had gone to each scrutiny commission, ahead of Full Council in February.
- The financial outlook faced by the council was the most severe we've known.
- Some authorities have issued Section 114 notices. The budget strategy has aimed to avoid this and ensure financial sustainability until at least 2027/28.
- Due to a decade of austerity, many services had already been cut so the scope for savings had been reduced dramatically.
- Modest funding had been provided by Government to help fund statutory services, but they have stated there is no magic wand to address local government funding.
- The details of the Public Health grant for 2025/26 had yet to be released.
- The council's financial strategy had 5 strands:
 1. Releasing one-off funds totalling £110m to buy time.
 2. Reducing the approved capital programme by £13m
 3. Selling non-residential properties to secure an additional £60m.
 4. Constraining growth in those statutory services under pressure.
 5. Making ongoing savings of £20m per year in the revenue budget – these can be found in the agenda pack for each area but does not include Children's, Adult Social Care or Public Health.
- There may be further pressures created, and with one-off savings being used it was essential that there would be ongoing savings.

In response to comments and questions from Members, it was noted that:

- It was disappointing the Public Health figures are not available for this commission.
- It was important that other areas which may have an impact on aspects of Public Health had been considered such as budget proposals for the built environment or Adult Social Care.
- As part of this, health partners reassured Members that pathways had been considered so that provision would not change and ensure no gaps are created by changes in the budget.

AGREED:

- The Commission noted the report.

104. GP ACCESS

The Senior Integration and Transformation Manager presented the report. It was noted that:

- In April 2024 NHS England (NHSE) published the delivery plan for recovering access to primary care
- The delivery plan had set out key deliverable actions for Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to implement during 2024-25. The key determinant of this delivery plan

was to tackle the 8am rush, improve access in primary care, reduce bureaucracy, improve primary and secondary care interface and support primary care to move towards digital systems.

- In Leicester, 1.8 million appointments had been provided for the year up to October 2024. In October, 267552 appointments had been provided, which was a 16% increase on the previous year. With an overall 9% increase on appointments compared to the previous year. Around 70% of those appointments were face to face.
- This time last year Community Pharmacy and Pharmacy First was launched. 81 out of 82 City pharmacies were participating in that programme. Work had been taking place to engage the remaining pharmacy to the programme.
- Up until November 2024, there were 13257 referrals in to the community Pharmacy First Programme in the city.
- Out of the GP practices in the city, 39 out of 51 actively engage in that programme. The progressive was good, but further work still needed to be completed with the remaining GP surgeries.
- A 100% of city practices now had Cloud Based Telephony installed, work was still required to improve the service.
- The usage of the NHS app had increased to 1.4m people, which was an increase of 89%. Not everyone in Leicester City has access to online technology, but it was clear that those who do were utilising it as 41% of people were using the app for repeat prescriptions.
- 90% of appointments were now being delivered within 2 weeks, a 4% improvement on the previous year.
- December 2024 was the first month of the additional GP appointments being available and 5 care providers were delivering those on behalf of the city, with 72% utilisation of the appointments.
- Work force needed to deliver the increases and it had been challenging, however small improvements were now visible.
- The Cities registered patient to GP ratio was 3262 patients per whole time equivalent GP in December 2024. January 2025 figures showed we are now 2829 registered patients per whole time equivalent GP. Work would continue to improve the figures to be at least in line with the regional average of 2266 patients.
- GPs primary work was in practice, but general practice had modernised over recent years additional roles have come into place as a primary care network footprint. City practices have recruited fully to these roles with no gaps at present. These roles included; 65.6 Clinical Pharmacists, 40.5 Care Coordinators, 14.7 GP Assistants and 14.4 Pharmacy Technicians and 13.8 Advanced Nurse and Clinical Practitioners.

In response to comments and questions from Members, it was noted that:

- The current data available from the NHS app was basic. Access was now available to the prescription data usage which has supported staff in better usage of calls for patients who do not have access to the NHS app. While this had not necessarily reduced the number of

phone calls to GP practices, it had helped to better direct those calls to the appropriate services. Family members could access the NHS app and order medication on their family members behalf.

- Quality development discussions with patient participation groups at GP practices had indicated a generally positive experience, though challenges remained. Further exploration was needed on how telephony systems can be improved to enhance patient access and experience.
- The ongoing pressures within primary care had shown that demand had increased significantly since the COVID-19 pandemic whilst workforce numbers and facilities had remained unchanged. Despite limited resources and reduced funding for GPs, efforts continued to improve service delivery. One approach has been streamlining administrative tasks, such as directing sick note requests to an automated system, which assesses the issue and processes requests accordingly. This had helped to free up appointments for those in greater need.
- Work was also underway on preventative measures, including hypertension management, stroke prevention, and school-based education initiatives, all aimed at reducing future pressures on hospitals.
- The Pharmacy First scheme had been instrumental in increasing capacity, with pharmacies seeing approximately 3,000 patients per month. Despite historical underfunding in the city, these initiatives are helping to bridge the gap and improve healthcare accessibility.
- While data on NHS app usage was not broken down in detail, the app remained a valuable tool for those who can access it. By offering more digital options, it also allows GP practices to focus their support on patients who need additional assistance in accessing healthcare. There were still challenges for practices serving communities with higher levels of digital exclusion. Discussions had taken place on whether practices supported each other in addressing these challenges and how patient participation groups could help identify issues and needs within the wider community.
- There were currently 52 GP practices in the city and 126 across the wider Leicester, Leicestershire, and Rutland (LLR) area. When implementing new technology, it was important to consider the varying levels of digital readiness across those practices. Some were using digital tools for the first time and remained apprehensive, presenting challenges that would need to be addressed in the coming years. Ongoing work was needed to ensure adequate support was in place for those who are digitally excluded and to help practices integrate new technology effectively.
- The GP to patient ratio had historically been a challenge in the city, exacerbated by high levels of deprivation and poverty. City-based GPs provided more appointments than those across the wider Leicester, Leicestershire, and Rutland (LLR) area, leading to high service demand. The city also had the highest use of GP locums. Some practices opted to replace a returning GP with alternative clinical staff, such as pharmacists, to help manage costs effectively.

The complexity of demographics and workforce retention remain key challenges.

- Efforts to better utilise pharmacists across the city were being discussed, particularly in managing long-term conditions. A well-skilled workforce could help reduce GP pressures by providing alternative routes for patient care.
- Concerns were raised around surgery and pharmacy closures, as these were business decisions dependent on financial viability. Practices needed to assess whether continued operation was sustainable.
- Considerable funding had been allocated to advanced practice in the city, with £7 million invested based on a nationally acclaimed health and inequalities funding model. The city had the highest health inequalities, making this funding essential. Additional funding had also been allocated to support blood tests and wound management, increasing the capacity of city practices.
- The commissioning team closely monitored GP investments to ensure funding was directly improving patient outcomes. A key focus was identifying areas of inequality and ensuring resources are allocated effectively.
- The team were reviewing how GP practices had utilised funding and the most effective model for commissioning and accountability moving forward.
- Patients in care homes were able to receive home visits to reduce hospital admissions. Community-based care planning ensured medications were reviewed, issues were addressed and follow-up testing was conducted where necessary. The approach aimed to improve patient well-being while reducing unnecessary hospital pressures.
- There had been some growth of the amount of GPs in the City, although not significant. The landscape of general practice had changed, with a greater clinical presence beyond traditional GP roles. Support for older patients in care homes and ensuring the right clinical input was crucial. The GP role remained vital, but a wider multidisciplinary team is essential for meeting patient needs. Improvements would continue to be made, but further collaboration was needed to develop a system that serves the population effectively
- The importance of getting GPs contract right was emphasized. This would support a more effective model of care. The city's approach had gained interest from other authorities looking to replicate its success.
- Funding was allocated based on patient need, and business intelligence was used to assess and address patient challenges. Some areas may require alternative approaches, and further support would be welcomed.
- Data on patient registrations would take time to update. Some practices such as Downing Drive, had a tight boundary of patients. Requiring conversations to encourage them to accept new patients.

The ICB had engaged with practices to address complaints related to patient access.

- After recent flooding in the city, practices supported each other to still be able to provide care for patients that had been affected by the flooding.

AGREED:

- That the report be noted.
- To enquire into a possible breakdown of GP data for the NHS app.
- Breakdown of data for GP appointments and hubs to be shared.
- Wider clinical practise team to be added to the Work Programme for 2025/26.

105. SMOKING AND VAPING

The Deputy Director of Public Health presented the report and it was noted that:

- Smoking remained one of the leading causes of premature death and preventable ill health.
- 14.6% of residents smoked which was higher than the national average. This figure had increased as the Health and Wellbeing Survey that was due soon showed that around 16% now smoked.
- There were higher rates of smoking in disadvantaged areas of the city.
- Ethnicity had an impact on likelihood of people starting to smoke.
- Chewing tobacco and shisha use had higher levels of use here than other areas of the country. However, the percentage was small compared to that of cigarette use.
- Targeted groups were children and young people, those who had mental illnesses, those who were pregnant and those who were in social housing.
- Smoking was more likely to continue if the habit began at a younger age.
- 3.5% of young people smoked in Leicester, which was lower than the national average.
- Those who had long term mental health conditions were more likely to smoke and were smoking more heavily. This was one of the key reasons that those with mental health conditions had higher mortality rates than the general population.
- Smoking during pregnancy has a detrimental impact on the development and outcomes. 7.4% of pregnant mothers were smoking at the time of delivery, this was lower than the national average.
- Herbal smoking was considered safer by some; however it still contains dangerous chemicals.
- The Tobacco and Vapes bill were at the committee stage.
- Disposable vapes were to be banned from 1st June 2025. It was

hoped that this would have a fairly quick impact on the rise in numbers of young people vaping.

- It was being considered how to make vapes less attractive to children.
- Licensing was being considered for tobacco sales to make smoking less accessible.
- The definition of a smoke free population was less than 5% of the population smoking.
- The Leicestershire Partnership Trust had become a smoke free trust in January 2023.
- Support was being given to foster carers, so they were confident to model positive health behaviours to young people.
- Housing officers had been given training around smoking cessation so that they would be able to have conversations and signpost tenants.
- There had been work with Turning Point to help staff provide cessation support.
- A new marketing campaign had been scheduled for April to target the areas of the city where there were the highest levels of smoking.
- LiveWell had been the integrated lifestyle service offering smoking cessation services.
- There had been 1633 people going through the service in 2022/23. Data from the last year was not available due to a new system being in place.
- 57% quit smoking after 4 weeks which was better than the national average.
- There was confidence the service was reaching the most disadvantaged communities.
- More government funding had been made available for smoking cessation services for the next 5 years. This was to allow more quit attempts by providing advice and swift support, to link smokers to the most effective interventions, to boost existing behavioural support schemes, to build capacity in local areas to respond to increased demand, and to strengthen partnerships in local healthcare systems.
- Public Health had planned to use this funding to increase staffing, to provide additional training, to increase availability of Nicotine Replacement Therapies and E-cigarettes, a social marketing and communications campaign and wider tobacco control measures.
- The NHS Long Term Plan outlined a requirement to provide all people admitted to hospital, who smoke, with an NHS-funded in-house tobacco treatment service by 2023/24.
- University Hospitals Leicester implemented the CURE programme in Glenfield Hospital, Leicester Royal Infirmary and the General Hospital.
- Staff were employed by Leicester City Council.
- Around 700 patients had been referred each month. Due to the demand on the service, some patients had been discharged before an advisor was able to see them so there was still work to be done.
- Mental Health inpatients had also been provided with support and

this continued once discharged.

- Pregnant women who smoke were now to 'opt out' of referrals. Incentive schemes including vouchers and support were available throughout pregnancy.
- Pregnant women were offered Nicotine Replacement Therapy initially and vapes secondly.
- There were increasing concerns around children vaping. Vapes are an effective aid for stopping smoking but the concern was that children who had never smoked were taking up vaping.
- 12% children had tried vaping, but it was more common in older teenagers. 6% of 14–15-year-olds had regularly vaped.
- Key messages had been taken from the East Midlands statement on vaping.

In response to questions and comments, it was noted that:

- Data gathered on children smoking and vaping was thought to be robust. It was reflective of the national picture.
- It was widely accepted that it takes several attempts to successfully quit smoking. The 57% of individuals who had stopped smoking successfully was lower figure, around 20% at 12 months.
- Work had been ongoing with Trading Standards to address concerns around vapes and cigarettes, however it was acknowledged Trading Standards had limited resources.
- Training for young people is extensive to test purchase for Trading Standards.
- If concerns around sales were found, it would be reported to the Licensing Team.
- The increased availability at 24hour supermarkets was allowing increased sales of cigarettes and vapes.
- Shisha bars had been open until early hours and was considered a social activity but was providing prolonged exposure.
- A price drop that had been noticed on vape products may be in expectation of the ban in June to reduce stock.
- Work was occurring with University of Leicester students to raise awareness around shisha in different communities and its effects.
- Workplaces had been identified as targets for smoking cessation resources.
- Schools had been provided with Public Health profiles following a survey in 2023. Some schools may consider smoking and vaping as a priority but there had been instances where this was considered less concerning than other issues that were affecting student wellbeing which may be less visible to the public.
- The CURE team had seen nearly 7000 patients since it started in 2020. 40% of these patients had continued into community-based smoking cessation services.
- Turning Point staff had been training primarily on supporting individuals to swap to vapes. This had been trialled with those dependent on alcohol before Covid and had now been extended to

those using any substance.

- The project with Turning Point would be assessed before it was to be rolled out into other services.
- Step Right Out was due to relaunch and would cover cars, as well as homes. Smoking in cars, particularly around children was to be a big stream in the communications campaign.
- The average age of those with a mental health condition who had died prematurely was striking. There had not been enough referrals of those patients with mental health conditions into the service and this needed to be made more equitable.
- Mental Health cafes were suggested as an opportunity to address poor referrals in this community.
- Making every contact count was to occur in workplaces along with increased training.
- Smoking outside of hospitals, particularly maternity units was not often seen to be enforced despite policies.

AGREED:

- Governance Services to contact Trading Standards for a report on work that has occurred on smoking and vaping.
- The Commission noted the report.

106. WORK PROGRAMME

The Chair noted that the topics noted in the items would be added to the work programme.

107. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 20.16.



Long-term conditions

Health Integration Scrutiny Commission

Date of meeting: 04/03/2025

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Amy Endacott
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- Report version number: 1

1. Summary

This report and associated presentation provide an overview of the long-term conditions programme currently being delivered through Public Health. The areas covered are:

- Strategic justification for long-term conditions focus for 24-25
- Core principles and approaches
- Hypertension
- Multiple long-term conditions (multimorbidity)
- Links to, and alignment with, other long-term conditions covered across the Public Health Team
- Partnership work with Primary Care Networks
- Prevention of long-term conditions
- Future direction of long-term conditions works

2. Recommendation(s) to scrutiny:

Health Integration Scrutiny Commission are invited to:

- Note the content of the report and presentation and have opportunity to discuss.
- Note and have the opportunity to discuss the proposed future direction for long-term conditions work.

3. Detailed report

3.1 - Strategic justification for current LTCs focus for 24-25

Strategic direction for local focus on long-term conditions work comes from several areas, namely:

- **Leicester's Health, Care and Wellbeing Strategy 2022-2027 and action plan.** Four priorities for 24/25 have been chosen for more intensive focus, including hypertension prevention and case-finding.
- **Prevention and Health Inequalities Steering Group.** This group have identified five priority areas to address health inequalities, which will be delivered through separate task and finish groups, one of which is hypertension prevention and case-finding.
- **Primary Care Networks (PCNs) city priorities.** For 24/25 the city PCNs have highlighted five priority areas for focus. Included in this are obesity, hypertension, bowel cancer screening, tuberculosis, and childhood immunisations.
- **Core20plus5.** This is a national framework for addressing health inequalities, outlining that predominant focus should be directed towards those living in the 20% most deprived areas within any given geography, with additional focus on 'plus' groups locally – those most likely to experience poor access to health and care

services, poorer experiences with them, and worse outcomes compared to others - and five clinical areas for focus with known links to health inequalities. These include hypertension case-finding, early cancer diagnosis, and chronic respiratory disease.

3.2 - Core principles and approaches

The long-term conditions programme is underpinned by the following core principles and approaches:

- **Prevention first** (including primary, secondary and tertiary prevention) – any programme activity will aim to prevent long-term conditions developing, or minimise deterioration, enabling our residents to have a better quality of life.
- **Health inequalities** – all activity will have reducing health inequalities at its core, and great care will be taken to ensure well-meaning interventions do not inadvertently widen health inequalities. The principle of proportionate universalism will be adopted, i.e. delivering interventions at a scale and intensity proportionate to need.
- **Data driven** – robust data will be used wherever possible to identify population need
- **Evidence-based** – wherever possible, any interventions which are developed will be derived from the existing evidence base to ensure resources are being used effectively.
- **Identifying gaps/avoiding duplication** – work will seek to complement and enhance existing activity by addressing gaps, rather than duplicate it.

3.3 - Hypertension

Hypertension (persistent high blood pressure) is the predominant current area of focus for long-term conditions work. Hypertension is the primary risk factor for deaths and illness related to cardiovascular disease (CVD) and is the most common CVD condition amongst Leicester residents, contributing to the higher-than-average under 75 mortality rate in the city. At least 12% (n = 50,000) of the city's population are diagnosed with the condition. However, it is anticipated that a further almost 7% (n = 24,000) of the population have hypertension but have not been diagnosed.

Hypertension is often called “the silent killer” because it is usually symptomless until a very late stage, meaning that a relatively high number of people will be completely unaware that they have hypertension. It is vital that this population are found so that the condition can be managed in a timely and effective way to reduce individual risk, and to minimise the burden on health and social care services. Additionally, there are even greater numbers who are engaging in behaviours which increase the risk of hypertension, and who may benefit from preventative interventions.

Hypertension has been identified as an area which is likely to contribute to health inequalities in the city, due to:

- the likelihood of these cases being higher within populations who are already at increased risk of poorer health outcomes, linked to wider determinants of health such as deprivation, ethnicity, and lifestyle factors.
- existing mechanisms to check blood pressure (such as the NHS Health Check and community pharmacy case-finding) are a valuable resource for many Leicester residents, but may be less accessible to people at greater risk of health inequalities (for example, through poor health literacy, digital exclusion, cultural attitudes to health, shift work, financial barriers to attending appointments etc).

The simplest way to establish whether someone has high blood pressure is to conduct a blood pressure test – this is a quick, simple, and non-invasive test which provides an instant result. Based on the test result, appropriate action can be taken in line with NICE and local guidance. In Leicester, most people are offered an NHS Health Check every 5 years from the age of 40-74 which includes a blood pressure test. 23% of the eligible population were invited for an NHS Health Check in 2023/24, with a take up rate of 56%, and whilst this is above the England average, it does mean that a significant proportion of the eligible population would not have had a blood pressure test through this means. Additionally, most people over the age of 40 are eligible to request a blood pressure test at a participating community pharmacy.

A 'task and finish' group was created in December 2024 with a specific remit to address hypertension-related health inequalities. A data-driven approach is being used to identify areas/GP practices where expected numbers of hypertension cases are below actual numbers recorded on hypertension registers, and to explore demographics within those cohorts to highlight any potential health inequalities. A rapid literature review, carried out in Spring 2024, was used to develop several proposed options for interventions alongside existing activity. The intention is that these will be delivered concurrently.

Proposed interventions:

- Community pharmacies will provide blood pressure tests via an outreach model, attending community venues within specified localities.
- The Roving Health Unit has begun to offer blood pressure tests alongside vaccinations activity. Future opportunities to target some of this delivery will be explored.
- Targeted invitation to NHS Health Checks in areas/communities identified as being at greater risk of health inequalities will be developed.
- The Integrated Care Board and Primary Care Networks have delivered targeted detection and optimisation with practices where data indicates need.

Intended outcomes are as follows:

- Increase in knowledge of risk factors for hypertension and behaviour change amongst target population
- Increase in number of people accessing a BP test and being diagnosed with hypertension
- Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk
- Reduction in number of strokes/myocardial infarctions in Leicester City

Success measures are being developed to measure outcomes and will be dependant on the chosen target population once data is available to support this decision.

3.4 - Multiple LTCs

The term “multimorbidity” describes having two or more long-term health conditions together which can include physical and mental health conditions, or a combination of these. In the UK, the number of people living with multimorbidity is rising and whilst prevalence of multimorbidity increases with age, people who are also living in deprivation may experience multimorbidity 10-15 years earlier than those living in affluent areas. This means that multi-morbidity is now affecting greater number of working-aged adults (18-64). There is disparity across different areas of Leicester in terms of prevalence of multimorbidity, with greater numbers in Primary Care Network (PCN) areas which cover more deprived areas of the City (the highest two being Hockley Farm and Leicester City South). This is reflective of the association between multimorbidity and deprivation which is observed across England.

At individual level, people with multiple long-term conditions are more likely to spend a greater proportion of their life in poor health, experience a poorer quality of life, require greater need to access health and care services, and die younger than their counterparts. Historically, healthcare systems have focussed on single conditions, but the increasing numbers of people with multiple long-term conditions has lead health and care systems to consider how they can shift away from this approach and adapt to meet need. Public health work to explore this issue further includes:

- Focus groups with people with lived experience of multiple long-term conditions have been carried out, in areas identified locally as having higher-than-average numbers of people with multiple long-term conditions, to better understand their experiences of daily living, self-care, and health care services.
- A Health and Wellbeing Board development session is planned for Spring 2025 to better understand prevalence of long-term conditions across the city, their impact, and measures which can be taken to address them.

3.5 - Links and alignment to other areas of LTCs covered across the Public Health Team

Long-term conditions are also considered through a range of other work carried out across the Public Health team, including:

- CVD, through activity such as the NHS Health Checks programme and prevention programme delivered through Live Well service offers promoting healthier lifestyles.
- Mental Health, through a wide range of activity delivered through the Public Mental Health team
- Obesity, through the Whole Systems Approach to Healthy Weight, and prevention programmes delivered through Live Well.
- Cancer, through activity such as increasing screening and immunisations uptake.
- Respiratory conditions, through work to address air pollution, and smoking cessation support.

3.6 - Partnership work with Primary Care Networks

Public Health are working with Primary Care Networks to explore how public health support can best be offered and utilised to address key health and wellbeing issues, including long-term conditions, based on what is important at both individual practice and PCN level, and to support the city PCN network to address their five priority areas. This

has included meeting with several of the Clinical Directors individually to discuss health and wellbeing issues experienced across their PCN and where they feel public health support would be most valuable, and an offer of support to review PCN health inequality plans.

A piece of work was carried out collaboratively between Public Health, two city PCNs and local voluntary and community sector organisations to identify cohorts of people experiencing five or more long-term conditions and better understand their experiences of daily living, self-care and health and care services. This was carried out through focus groups and the aim was to develop recommendations based on patient experience which helped to shape services in a way which met patient need.

Public Health are supporting a similar project with a PCN who have identified poor uptake of bowel cancer screening amongst their patients. The aim is to explore barriers and facilitators to screening, with a view to making recommendations around how this can be addressed.

The future direction of health management will see a drive towards neighbourhood models of care, further increasing the value of closer working with PCNs.

3.7 - Prevention of LTCs

Alongside work which the Public Health prevention team are delivering to address some of the primary risk factors for LTCs (smoking, diet, physical activity, alcohol), the Public Health team offer a training programme which is designed to upskill the workforce in having effective and confident conversations with people about their health and wellbeing, and supporting steps towards behaviour change. This programme is called 'Healthy Conversation Skills' and is underpinned by the national Making Every Contact Count (MECC) initiative which encourages the workforce to use the millions of opportunities arising during routine interactions to have conversations about making positive improvements to their health and wellbeing.

The Healthy Conversation Skills (HCS) programme focusses on the four core pillars of the MECC framework (tobacco use, alcohol, physical inactivity, unhealthy weight) but also upskills people to have conversations around a much wider range of factors which can impact health and wellbeing (such as housing conditions, employment, finances), known as the wider determinants of health.

Programme highlights for the period 01/01/24 – 31/12/24 were:

- Programme evaluation has demonstrated excellent feedback for the programme in terms of usefulness of the training to attendees, and has clearly demonstrated a positive shift in both importance of, and confidence in, having healthy conversations following completion of training.
- Additional evaluative methods (focus groups and surveys with trainers) have demonstrated positive training impact.
- Programme delivery has successfully reached into the VCSE, including training five new trainers who are based within local community organisations and who are able to roll the training out to their staff and volunteers.
- 118 people have completed the MECC 'lite' face-to face/online training offer
- 272 people have signed up to complete the e-learning module (N.B. this is Leicester, Leicestershire and Rutland-wide), with 81% of them completing the post-training survey.

- There have been 27,334 hits on the HCS website landing page – and 3,118 individual hits on the signposting and resources pages – indicating that this is a well-used resource.
- 11 individuals completed the accredited 'Train the Trainer' programme, increasing total trainer capacity and opening up greater opportunities to provide HCS to a greater range of staff groups.

3.8 - Future direction of LTCs work

It is intended that learning and outcomes from the hypertension case-finding programme will be used to shape work linked to other long-term conditions, particularly cardiovascular disease.

The MECC 'Healthy Conversation Skills' programme will continue to be rolled out across all relevant partners to embed prevention approaches and upskill the prevention workforce

A gap analysis will be conducted to identify further areas of public health relating to LTCs need not currently being addressed through other Public Health programmes, with a view to developing an action plan. This will include exploring how cross-cutting themes, such as healthy ageing in the older population, can be encompassed within any long-term conditions programme planning.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

There are no direct financial implications known at this stage, as the report provides an overview of the long-term conditions programme, currently and in the future, being delivered through Public Health, within the current resources available.

Signed: Mohammed Irfan

Dated: 14/02/2025

4.2 Legal Implications

There are no adverse legal implications arising and the report is for noting at this stage. General comments are – any commissioning arrangements arising relating to relating to the programme is likely to fall under the Provider Selection Regime ('PSR'), therefore any commissioning activity will need to comply with this and the Authority's internal Contract Procedure Rules ('CPRs'). Any collaborative working will also need to be considered alongside this. Early Legal and Procurement advice/support to be sought as needed.

Signed: Mannah Begum, Principal Lawyer, Commercial Legal, Ext 1423

Dated: 12 February 2025

4.3 Equalities Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

Decision makers need to be clear about any equalities implications of the proposed changes. In order to consider the likely impact on those likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

The report provides an overview of the long-term conditions programme currently being delivered through Public Health and the proposed future direction for long-term conditions. Long-term conditions will impact people from across a range of protected characteristics, and the programme should have a positive impact on people's health, through helping to reduce health inequalities by focusing on prevention and early intervention, targeting relevant groups/communities/localities as identified in the report and through partnership working. Equality considerations should continue to be embedded in the future direction of work being undertaken around long-term conditions across Leicester.

Signed: Sukhi Biring, Equalities Officer

Dated: 12 February 2025

4.4 Climate Emergency Implications

There are no significant climate emergency implications associated with this report.

Signed: Duncan Bell, Change Manager (Climate Emergency). Ext 37 2249

Dated: 17.02.25

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers:

- PowerPoint document – Health integration scrutiny – 04.03.25 - LTCs

6. Summary of appendices:

N/A

Long-term Conditions (LTCs)

Public Health and Health Integration
Scrutiny

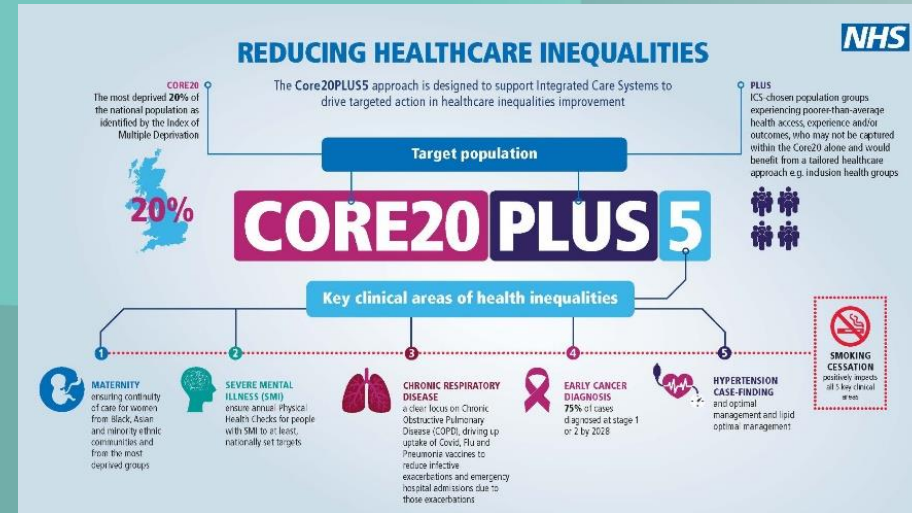
4th March 2025

Overview

- This presentation will cover:
 - Strategic justification for LTCs focus for 24-25
 - Core principles and approaches
 - Hypertension
 - Multiple LTCs
 - Links and alignment to other areas of LTCs covered across the Public Health team
 - Partnership work with Primary Care Networks
 - Prevention of LTCs
 - Future direction of LTCs work

Strategic justification for LTCs focus for 24/25

- Leicester's Health, Care and Wellbeing Strategy 2022-2027
- Prevention and Health Inequalities Steering Group
- Primary Care Networks (City)
- Core20plus5 clinical area



Core principles and approaches

26

Prevention
first

Reducing
health
inequalities

Data-driven

Evidence-
based

Address gaps,
avoids
duplication



Leicester
City Council

Hypertension (persistent high blood pressure)

Evidence of the need

- Often called “the silent killer”
- Primary risk factor for death and illness related to cardiovascular disease (CVD)
- Most common CVD condition in Leicester
- 27 Contributes to higher-than-average under-75’s mortality rate
- Contributes to health inequalities
- Approx 12% (n = 50,000) of city population are diagnosed
- Estimated further 24,000 have not yet been diagnosed – finding them is vital

Existing interventions

- NHS Health Check
- Community Pharmacy case-finding
- PCN case-finding and optimisation

Proposed approach(es)

- Community pharmacy outreach model
- Targeted NHS Health Checks
- Roving Health Unit
- PCN case-finding and optimisation

Monitoring

Outcomes

Impact

Multiple LTCs

- Shift away from single condition work.
- Focus groups work (collaboratively with PCNs/Voluntary sector)
- Multiple LTCs development session (Health and Wellbeing Board)

28

LTCs work across other areas of Public Health

- LTCs are encompassed within a range of other public health activity, including:
 - CVD
 - Mental Health
 - Obesity
 - Cancer
 - Respiratory conditions

Partnership work with PCNs

- Focus groups with patients
- Public Health support offer to PCNs
 - Support offer to help achieve 24/25 priorities
 - Health inequality plans
- Drive towards neighbourhood health management

What is Making Every Contact Count?

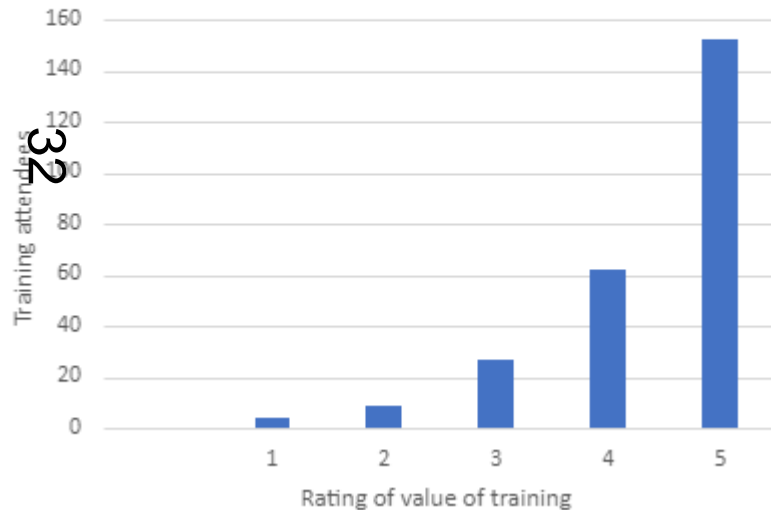
‘Enabling the **workforce** to **recognise the opportunity** they have in facilitating people to have a greater awareness of their health and wellbeing’



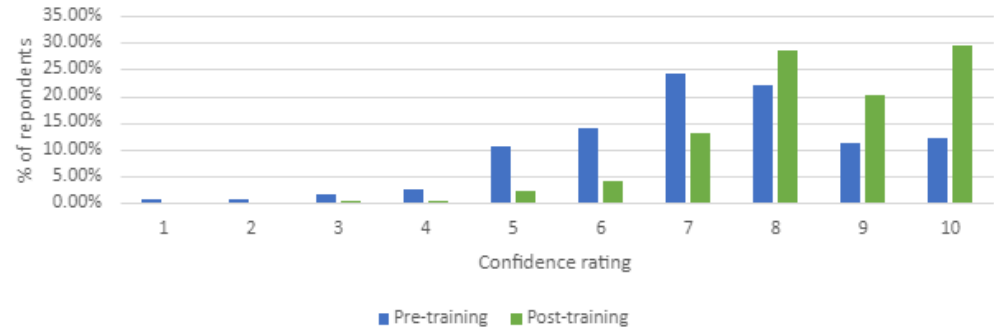
Everyone has the opportunity to have a healthy conversation

Prevention of LTCs - MECC

Percieved value of training attendees as per the post training survey (scaled 1(not at all valuable) to 5 (very valuable))



Bar chart demonstrating how confident individuals feel about supporting others in making positive/healthy changes at both pre and post HCS/MECC+ training.



Future direction of LTCs work

Learning & best practice from hypertension work to shape other programmes

33 Continue MECC roll-out across relevant staff groups

Gap analysis to identify further areas of need

Cross-cutting areas – e.g. healthy ageing (frailty)



Health, Care and Wellbeing Strategy Update

Public Health and Health Integration Scrutiny Commission

Date of meeting: 04/03/2025

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Diana Humphries
- Author contact details: diana.humphries@leicester.gov.uk
- Report version number: 1

1. Summary

The Health and Wellbeing Board is a statutory board of the council, established under the Health and Social Care Act 2012, and is a forum in which key leaders from the local health and care system work as a multi-stakeholder partnership to set strategic direction for improving the health and wellbeing of the local population. The Board is also a forum for public accountability.

The Health and Wellbeing Board is a governing body for the Joint Health Care and Wellbeing Strategy. In its terms of reference it is noted that the Health and Wellbeing Board is required to produce an annual report detailing its progress. A large portion of Health and Wellbeing Board's annual reports focus on strategy delivery progress. This is done through an in-depth overview on the delivery plan and its impact.

Public Health and Health Integration Scrutiny Commission will be updated on the activity of the Health and Wellbeing Board and the progress made for the Health Care and Wellbeing Strategy in the current period and the past. The last Health and Wellbeing Boards annual report has been approved by governing bodies and has been published on the Health and Wellbeing Board's webpage.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Receive the report providing an overview of the Health and Wellbeing Strategy and the current delivery plan.
- Note the approach for 2025/26.

Detailed report

Strategy Background

A refreshed **Health, Care and Wellbeing Strategy 2022-2027** for Leicester was published in 2022, giving recognition to the impact of the COVID pandemic on health and wellbeing across our city and widening health inequalities. The strategy outlines the current and future health, care and wellbeing needs of Leicester's residents and sets out 5 themes with their strategic ambitions and 19 fitting key priorities. These were agreed, through extensive consultation with residents, professionals, voluntary organisations and other stakeholders across Leicester, as being important to address in order to enable Leicester residents to live healthy and fulfilling lives.

Alongside the strategy is a detailed delivery action plan which includes the specific actions and activities which are taking place to help us achieve our priorities. The plan brings together partners from across the health and care systems, as well as the voluntary and community sector, to work collaboratively to address these priorities.

Delivery Plan and Monitoring January 2022- July 2023/ August 2023-August 2024

In the previous two monitoring periods, the Health and Wellbeing Board focused on the monitoring of 6 'Do' priority areas as these were identified as most pressing at the time. These priorities were monitored and reported on monthly.

Furthermore, the remaining 13 priorities were split between 'Sponsor' and 'Watch'. These priorities were not continuously monitored, nonetheless work in these areas continues as business as usual. Any issues regarding these priorities could be escalated to the HWB or its subgroups using their influence to resolve. The 6 'Do' priorities were:

- **Healthy Places**
 - Improving access to primary and community health/care services
- **Healthy Start**
 - Mitigating the impacts of poverty on children and young people
- **Healthy Lives**
 - Increasing early detection of heart & lung diseases and cancer in adults
- **Healthy Minds**
 - Improving access to primary & neighbourhood level Mental Health services for adults
 - Increasing access for children & young people to Mental Health & emotional wellbeing services
- **Healthy Ageing**
 - Enabling Leicester's residents to age comfortably and confidently

The 13 remaining priorities were also reported on in the 2023-2024 Health and Wellbeing Board's Annual report. The update featured any progress made in the past year and the current state of matter. Published annual reports can be viewed on The Health and Wellbeing Boards' webpage.

The Current Monitoring Period September 2024- present

In the current period, due to the changing nature of most pertinent issues in the city, the Health and Wellbeing Board has agreed to draft a new set of priorities. The monitoring of these has replaced the monitoring of the six 'Do' priorities. The new priorities are:

- **Healthy Weight**
 - *To create a system which enables at least 40% of our adult population and at least 70% of Year 6 population to live at a healthy weight by 2034.*
- **Childhood immunisations**
 - *To increase childhood vaccination uptake in Leicester.*
- **Hypertension Prevention and Case Finding**
 - *To increase detection and identification of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.*
- **Mental health and wellbeing related to social inclusion, and supportive networks**
 - *Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing*

These priorities were identified through data collection to identify most pressing needs and stakeholder workshops. Leads working in these areas presented 'logic models' featuring overview of the work plan to Health and Wellbeing Board and received its approval, for logic models see appendix 1. Updates are collected at a quarterly rotating basis with each month focusing on a different priority. This is reported to the Leicester Integrated Health and Care Group in detail and the Health and Wellbeing Board as an overview.

Forward Look

The next annual report will feature an update on all of the 19 priorities outlined in the strategy to provide a general overview of strategy progress. Furthermore, the four new priorities will be

reported on in detail focusing on the progress in meeting the KPIs, case studies and impact made on communities.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

There are no direct financial implications, as the report is primarily providing an overview of the Health & Wellbeing Strategy and current delivery plan.

Signed: Mohammed Irfan

Dated: 20/02/2025

4.2 Legal Implications

This report provides key updates to the Health and Wellbeing Board in relation to the Council's statutory functions to improve the health and wellbeing of the its [administrative] population. The Council's statutory functions derive from a variety of legislation including Development of a Health and Wellbeing Strategy which is a legal duty under the Health and Social Care Act 2012.

Signed: *Mannah Begum, Principal Solicitor (Commercial and Contracts Legal) Ext: 1423*

Dated: 12 February 2025

4.3 Equalities Implications

The Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact. Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report provides an update on the Health, Care and Wellbeing Strategy. The strategy sets out the approach to reducing health inequalities and outlines the current and future health, care and wellbeing needs of Leicester's residents. It sets out themes with strategic ambitions. The overall aim is to reduce health inequalities and improve the quality of life and life expectancy of residents, particularly those who are from lower socio-economic groups, and seldom heard communities. The report provides an update on progress and highlights, next steps, for which a full action plan has been developed

It is important to ensure equality considerations are taken into account across priorities and Equality Impact Assessments (EIAs) are undertaken as appropriate, It should be noted that the EIA is an iterative process and should be re-visited as part of the decision-making process.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 17 February 2025

4.4 Climate Emergency Implications

There are strong synergies between the climate and public health agendas – particularly around encouraging active lifestyles, improving air quality and green spaces, and improving the energy efficiency of homes. This is recognised through the inclusion of a strategic priority “Supporting a move towards a carbon neutral city” in the Health, Care and Wellbeing Strategy. The work of the Public Health Department is included in the council’s Climate Ready Leicester Plan and the Sustainability Team has been supporting the department to integrate climate and other environmental considerations into its commissioning and procurement.

Signed: Duncan Bell, Change Manager (Climate Emergency). Ext. 37 2249.

Dated: 17.02.25

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers:

6. Summary of appendices:

Hypertension prevention and case finding

To increase detection and identification of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<p>In Leicester, life expectancy and healthy life expectancy are below national averages, particularly in areas of deprivation, with CVD a contributory factor. Deprivation is a key risk factor for hypertension and more than a third of Leicester residents live in the 20% most deprived areas of England. Additional risk factors include physical inactivity and unhealthy diet which are also linked with deprivation and recorded at above England averages in Leicester, with further risk factors of smoking prevalence, alcohol consumption and rates of overweight/obesity similar to England averages. 12.2% of Leicester's adult population (n = 50,000) are diagnosed with hypertension, with predictions that undiagnosed cases could total a further 24,000. Early detection of hypertension is recognised as a priority within Leicester's Health and Wellbeing strategy, and a national priority for addressing health inequalities. A national screening programme for hypertension is not recommended; rather targeted testing as part of a broader CVD health check is suggested.</p>	<p>Advanced Pharmacy</p> <p>Most pharmacies in Leicester are signed up to the NHSE hypertension case - finding programme. This involved blood pressure checks</p>	<ul style="list-style-type: none"> • Increase proportion of blood pressure service consultations that are ABPM to 10% • Grow total annual blood pressure check service consultations by 15% from 2024 baseline. 	<p>Meds op design group Paul Gilbert- Community Pharmacy Clinical Lead</p>	<p>Increase in diagnosed hypertension prevalence resulting in reduced emergency admissions for cardiovascular disease and stroke. Decreased mortality from cardiovascular disease.</p>
	<p>NHS Health Checks</p> <p>The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition. One of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).</p>	<ul style="list-style-type: none"> • N screened • N diagnosed within 12 months of check date • N receiving health check as part of QRISK score >10% recorded 		
	<p>Support case finding and optimisation of Hypertension</p> <p>i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans)</p> <p>ii) a communication plans to support medication adherence</p> <p>(iii) using business intelligence analysis to understand the detection and optimisation gaps.</p>	<ul style="list-style-type: none"> • % of the expected number hypertension patients detected (80% by 2029) • % of patients optimised to NICE recommendations by 2025 	<p>i) City Place monthly meetings Seema Gaj ii), iii) Long terms conditions partnership board Jeremy Bennett</p>	

Childhood Immunisations

Objective: To increase childhood vaccination uptake across Leicester

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<ul style="list-style-type: none"> Prevention of diseases Promotion of healthy development Equity in health Prevention of outbreaks Reduction in healthcare and other societal costs 	Antenatal Vaccinations Improve Pertussis (whooping cough) vaccination uptake through: <ul style="list-style-type: none"> Raise awareness Work with community groups e.g. <i>Leicester Mammast</i> to offer educational workshops Increase accessibility via community clinics on board the Roving Healthcare Unit (RHU). Continue to support antenatal clinics at UHL by utilising the super vaccinator workforce to cover gaps in staffing. Introduction of RSV (Respiratory Syncytial Virus) vaccine from 1 Sept. 2024: <ul style="list-style-type: none"> Communications campaign to introduce vaccine and explain importance Support midwives and vaccination nurses to confidently deliver the vaccine Offering several pathways and opportunities for pregnant patients to access the vaccine i.e. antenatal clinics, GP, RHU and community locations 	Pertussis: current LLR uptake 57% Target TBC – further work needed to understand data sets and impact of proposed changes RSV: New vaccine from 1.9.24, NHSE target is 50%	LLR Immunisation Board – chaired by Kay Darby (Chief Nurse), attended by Rob Howard (DPH).	Improving maternity, childhood and adolescent immunisation
	Babies and Preschool Children To support and provide vaccination and immunisation advice to parents of babies and pre school children, reducing variation in uptake. <ul style="list-style-type: none"> Support a shortlist of GP practices with lowest uptake and enabling CHIS service to target support Raising awareness in primary care settings via regular clinical webinars. Offering staffing support and additional capacity via the Super Vaccinators. Offering childhood immunisations such as MMR and Pertussis on board the Roving Health Unit in areas where uptake is low. MMR core 20 project to offer home visits to families without vaccination catch up for all family members 	MMR 2: current City uptake 69% (5 yrs) WHO target is 95% 2 doses at 5 yrs, Local target TBC – further work needed to understand data sets and impact of proposed changes		
	School-age and Adolescents To support the school aged immunisation service (SAIS) to deliver vaccinations to young people throughout their school years, with a specific focus on the HPV vaccine. <ul style="list-style-type: none"> Work with schools to understand barriers to uptake. Improve the self-consent process, empowering young people to better understand vaccinations and to make positive choices to support their health. Targeted work with schools with the lowest uptake and learning from schools with higher uptake rates. Developing an in-school programme and educational pack to support guidance and advice to young people, teaching staff and their parents/carers. 	HPV City 49% (male) 57% (female) WHO target is 90% in females by 2040 Local target TBC – further work needed to understand data sets and impact of proposed changes		

Mental health and wellbeing related to social inclusion, and supportive networks

Objective: Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<p>We know that there is a correlation between poor mental wellbeing and loneliness & isolation. The Leicester Health and Wellbeing Survey 2018 found that those with poor mental health and wellbeing are more likely to feel isolated and less able to ask for help from people around them. 30% of people with poor mental health felt excluded, lonely or alone and 22% felt isolated from others.</p> <p>In 2024, Leicester City Council launched the <i>Leading Better Lives</i> project in partnership with Social Care Futures. Loneliness and social isolation was identified as a key priority as part of the Council's prevention & community wellbeing approach.</p>	Bringing People Together Programme Free activity sessions at community centres and libraries encouraging people to learn new skills, get more active and get together with others. Projects include: <ul style="list-style-type: none"> Let's Get Together (LGT) Let's Get Growing (LGG) Let's Get Digital (LGD) Let's Get Walking LGW) Let's Get Creative (LGC) Warm Welcome 	<ul style="list-style-type: none"> Number of people using Together Tables and accessing activities . To deliver 27 food growing skills workshops Support 15 community settings to grow their own food To deliver 18 LGD courses per term in community locations To regularly deliver health walks in an additional 3 locations this year To roll out LGC sessions to 6 community locations To support warm welcome and expand reach into VCSE organisations. 	Community Public Health Steering Group	To increase social inclusion in the city and reduce the number of people feeling isolated and lonely
	Leading Better Lives Developing a coproduced council-wide approach to prevention and community wellbeing.	<ul style="list-style-type: none"> Metrics to be developed in coproduction as part of the project. 	Leading Better Lives Steering Group (LCC)	
	Prevention Concordat for Better Mental Health Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.	<ul style="list-style-type: none"> Partnership Board receives reports to address health inequalities Mental health in all policies, such as access to green space, transport, leisure, arts, and culture 	Mental Health Partnership Board	

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	<p>Mental Health Wellbeing & Recovery Support Service</p> <p>Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.</p>	<ul style="list-style-type: none"> Number of people accessing Advice & Navigation and Community Recovery Support (including demographic & geographical info) Individual outcome measures 	Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)	

Mental health and wellbeing related to social inclusion, and supportive networks

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	<p>Getting Help in Neighbourhoods Projects</p> <p>Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.</p>	<ul style="list-style-type: none"> Number of people supported Number of interventions Quality reviews of individual projects 	Leicestershire Partnership NHS Trust	
	<p>Mental Health Friendly Places</p> <p>Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health</p>	<ul style="list-style-type: none"> Number of organisations signed up to Mental Health Friendly Places. Number of stakeholders trained in Mental Health Friendly Places projects 	Leicester City Council – Public Health	

Healthy Weight

Objective: To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
Empowering workforces and communities sits as a key theme within the action plan and supports workforces to have conversations relating to healthy lifestyles.	Pilot brief intervention training– Understanding barriers to healthy weight and raising the conversation of healthy living Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted	<ul style="list-style-type: none"> 80 staff trained from a variety of workforces annually. Change in confidence, knowledge and awareness of assets/signposting locally pre and post training. 	<ul style="list-style-type: none"> Contract variation as part of S75 monitored through Amy Robinson (Commissioning Manager) via support meetings with commissioned provider LNDs. Lead officer: Amy Hathway. 	To support the creation of a system that is conducive to maintaining a healthy weight.
In Leicester, the percentage of pregnant women who were severely overweight at the time of booking an appointment with a midwife was 23.8% in 2018/19, which is significantly worse than the National average (22.1%).	Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately. HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well	<ul style="list-style-type: none"> Number of midwives and pre/postnatal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training Page views for healthy lifestyle sections of Health for Under 5s website 8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service. Explore opportunities for referrals of pregnant women with long term conditions to be made to Live Well service. Number of mums attending Live Well Walk More mums walks. Review leisure centre opportunities to promote themselves as breastfeeding friendly. Antenatal physical activity classes at Aylestone Leisure Centre (March 2024) 	<ul style="list-style-type: none"> Specific maternal excess weight working group as part of healthy weight governance that feeds into Steering Group. Lead reporting officer: Amy Hathway Lead operational officer: Annie Kennedy. 	
Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
Developing a positive relationship with physical activity during developmental years can support long term engagement. The Daily Mile aims to get children outside during their school day, outside of their Physical Education (PE) lessons, to participate in 15 minutes of daily exercise, contributing to improved social, emotional and physical wellbeing.	Increase number of schools doing The Daily Mile A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity. HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership	<ul style="list-style-type: none"> Support 15 schools to start/reengage in participation of the Daily Mile or alternative daily activity 	<ul style="list-style-type: none"> To be monitored through the Childrens Healthy Weight working group (Chaired by Chirag Ruda) Lead reporting officer: Claire Mellon / Inspire Together Lead operational officer: Rhiannon Pritchard 	To support the creation of a system that is conducive to maintaining a healthy weight.
Only 30% of people in LLR living with learning disability are a healthy weight with excess weight contributing to average 20-year shorter life expectancy. Social care are highly engaged within the approach and have prioritised healthy weight in line with their prevention and reducing inequalities agenda.	Social care (LD) focused work A focus on how to improve health and wellbeing messages throughout social care including for workingage people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training. HWB partners: LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity	<ul style="list-style-type: none"> Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training Easy read information issued to all providers. Contracts reviewed to embed healthy living more prominently. 	<ul style="list-style-type: none"> Social care working group. Lead officer: Amy Hathway (with appropriate reps from LNDs/LPT and Social Care) 	



Appendix 2: Health and Wellbeing Board Annual Report 2023/24

HEALTH AND WELLBEING BOARD ANNUAL REPORT

August 2023 – August 2024

Chair's foreword

I would like to welcome you to our Health and Wellbeing Board's annual report for the past year ranging from August 2023-24. Having taken the role of Chair just a few months ahead of

this reporting period I have been able to immerse myself in the work delivered by the Health and Wellbeing Board and can see its commitment to addressing local health inequalities. The past period focused on our six 'Do' priorities through which we were able to deliver a number of positive changes in the services available to our residents. Some examples of our achievements include:

- Boosted the use of social prescribing and non-clinical workforce, as well as healthcare professionals to direct patients to appropriate specialist support or to directly provide management of conditions. This has been achieved through the Additional Roles Reimbursement Scheme.
- Remodelled the Leicester, Leicestershire & Rutland Discharge to Assess Pathway 1 to increase reablement capacity to increase the numbers of older people who return to their usual home following a period of time in hospital.
- Delivered some Community Chill Out Zone workshops to support mental health and wellbeing of children and young people.
- Produced a video around cervical screening for patients with Learning Disability and another video focusing on Human Papilloma Virus (HPV) for the general population
- Continued to support Neighbourhood Mental Health Cafés which are delivered by local VCS organisations in order to adapt to local needs.
- Relaunched the Peer Support Programme to offer additional support to women and act as their advocate in experiencing perinatal mental health conditions.

Due to the changing nature of needs in the City, I was able to lead on the redevelopment of our delivery plan. This will now focus on four priorities most pertinent to our City's current picture.. In addition to addressing inequalities, prevention is also a significant part of our focus and a Steering Group which feeds into the HWB has been developed to address this. With an ongoing focus on partnership work, we are going to deliver on our strategic commitments using a multidisciplinary approach.

As previously, I would like to thank: the Board members for their continued dedication; all of the staff who continue to provide high-quality health and care services care to our residents despite pressures experienced across the system; and give special thanks to the countless volunteers across Leicester who work tirelessly to support the health and wellbeing need.

Councillor Sarah Russell

Deputy City Mayor – Social Care, Health and Community Safety

Terminology and acronyms used in this report

Any words in **bold** throughout this report may require explanation or further detail. There is a 'glossary and links to further information' section at the end of this document to explain this terminology and to provide full details of websites or links to further information which have been referred to in this report.

1. Introduction

We, the Health and Wellbeing Board, represent and address health and wellbeing needs in Leicester by bringing together key partners from across the health and social care system to meet, in public, to discuss the issues which face Leicester's residents, and to identify and agree ways to address them collaboratively. Meeting agendas, minutes and webcasts of individual meetings are publicly available on the Leicester City Council website, but the purpose of this annual report is to provide an overview of our activity during the period being reported on (August 2023- August 2024) along with plans for the future.

2. Who we are and what we do.

2.1 What is the Health and Wellbeing Board?

Established under the **Health and Social Care Act 2012**, in April 2013, the Board became a formally constituted Committee of the council. The Board serves as a partnership forum which is made up of leaders from local health and care systems to enable them to understand the health and wellbeing of the local population, and to work together to improve it. Our primary purpose is to make sure that all residents of Leicester can live in good health to their full potential. We recognise that this will be different for every individual.

Notably, the Health and Wellbeing Board develops and oversees our Health, Care and Wellbeing strategy which is one of the tools for addressing local health inequalities.

2.2 Who represents the Health and Wellbeing Board?

We are a partnership forum which is made up of leaders from local health and social care systems who understand the health and wellbeing of the local population, and work together to improve it. Board membership aims to be representative of the organisations who support health, care and wellbeing needs across our city and the communities we serve. Membership of the Board is reviewed each municipal year (beginning in May). The membership for 23-24 was described in the previous annual report [here](#). Current membership i.e. membership for 2024-25 comprises of:

Elected members of Leicester City Council
<ul style="list-style-type: none">• Executive Lead Member for Health• Four further Elected Members (elected by the mayor)
NHS representatives
<ul style="list-style-type: none">• Chief Executive plus three other representatives from the LLR ICB• Independent Chair of the Integrated Care System• Chief Executive of University Hospitals NHS Trust• Chief Executive of Leicestershire Partnership NHS Trust
Officers of Leicester City Council (4)
<ul style="list-style-type: none">• Strategic Director of Social Care and Education• Director of Public Health• A Public Health Consultant leading on improving cross organisational initiatives and communication and developing links with the between system, place and neighbourhood within the Integrated Care System.• One Officer nominated by the Chief Operating Officer (vacant)
Further representatives of the wider community (8)
<ul style="list-style-type: none">• One representative of the Local Healthwatch organisation for Leicester City• Leicester City Local Policing Directorate, Leicestershire Police• The Leicester, Leicestershire and Rutland Police and Crime Commissioner• Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service• Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board

- | |
|---|
| <ul style="list-style-type: none">• A representative of the city's sports community• A representative of the private sector/business/employers |
|---|

2.3 Health and Wellbeing Board Meetings

In the described period there have been six meetings of the Health and Wellbeing Board. This is in line with the Board's objective at the time. Full agenda, minutes and webcast of these meetings can be found on the **Leicester City Council Health and Wellbeing Board webpages**.

The meetings are mandated to be held in person. As well as the Board members and presenters attending the meeting, members of the public can attend and sit in the public gallery. The meetings are held in Leicester City Hall, time of meetings and room information can be found online [here](#).

The meetings during this period were categorised as either Business as Usual (BAU) or relating to specific topics. For BAU the majority of the agenda was dedicated to matters relating directly to the Joint Health and Wellbeing Strategy or matters of the Board e.g. subgroup updates. Otherwise, themes relevant to pressing matters would be proposed such as 'winter pressures'. As well as the webpages, you can see appendix 2 of this report for detail of items discussed. The Chair decides on the agenda for each HWB meeting with the support of leading officers who maintain a forward plan of potential topics for the meetings.

The terms of reference for the Board were reviewed in May 2024 and going forward the Board will be meeting formally four times per year.

Development sessions

In addition to our standard meetings, a **development session** was held during the period. Development sessions provide an opportunity for Board members, along with wider partners, to collaborate strategically and in greater depth ahead of discussion being brought to a formal meeting. Development sessions are not broadcasted online and are limited to invitees rather than including the wider public.

The said development session focused on the review our Joint Health Care and Wellbeing delivery plan. The delivery plan is monitored monthly with reports submitted to Integrated Systems of Care Board and Joint Integrated Commissioning Board. The development session looked to review the priorities to ensure that the most pressing issues in the current moment are prioritised in our reporting. Four new priorities were agreed:

- Childhood immunisations
- Hypertension – prevention and case-finding
- Healthy weight
- Mental health and wellbeing related to social inclusion, and supportive networks

The reporting structure and frequency are to be agreed in an upcoming development session. After this, the new approach will be embedded.

Working as a Part of a Wider System

Leicester's Health and Wellbeing Board is part of the Integrated Care System (ICS). There are ICSs across the whole of England and this is nationally mandated. Our ICS features the [Integrated Care Board](#) and Integrated Partnership which is known as the [Leicester](#).

[Leicestershire and Rutland Wellbeing Partnership \(LLR HWP\)](#). Both subgroups aim to tackle inequalities in health and improve the health and wellbeing of our population across Leicester, Leicestershire and Rutland (LLR).

The ICS covers the whole of LLR, also known as **‘system-level’**. This is important because many health and care services serve all three of those areas (for example, the hospitals). However, the uniquely different needs of each area within that system must also be considered if we are to be able to plan and deliver the right services to meet those needs and reduce health inequalities.

Feeding into the ICS, Leicester, Leicestershire and Rutland are individually referred to as **‘places’** – each have their own Health and Wellbeing Board, which is the place Board for supporting health and wellbeing for that locality. The Health and Wellbeing Boards bring together partners from across the health and care system within the individual ‘places’ to ensure that decisions relating to health and care services meet the needs identified at place level, whilst also feeding into the wider ICS.

Leicester’s Health and Wellbeing Board has a number of partnering Boards and subgroups which focus on more specific issues supporting HWB’s oversights and assisting with strategic direction. These are outlined below together with updates on their progress in the last year.

The Mental Health Partnership Board

The Mental Health Partnership Board (MHPB) brings together various partners including health, social care, the voluntary sector, employment services, housing and the police. The board is also attended by people with lived experience of mental illness and by carers.

The Board has driven forward actions on the [Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25](#). The strategy has three key priorities: Prevention, Accommodation and Education, Employment & Volunteering.

The Board continues to embed in its role as the place-based board for mental health in Leicester City, including taking ownership of the Healthy Minds priority under the Health, Care and Wellbeing Strategy. As part of the refresh of the strategy, the Board reviewed what should be a key focus under the Healthy Minds priority and decided that social isolation & loneliness should be taken forwards.

Over the past year, the Board has supported partnership working, the use of local evidence, and co-production across various pieces of work including:

- Communicating with the voluntary sector about pathways, processes and waiting lists for health and social care services.
- The management of DNAs (did not attend) for NHS appointments
- Support for younger people aged 16-25 and transitions from children’s to adults’ services
- Raising awareness of men’s mental health and how best to support men to access support.

The Board has refreshed its terms of reference with the greatly appreciated input of people with lived experience and carers.

Learning Disability Programme Board

The main purpose of our Learning Disability Programme Board (LDPB) is to influence developments in the city that can make a difference to people with learning disabilities and

their family carers. We organise our work around key priorities that people with learning disabilities and their families have told us are important. These priorities are captured in our coproduced joint health and social care strategy for Leicester City which we refer to as our Learning Disability Big Plan. This plan was introduced in 2020 and has just been extended for a further two years until 2026.

Some of the work we have done together, with people, their carers, our providers and the NHS since our Big Plan was introduced is captured in our You Said, We did report [the-big-plan-report-2020-2023.pdf \(leicester.gov.uk\)](#). This report explains what we have done to make things better for people with learning disabilities over the last three years. During the next couple of years the focus will be on three main themes which are: addressing health inequalities; support for our carers; and work, college and money, with an emphasis on supporting employment opportunities for people with a learning disability. The 'what we are doing' section of our website sets out the plan over the next two years to ensure we continue to make sure that people with a learning disability can stay safe, well and happy: [What we are doing \(leicester.gov.uk\)](#).

Some of the main highlights and achievements since this report was published include:

- Through my Eyes exhibition at Leicester's New Walk Museum which featured the photography, art and music of three local autistic artists, one of whom also had a learning disability. This ran from September 23 to March 2024 [Showcase for autistic artists extended \(leicester.gov.uk\)](#). Adult Social Care commissioners worked with Museum staff and three artists and a local charity to create the exhibition which was about smashing stigmas by showcasing the many and varied talents of the people we work with.
- A well-attended development day was held at City Hall in May 2024, to look at the operation of the board and whether there were things we could do to enhance and improve its operation. Lots of recommendations came from the day which will improve our connection and reach with other key strategic boards, how we work with our partners to integrate services and support and how we involve people through coproduction so that we work better together.
- People with learning disabilities and members of our LDPB are helping us create a coproduced preventative strategy for Leicester – this is part of our leading better lives project. Further work is also planned through Summer 2024 to understand how the We Think group, which is a group that helps ensure our board is well connected to the issues and has the advice of people with a learning disability in Leicester, can influence and inform our decision making in adult social care in Leicester.

The Joint Integrated Commissioning Board (JICB)

The Joint Integrated Commissioning Board (JICB) is an operational group reporting to the Health and Wellbeing Board. Membership of the JICB includes senior managers from Adult Social Care, Children and Young People's Services, Public Health and Housing within the local authority as well as senior managers and governing body members from Leicester, Leicestershire & Rutland Integrated Care Board (ICB).

The Health and Wellbeing Board has worked collaboratively with JICB throughout 2024 on the delivery of priorities within the Health Care & Wellbeing Delivery Plan for Leicester, following a refresh of the Leicester Health, Care and Wellbeing Strategy during 2022 with focused updates received on Healthy Minds provided during this time.

The JICB has provided an opportunity for senior leaders to gain a shared understanding of the pressures and responsibilities on each of the partners including updates at the start of 2024 on the financial position for both the City Council and the ICB. Other topic areas have ranged from the options for care home nursing, the hospital discharge grant for carers and the Learning Disability Strategy through to elective care and demand, capacity, and winter urgent care, as well as local work on tobacco control, and proposals for a local prevention and health inequalities group.

The JICB has continued to oversee the joint commissioning arrangements for both homecare and discharge to assess workstreams across adult social care and the ICB. JICB has also retained its governance role as part of the BCF. In partnership with the Integrated Systems of Care (ISOC) group, it continues to agree BCF funding allocations, monitor progress and approve statutory returns to central government.

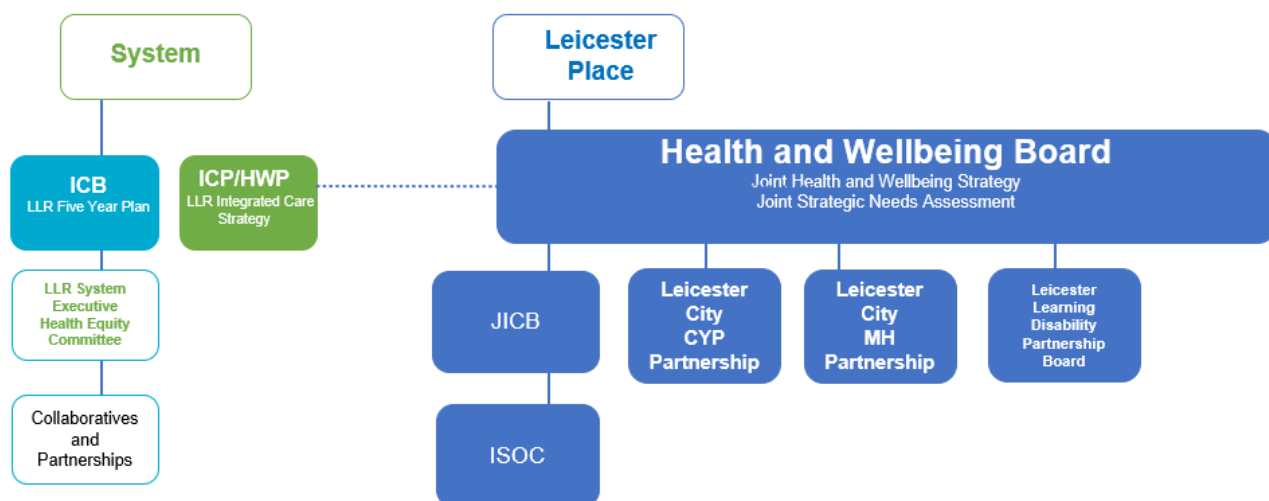
Integrated Systems of Care (ISoC)

The purpose of the Leicester City Integrated Systems of Care Group (ISoC) was to design and deliver a place-based system of care, contributing to the LLR system vision. ISoC brought system partners together to work collaboratively in the development of the place-based strategy and outcomes framework for Leicester City. The meetings were an opportunity to focus on all the key areas of work, highlighting the extensive work taking place on the ground and acknowledging the improvement of Leicester City's health outcomes.

From a governance perspective, ISoC has been instrumental in the oversight of the Better Care Fund (BCF) from an operational point of view. It provided the platform to service providers to report service delivery as well as share best practice and learning. Other topics of focus in 2024 were on Enhanced access, and Leicester's Health, Care and Wellbeing delivery plan. ISoC supported the progress of these key areas over the year allowing health inequality to be central to all discussions. All members and service leads were then able to take that feedback back to their groups.

Utilising the vast expertise from colleagues, the meetings allowed for a space for open discussion and ensured that the BCF, and other place based services were looked at from all angles. Any risks were mitigated quickly as partners offered support and resources where possible. Ground level topics brought to ISOC included Healthy start and Healthy places, Care navigation, Integrated neighbourhood teams and the 6 do priorities.

Figure 1: Map of the Integrated Care System



Leicester Integrated Health and Care Group

To streamline the governance processes ISoC and JICB are being stood down in favour of the Leicester City Integrated Health and Care Group emerging. This new group will hold the function of both ISoC and JICB and will serve as a subgroup of HWB.

Leicester Integrated Health and Care Group will have a core business of:

- Oversight and delivery of the Joint Health and Wellbeing Strategy priorities
- Lead on work concerning joint commissioning/ transformation
- Oversee the city's Better Care Fund
- Influence, advocate and integrate the variety of projects within the system
- Explore and influence solutions for City specific challenges/ opportunities

Leicester Integrated Health and Care Group will directly feed into HWB. This group is due to commence in early Autumn 2024. An update on the action of the group will be provided in the following annual report.

2.3 Vision, aims and objectives of the Board

Our primary aim is to achieve better health, social care and wellbeing outcomes for Leicester City's population, and a better quality of care for patients and other people using health and social services. Our objectives are to:

- Provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and work to reduce health inequalities.
- Lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- Maximise opportunities for joint working and integration of services using existing opportunities and processes, and prevent duplication or omission.
- Provide a key forum for public accountability of NHS, Public Health, Adult Social Care, Children's Services, and other commissioned services directly related to health and wellbeing.

2.4 Statutory responsibilities of the Board

We have some statutory duties which we must carry out. They are to:

Produce Joint Strategic Needs Assessments (JSNAs) which assess the health and wellbeing needs of Leicester's populations, and refresh them as needed.

The **Joint Strategic Needs Assessment (JSNA)** is a comprehensive document that evaluates the health profile of a population, identifying health inequalities and unmet needs. The JSNA also projects future health trends, providing recommendations for enhancing population health. JSNA's are an important tool in helping to develop local strategies and to inform decisions about the types of services which need to be commissioned to support local health and wellbeing. During the time period this report covers, the following JSNA's and **Joint Specific Needs Assessments (JSNA's)** have been completed:

- [Mental Health](#)
- [Living in Leicester](#)
- [Dementia](#)
- [Tobacco Use](#)
- [Healthy Weight](#)
- [Physical Activity](#)
- [Cardiovascular disease](#)
- [Adult social care](#)
- [Gambling](#)

Produce a Pharmaceutical Needs Assessment (PNA) for Leicester

The **Pharmaceutical Needs Assessment (PNA)** is used to understand the current and future pharmaceutical needs of people in Leicester, and whether they are being met by the community pharmacies. This information is used to help to make decisions about the planning and commissioning of pharmaceutical services and new pharmacy applications made to NHS England and NHS Improvement. It is a statutory requirement to complete a PNA every three years to assess the demography of the area and needs of different localities, sufficient choice of pharmaceutical services; surrounding areas, and future need.

For information around the current PNA from the perspective of the HWB please refer to the 2022/23 annual report [here](#). The current PNA is due to be refreshed for 2025. The work for this is due to start in the Autumn of 2024. The Health and Wellbeing Board will oversee the progress of this.

Agree the Better Care Fund (BCF) submissions.

The **Better Care Fund (BCF)** is a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively. The BCF supports a range of services and schemes that contribute to the overarching vision of the Health and Wellbeing Board and the strategic priorities set out in the Leicester Health, Care and Wellbeing Strategy and Delivery Plan. There is a well-established **place-based** infrastructure which supports the preparation and execution of the BCF plan. The Health and Wellbeing Board has a responsibility to approve the BCF submission to NHS England; the Joint Integrated Commissioning Board has delegated authority from Leicester City Health and Wellbeing Board to develop BCF strategy and to sign off BCF plans, pending HWB sign-off; the

Integrated Systems of Care board meets monthly to oversee operational delivery of BCF services and recommends any commissioning required to meet its objectives.

The BCF pooled budget for the period from April 2023 – March 2024 was £58,464,270, including the Improved BCF element (to support Local Authorities) and the Disabled Facilities Grant, which are received from central government via the BCF.

A substantial proportion of the BCF is used to support core health and care services, so that they are effective in enabling joint working on the national BCF priorities of reducing the use of acute care, reducing the use of residential and nursing care and improving people's independence.

The impact of this funding can be seen in the BCF metrics but more widely in the system resilience we have for services that support acute care flow (admission avoidance and discharge) and integrated community services.

In addition to supporting core social care, community health, therapy and adaptations activity, the BCF funded the following key place-based services in 2023/24:

- Leicester Mammals
- Dear Albert
- The Centre project
- Eye Clinical Liaison Service

The Leicester BCF was refreshed in April 2023 in accordance with national conditions and guidelines. Looking forward in to 24/25 the pooled budget has now been refreshed to support delivery of 24/25 national conditions and objectives.

BCF in action

Integrated Crisis Response Service

ICRS is a long-established BCF scheme, which delivers rapid support to people who have experienced a health or care crisis at home. In a 12-month period, over 6, 200 were supported at home, within 2 hours of contact. 80% of people did not require any ongoing extra support and only 1% of people were admitted to hospital of long-term care.

Care Navigators

Care Navigators have been a funded BCF project for over 10 years, with social care employed staff embedded in primary care to support people who present with underlying social and environmental needs. Care Navigators work holistically, with a skill set that crosses the health and care spectrum, enabling people to access support that reduces their inappropriate use of primary care and addresses issues as diverse as cold housing, loneliness, financial difficulties and mobility within the home.

Leicester Mammals

Is in receipt of £36,981 in 23/24. Baby Project sessions are held weekly for pregnant women and those with children under 3 years of age, with additional vulnerabilities, to access:

- Emotional support, antenatal and breastfeeding support
- Emergency supplies (including infant formula)
- Welfare advice and Healthy Start
- Support with housing applications and council tax, help with school/nursery applications

- Integration into existing services and parent and baby groups, and referrals to other organisations where appropriate

“Sometime just talking to someone helps. I miss my family and my home in India. But we are making new home here. I will restart my dissertation soon and I am feeling more positive. I feel I have friends here”

The Centre Project

Received £24,531 in 23/24. Delivers 6 core offers in city centre: open access welcoming space, social activity, food bank, advice and support, preventing homelessness, health support. Supported 750 individuals / 7, 580 contacts over the year. Targeted sessions – from cervical screening to gambling support. The Centre Project primarily provides services to those located in LE1 and LE2. LE1 and LE2 as a population contains the highest volume of those living in the lowest Indices of Multiple Deprivation.

Encourage integrated working between health and social care commissioners.

The Health and Wellbeing Board comprises of a multidisciplinary membership which featured health and social care representatives. Commissioners are encouraged to bring items to the attention of the Health and Wellbeing Board. MHPB and LDPB are managed by social care commissioners and both groups are subgroups of the HWB. ISOC and JICB are key to commissioning work and operational practice. Information that requires awareness of commissioners or directly relates to the commissioning of projects is also presented in the two Boards to ensure awareness and integration of work across relevant parties.

The Board has had direct updates around commissioning of services such as the recommissioning of sexual health services provision. Furthermore, items presented at the Board can impact commissioning practices and the shaping of strategic plans e.g. Black Mental Health and Me report has highlighted some issues around health inequalities experienced by Black communities and some suggestions for how this can be addressed. This has been brought to the attention of Mental Health commissioners and the report is being used in the development of our new Health, Care and Wellbeing Delivery Plan for the priority of ‘Mental health and wellbeing related to social inclusion, and supportive networks’.

Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities

A refreshed **Health, Care and Wellbeing Strategy 2022-2027** for Leicester was published in 2022, giving recognition to the impact of the COVID pandemic on health and wellbeing across our city and widening health inequalities. The strategy outlines the current and future health, care and wellbeing needs of Leicester’s residents and sets out 5 themes with their strategic ambitions and 19 fitting key priorities. These were agreed, through extensive consultation with residents, professionals, voluntary organisations and other stakeholders across Leicester, as being important to address in order to enable Leicester residents to live healthy and fulfilling lives. Alongside the strategy is a detailed delivery action plan which includes the specific actions and activities which are taking place to help us achieve our priorities. The plan brings together partners from across the health and care systems, as well as the voluntary and community sector, to work collaboratively to address these priorities.

The previous Health and Wellbeing Board’s January 2022- July 2023 annual report was published describing the progress the Board made through general activity and the specific progress of the strategic delivery plan in that period. The delivery plan featured in the report

focused on 6 priorities which were labelled as 'do'. These priorities were considered most pressing at the time:

HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work
HEALTHY START Giving Leicester's children the best start in life.
HEALTHY LIVES Encouraging people to make sustainable and healthy lifestyle choices
HEALTHY MINDS Promoting positive mental health within Leicester across the life course
HEALTHY AGEING Enabling Leicester's residents to age comfortably & confidently

Furthermore, the remaining 13 priorities were split between Sponsor and Watch. These priorities were not continuously monitored, nonetheless work in these areas continues as business as usual. Any issues regarding these priorities could be escalated to the HWB or its subgroups using their influence to resolve. To view the 2022-23 report please click [here](#).

2023/24 saw the ongoing monthly collection of updates from the six 'do' priorities. These updates were shared with ISOC and JICB and the Health and Wellbeing Board itself. Business as usual continued with the remaining sponsor and watch priorities. The progress made within the last period across the priorities is noted below.

Healthy Places

Strategic Ambition: To make Leicester the healthiest possible environment in which to live and work.

Do

We will improve access to community health and care services

Developed Integrated Neighbourhood Teams to work in a more coordinated way with partners at a local level, through the evolution of PCNs.

- We have increased the number of patients diagnosed with Bowel Cancer in the City. Combined treatment (e.g., patients being seen and treated, consultation, medication etc) has increased by 77%. This will translate to long term benefits and improved outcomes for patients.
- Increased weight management and obesity coding (system code to record, audit and review clinical targets/ achievements) by practice. Referral to Obesity Programme has increased by 65%. This has supported people through early prevention and intervention support.
- Menopause diagnoses have increased by 93% and we continue to monitor Hormone Replacement Therapy (HRT) uptake in these patients. Additional support is offered to women from diverse backgrounds.
- Increase in CKD (chronic kidney disease) diagnosis by 88% in the city. Most referrals for CKD are done via LUCID (programme run in collaboration with UHL Chronic Kidney disease treatment and management supported in general practice). There was a significant increase in diagnosis and referral via LUCID programme, in collaboration with UHL.
- Increase in hypertension intervention/ coding by 75%. When we look at the age standardised rates for mortality rate for hypertensive diseases, we can see Leicester rates are higher than the national average. Early intervention and support are offered.

Boosted the use of social prescribing and the Additional Roles and Reimbursement Scheme (ARRS) to support primary care functions and ensure the right care is provided by the most appropriate provider.

- Increased access through allowing patients see non-GP direct care staff. PCNs use ARRS to support demand and often undertake home visits when required to do so / triage accordingly.
- Scheme bolsters staffing levels and enhance the capacity of primary care teams as outlined in the NHS Long Term Plan to increase the workforce in General Practice.
- 147.7 new ARRS roles from August 2023-March 2024.

Collaborated with a range of partners to train volunteers to support patients in medical practices with their use of the digital technologies which support management of their health needs.

- 6 sessions with 62 people in attendance which trained community members on how to use the NHS App and find trusted information online. This took place in collaboration with community groups in Leicester.
- Trained 30 health professionals to use the NHS App. 8 sessions held with 29 people attending.
- All surgeries in our contact list (58 surgeries) have been provided with information/posters on how to access NHS App YouTube videos, which they can also display to patients (including QR codes). These come in a variety of languages.

Delivered an Enhanced Access service in primary care to enable more people to receive appointments and care at a time and place which is accessible for them.

- PCN Extended Access Hub offers over the last 52 weeks: 23,637 appointments provided, averaging 600 per week.
- PCN Extended Access hub make up 7.6% of total appointments.

Sponsor

Creating Mental Health & Dementia friendly communities within Leicester

Alzheimer's Society stopped supporting dementia friendly communities on 31st December 2023. The former Leicester, Leicestershire and Rutland Dementia Friendly Community has converted into the Leicester, Leicestershire and Rutland Dementia Inclusive Network and we are working together to share best practice and highlight challenges to the Dementia Programme Board. We meet online once every 2 months, one week prior to the Dementia Programme Board and currently have 60 members, including organisations which successfully obtained funding from the Dementia Grants Programme in 2021.

The Dementia Inclusive Network are working on the following: -

- Proposed to the Dementia Programme Board that they organise regular information sessions to enable people in the dementia community to meet one another, find out what is available in their local community and try out a range of sessions.
- Investigating the possibility of establishing a network of people living with dementia from the members to ensure the network and dementia programme are more aware of what people diagnosed with dementia want to change and are finding successful in enabling and empowering them to live their best lives with dementia.
- Hosting a meeting with the Northamptonshire Dementia Inclusive network to share best practices in October 2024.

Furthermore, our Commissioned Dementia Support Service is supporting the development of Dementia friendly communities throughout Leicester and Leicestershire through:

- Supporting Glenfield Church and Fifty Five Café in Thurnby to create their own memory cafes. They have provided dementia awareness training and memory café facilitation training.
- Set up a dementia friendly gardening group (The Garden Gang) which is now self-managing.
- Set up Bright Sparks Social Café for pre / peri diagnostic individuals, which is mostly attended by individuals with mild cognitive impairment and those who support them.
- The Memory Advice and Dementia Support Service took part in a Virtual Reality workshop facilitated by Sekond Chance. Sekond Chance will be trialling some virtual reality experiences within our memory cafes and social groups over the next few months.

Mental Health Friendly Places are local organisations committed to challenging stigma linked to mental health problems. They contribute to our community capacity to raise awareness about poor mental health and signpost people to where they can get help to protect their mental health by staying connected, learning new skills, being active and productive.

17 Leicester organisations are signed up as Mental Health Friendly Places. They are in places like Leicester city centre, Evington, Highfields, Belgrave, Saffron, New Parks, Beaumont Leys, and Braunstone. These organisations work with community mental health cafes, voluntary sector, health, and social care organisations.

Through the Leicester Mental Health Partnership Board and the local Suicide Audit and Prevention more will be done to promote mental wellbeing and encourage local organisations to become Mental Health Friendly Places.

Sponsor

Improve the built environment to support people's long-term health and wellbeing

The Local Plan is one of the key factors to contribute to this target. It is an important planning document that once adopted will set out the vision and aims for growth of the city up to 2036. The plan will be used to allocate sites for development, deliver infrastructure, influence economic investment and make decisions on planning applications. Following previous consultations, the local plan has now been submitted to government. An independent examination is expected shortly which will review the plan. Following approval by government, it will be adopted as planning policy to guide planning decisions in Leicester.

The Leicester Local Plan has a health and wellbeing policy, including the need to assess major developments for their health impact. This will include how the development will contribute to improving health and reduce health inequalities. Where adverse impacts are identified, the development will be expected to demonstrate how it will address or mitigate these impacts. Work is underway to develop the process for this. Other work includes the development of the Leicester Streets Design Guide which includes the 'Healthy Streets' principles, the defibrillators project and a libraries and communities needs assessment which also includes a health and wellbeing section. Public health partners have regular meetings with representatives from planning to ensure that we work seamlessly together on this priority, and are planning to provide some training for their team on wider determinants and health impact assessments.

Watch

Supporting a move towards a carbon neutral city

An action plan has been developed within the public health team to incorporate environmental sustainability more strongly into public health work and through work with partners and communities to advocate for embedding environmental sustainability throughout the city. There are several themes within this work including commissioning and procurement, ways of working and processes, strategies and policies, specific areas of work, human resources, delivery of in-house services and quick wins. There are already several public health projects where outcomes align with improving health and environmental sustainability and more opportunities will continue to be sought. For example, 'Beat the Steet' and 'Let's Get Resourceful' projects aim to increase active travel or reduce energy consumption, respectively. The action plan also aims to improve the environmental sustainability of how public health work is delivered. For example, two upcoming contracts have been identified to trial building environmental sustainability more strongly into the commissioning cycle and strategies and policies are being identified where sustainability can be incorporated or strengthened.

Healthy Ageing

Strategic Ambition: To enable the people of Leicester to age comfortably and confidently.

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.

Worked towards creating fully operational Integrated Neighbourhood Teams, by utilising Making Every Contact Count

- Making Every Contact Count is a low-cost intervention which is underpinned by the evidence-base for behaviour change approaches to prevention. Since August 2023, all care navigators have been using this approach with every new person they work with including those that are new to the role. This is fully embedded and is now considered business as usual.

Supported the commissioning of a range of services and opportunities to provide alternatives to residential care.

- The impact of the work that we have done in this area can be seen in the number of new admissions to residential and nursing care.
- Our year end outturn is confirmed as 275 new admissions to residential and nursing care (36 aged 18-64 and 239 aged 65 plus), a reduction on 2022/2023 admissions. This figure also includes 20 people who were not technically Adult Social Care (ASC) placements. They were self-funders who had elected to enter residential /nursing care and their funds had subsequently depleted to a level whereby ASC started to pick up the costs.
- The alternative arrangements that have been commissioned include community day opportunities. A new framework commenced on 1st April 2023 with 16 organisations within this. There are approximately 300 people in Adult Social Care accessing the service across this. Of that 37% are over 65 and the remaining 63% are working age adults.
- Since August 2023, our carer support service has been recommissioned. The revised model which seeks to support the early identification of carers across health and social care services intends to increase the reach of carers supported across the city and will go live in July 2024. The existing service has supported in excess of 2,500 carers and it is hoped that the emphasised focus on outreach, educating external health and social care services around the importance of identifying carers early and signposting to the service, will increase the numbers of carers that utilise the service particularly from those groups that are currently under-represented such as male carers, and carers aged 18-25 years. Performance will be monitored in the first 12 months of delivery to enable us to set appropriate targets.
- We continue to invest in dementia support services, which provides support in the community to people and their carers. During quarter 2 of 2023/24 (July – Sept), the service worked with 2,153 families of people living with dementia which was on track for exceeding the annual target of 2,534 by the end of the year. 97.7% of people were contacted by the service within 2 weeks of referral.
- We have a robust model of domiciliary care that provides timely support to people in their own homes. This year the service has been subject to a re-procurement, with new contracts due to go live in 2025. Despite responding to a tender and delivering services throughout the Winter months, the service provision is good and as of Q4 2023/24 (January-March) 91% of our contracted home care providers were rated as good or outstanding by the CQC.

Remodelled the Leicester, Leicestershire & Rutland Discharge to Assess Pathway 1 to increase reablement capacity in an attempt to increase the numbers of older people who return to their usual home following a period of time in hospital

- This work was 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 to be discharged within 2 hours / same day. The City Council received £433,000 to assist with developing our approach, reducing the risk of deconditioning in hospital through a Reablement Service which actively promotes independence, with integrated care leading to better outcomes.
- The new Reablement Rehabilitation and Recovery (RRR) model went live on 1st November 2023, and more people are being seen within the service compared to the same time the previous year. For the period November 2022-January 2023, before the RRR model went live, 294 people were supported. For November 2023-January 2024, 401 people were supported.
- The ambition and next key objective of enabling everyone going home from hospital with new care needs to access the service will focus on people who usually have their care provided by more than one carer at each call. From June 2024, the service will start to support these people coming out of hospital via the Integrated Crisis Response Service, allowing them to access RRR support where appropriate. Where RRR isn't appropriate, the service will right size the support and move the care swiftly over to our homecare providers, whilst promoting as much independence as possible.
- In addition to this, the current therapy led offer for Pathway 2 has been transformed into one that provides a robust and effective RRR model for people stepping down from the acute with high dependency needs (a cohort characterised by dementia/delirium with significant behaviours that challenge). The work to adapt the bed base has included an enhanced GP offer commissioned with the local surgery, 24hr nursing with a dual registered nurse (Registered Mental Health Nurse & Registered General Nurse), 1:1 care and specialist therapy. This service was officially on 15 April 2024 and is now providing 15 beds for LLR patients triaged and identified as meeting the relevant criteria.

Sponsor and Watch

Reducing the number of falls for people aged 65+ & promoting independent living so that older people can live in their own home and communities.

ICRS (Integrated Crisis Response Service)

ICRS is part of the Home First offer of keeping people living at home for as long as possible with a specific remit of supporting those in a crisis situation whereby immediate social care intervention can help avoid a hospital or residential care home admission. Another key aspect is ICRS's ability to support with urgent hospital discharges whilst also being a key service responder to those who have fallen with a view of preventing further falls by working alongside its key partners. Shared below are the key outcomes achieved for everyone accessing the service alongside specific outcomes for those who had fallen.

ICRS outcomes from 1st April 2023 - 31st March 2024		
Total Referrals In	5460	
Residential placements	9	0.16%

Hospital admissions/Remained in hospital	248	4.54%
Reablement	179	3.28%
Remained at home with dom care	428	7.88%
Remained at home with no further intervention required	4506	82.49%
Deceased	90	1.65%

As noted, ICRS is also a responder to people who have fallen. The vast majority being people that use LeicesterCare alongside those referred in via ambulance crews (when no injury has been sustained) and homecare providers. When responding to fallers ICRS staff also proactively looks at the reason for the fall and the possibility of reducing any future falls too. Outcomes in relation to its falls response are shared below.

ICRS outcomes for fallers responded to between 1st April 2023 – 31st March 2024		
Total People That Have Fallen Supported	1547	
Remained at home with no further interventions (whilst equally assessing how a future fall could be avoided)	1440	93%
Residential placement	1	0.07%
Admitted to Hospital/EMAS called	77	4.98%
Support implemented by ICRS/increase in current support	29	1.86%

Reablement Service:

The Reablement Service has undergone key changes to help introduce an LLR vision called Reablement, Rehab and Recovery. The RRR Intake Service enables as many people being discharged home from hospital to access a period of Reablement. This new way of working went live 1st Nov 2023 and therefore outcomes for the last 7 months have been included below both in terms of the actual number of people supported alongside their outcomes.

Reablement Activity:

Month	Referrals	Starts	Closures	Independent	Dom Care	Hospital	Residential	Deceased
Nov 23	156	146	124	73	27	21	2	1
Dec 23	122	116	110	54	34	19	2	1
Jan 24	149	140	139	90	29	16	1	3
Feb 24	144	131	137	83	35	18	0	1
Mar 24	107	99	105	67	27	11	0	0
Apr 24	119	115	114	74	19	19	2	0

May 24	136	122	124	77	25	17	2	3
Total	933	869	853	518	196	121	9	9

Reablement Outcomes:

Month	Independent	Dom Care	Hospital	Residential	Deceased
Nov 23	59%	22%	17%	2%	1%
Dec 23	49%	31%	17%	2%	1%
Jan 24	65%	21%	12%	1%	2%
Feb 24	61%	26%	13%	0%	1%
Mar 24	64%	26%	10%	0%	0%
Apr 24	65%	17%	17%	2%	0%
May 24	62%	20%	14%	2%	2%
Total	61%	23%	14%	1%	1%

Healthy Lives

Strategic Objective: To encourage people to make sustainable and healthy lifestyle choices

Do
<i>Increasing early detection of heart and lung disease and cancer in adults</i>
<p>Targeted Lung Checks Programme</p> <ul style="list-style-type: none"> The Targeted Lung Health Check (TLHC) Project is a new national service offered to those aged 55 to 74 who are at a greater risk of developing lung cancer. Recruitment to Clinical Director, Primary Care Clinician and UHL Project Manager role completed. Procurement timelines explored. Initial data modelling for rollout trajectory completed with caveats. Approx 145k people to be included in Leicester, Leicestershire and Rutland. <p>Awareness Campaigns</p> <ul style="list-style-type: none"> Using national cancer awareness campaigns to promote cancer awareness in LLR. A video to support breast cancer awareness has been produced and launched. The LLR ICB Cancer team attended Ashby Blue Light Event, ICB Women's event, Sunning safely event at East Midlands Airport to name a few. The team also works in collaboration with Patient Care Locally and their roving vehicle visits supporting the HPV vaccinations and promoting cancer awareness too. Events attended with

Patient Care Locally in Leicester City Centre, Thurmaston Health Centre and also at Beaumont Leys Shopping Centre. The scope is to provide information to patients regarding the HPV vaccination and also the signs and symptoms of cancer as well as screening opportunities to support the Early Diagnosis agenda.

FIT test Pilot

- Using the FIT (faecal immunochemical test) result in practices to decide whether a referral is appropriate. NHSE/I expect that at least 80% of lower gastrointestinal urgent cancer referrals should be accompanied by a FIT result carried out within last 21 days. IIF (Impact and investment Fund) Lower GI referrals which are accompanied by a FIT diagnostic test completed in the last 3 weeks was over the required 80% for 23/24. June 2024 data (cumulative from April 24) is at 84.6%.
- A City PCN undertook a pilot to directly provide patients with FIT (Faecal Immunochemical Test) and samples to be returned to the surgery (tests are usually issued via the post from Nottingham).
- Feedback on the pilot was positive from the surgeries. The pilot has now been completed and work is underway to roll this out across LLR. The pilot featured all patients within the PCN that require a FIT test, around 600 patients.

Cervical Screening and HPV Work

- A project to deliver on the WHO requirement to eliminate cervical cancer by 2040 has begun. To achieve this the NHS needs to ensure as many people as possible are being vaccinated against Human Papilloma Virus (HPV), while also coming forward for cervical screening. A cervical elimination strategy is being created with the partners and a delivery plan will be developed from this.
- A video around cervical screening was produced for patients with Learning Disability and another video focusing on HPV for the general population was produced.
- Project groups for HPV and cervical screening commence 26th June and will feed into a cervical elimination strategy and delivery plans.

Hypertension

- CVD Prevent data from quarter 3 for 2023/24, shows LLR reached 68.29% of patients with hypertension treated to NICE guidance. The goal was to increase to 77% by March 2024 and the target has increased to 80% by March 2024/25. In line with other ICBs, whilst more people with hypertension were diagnosed, the target was not met. Further work is planned in collaboration with Medicines Optimisation to relaunch the community pharmacy blood pressure check and hypertension case finding schemes and continue place based target work to support practices and PCNs. Oversight will be provided by the Long Term Conditions Partnership.
- At risk patients were identified and invited for a blood pressure check during enhanced hours clinics at GP practices or pharmacies. Over 4000 patients were tested over six weeks, identifying 545 new cases of hypertension, helping to prevent heart attacks or strokes. Tests are now being carried out in pharmacies with the relaunch of the blood pressure check service.

Watch

Promoting Independent Living for People with Long Term Conditions

RRR Intake: (Reablement, Rehab, Recovery Intake Service)

Launched in November 2023, the service has enabled the discharge of hospital patients medically optimised for discharge with a much more inclusive offer therefore increasing the number of people benefiting from this service (around 150 per month). Since June 2024 this now also includes those who need support from two people through the Integrated Crisis Response Service (ICRS). The outcomes remain equally very positive with the vast majority of people requiring no formal care or if so at a much more reduced level with 93.5% still being at home 3 months later. The service sits within Home First benefiting from community health services (nursing/therapy) alongside the OT Service, Care Technology/LeicesterCare, the Brokerage Team and the Reablement Social Work Team - all working as part of an integrated offer of support.

ICRS: (Integrated Crisis Response Service)

ICRS continues to support around 500 people per month facing a crisis and through its urgent step-up intervention helps avoid potential admissions into hospital. This is especially applicable with its long-standing work on people that have fallen whilst also pulling patients out of any pre-admission wards. Its pro-active work supporting the Frailty Wards has also been positively noted this year as has its offer of supporting patients with the need of support of two people coming out of hospital. The service sits at the heart of the Health and Social Care System and as the front door to Home First through integrated and co-ordinated care – with around 80% needing no ongoing formal care.

Sponsor***Reducing Levels of unhealthy weight across all ages.***

The Whole System Approach to Healthy Weight continues to work towards creating a system that supports healthy weight in Leicester. A detailed action plan supports the approach and is divided into three themes: focusing on building a stronger system; changing environments to increase opportunity; and empowering workforces and communities. 15 actions spread across these three themes are in place across the next three years to contribute to reducing excess weight. Priority groups of those living in deprivation, with disability, children and families, and pregnant women with excess weight are identified within the action plan as a focus.

A variety of services exist that are already contributing to promoting a healthy weight across Leicester; the approach aims to build on these and use existing assets and services in a way that is more powerful to reducing excess weight. Existing services and themes already contributing to promoting healthy weight/living include but are not limited to: Live Well Leicester, Healthy Conversation Skills, United Leicester and Active Leicester. The approach as a whole aims to create a system that enables at least 40% of our adult population and at least 70% of the year 6 age group population to live at a healthy weight by 2034.

Sponsor***Improving support for carers***

Since August 2023, the Leicester Carer Support Service that is commissioned by the City Council has also administered a hospital discharge grant for carers which was funded by the Adult Social Care Discharge Grant. The scheme ran from 1st October 2023 to 31st March 2024 with the aim of supporting carers by providing a one-off direct payment of up to £500 in recognition of the support they were providing to the cared for person on discharge.

Carers were provided with swift and simple access to a one-off payment of up to £500, to support the carer's wellbeing and any additional costs they might incur due to the cared for person being discharged from hospital, for example:

- Cleaning/housework in the carer's or cared for person's home.
- Short-term sitting service for the cared for person to provide the carer with a break from their caring duties.
- Carer's loss of income due to taking time of work to facilitate the discharge.
- Carer's additional expenditure associated with the hospital discharge, such as hospital parking, petrol/travel costs, bedding, clothing, incontinence products, extra washing/heating costs, extra childcare costs.
- Services that support the carers wellbeing such as attending fitness classes or relaxation activities.
- Small one-off items of equipment up to the value of £75 that will support the carer e.g. a microwave to make meal preparation easier and quicker.

63 referrals were made to the scheme from within hospitals, adult social care, voluntary sector organisations, GP's and other health organisations and 53 of those referrals resulted in carers receiving a grant with the average grant received being £341.00. 33 of the carers were new to the carer support service.

This scheme is currently being evaluated more widely to understand what a revised offer could look like and has been included as a project to be scoped out as part of the Accelerator Reforms Fund programme.

Do

Increasing access for children & young people to Mental Health & emotional wellbeing services

Children & Young People (C&YP) directory & QR code campaign

- 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. 2 directory pop ups held in Highcross and Haymarket in February to engage with CYP. Feedback was incorporated into final amends of the Directory. The feedback was mainly that this was something that C&YP wanted and would find useful. The launch of the directory will be over two weeks coinciding with A level results on the 15th August and GCSE results on the 22nd August.

Delivered Community Chill Out Zones

- Community Chill Out Zones (CCOZ) are workshops which take place in Relate's building on Aylestone Road, schools & community venues. There are two types of CCOZ: Core CCOZ which is a group service which can have between 6-20 CYP per group and Enhanced CCOZ which is 1:1. Both services offer the same support in terms of low-level preventative work to year 1-13 pupils. For example, they deliver work around anxiety getting the C&YP to recognise the physical symptoms of anxiety. Understanding what a normal response is e.g. anxiety around exams as well as when this may have become more problematic in their life. They provide them with coping strategies and the tools to manage their anxiety going forward. Feedback from Relate about the Enhanced CCOZ workshops: "It's been great to have the enhanced 1:1 workshops alongside the Core CCOZ workshops so that we can offer 1:1 option if a C&YP is feeling very anxious about accessing a MH service". For those living in the City who live in postcodes of LE1,2,3&4 - 61 C&YP have been supported through the Enhanced CCOZ. Core CCOZ has supported 3, 784 CYP across LLR since January 2024. Some of the feedback noted:

- 'I really enjoyed it, it was well presented by friendly people. I enjoyed the room search and have been doing it when I am upset as it makes me feel calmer. The stress balls were fun to play with'.
- 'It was good, I like the guard dog and wise owl way of managing things. It was easy to understand and explained well and we got to work in pairs.
- 'It helped by giving us stress balls, it gave us tactics of how to calm down'.
- 'I learnt that when my anxiety gets out of control that breathing techniques are very important. The sheets showed me that I need to put in more time to look after myself. I liked the stress ball, and the websites were useful'.

Commissioned Youth Workers

- Recruiting two Youth Workers: one in the City and one in North West Leicestershire. The role of the Youth Workers will be to support C&YP & their parent/carer to access self-help guidance by assisting them through identifying possible barriers/challenges and supporting them through these. This will also help with the pressure on the clinicians, so that the wait time to access the support is not increasing. The Youth Workers will also be aligned to joint work from the Emergency Department (ED) into the Community for NW Leicestershire for C&YP who leave hospital/self-discharge before being assessed by CAMHS services. This is a small pilot project currently to explore the efficacy of this for young people attending the Emergency Department due to self-harm. Numbers of people supported cannot yet be shared due to the early stage of this project.

Delivery of City Early Intervention Psychological Support (CEIPS).

- Work within schools in the City - not those that have Mental Health Support Teams. 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. 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 and bereavement). The team is 2.5 full-time equivalent and supervised by clinical and educational psychologist. Since April 23-March 24: 39 Calm Young Persons Programmes (previously known as Calm Clinics) (an additional anxiety focused add on to CEIPS core service) have been delivered, 216 students have accessed this and there has been a total of 670 sessions. All students demonstrated increased wellbeing session by session and this was monitored throughout their engagement. Both the CEIPS Core and Calm Young Person Programme are contracted until March 2025.

Families, Young People and Children: Additional Roles Reimbursement Scheme (ARRS)

- 2 band 6 Mental Health Practitioner roles recruited, 1 for North West Leicestershire & 1 for Leicester City South PCN. The Mental health practitioners offers 6-8 targeted therapeutic interventions to YP (0-18yrs), presenting with a mild to moderate mental health presentation. On average each full-time practitioner will see between 75 -90 young people per year. Referrals into this service are from GPs/ practitioners in primary care within their designated PCN. This programme ensures that young people are given the tools they need to manage their symptoms before it requires an intervention by a more specialist CAMHS service. Initial feedback from GP's is really positive and they welcome the role in their PCNs. The feedback from C&YP is also positive as the appointments are longer and with an experienced C&YP Mental health Practitioner. Interestingly there have been no did not attend (DNA's) or did not bring as the C&YP is able to pick their appointment date and time with the practitioner.

Improving access to primary & neighbourhood level Mental Health services for adults

Awareness Raising Roadshow

- The project (now 'business as usual') was focused on increasing local people's awareness and understanding of the various initiatives and schemes on offer for mental health & wellbeing. The project has worked in partnership with local GP practices and social prescribers to run events within surgeries for patients to pick up information and ask questions. The roadshow events have also been delivered in local community venues such as libraries. The project has also worked with local businesses who employ local people. Whilst online information is available, for some people they have limited online access and therefore this project provided physical resources and materials to ensure people could access the information.
- This was completed in a range of neighbourhood venues and local business enterprise inc. GP Practices, Tesco (Hamilton), Sainsburys, Walkers (PepsiCo), Hastings etc.
- c.250 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).
- The success of this initiative has helped develop a blueprint 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'.

Mental Health Cafés

- Neighbourhood Mental Health Cafes are part of a national MH crisis alternatives scheme that intend to improve access to local support where someone who is experiencing mental or emotional distress can go to without the need for an appointment to speak to someone.
- The café scheme in Leicester is being delivered by VCS organisations in order to better meet local needs, by having organisations who understand the local population/community. The following organisations provide neighbourhood mental health cafes in Leicester;
 - Jamilla's Legacy (Highfields)
 - Team Hub (New Parks)
 - Peepul Health (Belgrave)
 - Turning Point (City Centre)
 - Saffron Neighbourhood Council (Saffron)
 - Eyres Monsell Children & Young Peoples Centre (Eyres Monsell)
 - ZamZam Unlimited Possibilities CIC (Beaumont Leys)
 - LLR MIND with Leicester City in the Community (Braunstone)
 - LLR MIND (Leicester Uni & DeMont Uni)
- These providers have received continuation funding for providing Neighbourhood Mental Health Cafes. Mental Health matters were previously delivering the University cafes and now this has switched to LLR MIND. The University cafes (DeMontfort & Leicester) and other neighbourhood cafes have gone back out to the market. VAL are supporting the application process. Specifications have been revised and a new University spec was developed as a result of the reviews. There have been 1,061 contacts at the City cafes since November 2023'.
- Estimated number of contacts per year in Leicester City are 2,500 – 3,500 based on recent data.
- Review is underway to track progress. Increased training across café providers to teach psychologically informed skills to individuals to increase ability to self-help.
- Analysis of data highlighting key groups not accessing the cafes and engagement work to commence with the aim of increasing café access.

The Decider skills (Psychological Skills)

- The Decider Skills use Cognitive Behaviour Therapy to teach people of all ages the skills to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health. Complex psychological theory has been distilled into highly effective, evidence based skills for individuals and organisations to teach & learn.
- This was needed to increase accessibility of psychological support in Leicester and create a common language and framework across the system. The long waits for support were a driver to seek an alternative way of providing self-help skills to allow people to learn and support themselves when their mental and emotional help was becoming challenging. The ICB invested in 1,500 training spaces which has so far seen over 1,000 local practitioners complete across health and the VCS.
- 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 was delivered in April. 45 people attended this across the NHS (62%), Local Authority (13%), Police (2%), VCSE (20%) and other sectors (20%).
- When discussing the impact of stress on our day to day the main themes were finances, health, work, feeling overwhelmed, demands of balancing everything and caring for others.
- We received some great feedback in the chat with attendees stating that they'd found the session helpful and verbal feedback that practicing the breathing exercise during the session was useful.
- 12 VCS providers have been offered 3 Decider Skills training packages. The training allows recovery workers to teach individuals skills to support their mental health & well-being. 36 individuals will receive the training that will; increase their knowledge of psychologically informed skills to support people attending the café 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 workers to manage their own mental health.
- 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. Positive introduction/pilot of the new community connector role in the secondary care MH team. Focused on speaking with newly referred individuals and supported organising appropriate additional help in the community where individuals did not meet the threshold for secondary care.
- A guidance document has been drafted describing the psychologically informed and person centred approach to treatment and care within community mental health services.

'3 Conversations' 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 with individuals and organisations working together as opposed to bouncing people between services.
- 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– 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) - which set 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.

- The projects should run until March 2025

Peer Support Workers

- This is linked to the transformation of the community mental health services and increasing the number of people with lived experience employed within secondary care mental health.
- A training pathway has been created for people to train to be able to work as Peer Support Workers. Predominantly the focus has been recruitment within secondary care community teams, however peer support is also a vital part of how Voluntary Community Sector organisations deliver support to people.
- Learning has centred around readiness to enter/re-enter the workforce and reasonable adjustments to ensure that peer support workers are treated in a person-centred manner in teams.
- 39 individuals with lived experience of poor 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 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.

Sponsor:

Reducing social isolation in older people and adults

Work to increase social inclusion in the city is delivered through a combination of commissioned services and collaborative programmes. The commissioned services are Community Connectors and Let's Get Growing. Community Connectors has been running for 9 months. They have established regular activities in four areas of the city, providing a buddying service for residents and are committed to setting up more Pprojects. Let's Get Growing offers courses and workshops covering different aspects of food growing, and support community-based food projects in the city, including at libraries and community centres. In addition, the Let's Get Together programme offers a variety of activities in the libraries and community centres, including chatty tables, health walks, sociable strolls, arts and crafts and growing activity.

Watch:

Work towards having no deaths by suicide in the city

The rate of death by suicide, based on a 3-year rolling average, shows that Leicester is not significantly different to England. When a person dies by suicide the impact is devastating and widespread, affecting families, friends, and the wider community. Our ambition, by working towards zero suicides in Leicester, is to make suicide everybody's business. We aim to do this by empowering, educating, and equipping individuals and organisations to support suicide awareness and prevention. In the period 2020-22 (latest data) 89 people died by suicide in Leicester.

The suicide prevention strategy for Leicester is shared with Leicestershire and Rutland and is currently being refreshed. The strategy is owned by the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (SAPG). This group has several sub-groups, including high risk groups and locations, and latest data. It has worked with University Hospitals Leicester to improve our local response to mental health emergencies.

Leicester benefits from Real Time Suspected Suicide Surveillance data, collected by Leicestershire Police first responders. As a result, we know more about local deaths by suicide, and those who are impacted have access to specialist bereavement support at some

of the most difficult moments of their lives. Our improved knowledge has helped to bring together organisations to support communities in response to tragedies. The data have also been used to improve community resources by, for example, helping to inform decisions about where to place neighbourhood mental health cafes.

The public facing part of the SAPG is the Start a Conversation website. This has been recently redesigned to offer advice to people in distress and to highlight our work to empower local communities about mental wellbeing; a project called Mental Health Friendly Places (MHFPs).

At present there are 17 organisations signed up as MHFPs. These share an ethos to challenge stigma linked to mental health problems and to help people experiencing adversity. They have accessed our offer of free training (Mental Health First Aid Aware and First Aider, Samaritans Listening Skills). The organisations are based in areas across Leicester, including those of greatest need, such as the city centre, Evington, Highfields, Belgrave, Saffron, New Parks, Beaumont Leys, and Braunstone. Other training we've offered this year includes an online seminar on men's mental health, in conjunction with Leicestershire Partnership Trust, and suicide awareness and response training for Primary Care.

MHFPs do not stand alone, they are part of broader initiatives supportive of local mental health and wellbeing. These include, for example, action to promote mental wellbeing in the face of adversity, such as partnership working with the Mental Health Collaborative in response to local flood risk, and actions to promote mental wellbeing when tackling food and fuel poverty. MHFPs was an important theme and contributor to the Mental Health and Social Isolation Conference on Time to Talk Day, February 2024.

In coming months work on suicide prevention will continue with the refresh of the local strategy. In Leicester, MHFPs will build on current activity by working with Livewell, offering training to Central Library staff, work with LPT to deliver bereavement support training to Leicester organisations, and further develop the network of MHFPs into local areas where the need for support is greatest.

Healthy Start

Strategic ambition: To give Leicester's children the best start in life

Do
<i>Mitigate against the impact of poverty on children and young people</i>
<p>Peer Support Programme</p> <ul style="list-style-type: none"> Relaunched the Peer Support Programme to offer additional support to women and act as their advocate in experiencing perinatal mental health conditions. This programme includes women/birthing people with lived experience and recovery of perinatal mental health conditions, who have then undertaken specialist training in peer support, supporting others who have gone through a similar journey. The aim of peer support is to promote hope, control and opportunity. This may take place on a 1:1 or group format but the main focus of the role is the lived experience of perinatal mental illness. The support is offered to women or birthing people experiencing moderate to severe mental health conditions, perinatal MH services support around 10% of parents experiencing moderate to severe mental health conditions during pregnancy and after having a baby. The service has 1 peer support worker in post however it is now being reviewed due to issues around recruitment. The team have had preparation sessions which will help support and embed future Peer Support Workers. Peer Support Workers have both management supervision and peer supervision with their peers and are going to be supported internally and externally by the trust peer support wider services. There is no target around how many sessions are aimed to be delivered or how many PSW can be recruited. <p>STORK Programme</p>

- Parents and families at greatest need with babies in neonatal services across LLR, are offered the opportunity to take part in the training and education programme called STORK (Supportive Training Offering Knowledge and Reassurance). The aim is to expand this to all parent groups. The programme can be delivered in person or via an online app, covering topics including recognising signs of illness in babies, safe sleeping, and how to reduce the risk of sudden infant death. Other topics include healthy lifestyles, smoking cessation, coping with a crying baby, perinatal mental health support and breastfeeding support. There are also practical sessions on basic life support and responding to a choking baby. This programme links into multiple resources e.g. Lullaby Trust, healthy life styles, perinatal mental health services ICON and many others.
- In 2023 a total of 886 STORK programmes were delivered in hospital.. Half of the families were from an ethnic minority background and half of all of the families had no previous experience as it was their first born. One third of the families receiving the training were from the most deprived areas whilst for a fifth English was not their first language. A quarter of the families were taking their baby home to a passive smoking environment. The programme currently is only delivered in Neonates and has been selective delivered to those most in need. It is now in the process of optimising uptake through training more Band 4 nurses, so that it can be delivered across all families whose babies receive neonatal service support. The aim is to open it out to GP's and health visitors however due to lack of resources and not being able to secure funding, this project has not expanded any further.

Family Hubs

- Family Hubs are centres in communities which provide a more efficient service from a maternity perspective particularly in the provision of Primary Care Networks as more women and babies are able to be seen by one midwife. Women are also offered antenatal and postnatal care at the Hub. Glucose Tolerance blood Test clinics and infant feeding sessions are also offered. The hubs are across Leicester City and County. There are 32 weekly clinics in the city over 8 locations. The number of people attending each session varies from 9-21 per session depending on type of appointments.

Sponsor

Give every child the best start in life by focusing on the critical 1001 first days of life

- Recommissioned Leicester Partnership Trust (LPT) to deliver 0-19 Healthy Child Programme for 7 years (1st October 2023-2030), this includes Health Visiting which has a focus on the first 1,001 critical days. Leicester is a high performing provider, in the top 4 nationally and performing significantly better than the England average.
- Second year of Best Start for Life Workforce Pilot funding secured (£970,862) this money will be used by LPT, UHL, Heads Up Leicester and Leicester Mammals to

pilot innovative, collaborative solutions to supporting families during the first 1,001 critical days. National evaluations as part of a national pilot.

- Work continues on the re-fresh of the Healthy Pregnancy, Birth and Babies strategy (due in Autumn 2024).
- Seeking additional funding (£9,000 p/a) to ensure Baby Basics can continue to deliver at their current level when Lottery Funding ends. Baby Basics are a charity providing families with essential equipment such as cots, nappies and clothes. Baby Basics is a national charity and Leicester is the second busiest area in the Country after London.

Watch

Making sure children are able to Play and Learn

The LA has a duty to ensure there are sufficient places across the city to enable children and young people to access educational provision (Early Year Settings, schools, colleges) in order for them to learn. The LA works hard in partnership with education settings to ensure these places are available. Whilst there has been a decline in birth rate, in Leicester there has been a significant increase in inward migration over the past two years requiring the creation of additional school and college places. In addition, the government extended early years and wraparound care entitlements are requiring significant developments across the early years and primary school sector to ensure that the required places are available.

Our School Improvement team work in close partnership with the School Partnerships to ensure that a high education quality offer is in place for all CYP.

The LA has a strong Education Welfare Service who support children and young people to attend their statutory education placements and monitor closely those children who for a variety of reasons are missing education to ensure solutions are found to support them back into education. Our Early Years development team have worked hard to encourage the uptake of Early Years placements especially those more vulnerable families entitled to placements from 2Yrs olds. Equally our Connexions service work through programmes such as the Youth Hub to ensure our Post-16 Students are accessing employment or training.

The SEND Services continue to remove barriers to CYP accessing education, learning effectively and develop good well-being, by ensuring EHCPs re delivered in a timely manner, also by building knowledge and capacity in education settings through a large training and support offer.

Our CYP who are Looked After or Previously Looked After are supported in their Education by the Virtual School who not only offer academic support but many fantastic enrichment activities such as work with Curve Theatre and Bullfrogs Arts.

Empowering health self-care in families with young children

The LLR ICB Clinical Lead for CYP and the Head of Service of the Children's ED are working with the ICB comms and engagement team to provide information and advice for children with asthma and their families ahead of the start of the new academic school year. It is widely recognised that Emergency Departments experience a "September Surge" in cases of asthma exacerbation as children return to school. The ICB team are working on social media comms, including short videos to advise children and parents to ensure that they are taking their prescribed medication, that they have an asthma action plan and also that they have enough supply of their reliever medication. The aim of this communications and engagement work is to ensure that asthma management is optimised to prevent acute exacerbations and attendance at UEC services.

Core20PLUS¹ is the NHS framework for reducing healthcare inequalities by targeting services and support to those most at risk of experiencing healthcare inequalities. The Core20 refers to the 20% most deprived areas within a locality. '5' relates to five clinical areas which are linked to greater **health inequalities**. These are: Maternity; Severe mental illness (SMI); Chronic respiratory disease; Early cancer diagnosis; Hypertension case-finding and optimal management, and lipid optimal management. PLUS refers to groups identified locally as experiencing the poorest access, experience and outcomes with health and care services, regardless of their deprivation status or clinical needs.

In Leicester, the 'PLUS' groups which have been identified for initial focus are people experiencing homelessness, people with a learning disability, and people with severe mental illness. This is because these are the groups which are identified as having the lowest life expectancy, and poorer than average access to, and experience of, health and care services, and there is a clear need to address these issues. Across the health, care and wellbeing delivery plan, additional consideration is being given to how the unique needs of the identified plus groups can be considered and met to ensure that any activity is delivered adopting a proportionate universalism approach. The PLUS groups and the progress for these groups will be reviewed periodically.

During a development session this year, the future of our approach to providing additional attention to the PLUS groups was discussed. The PLUS groups will be highlighted in our future monitoring plan to ensure that each workstream is prompted to highlight any additional work that is being undertaken to support people in these groups. An additional inclusion of 'Children in Care' as a PLUS group to focus on in the city is being proposed. This is due to poor health outcomes experienced by the group and the importance of considering this when providing health interventions.

Community Engagement

Engagement with local communities is one of the core functions of the Health and Wellbeing Board, and there has been a range of communication and engagement activity over the period covered by this report, including:

Community Wellbeing Champions

The Community Wellbeing Champions (CWC) project was set up by Public Health in 2021 to help improve their reach into communities, especially underheard and underserved groups that experience poorer health access and outcomes. This is done by working with the CWC Network, a collective of VCSE and other local organisations and individuals that promote and support people's physical and mental health and wellbeing at a community level, and through direct engagement with residents themselves at public events. As well as reaching out with health messages and services, the project aims to gain quality insight through engagement with communities into the needs of different groups and the barriers they face in having those needs met, and to use this insight to inform how messages and services are shaped and delivered. Whilst initially developed in response to the Covid-19 pandemic, the CWC project works across the health inequality agenda as a whole and supports communication, information-sharing, networking, and collaboration across sectors and organisations for greater collective impact on strategic priorities and health inequalities in Leicester. Since August 2023, this has included holding two network conferences, one on the theme of Prevention (held October 2023) and the other on the theme of Mental Health and Social Isolation (held February

¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

2024), and eight online monthly network forums covering a range of health and wellbeing topics.

Case study

As part of the Whole Systems Approach to Healthy Weight in Leicester, a healthy eating survey was commissioned by Public Health in 2023 to gain insight into the barriers and enablers experienced by families wanting to maintain healthy diets. The first phase of this survey was undertaken with children and families in schools, and a second phase was then carried out to gain insight from other priority groups, including men and expectant and new mothers. The CWC Network was utilised to identify community organisations with a reach into these groups, and the CWC team then facilitated introductions between the Whole Systems Approach to Healthy Weight project manager and the key contacts at the selected organisations. The Whole Systems project manager then worked with the community organisations to co-produce and deliver focus groups and 1-1 interviews tailored to the needs and preferences of the people being engaged. This supported the project manager to gather additional quality insight into enablers and barriers to healthy eating from a range of perspectives that might not otherwise have been captured in the schools-based survey alone.

Healthwatch

Healthwatch are an organisation who are independent from the health and social care system, whose role is to represent the voice of local people to ensure that their experiences of health and social care services are both heard and used to shape future improvements.

Health and Wellbeing Boards have a statutory requirement to include Healthwatch in the membership, providing a unique opportunity for Healthwatch to ensure that the views of local people are built into the statutory functions carried out by the Health and Wellbeing Board.

During 2023-24 Healthwatch Leicester and Healthwatch Leicestershire published 12 reports, some of which are LLR-wide, relating to improvements that local people highlighted as being needed to improve their local health and care systems.

They engaged with people from across a range of different communities including asylum seekers and refugees, Sikh, Punjabi, Gujarati and Pakistani communities, LGBTQ+ communities, older people, Bangladeshi men, people living with support needs, Young people and women's groups.

Case studies

Enhancing Healthcare Access for Asylum Seekers

In response to the growing concerns regarding the accessibility of healthcare services for asylum seekers, Healthwatch Leicester and Healthwatch Leicestershire decided to visit all the hotels in Leicester and Leicestershire housing asylum seekers. We published two reports (city and county) highlighting the experiences of asylum seekers with local health and care services.

The reports uncovered various barriers hindering asylum seekers' access to essential health and care services. These barriers include language barriers, lack of cultural competency among healthcare providers and inadequate awareness of available services.

Asylum seekers told us that they struggle to navigate the complicated healthcare system, which worsens their health problems.

Asylum seekers commonly faced heightened mental health stress attributable to the uncertainties surrounding their legal status. Improving the mental health of asylum seekers is crucial for their overall well-being. The reports highlight the importance of tailored mental health support within our local healthcare systems.

What difference did this make?

- The service provider (Serco) took our recommendations seriously, addressed the issues highlighted and made improvements to the services being provided.
- The Leicestershire Partnership NHS Trust (LPT) Neighbourhood Mental Health Teams meet regularly with Asylum seekers and provide mental health support to people at the hotels.
- Following this engagement, we supported the Leicester, Leicestershire & Rutland (LLR) Integrated Care Board (ICB) to gather patient views as part of their consultation on a new specialised GP service for asylum seekers. We were invited to support this because of our growing links with Asylum Seekers and our team has the skills to listen to people's experiences. We worked in partnership with ICB and LPT colleagues to deliver the focus group sessions.

Bangladeshi men share their experiences

From December 2023 to April 2024, Healthwatch conducted ten in-depth Coffee, Chai and Chat group sessions with six different groups and organisations in Leicester and Leicestershire.

Healthwatch collaborated with the Greater Sylhet Welfare Council UK (GSC) and the Diabetes Self-Help Group to deliver two focus group sessions to Bangladeshi men to raise awareness of Health and Social Care Services and gather feedback on what matters to them regarding these services, both positive and negative.

The participants in these sessions were primarily Bangladeshi men who had relocated from Italy to the UK. We identified several concerns and areas for improvement as most were unaware of the local NHS services available to them. This group faces multiple challenges, including low income and unemployment, poor housing conditions, social isolation and loneliness, mental health issues and language barriers.

As a result of what people shared, the focus group sessions have resulted in:

- Raising awareness among the men about the health and social care services available to them.
- The concerns and feedback collected are being shared with the local healthcare system to advocate for more inclusive and responsive services.
- The collaboration with GSC and the Self-Help Diabetic Group helped build trust within the community, encouraging more open and honest communication.

"The Chai, coffee and chat session gave our members a chance to voice their opinions and concerns about Health and Social Care Services. They were able to communicate confidently in their mother tongue and express their feelings. They felt that they were listened to while taking feedback. Diabetes Self-Help Group members found the session very useful and would like to stay in contact." Dr Sonal Bhavsar, Diabetes Self-Help Group.



Healthwatch will continue to fulfil their role in independently representing the views of the local population. Healthwatch publish outcomes from all of their engagement work, as well as their future planned activity on the Healthwatch Leicester and Healthwatch Leicestershire website – www.healthwatchll.com

Multi-morbidity focus groups

A collaborative project between Leicester City Council's Public Health team, two PCNs and four local VCSE organisations took place across winter 2023 and spring 2024 to engage with patients experiencing multi-morbidity using a focus groups approach. The aim of the project was to better understand patient experiences of living with multi-morbidity, self-care, and professional support with a view to considering how current and future services could be shaped to meet the needs of this patient group. The focus groups generated a range of valuable insights which enabled recommendations to be developed, collaboratively, for action. These will begin to be worked on during summer 2024 as part of an integrated neighbourhood team working approach. A wider benefit of this work was the valuable relationships the VCSE organisations were able to build with people who attended the focus groups, encouraging attendance at the activities offered by said organisations, and helping to reduce social isolation which patients expressed that they were experiencing.

24 participants were engaged with across four focus groups (in 3 different areas). There were 10 recommendations for further action which aligned with the overarching themes which emerged from the focus groups. An example is "Use asset-based approaches to raise awareness of existing local groups and offers in the community that could help alleviate isolation. This could involve working with, and leveraging, existing networks such as community organisations and pharmacy networks." In terms of actions, one of the PCNs involved is exploring how they currently work with community pharmacies and where there is scope to further strengthen this to support some of the needs identified through this project.

Looking Forward

The Health and Wellbeing Board intends to continue working on its primary aim of achieving better health, care and wellbeing outcomes for Leicester's population and a better quality of care for patients and other people using health and social services. The Joint Health Care and Wellbeing Strategy has been pivotal in establishing the business-as-usual priorities of the Board. The strategy will be reviewed in the upcoming years as a refresh will be necessary prior to its expiry in 2027.

The 19 priorities listed in the current strategy will be monitored by the Board annually as per this report. Furthermore, four new priorities have been established through development sessions with the Board. These are:

- Childhood immunisations
- Hypertension- prevention and case finding
- Mental health and wellbeing related to social inclusion, and supportive networks
- Healthy weight management

The Board will receive periodic updates on the progress of the four priorities listed. The priorities will be assigned to operational groups to ensure there is scope and accountability for progress.

The governance of the subgroups for the Health and Wellbeing Board is intended to change with a new Board being established in place of ISoC and JICB. This new subgroup, identified as 'Leicester Integrated Health and Care Group' will be reporting into the Health and Wellbeing Board accordingly.

The HWB intends to continue partnership working and strengthen community engagement. This is done through maintaining a diverse membership within the Board itself and through also promoting community engagement as well as participation of people with live experience, in the development of services. This is done through the subgroups of the HWB and partners such as Healthwatch and Community Wellbeing Champions.

The Chair of the Board together with responsible officers will shape and develop the agenda for Board meetings going forward. In the period August 2023-August 2024 six HWB meetings were held. This is to reduce to four meetings per year. The conditions for the meetings will remain the same with the papers and recordings uploaded onto our website. A robust forward plan is being maintained to ensure that the most relevant and influential topics are being brought forward to the meetings. Where further exploration of a topic is required, a development session can be undertaken at the request of the Chair, as was done previously with the delivery plan redesign.

The Board will continue to adopt a proportionate universalism approach to ensure that fair focus is able to be given to the issues which have the greatest impact on people's ability to remain in good health and wellbeing for as long as possible. To support this, a number of JSNA chapters are either in development or planned outlining key health and wellbeing issues affecting city residents.

Appendix 1: Glossary and links to further information

Anti-Poverty - [Anti-poverty strategy \(leicester.gov.uk\)](https://leicester.gov.uk/anti-poverty-strategy/)

Better Care Fund (BCF) – Supports local systems to deliver the integration of health and social care through collaborating with the Department of Health, Ministry of Housing Communities and Local Government, NHS England and Improvement, and the local government association. [NHS England » Better Care Fund](#)

Clinical Commissioning Groups (CCG's) – CCG's were clinically-led statutory NHS bodies who held responsibility for planning and commissioning of healthcare services in their local area. They were replaced by Integrated Care Systems in July 2022.

Core20PLUS5 – [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

Development sessions (of the Health and Wellbeing Board) – Development sessions are opportunities for members of the Health and Wellbeing Board and, where appropriate, wider partners to come together to consider an issue in detail before bringing to a formal board meeting. They are not held in public.

Do, sponsor, watch – An approach to addressing the priorities set out in the Joint Local Health and Wellbeing Strategy which recognises that the same level of resource and effort cannot be focussed on all 19 priorities simultaneously. This approach gives more intensive focus on a small number of 'Do' priorities (those agreed by the Health and Wellbeing Board as the most important to progress in initial years), whilst ensuring some level of focus on *all* priorities identified, with opportunity for any risk to progress of 'sponsor' and 'watch' priorities to be escalated through reporting to place-based groups.

Equity – this means “fairness” – in health and wellbeing it means that in order to achieve good outcomes for everyone recognising that not everyone is starting from the same place, and that adjustments need to be made to ensure that everyone can achieve their full potential for good health and wellbeing. We sometimes use the term **health equity**, which means the absence of unfair, avoidable, or remediable differences in health among population groups defined socially, economically, demographically, or geographically.

Fuel Poverty – a household is considered to be experiencing fuel poverty when they spend 10% or more of their income on energy. More information can be found at [What is fuel poverty? - National Energy Action \(NEA\)](#)

Health and Social Care Act 2012 – The Health and Social Care Act 2012 introduced a number of reforms to the NHS including the establishment of Health and Wellbeing Boards to bring together partners from across health and social care services to plan how to meet the health and care needs of their local populations.

Health and Wellbeing Board meetings – [Health and Wellbeing Board \(leicester.gov.uk\)](#)

Health inequalities – health inequalities are the unfair, avoidable and systematic differences in health and wellbeing between different populations or groups.

Healthwatch Leicester and Healthwatch Leicestershire - An independent watchdog which aims to make local health and social care services better for people by ensuring that their views and experiences are considered by those entrusted to design and run services. It is independent of the CQC/ NHS and is ran by and for local people. They have a statutory place on local Health and Wellbeing Boards and have the authority to enter and view health and social care services using their trained volunteers. [HealthwatchLL - Healthwatch LL](#)

Integrated Care Systems (ICS's) – Integrated Care Systems were established in 2022. They are Partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners. They collectively plan health and care services to meet the needs of their population. In the LLR region this is currently a system partnership between the three statutory organisations with their respective legislative roles. More information about how ICS's are structured and operate can be found at [NHS England » What are integrated care systems?](#)

Joint Local Health and Wellbeing Strategy (JLHWS)– [Leicester's Care, Health and Wellbeing Strategy 2022-2027](#)

Joint Strategic Needs Assessment/Joint Specific Needs Assessment (JSNA/JSpNA) – Analyse the health needs of populations. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. [Joint Strategic Needs Assessment \(leicester.gov.uk\)](#)

Learning Disability Partnership Board (LDPB) - [Learning Disability Partnership Board \(leicester.gov.uk\)](#)

Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 - [Mental Health BOOKLET8a \(leicester.gov.uk\)](#)

Meetings held in public – these are meetings which members of the public are able to attend and observe. Members of the public are not permitted to join in any discussions at Health and Wellbeing Board meetings but are allowed to submit questions in advance of the meeting in line with statutory guidance, which will be asked and discussed during the meeting.

Person-centred care – this means making sure care is focussed on the needs of the individual.

Place-based/Place/System (and neighbourhood) – System, Place and Neighbourhood refer to geographical areas. **System** covers populations of around 500,000 – 3 million. In this report System means Leicester, Leicestershire and Rutland. **Place** covers populations of around 250,000-500,000. In this report, Place means Leicester city). **Neighbourhoods** cover smaller populations of around 30,000 to 50,000 people. In this report **Place-based** means thinking about the local need for Leicester. **Place-based** partnerships bring together a broad range of partners including local government, NHS providers, voluntary/community sector organisations, social care providers and others in order to integrate the planning and delivery of services through a multi-agency approach and address the social, economic and wider health needs of their population.

Pharmaceutical Needs Assessment (PNA) – A legal requirement for Health and Wellbeing Boards to produce every three years. It is a statement of needs from pharmacy services in the local area and is designed to ensure provision of local pharmaceutical services is effective for the needs of the local population. It can be used to direct commissioning decisions by CCGs and help NHS England in regulating new and existing pharmaceutical practice. [Pharmaceutical Needs Assessment \(PNA\)](https://www.leicester.gov.uk/pharmaceutical-needs-assessment/) ([leicester.gov.uk](https://www.leicester.gov.uk))

Appendix 2 Full list of Health and Wellbeing Board meetings since September 2023

Meeting	Item	Description
21 September	Joint Health, Care and Wellbeing Delivery Plan progress update – February – July 2023	This update reflected progress highlights, next steps, and key risks against the six ‘do’ priorities outlined in the strategy 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.
21 September	Acute CURE Tobacco Dependency Evaluation	Update on the delivery and progress of the Acute CURE Tobacco Dependency Service delivered across the University Hospitals of Leicester as part of the NHS Long Term Plan Prevention agenda for Tobacco Dependency. This programme requires joint efforts across the system to effectively address high smoking rates in Leicester.
21 September	Meeting the needs of Complex People	An update on positive progress since the original presentation in January 2023 to the Board that set out the significant health and service challenges of meeting the complex needs of people experiencing homelessness.
23 November	Winter Planning Update	Summarise planning to manage Winter pressures across LLR in 2023/ 2024 and provide an update on the COVID-19 and flu vaccination programme for the eligible population residents within Leicester, Leicestershire and Rutland.
23 November	Primary Care Capacity Planning over winter period	Overview of the NHSE Primary Care Recovery Plan (PCARP) and the commitments to patients therein, and provide assurance to Board that, through the development and implementation of LLR ICB’s “System-level Access Improvement Plan”, (SLAIP),
23 November	Vaccinations & Immunisations	An overview of the performance of the 2023/34 Covid-19 and flu vaccination programme covering the City of Leicester. An update on the new approach to shingles vaccination Measles NHSE as commissioners and transition to systems by 2025/26.

23 November	Winter Planning – Adult Social Care	Summary of the actions in place locally to support a resilient social care system that is able to provide people and their carers with the support they will get this Winter.
23 November	Public Health Initiatives and Winter Plans	Programmes and initiatives outlined to address critical winter issues. This ranged from health impacts of cold weather to food poverty etc.
18 January	Leicester Mammals HWB Update	Overview of the Leicester Mammals Service: Leicester Mammals is a city based First 1001 Critical Days organisation, that provides breastfeeding support to families across the city, with a focus on those experiencing any vulnerabilities or living in areas of social deprivation.
18 January	Community Wellbeing Champions Project	Introduction of the work by Community Wellbeing Champions (CWC) Project, which was set up by Public Health in light of Covid-19 to support community engagement efforts in relation to the pandemic and wider health and wellbeing needs.
18 January	Healthwatch LLR: Together: We are making care better report	An introduction into Healthwatch and an update of the work undertaken recently and plans for the upcoming year. Some exploration of where HWB can support and where engagement may be valuable in terms of the HWB strategy.
18 January	Active Leicester Strategy – Turning the Tide on Inactivity	A presentation on the Active Leicester Strategy, which was published in summer 2023. In response to the strategy action plan, the report will also shine a light on Active Leicester's response to the strategy, with a pilot approach that is being adopted at Aylestone Leisure centre.
18 January	Better Care Fund Q2 Update	Overview of BCF, its background and how it is currently managed. Position of BCF at Q2 is highlighted with some examples of achievements, challenges and case studies given.
18 January	AOB item St Johns Ambulance	Overview of St Johns ambulance which provides First Aid service for the Evening and Night Time Economy. Match funded by BID Leicester and OPCC / Community Safety Partnership.
7 th March	Cardiovascular JSNA	The Joint Strategic Needs Assessment of Cardiovascular disease providing information on risk factors, impact on Leicester's population, current services, service gaps and recommendations
7 th March	Tobacco Smoking Control JSNA	The Joint Strategic Needs Assessment of Tobacco Smoking provides a report of the risk factors associated with smoking, impact of tobacco smoking in Leicester, current services, service gaps and recommendations.
7 th March	Tobacco Control Strategy	Presentation of the Tobacco Control Strategy. This strategy 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. Our vision is to achieve "A smoke free Leicester – to make Leicester smoke free by 2030".
7 th March	Live Well	Overview of Live Well service and local population needs.

7 th March	Early Detection of Heart Disease	This paper is a response to the request to update the H&WB about detection and management of Heart Disease in Leicester City. The paper provides brief overview of the profile of Cardiovascular Disease across LLR and summarises some of the initiatives being delivered by the ICB's Long Term Conditions team, with the focus on CVD in Leicester City.
7 th March	Leicestershire's Targeted Lung Health Checks Programme Overview	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. The report provides an overview of the project and its outcomes thus far.
7 th March	UHL's Prevention Report	The report aims to provide stakeholders an overview of UHL's progress in prevention and how this is being rooted into services. As well as summarise measures used by UHL to address health inequalities, detail the implementation of the MECC across the Trust and prepare recommendations for next steps.
18 th April	Joint Care Health Wellbeing Strategy Delivery Plan Monitoring Update	Update of the delivery plan discussing strategy progress.
18 th April	Making Every Contact Count	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.
18 th April	Learning Disability Programme Board Update: Learning Disability Big Plan (Strategy)	Background and context of the Learning Disability Board, focus on the 'Learning Disability Big Plan (strategy)' update.
18 th April	Better Care Fund Q3 Update	Position at Q3
27 th June	Sexual health needs assessment	Presenting recent findings and data from the review of local sexual health needs.
27 th June	Recommissioning of sexual health services	A review of the process of recommissioning of sexual health services in Leicester and a review of a recent consultation exercise.
27 th June	Tuberculosis in Leicester	A summary of the picture of Tuberculosis in Leicester and actions being taken.
27 th June	Health and Wellbeing Board's Annual Report	A summary of the work of the Health and Wellbeing Board from January 2022 to July 2023.
27 th June	Addressing racial disparities in maternal outcomes for the population of Leicester, Leicestershire and Rutland (LLR) -	This report intentionally focuses on key themes that should underpin work to address maternal inequalities, particularly for Black women and birthing people.

27 th June	Black Mental Health and Me Report	Leicester City Council Division of Public Health worked with African Heritage Alliance to support an initiative to explore key areas related to black mental health in Leicester. The report is an overview of this.
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PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

04 03 2025

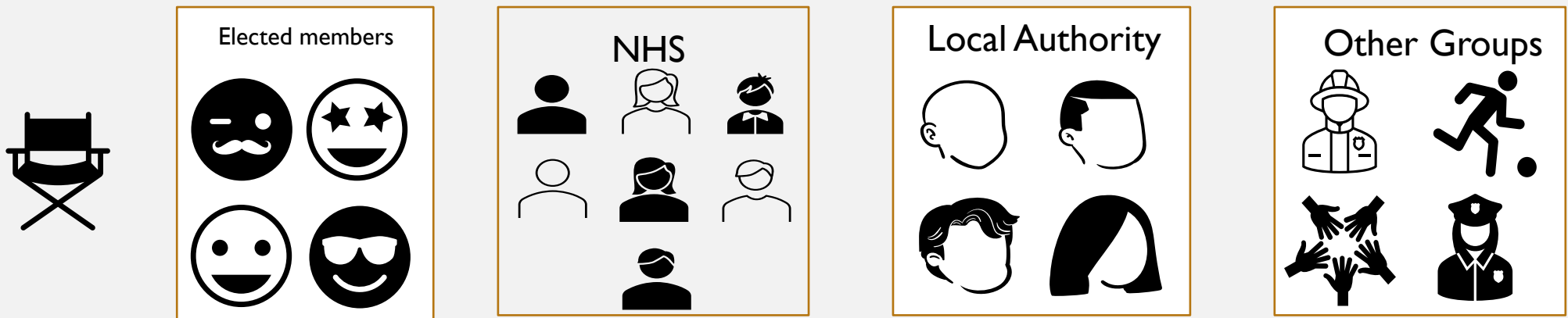
Health, Care and Wellbeing Strategy Overview



WHAT IS THE HEALTH AND WELLBEING BOARD?

- Statutory board of the council
- Established under the Health and Social Care Act 2012
- Forum for public accountability
- Partnership forum rather than an executive decision-making body
- Oversee the delivery of the Health, Care and Wellbeing Strategy

84



HEALTH CARE AND WELLBEING STRATEGY



APPROACH TO REDUCING
HEALTH INEQUALITIES



OUTLINES KEY THEMES TO
FOCUS ON



IDENTIFIES DELIVERY PLAN
PRIORITIES

Strategy Priorities

Strand	Proposed Priority
Healthy Places Making Leicester the healthiest possible environment in which to live & work	Improving the built environment to support people's long term health and wellbeing
	Improving access to primary and community health and care services
	Supporting a move towards a carbon neutral city
	Creating Mental Health & Dementia friendly communities within Leicester
Healthy Start Giving Leicester's children the best start in life.	Give every child the best start in life by focusing on the critical 1001 first days of life.
	Making sure children are able to Play and Learn
	Mitigating the impacts of poverty on children and young people.
	Empowering health self-care in families with young children
Healthy Lives Encouraging people to make sustainable and healthy lifestyle choices	Reducing levels of unhealthy weight across all ages
	Increasing early detection of heart & lung diseases and Cancer in adults
	Promoting independent living for people with long term health conditions
	Improving support for Carers
Healthy Minds Promoting positive mental health within Leicester across the life course	Improving access for children & young people to Mental Health & emotional wellbeing services
	Improving access to primary & neighbourhood level Mental Health services for adults
	Reducing social isolation in older people and adults
	Work towards having no deaths from suicide in the city.
Healthy Ageing Enabling Leicester's residents to age comfortably & confidently	Enabling Leicester's residents to age comfortably and confidently
	Promoting independence for frail older people
	Reducing the number of falls for people aged 65+ in Leicester City

Do:

Theme	Priority
Health Places	<ul style="list-style-type: none"> Improving access to primary and community health/ care services
Healthy Start	<ul style="list-style-type: none"> Mitigating the impacts of poverty on children and young people
Healthy Lives	<ul style="list-style-type: none"> Increasing early detection of heart & lung diseases and cancer in adults
Healthy Minds	<ul style="list-style-type: none"> Improving access to primary & neighbourhood level Mental Health services for adults. Increasing access for children & young people to Mental Health & emotional wellbeing services.
Healthy Ageing	<ul style="list-style-type: none"> Enabling Leicester's residents to age comfortably and confidently - <i>proposed focus on reducing health inequalities through a person-centred programme of frailty prevention.</i>

ANNUAL REPORT PURPOSE

Requirement outlined in our terms of reference to ensure public accountability



Progress against Health and Wellbeing Board's statutory duties

Health Care
and Wellbeing
Strategy
Delivery Plan
Updates

Case studies

Updates
around the
Better Care
Fund

Updates from
the subgroups
of the Health
and Wellbeing
Board

Proposal for
the next 12
months

REPORT HIGHLIGHTS

Joint Strategic Needs Assessments

- [Mental Health](#)
- [Living in Leicester](#)
- [Dementia](#)
- [Tobacco Use](#)
- [Healthy Weight](#)
- [Physical Activity](#)
- [Cardiovascular disease](#)
- [Adult social care](#)
- [Gambling](#)

Stakeholder Engagement

- Community Wellbeing Champions
- Healthwatch
- Multi morbidity focus group

Better Care Fund Spend

A range of core services supported such as the Integrated Crisis Response Service and Care navigators.

A portion of the fund was used to support smaller scale place-based services:

- Leicester Mammas
- Dear Albert
- The Centre project
- Eye Clinical Liaison Service

Updates from our subgroups

- Integrated Systems of Care
- Joint Integrated Commissioning Board
- Learning Disability Partnership Board
- Mental Health Partnership Board
- Leicester Integrated Health and Care Group

CURRENT PRIORITIES

- In the current period, the Health and Wellbeing Board is focused on four priorities:
 - Childhood immunisations
 - Hypertension - prevention and case finding
 - Mental health and wellbeing related to social inclusion and supportive networks
 - Healthy weight

CURRENT DELIVERY PLAN HIGHLIGHTS

Priority	Goal/ Update
Childhood immunisations	<ul style="list-style-type: none"> Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine and goal is to achieve 90% uptake by 2040.
Hypertension- Prevention and Case Finding 91	<ul style="list-style-type: none"> Advance pharmacy: Increase proportion of blood pressure service consultations that are ABPM to 10%. Currently reviewing in LLR ICB best place for oversight. Also monitoring NHS health checks uptake.
Mental health and wellbeing related to social inclusion and supportive networks	<ul style="list-style-type: none"> Bringing People Together Programme e.g. Let's Get Together 33 organisations received warm spaces grants. Let's Get Digital: new module let's get from A to B. Neighbourhood Mental Health Café's: Review
Healthy weight	<ul style="list-style-type: none"> Aim to support 15 schools to start/re-engage in participation of the Daily Mile or alternative daily activity Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy-training being developed for midwives and pre/post-natal workforce.



QUESTIONS?



Leicester Health and Wellbeing Survey 2024

Public Health and Health Integration Scrutiny Commission

Date of meeting: 04/03/2025

Lead director/officer: Rob Howard
Director of Public Health
Leicester City Council

Useful information

- Ward(s) affected:
- Report author: Gurjeet Rajania, Principal Public Health Intelligence Analyst
- Author contact details: gurjeet.rajanian@leicester.gov.uk
- Report version number:

1. Summary

This report provides an update on the Leicester Health & Wellbeing Survey 2024.

- DJS Research have completed the fieldwork and about 2,100 Leicester residents aged 16+ have participated.
- DJS Research have prepared an infographic summary and full report. Drafts have been reviewed by the Public Health team and Lead Member of Social Care, Education and Public Health.
- The full report will be published on Leicester City Council website and data will be made accessible via the Leicester Open Data Platform.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Review and comment on the final report before wider circulation.
- Consider the key messages shared in the executive summary
- Recommend areas for further interrogation of the report.
- Consider and advise on dissemination of results.

3. Detailed report

3.1 Overview and milestones

The survey is part of a series of Leicester health and wellbeing surveys, with previous iterations taking place in 2002, 2010, 2015, and 2018. The most recent health and wellbeing surveys (2015 and 2018) are available via the following link: [Leicester health and wellbeing surveys](#)

The primary purpose of the surveys is to inform strategic and specific need assessments which are essential to the council and partners' commissioning for improved health and wellbeing. At strategic level, the results from the surveys will be used to inform progress towards current priorities e.g. those outlined by the Leicester Health and Wellbeing Strategy, and assess future needs.

Health and wellbeing survey data is used by Leicester City Council and its partners to contribute to a wide variety of work, including needs assessment, better targeting of interventions, funding bids, and area profiling.

Table 1. Key Milestones

Output	Delivery as Specified by
Fieldwork commenced	17 April 2024
Fieldwork concluded	2 October 2024
Initial findings report	October 2024
Draft main findings report	December 2024
Final data tables and Individual data file	January 2025
Final main findings report	February 2025
Reporting tool & infographic	January 2025
Video-animation	March 2025
Presentation of findings to Public Health and Health Integration Scrutiny Commission	04 March 2025
Presentation of findings to an Executive Level Board – Health and Wellbeing Board	06 March 2025

3.2 Survey methodology

The methodology and sampling approach broadly follows previous Leicester Health and Wellbeing Surveys:

It is a face-to-face household survey

- A minimum of 2,100 interviews per survey, based on 100 interviews per ward.
- A random stratified quota sampling method to identify sampling points (Census Output Areas - COAs). This will consider every ward and deprivation levels to ensure a geo-demographically representative sample.
- Demographic quotas are set at a sampling point (COA) level, rather than at ward level, so our demographic quotas are not skewed within any given ward.
- Target quotas of age, gender, ethnicity and working status, with the added value of a target quota by disability. We will use the most up to date population statistics to set these quotas (e.g. Census 2021 or ONS population estimates).

3.2.1 Survey weighting and impact upon survey sample

- The Leicester Health and Wellbeing Survey 2024 dataset is weighted towards the latest available Census (2021).

- The previous 2018 survey was weighted with the 2011 Census (the latest available at the time of survey completion).
- The demographic changes particularly related to ethnicity will therefore impact upon the weighted survey responses.
- For example, in relation to ethnicity the White British population fell from 45% in 2011 to 33% in 2021, and the Asian British population increased from 37% in 2011 to 43% in 2021.

3.3 Outputs

In summary, DJS propose the following suite of outputs:

- **Brief Topline Report – received:** This report outlined the responses to key question
- **In-depth narrative report (in PowerPoint/pdf) - received:** A public-facing and publishable report that is visually engaging, fully accessible and screen-reader compatible. The report will include an executive summary, results broken down by demographic group and geography, tracking with 2015 and 2018, external benchmarking, statistical techniques, and infographics/charts/tables. The interactive functionality enables the reader to click on dynamic links in the report to progress to certain sections and to view dynamic features such as videos or Gifs. An appendix will include details of the methodology (e.g. weighting matrix, quota targets and achieved, statistical reliability etc).
- **Weighted data tabulations** with a comprehensive list of agreed crosstabulations, significance testing, derived variables (consistent with 2018) and coded open text responses. We will also supply a simplified version of the tables that can be published.
- **Raw datafile** including metadata, supplementary geo-indicators and weighting factors.
- **Presentation at an Exec Board level – Most likely the Health and Wellbeing Board.**

For added value, DJS also propose the following:

- **Interactive reporting dashboard (first draft received)** that presents the results for 2023 in comparison to 2018, with the ability to filter the data by a range of demographic and geographic variables.
- **Summary infographic** that can be used to engage stakeholders and the public in the key findings.
- **Video-animation** to bring the key findings to life.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

Table. DJS costs for the 2024 survey including and excluding VAT.

	Exc. VAT	Inc VAT (20%)
2024 Survey	£88,860.00	£106,632.00

4.2 Legal Implications

Contract signed and agreed in 2024.

No further legal implications of this report, nor recommendations were outlined.

legal.commercial@leicester.gov.uk

4.3 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 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.

This report provides an update on the procurement of an adults health and wellbeing survey to run in 2024 with the option to extend for another survey 2027. The survey aims are to glean a better understanding about the lives of Leicester's residents, their households, and communities and gathered evidence from a wide range of sources and covers a range of different topics.

The proposed surveys would provide high-quality data for use by all Leicester stakeholders. Survey data can assist public authorities in carrying out EIAs when they assess and review policies and practices. The council can use data to improve the lives of people in the city and help shape various public services. Having accurate up to date information about the characteristics, attitudes and behaviour of people living in Leicester can help to better understand and tackle inequalities. Other information gathered can help the council to identify areas of deprivation, enabling them to better target services. However it is recognised that there are a number of barriers and challenges, which can potentially limit or hinder participation in surveys of any kind. These include lack of awareness, lack of understanding, privacy concerns, language, mistrust in/lack of engagement with officialdom, impairments such as physical or learning disabilities, and known limitations around the 'reachability' of communities and groups. Some relate specifically to digital participation, such as digital access or connectivity issues, lack of digital skills or confidence, data

security concerns and mistrust of digital systems. An equality impact as has been carried out and will be reviewed once procurement is complete and questionnaire content is decided.

Equalities Officer, Surinder Singh, Ext 37 4148

equality@leicester.gov.uk

4.4 Climate Emergency Implications

There are no significant climate emergency implications arising from this report.

Duncan Bell, Change Manager (Climate Emergency). Ext. 37 2249

climatechangeimplications@leicester.gov.uk

4.5 Other Implications

n/a

5. Background information and other papers:

6. Summary of appendices:

6.1 Leicester Health and Wellbeing Survey 2024 report final

6.2 Leicester Health and Wellbeing Survey 2024 Infographic

6.3 Leicester Health and Wellbeing Survey 2024 Summary Presentation

Leicester Health and Wellbeing Survey 2024

A briefing for Public Health and Health Integration Scrutiny: 04/03/25

Prepared by:
Gurjeet Rajania Gurjeet.Rajania@Leicester.gov.uk
Principal Public Health Intelligence Analyst
Division of Public Health, Leicester City Council

Contents

1. Background & Survey Methodology
2. Key Findings
3. Accessing report and results
4. Further analysis

Leicester Health & Wellbeing Survey 2018

Leicester Children's Health and Wellbeing Survey



Leicester
City Council

Leicester City Council: Health &
Wellbeing Survey 2024 (adults 16+)

December 2024

Jenna Allen, Research Director
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Emily Ward, Senior Research Executive
eward@djsresearch.com

Gurjeet Rajania, Principal Public Health Intelligence Analyst
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Background: The last adults (16+) Leicester Health and Wellbeing Survey was carried out in 2018.

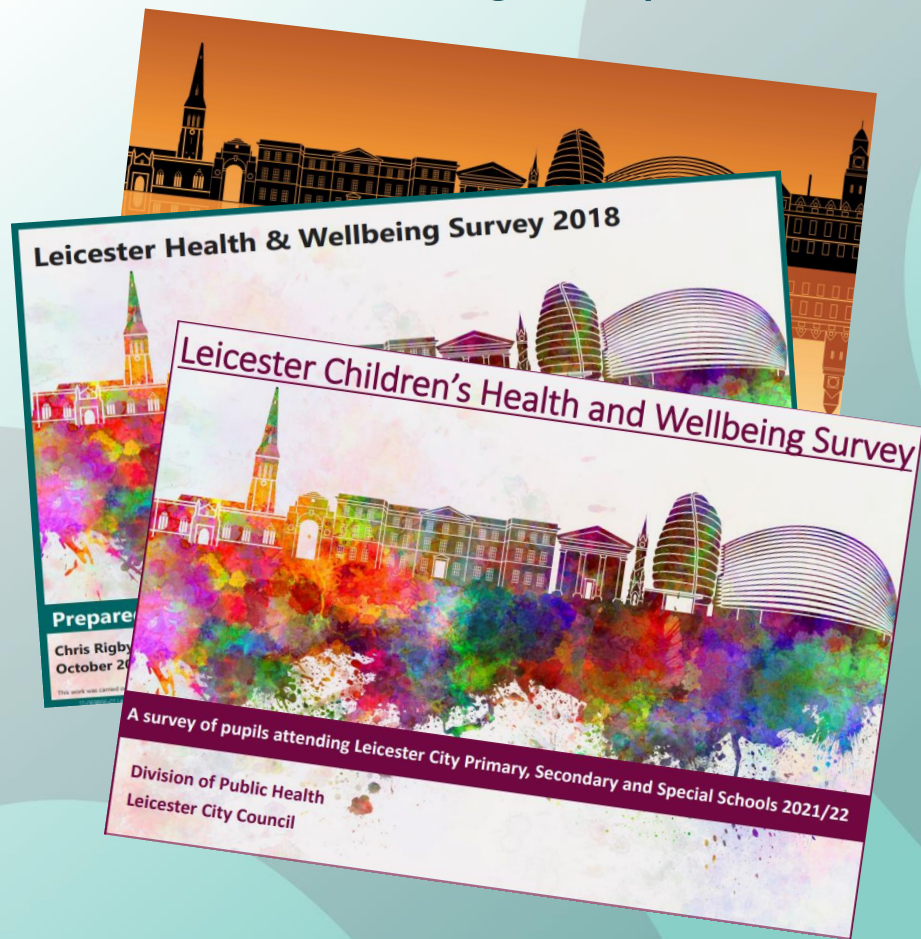
There have been a series of Leicester Health and Wellbeing Surveys for both adults (2010, 2015 & 2018) and children (2016/17 & 2021/22).

The primary purpose of the surveys is to inform strategic and specific need assessments which are essential to the council and partners' commissioning for improved health and wellbeing.

Health and wellbeing survey data is used by Leicester City Council and its partners to contribute to a wide variety of work, including needs assessment, better targeting of interventions, funding bids, and area profiling.

It provides a source of intelligence not available via other sources.

[Leicester health and wellbeing surveys](#)

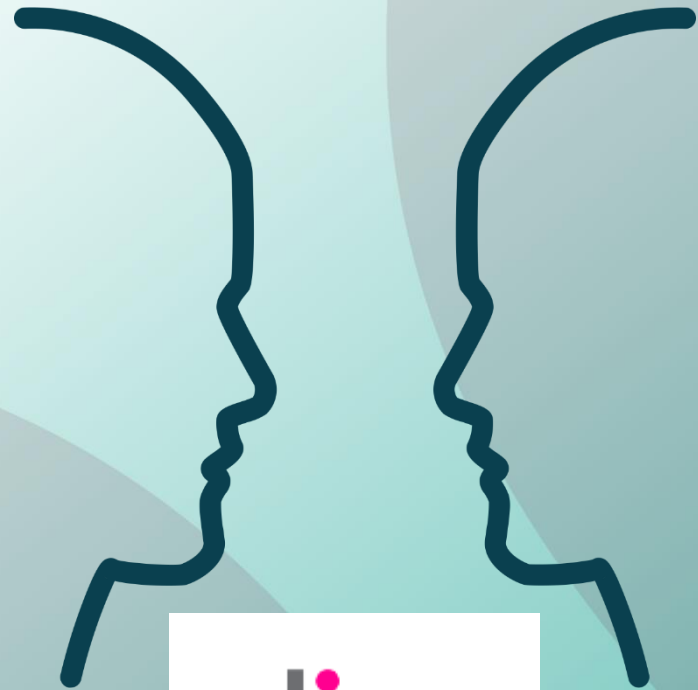


Survey Methodology: To broadly follow the methodology of previous surveys to allow for trend analysis.

DJS Research were commissioned to complete the 2024 Leicester Health and Wellbeing Survey.

It was a face-to-face household survey:

- Fieldwork took place between 17 April 2024 and 2 October 2024. A total of 2,100 interviews were completed.
- A number of sampling points were randomly selected within each Leicester ward. Quotas (using 2021 Census) were set based on age, gender, ethnicity, economic status and disability to ensure a representative sample.
- 20 minute survey with sensitive questions self-complete unless assistance is requested.
- The majority of surveys were complete in English, but some were complete in another language.



Contents

03	<u>Background and methodology</u>
07	<u>Executive summary</u>
10	<u>General Health</u>
22	<u>Mental health and wellbeing</u>
34	<u>Diet</u>
37	<u>Exercise/physical activity</u>
43	<u>Smoking</u>
51	<u>Alcohol consumption</u>
56	<u>Gambling</u>
59	<u>Financial</u>
69	<u>Caring and caring responsibilities</u>
72	<u>Sexual health services</u>
75	<u>Place and volunteering</u>
79	<u>Housing</u>
84	<u>Digital inclusion</u>
87	<u>Groups of interest</u>
101	<u>Appendix 1: Profile of the sample</u>
106	<u>Appendix 2: AuditC calculation</u>
108	<u>Appendix 3: Detailed background & methodology</u>

New Content

- COVID-19
- Access to health services
- Mental Health and Wellbeing
 - Gambling
- Place and Active Travel
- Food Insecurity and support
 - Vaping
- Digital inclusion and confidence
 - Sexual Health
 - Housing issues



Health & wellbeing survey 2024

In 2024, Leicester City Council commissioned a health and wellbeing survey to provide a high-quality snapshot of behaviours and attitudes among Leicester's adult population. The research explores residents' views on their local area, access to services, and health and wellbeing, with results informing the delivery of services across the city. Below are the key findings.

Top five positives:

Four in five residents rate their general health as **very good** or **good**



There has been a decline of **4% points** in those who smoke cigarettes compared to 2018 (16% cf. 20%)



Three in four residents use parks, waterways and other green spaces **at least monthly**

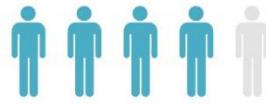


Most residents feel they have a **support network** they can rely on in difficult times

Ranging from 67% to 87% depending on the scenario



Four in five residents say they tend to bounce back quickly after hard times



Top five challenges:

Nearly a quarter of residents have faced difficulties paying their food and energy bills in 2024, more than double the 2018 figure (23% cf. 10%)



Residents **face challenges in accessing medical services**, particularly for NHS dentists and GPs



One in 14 residents with children under 16 living at home say that they smoke in the house



One in seven have an alcohol consumption classification of 'increasing risk' or higher for harmful drinking



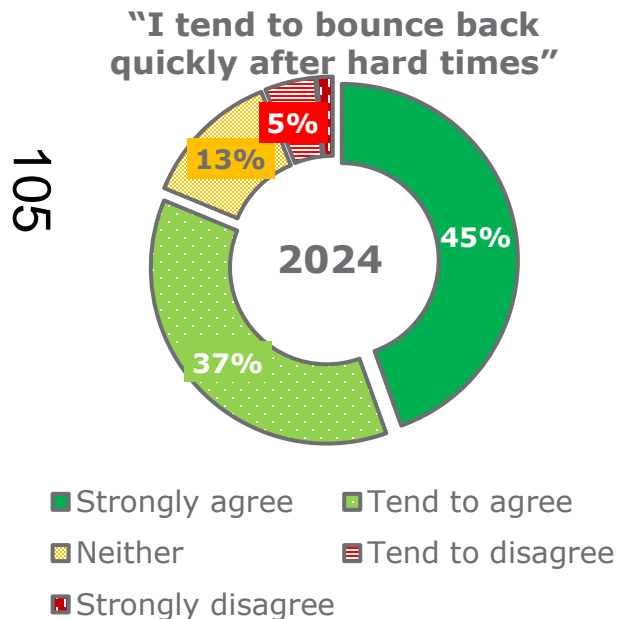
One in 20 households report the presence of damp and mould in the home





Resilience

Four in five residents believe that they bounce back quickly after hard times (81%), while 13% are neutral and 6% disagree. These results represent a significant improvement on 2018, with the percentage who agree with this statement having increased by 17% points (64% in 2018).



	2024	2018
Agree	81%	64%
Disagree	6%	17%

Key differences:

The percentage who agree that they bounce back quickly decreases slightly with age. Around 85% of the three youngest age groups (16-29, 30-39 and 40-49) agree, but this drops to around 75% for the three older age groups (50-59; 60-69; 70+).

Men are significantly more likely than women to agree that they bounce back quickly (84% v 79%).

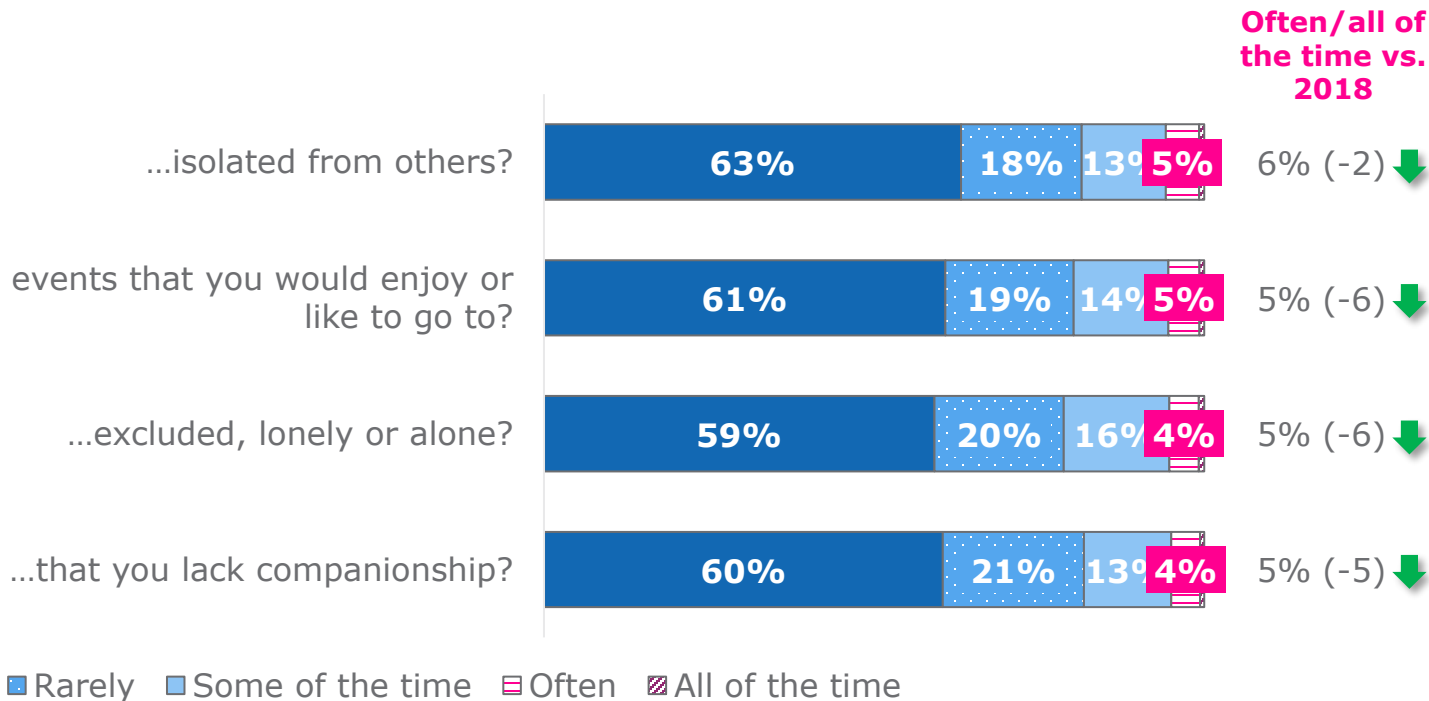
So too are those who have no long-term health conditions (86%) compared to those who have one long-term health condition (69%), or multiple (55%).



How often residents feel...

Encouragingly, the percentage of residents who often/always feel isolated, left out, excluded or that they are lacking companionship has fallen significantly compared to 2018.

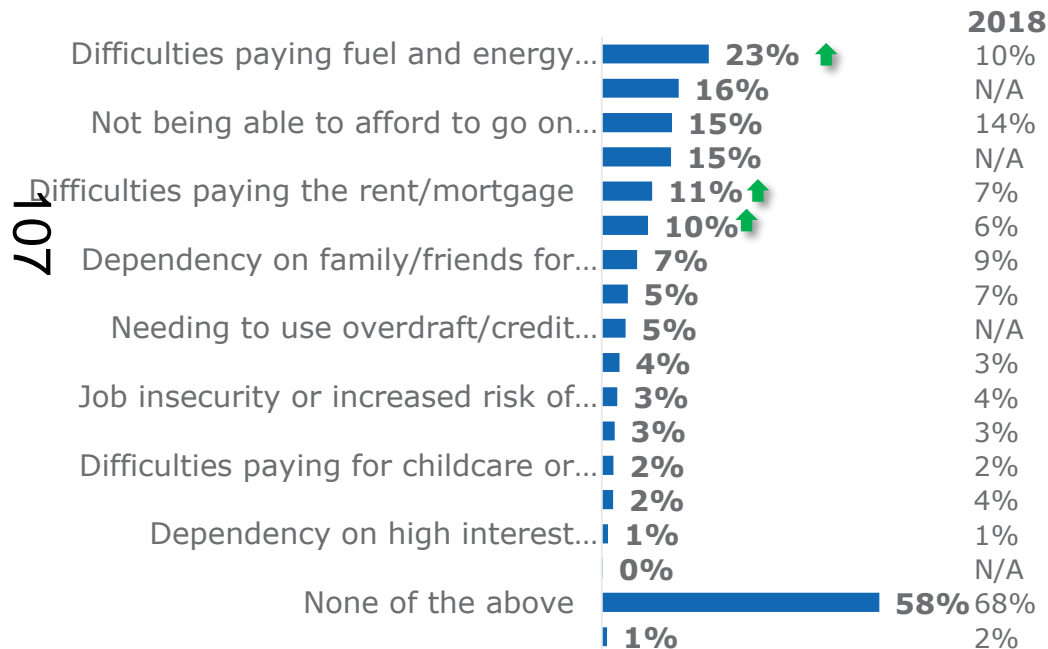
106





Financial difficulties

The landscape has shifted since 2018 in terms of the struggles of Leicester residents. In 2018, the most commonly cited difficulty was not being able to afford to go on holiday, but in 2024 it is difficulties paying fuel and energy bills (23%). Indeed, this figure has more than doubled since 2018 and reflects the economic challenges experienced over the past few years.



	2024	2018
Basic living costs*	31%	14%
Employment*	5%	7%

Key differences:

Older generations are least likely to have experienced any of these issues, with 82% of those aged 70+ stating they've been affected by none of the above. In contrast, those with conditions that limit their ability to carry out day-to-day tasks, those in the North West and social renters are all significantly more likely to have experienced at least one of these difficulties.

Q017. Have you been affected by any of the following in the last 12 months? **Base:** All respondents (2,100)

Note: new codes added in 2024 which means these results are not directly comparable.

*Basic living costs include codes relating to difficulties in paying: rent/mortgage, fuel/energy, council tax, water bill, food, and interest on loans. **Employment includes: job insecurity and loss of jobs/redundancy.



Sig higher/lower than previous survey



108

For more information

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Further analysis available by:

- Gender
- Age
- Ethnicity
- Religion
- Long term illness/disability
- Employment status
- Deprivation
- Languages
- Qualifications/Education
- Housing tenure/Occupancy
- Lower level geographies
- Children present in household



The **full report** can be found on the Leicester City Council webpage:

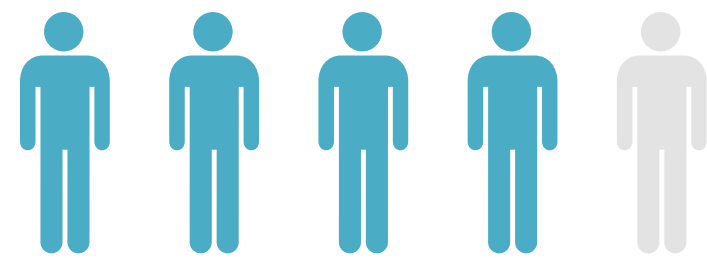
<https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/leicester-health-and-wellbeing-surveys/>

Health & wellbeing survey 2024

In 2024, Leicester City Council commissioned a health and wellbeing survey to provide a high-quality snapshot of behaviours and attitudes among Leicester's adult population. The research explores residents' views on their local area, access to services, and health and wellbeing, with results informing the delivery of services across the city. Below are the key findings.

Top five positives:

Four in five residents rate their general health as **very good** or **good**



There has been a decline of **4% points** in those who smoke cigarettes compared to 2018 (16% cf. 20%)



Three in four residents use parks, waterways and other green spaces **at least monthly**

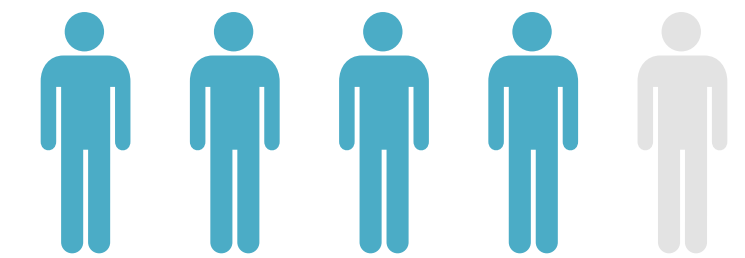


Most residents feel they have a **support network** they can rely on in difficult times

Ranging from 67% to 87% depending on the scenario



Four in five residents say they tend to bounce back quickly after hard times



Top five challenges:

Nearly a quarter of residents have faced difficulties paying their food and energy bills in 2024, more than double the 2018 figure (23% cf. 10%)



Residents **face challenges in accessing medical services**, particularly for NHS dentists and GPs



One in 14 residents with children under 16 living at home say that they smoke in the house



One in seven have an alcohol consumption classification of 'increasing risk' or higher for harmful drinking



One in 20 households report the presence of damp and mould in the home



Leicester City Council: Health & Wellbeing Survey 2024 (adults 16+)

December 2024

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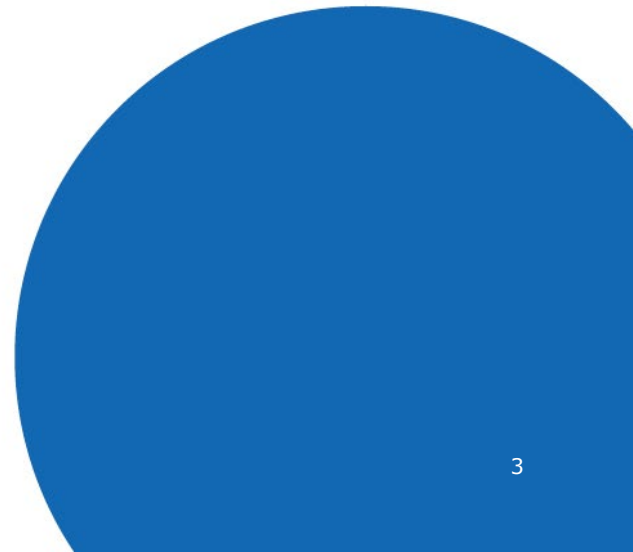
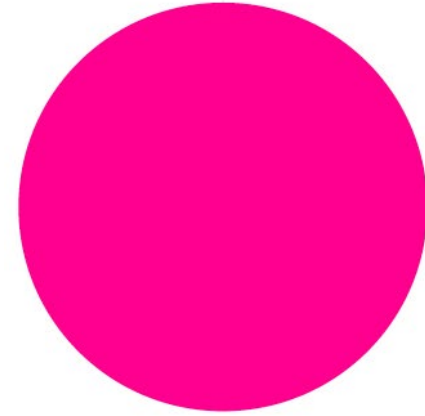
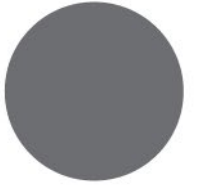
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Contents

03	<u>Background and methodology</u>
07	<u>Executive summary</u>
10	<u>General Health</u>
22	<u>Mental health and wellbeing</u>
34	<u>Diet</u>
37	<u>Exercise/physical activity</u>
43	<u>Smoking</u>
51	<u>Alcohol consumption</u>
56	<u>Gambling</u>
59	<u>Financial</u>
69	<u>Caring and caring responsibilities</u>
72	<u>Sexual health services</u>
75	<u>Place and volunteering</u>
79	<u>Housing</u>
84	<u>Digital inclusion</u>
87	<u>Groups of interest</u>
101	<u>Appendix 1: Profile of the sample</u>
106	<u>Appendix 2: AuditC calculation</u>
108	<u>Appendix 3: Detailed background & methodology</u>

Background, methodology and understanding the report





Background & methodology



DJS Research were commissioned by Leicester City Council to conduct a face-to-face (CAPI) survey of residents in Leicester aged 16+.

114



Fieldwork took place between 17 April 2024 and 2 October 2024. A total of 2,100 interviews were completed.



A number of sampling points were randomly selected within each Leicester ward. Interviewers went door-to-door within these sampling points to gather interviews.



Quotas were set based by age, gender, ethnicity, economic status and disability at a ward level. Corrective weights were applied as necessary to ensure that results are representative.

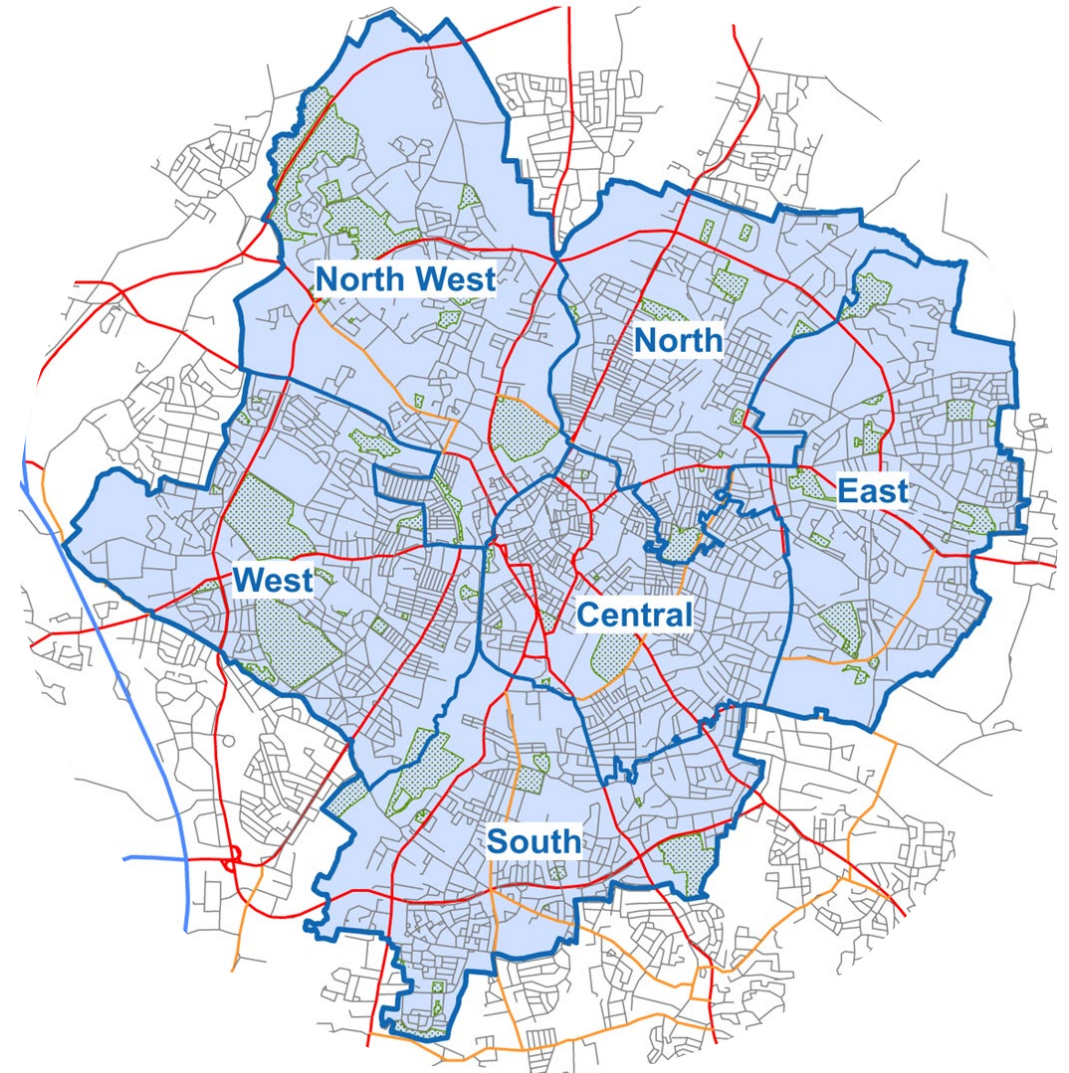


Geographical areas

To aid with analysis, Leicester has been divided into six geographical areas, as was the case in previous health and wellbeing surveys. These areas are defined solely for analysis purposes and have no other significance.

- 115
- Central
 - East
 - North
 - North West
 - South
 - South West

Findings for smaller geographies (e.g. Ward) can be found in the full dataset but are not presented in this report.





Understanding the report

Rounding

Throughout the report, the results are presented as whole numbers for ease of interpretation, with rounding performed at the final stage of processing for maximum accuracy. Due to rounding, there may be instances where the results do not add up to 100%. In such instances, the difference should not be more than 1% point either way – so 99% or 101%.

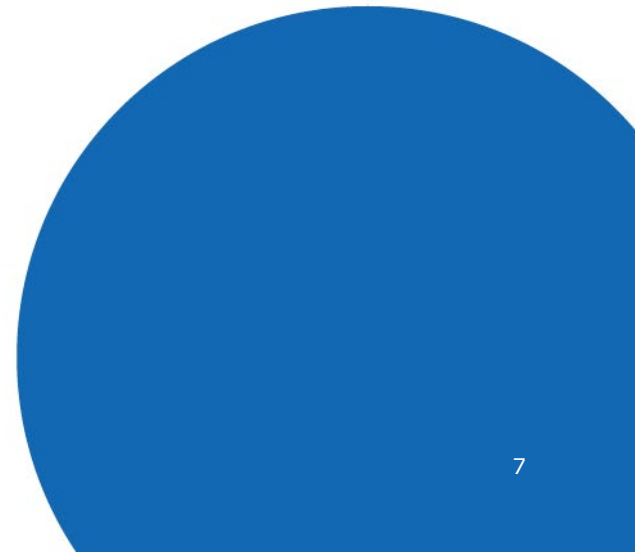
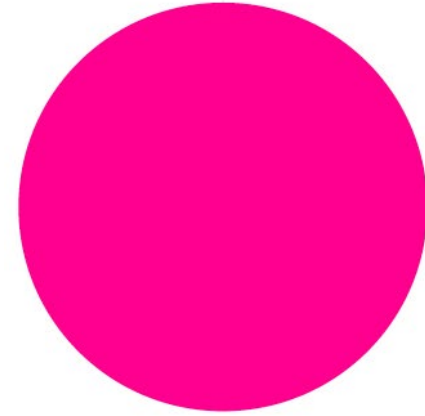
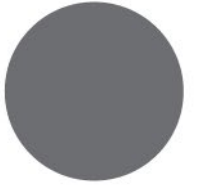
Significance Testing

Chi-squared testing has been used to compare subgroups against all residents not in a given subgroup. These comparisons are denoted in the report using an outline around figures. T-testing has been employed to test individual subgroups against each other and to compare the results for 2018 and 2024. All statistical tests are conducted using a 95% confidence interval.

Self-completion

All respondents were given the option to self-complete Q027-Q042 to enhance respondent privacy and reduce social desirability bias. 1,570 respondents out of 2,100 opted for the self-complete option.

Executive Summary





Executive summary - positives

Four in five residents **rate their general health as very good or good**. This is a new high across the four waves of the survey and a 4% point increase compared to 2018 (79% cf. 75%).

A **strong majority** of residents **report very high/high personal wellbeing scores** in terms of life satisfaction (84%), feelings of worthwhile (84%) and happiness (73%).

Resilience among residents is strong, with around **four in five** saying that they tend to **bounce back quickly after hard times**.

Residents are **less likely to feel isolated, left out, excluded or that they lack companionship compared to 2018** (now around 1 in 20 cf. around 1 in 10 in 2018).

Most residents feel that they **have a support network** that they can rely on in times of difficulty (ranging from 67% to 87% depending on the scenario).

Three in four residents use parks, waterways and other green spaces **at least monthly**.

Around **one in six** say that they tend to **walk or cycle** to the city centre.

More than **half of residents** say that they **never drink alcohol**, a rise of 4% points compared to 2018 (55% cf. 51%).

The proportion who claim to typically **eat at least five portions of fruit and vegetables** a day **has increased** from two in ten (21%) **to three in ten** (29%).

There has been a **decline of 4% points** in those who **smoke cigarettes** compared to 2018 (16% cf. 20%).



Executive summary - challenges

Residents face clear **challenges in accessing medical services**, particularly in relation to NHS dentists and GPs.

One in five residents report experiencing a **high level of anxiety**.

E-cigarette use has more than doubled since 2018 from 4% to 9%. There remains great uncertainty among the public about whether these products are a safer alternative to smoking than traditional smoking/tobacco products.

One in seven residents have an **AuditC*** alcohol classification of 'increasing risk' or higher.

One in twelve Leicester residents report being **affected by gambling to some degree**.

One in 14 (7%) residents with children under 16 living at home say that they smoke in the house.

Takeaway consumption has increased in Leicester. Now **one in five** say that they have **takeaway more than once a week**, up from one in eight in 2018.

While **confidence as an internet user is generally strong** (82%), there is a clear **lack of confidence among those aged 70+** (35%).

Nearly a **quarter of residents** report that they have **faced difficulties paying their food and energy bills** in the past year. This is **more than double** the **2018** figure. Moreover, around one in seven say that they have faced difficulties paying their council tax, and one in ten in paying the rent/mortgage or for food.

A **quarter of residents** report that they **live in a house that is potentially overcrowded** (24%).

*The AUDIT-C is a brief alcohol screening tool with three questions that assess drinking frequency, quantity, and binge drinking. Scores range from 0–12, with higher scores indicating increasing levels of risk, from low-risk drinking (0–4) to potential alcohol dependence (11–12).

General health

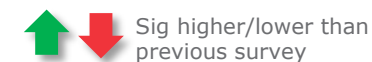
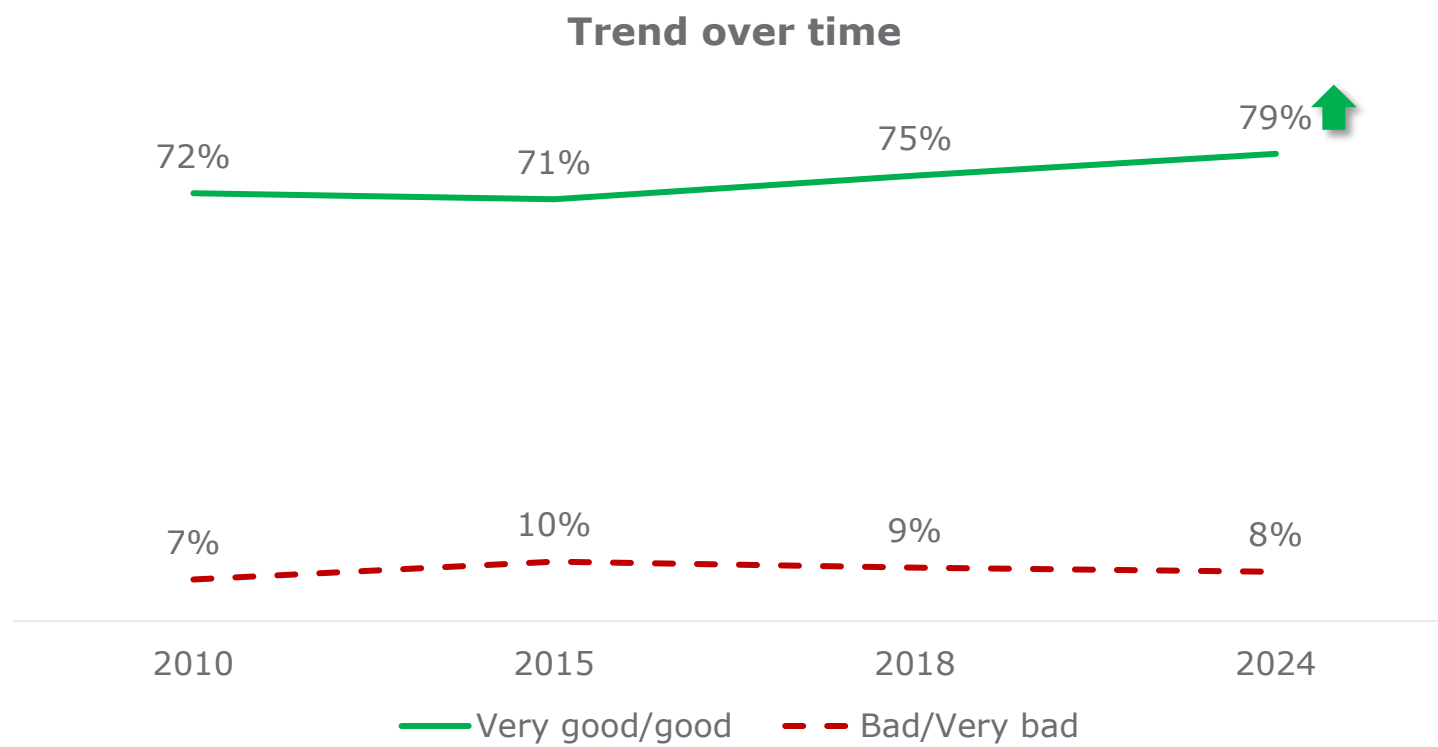
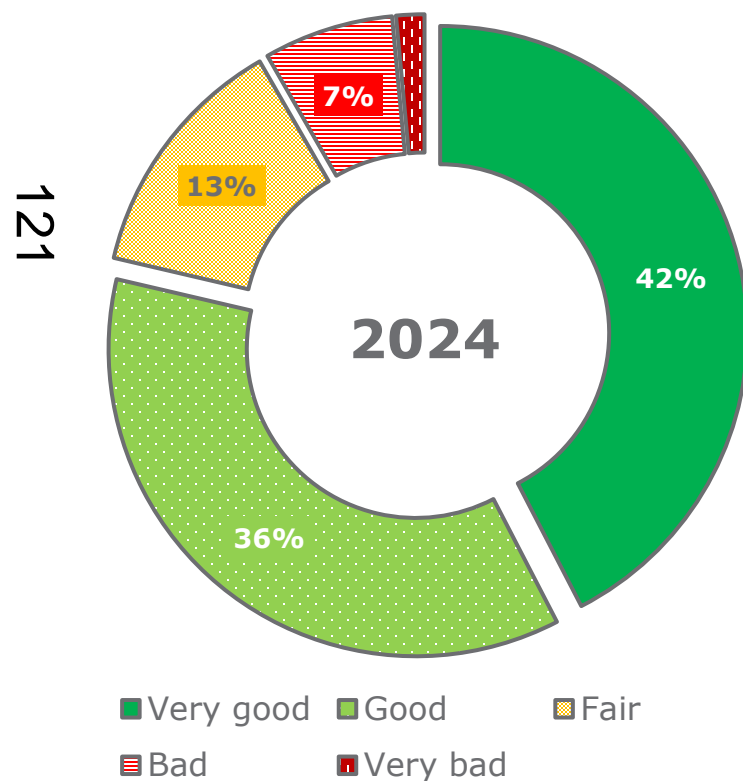
- A majority of residents rate their health positively, with 79% describing it as good or very good, an increase of 4% points since 2018. Perceptions vary, with lower ratings among white British residents and those aged 50+.
- In Leicester, 23% report a long-term health condition, though this has decreased by 5% points since 2018.
- Over half of residents have had COVID-19, with a small fraction experiencing prolonged symptoms.
- Access to GPs and NHS dentists remains a concern, with registration issues and costs being significant barriers to accessing the latter.

120



General health overall

A majority of residents are positive about their health in general, with four in five rating it very good or good (79%). This is a significant increase of 4% points from 2018. Meanwhile, around one in twelve (8%) say that their health is very bad/bad.

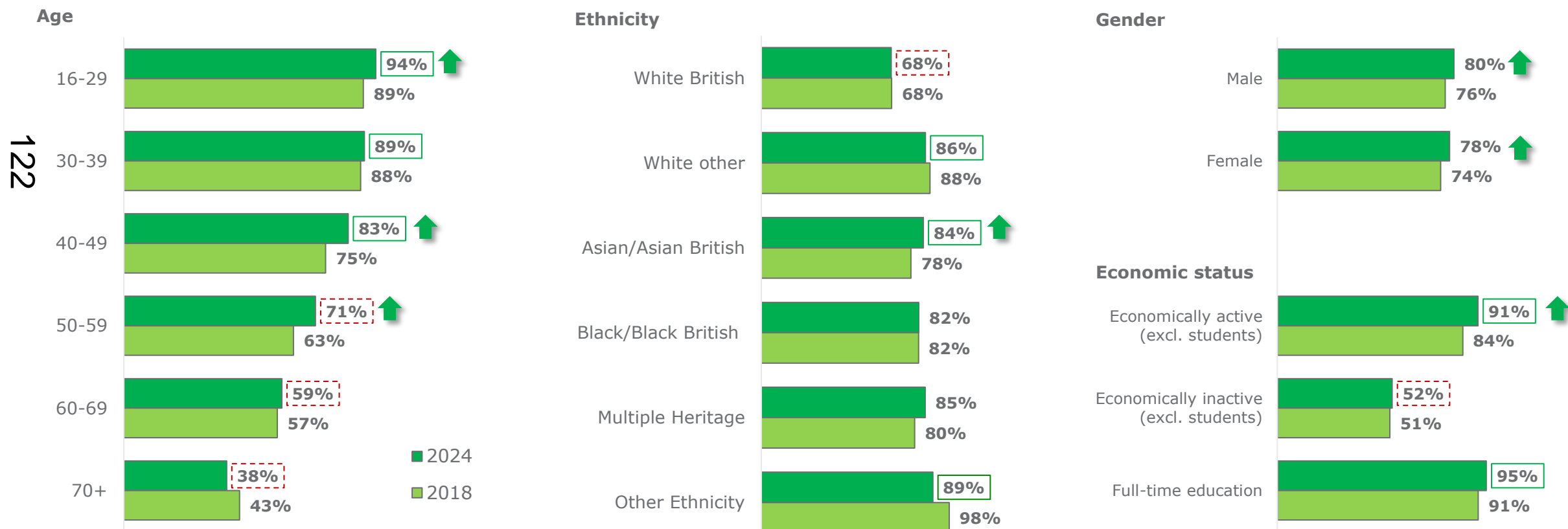


Q01. How is your health in general? Would you say it is...? **Base:** All respondents (2,100). Data labels <5% removed for neatness.



General health (% very good/good) demographic breakdown

An uplift in perceptions of general health is visible across all age bands, apart from those aged 70+ where this figure has declined (non-significantly) by 5% points. Moreover, residents who are white British (68%) report significantly lower levels of good/very good general health than other ethnicities; this is, at least in-part, due to the older age profile of this ethnic group in comparison to others.

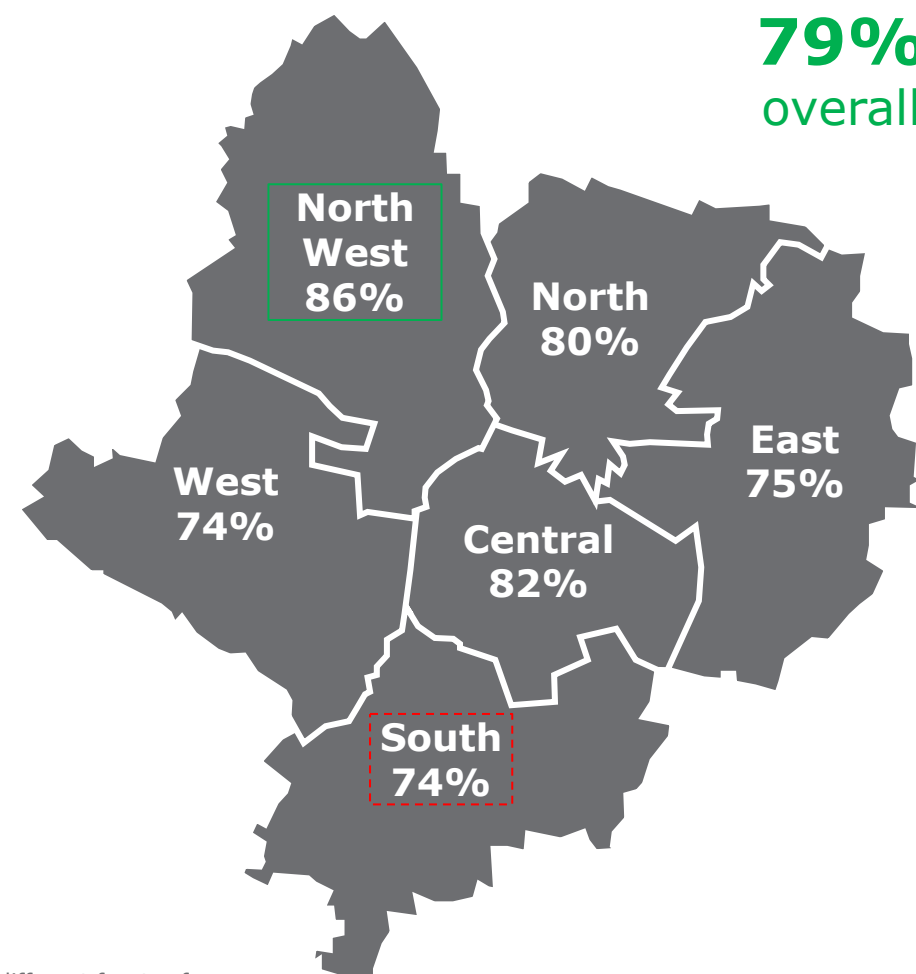
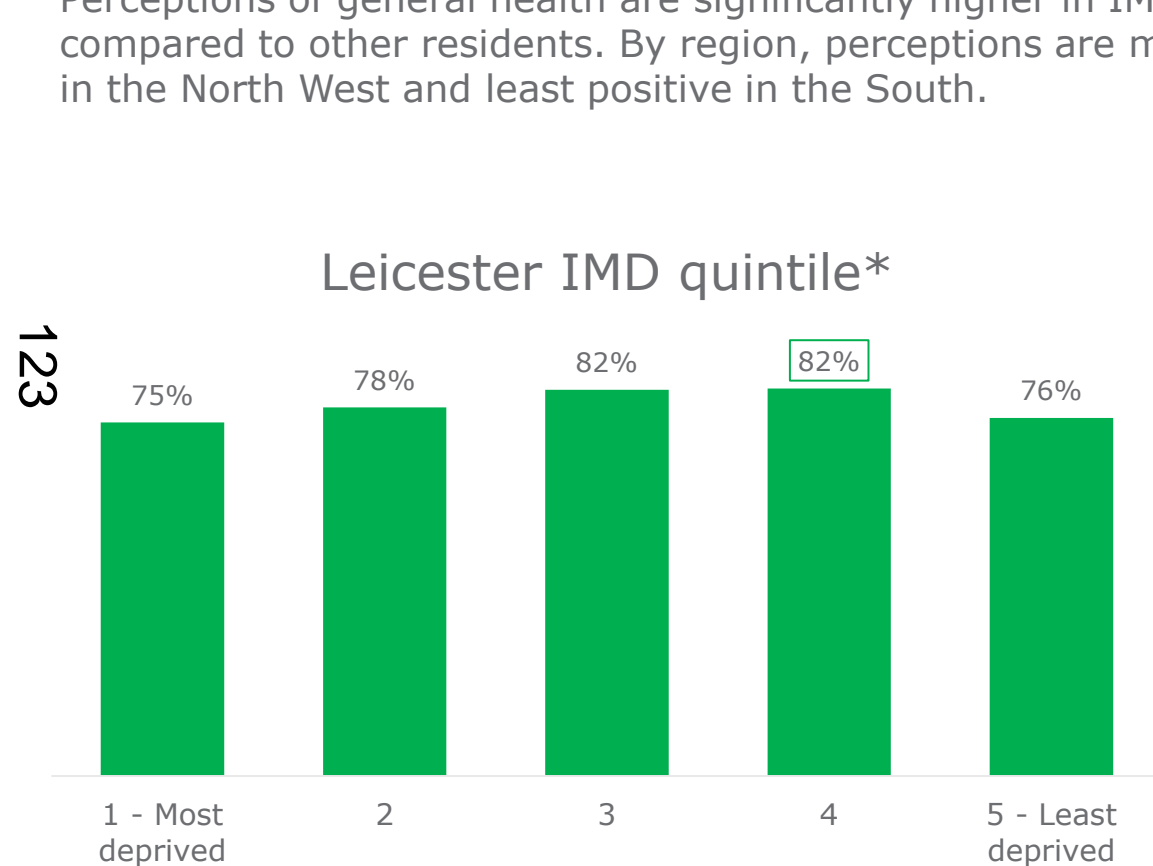


Q01. How is your health in general? Would you say it is...? **Base:** All respondents (2,100).



General health (% very good/good) geographic breakdown

Perceptions of general health are significantly higher in IMD group 4 compared to other residents. By region, perceptions are most positive in the North West and least positive in the South.



Q01. How is your health in general? Would you say it is...? **Base:** All respondents (2,100).

*The Indices of Deprivation (IMD) is a measure of relative deprivation at a small local area level. The IMD is based on seven different facets of deprivation: Income; Employment; Education, Skills and Training; Health and Disability; Crime; Barriers to Housing and Services and Living Environment. Levels of IMD are split into quintiles (1 to 5), with 1 being most deprived and 5 being least deprived. National IMD scores have been used to calculate deprivation quintiles specifically for Leicester.

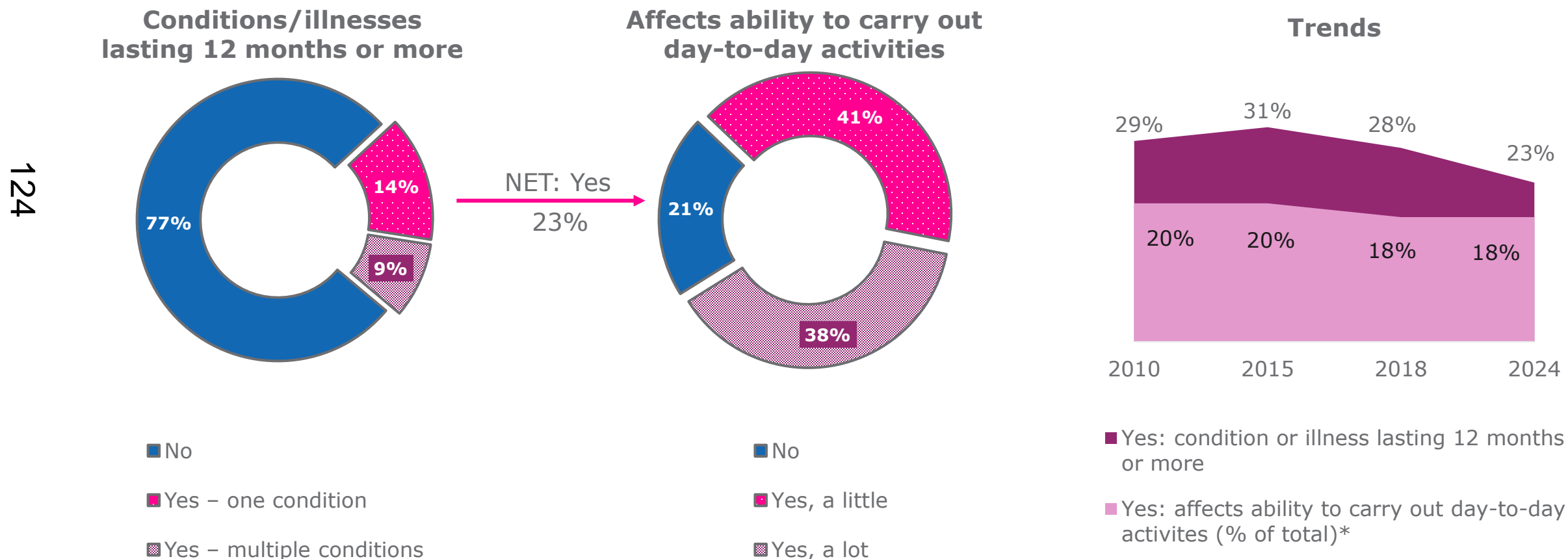
 Significantly higher than all other residents

 Significantly lower than all other residents



Long-term illness and conditions

23% of Leicester residents report having a physical or mental health condition lasting or expecting to last 12 months or more. Of these residents, 79% state that it impacts their ability to carry out day-to-day activities, and two in five say it impacts them a lot (38%). The percentage who say that they have a condition or illness lasting 12 months or more has declined by 5% points from 2010, reaching a new low*.



Q04. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? **Base:** All respondents (2,100).*

Q05. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? **Base:** All respondents with a physical or mental health condition (489)

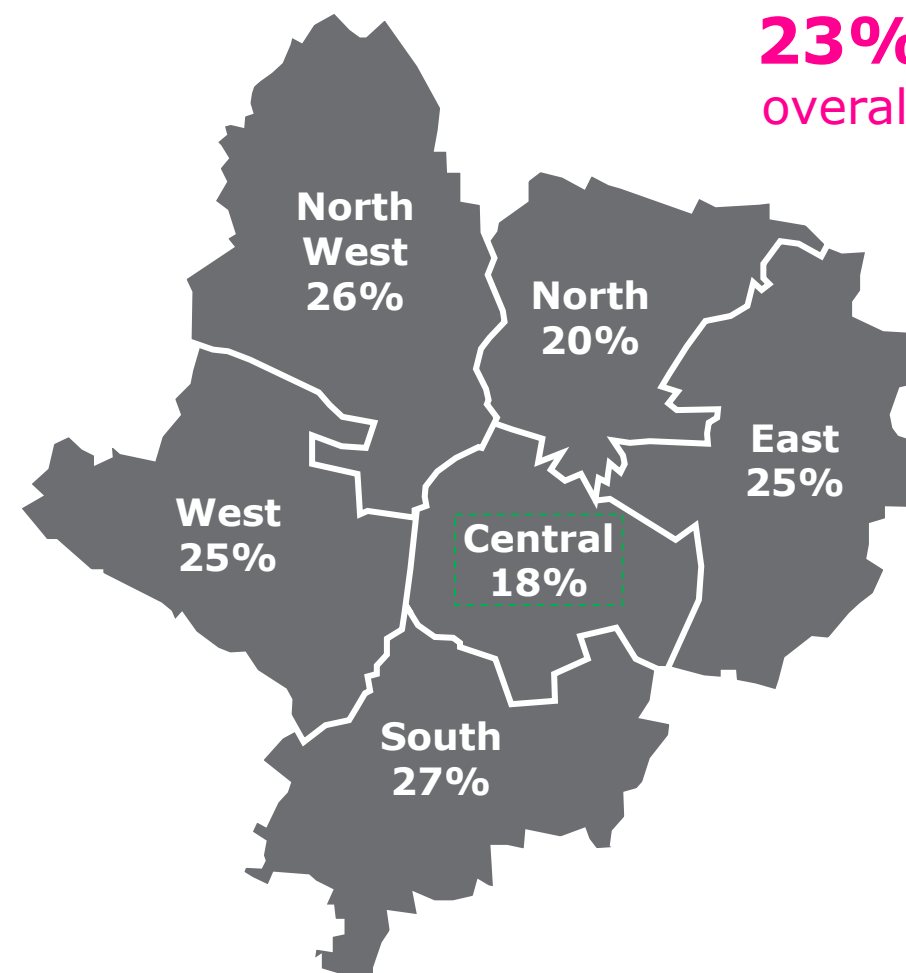
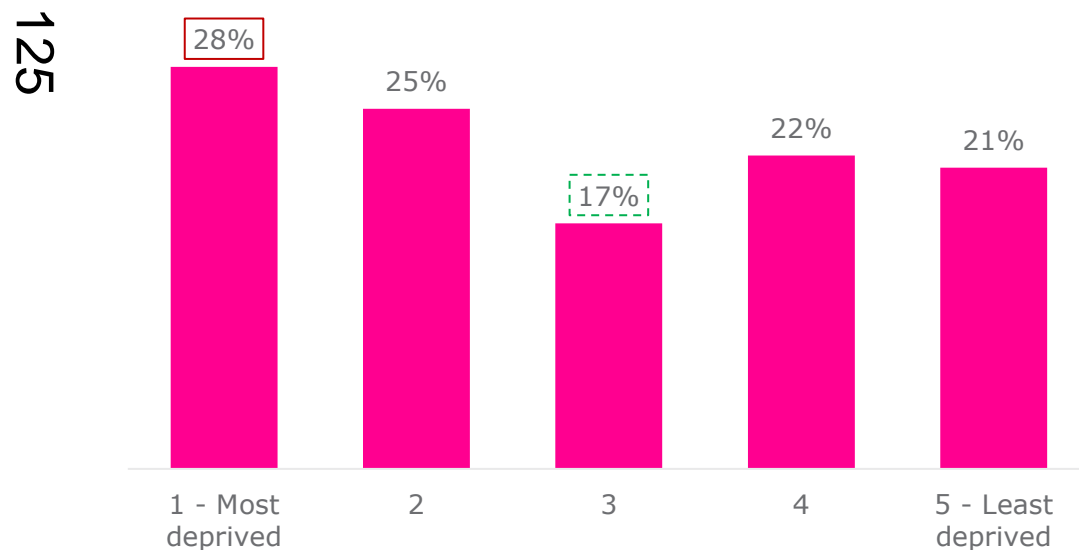
*Please note: the question wording has changed since 2018 which means comparisons are indicative only.



Long-term illness and conditions geographic breakdown

Residents in Central (18%) are significantly less likely to report a long-term illness or condition.

Leicester IMD quintile



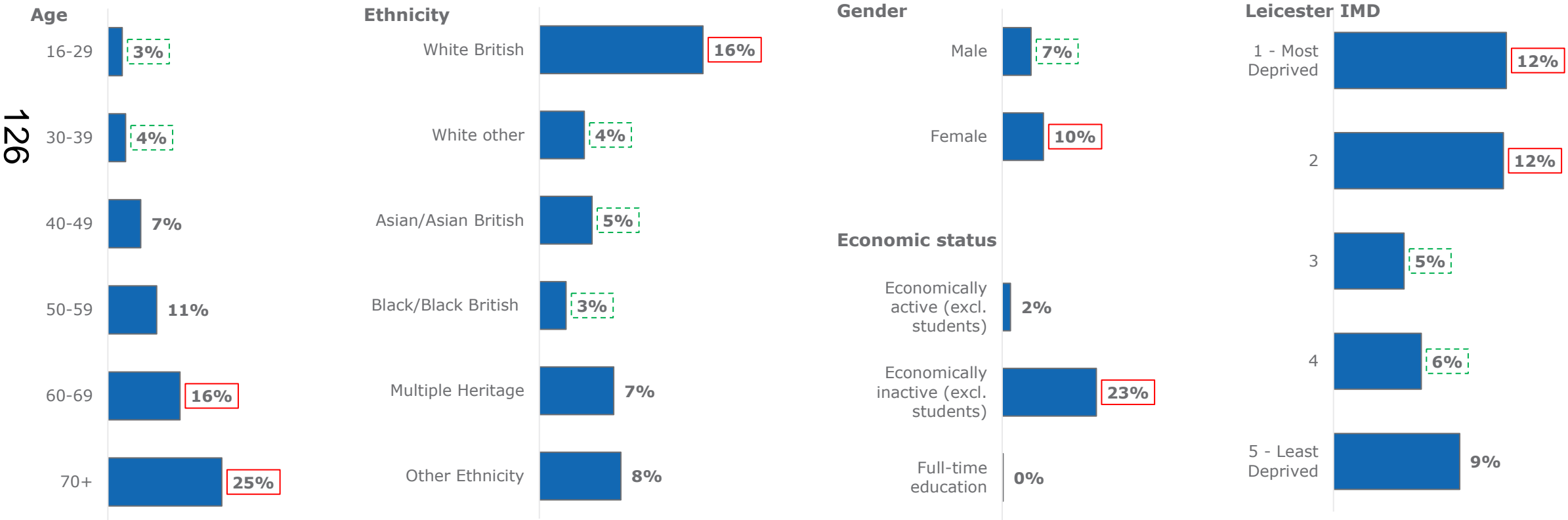
Q04. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? **Base:** All respondents (2,100)

 Significantly higher than all other residents Significantly lower than all other residents

Multiple health conditions demographic breakdown

Older residents and those who are economically inactive are significantly more likely to have multiple health conditions/illnesses.

9%
overall



Q04. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
Base: All respondents (2,100)

Significantly higher than all other residents

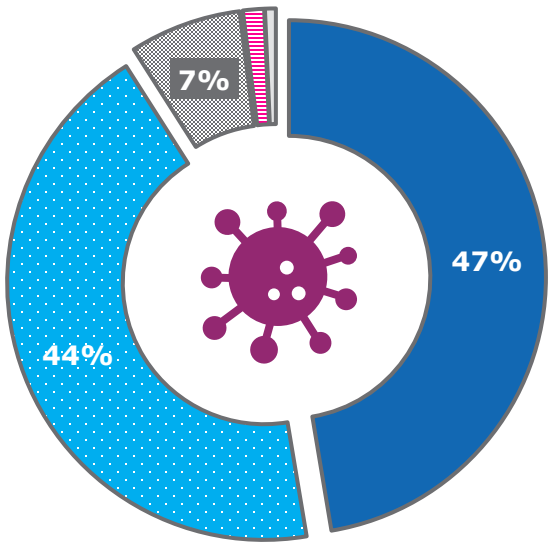
Significantly lower than all other residents

16

COVID-19

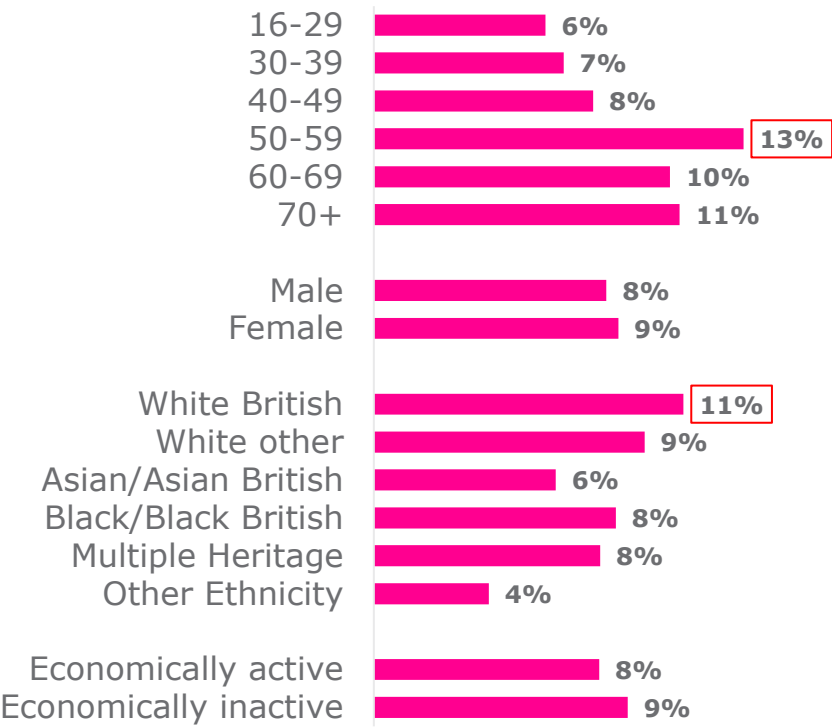
Just over half of residents have had covid-19 (52%). Of that 52%, 7% had symptoms lasting more than three months but have now fully recovered, whilst 1% are still experiencing symptoms more than three months later.

127



- Never had covid
- Had covid but no symptoms lasting more than 3 months
- Had covid with symptoms lasting 3 months or more but now fully recovered
- Had covid and still experiencing symptoms which have lasted 3 months or more
- Don't know

% Had longer-lasting COVID-19 symptoms (3 months +)



Q05b. Have you ever had COVID-19? **Base:** All respondents (2,100). Data labels <5% removed from pie chart for neatness.

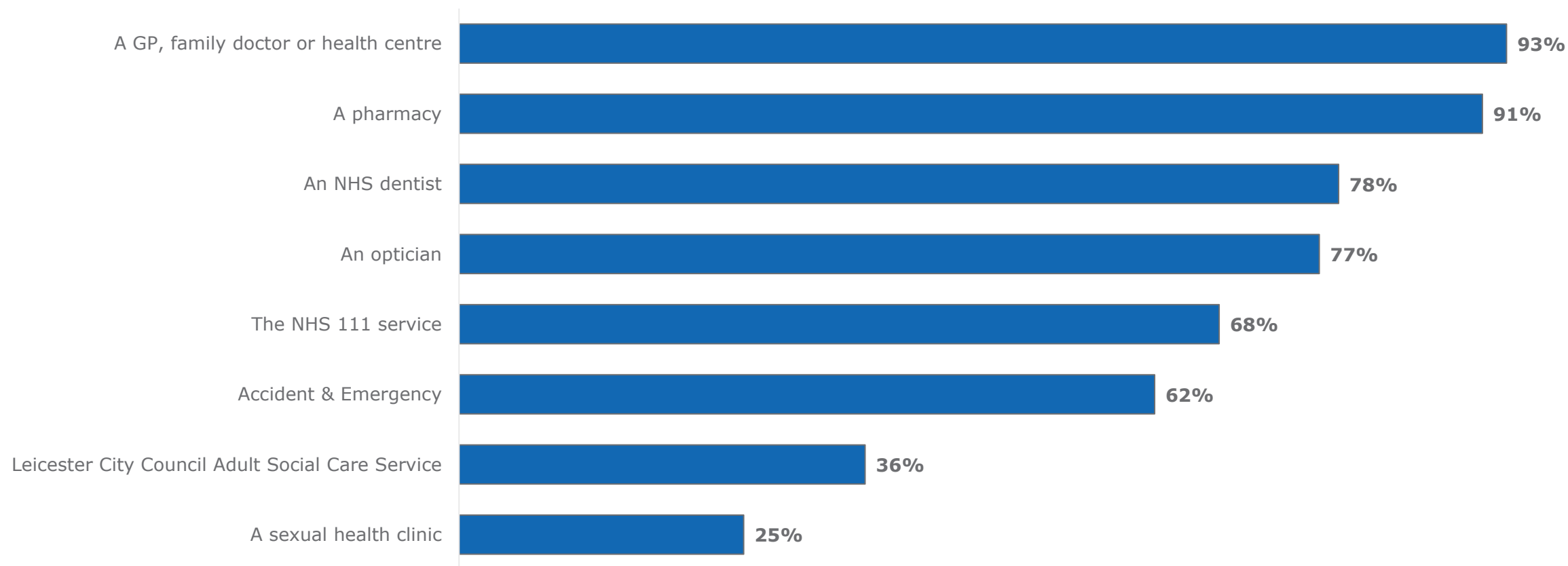
Significantly higher than all other residents Significantly lower than all other residents



Accessing health services

GPs, family doctors or health centres (93%), and pharmacies (91%) are the most commonly accessed medical services, while adult social care (36%) and sexual health clinics (25%) are the least common.

128



Q02. To what extent have you found it easy or difficult to access the following in the last year? **Base:** All respondents (2,100).

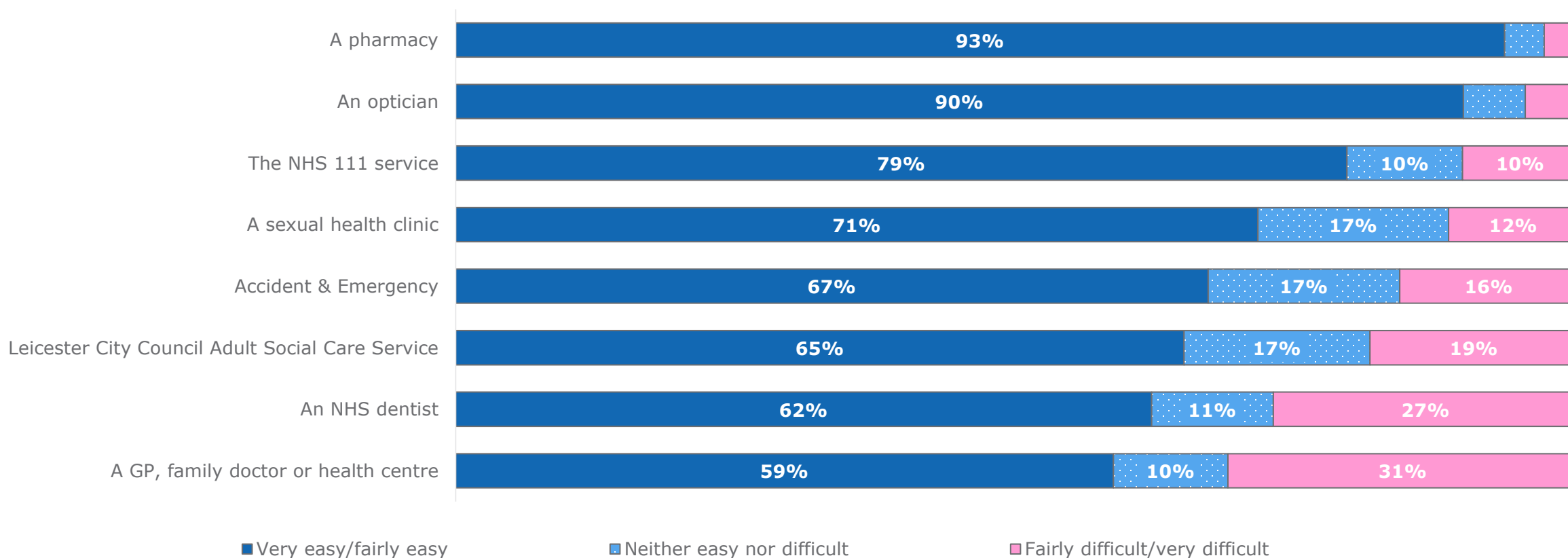
Note: results calculated based on the percentage who gave a rating for how easy or difficult it has been accessing a given service. Results are indicative only, as it assumed here that those who reported difficulty were ultimately able to access the service – the full question did allow residents to tell us that they did not access the service.



Ease of accessing health services

Nearly three in ten residents who gave a rating say that they have found accessing a GP fairly or very difficult, and just over a quarter report the same for an NHS dentist. Less difficulty is reported in relation to pharmacies and opticians.

129



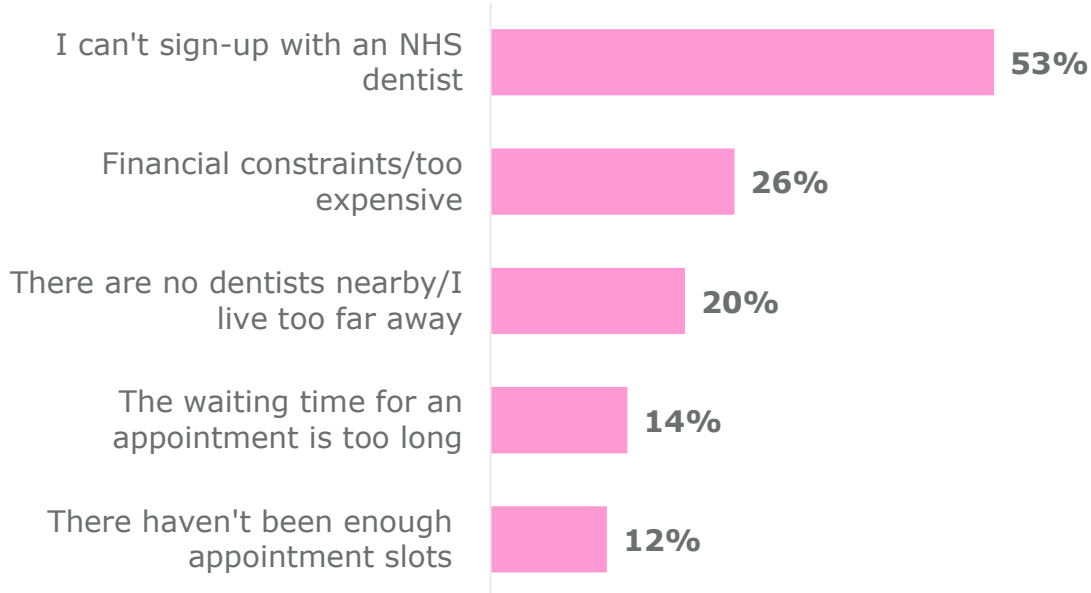


Barriers to accessing NHS dental services (I)

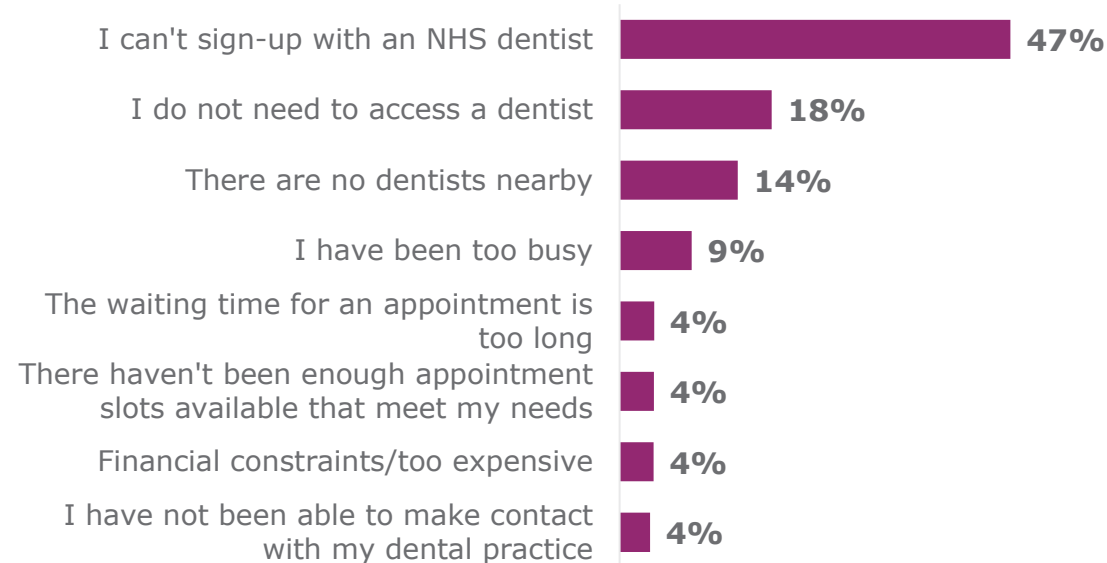
Of the 21% of residents who have found it difficult to access NHS dental services, more than half say that they can't sign-up (53%). This is also the most common reason or the 3% of residents who say that they haven't been able to access an NHS dentist.



Top reasons for finding it difficult to access an NHS dentist



Top reasons residents have not been able to access an NHS dentist



Q3. What were the main reasons for you finding it difficult to access an NHS dentist? **Base:** All respondents who found it difficult to access an NHS dentist (445).

Q3_2. Why have you not been able to access an NHS dentist? **Base:** All respondents who have not been able to access an NHS dentist (57).

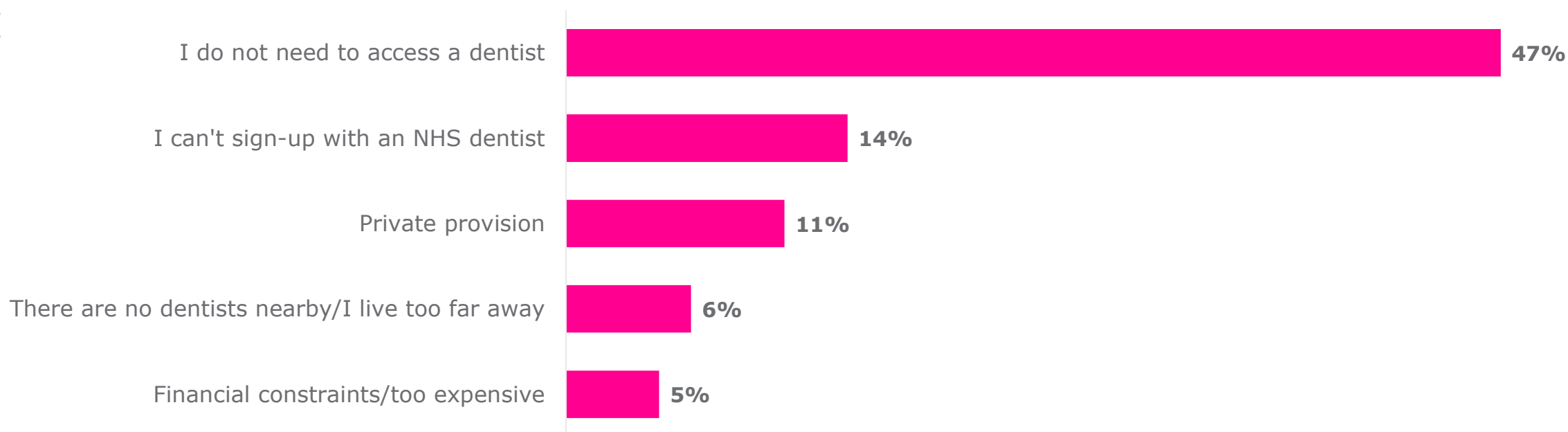


Barriers to accessing NHS dental services (II)

The main reason for not trying to access NHS dental services is a lack of need (47%), being unable to sign-up (14%) and private provision (11%).



Top 5 reasons residents have not tried to access an NHS dentist



Mental health and wellbeing

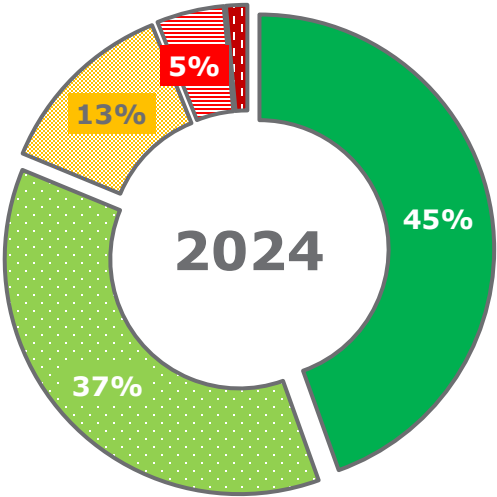
- Four in five agree that they bounce back after hard times. This is an improvement from just more than three in five in 2018.
- Scores for life satisfaction, life worthwhile and happiness are strong, with the vast majority reporting high or very high scores. Less positively, 19% report high anxiety.
- 75% feel safe outdoors during the day. However, feelings of safety at night are lower (50%).
- Willingness to seek support in crises has risen, with 62% indicating that they would definitely reach out for help.

Resilience

Four in five residents believe that they bounce back quickly after hard times (81%), while 13% are neutral and 6% disagree. These results represent a significant improvement on 2018, with the percentage who agree with this statement having increased by 17% points (64% in 2018).

133

“I tend to bounce back quickly after hard times”



- Strongly agree
- Tend to agree
- Neither
- Tend to disagree
- Strongly disagree

	2024	2018
Agree	81%	64%
Disagree	6%	17%

Key differences:

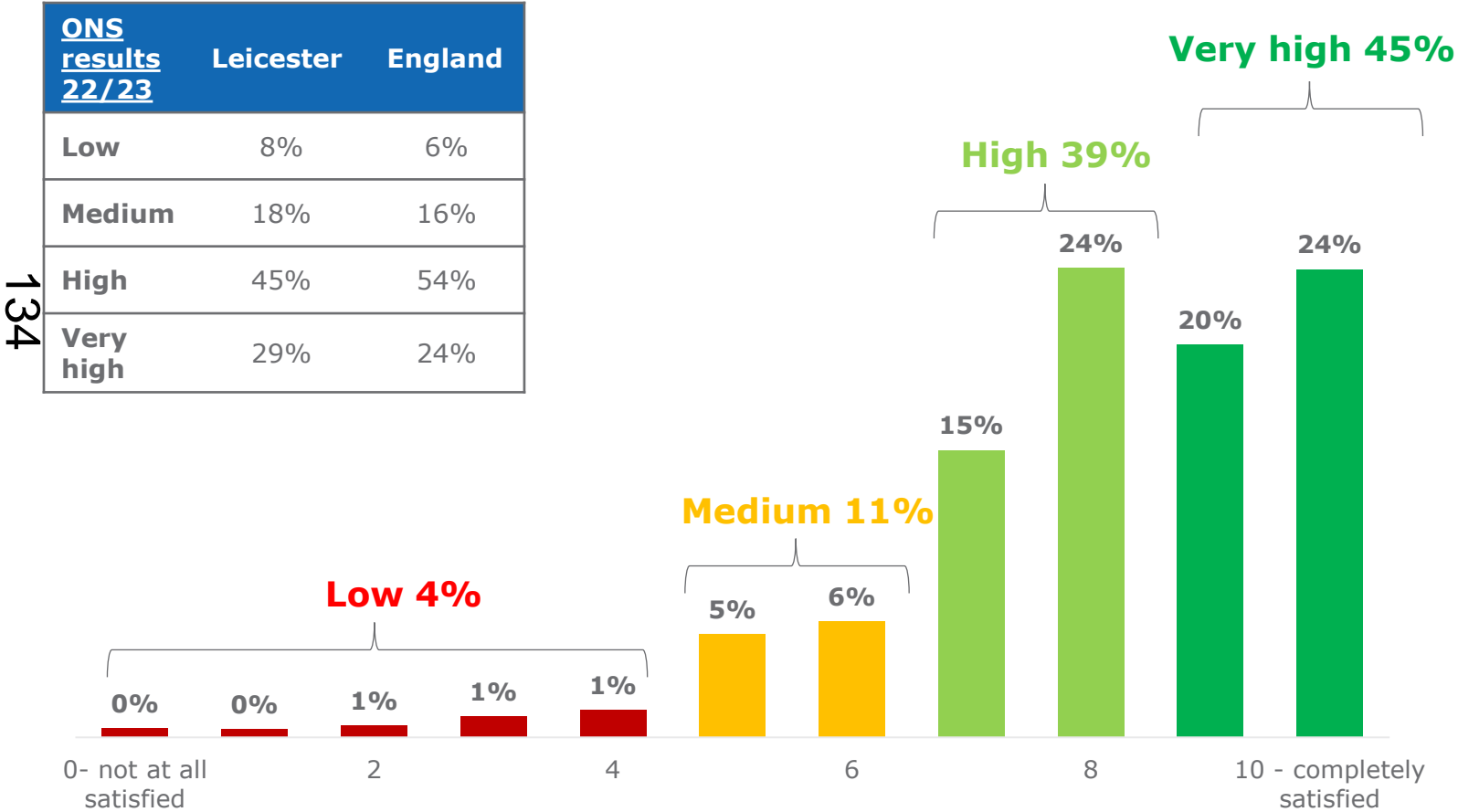
The percentage who agree that they bounce back quickly decreases slightly with age. Around 85% of the three youngest age groups (16-29, 30-39 and 40-49) agree, but this drops to around 75% for the three older age groups (50-59; 60-69; 70+).

Men are significantly more likely than women to agree that they bounce back quickly (84% v 79%).

So too are those who have no long-term health conditions (86%) compared to those who have one long-term health condition (69%), or multiple (55%).

Life satisfaction

Life satisfaction in Leicester is generally high, with 45% reporting a very high level and 39% a high level.



Key differences:

Proportions of residents rating their satisfaction with life as high or greater is highest in Wycliffe (95% v 84% total). Conversely, residents in Eyres Monsell are least likely to give a positive score (71%).

In terms of ethnicity, life satisfaction is highest amongst those of multiple heritage (91% high/very high).

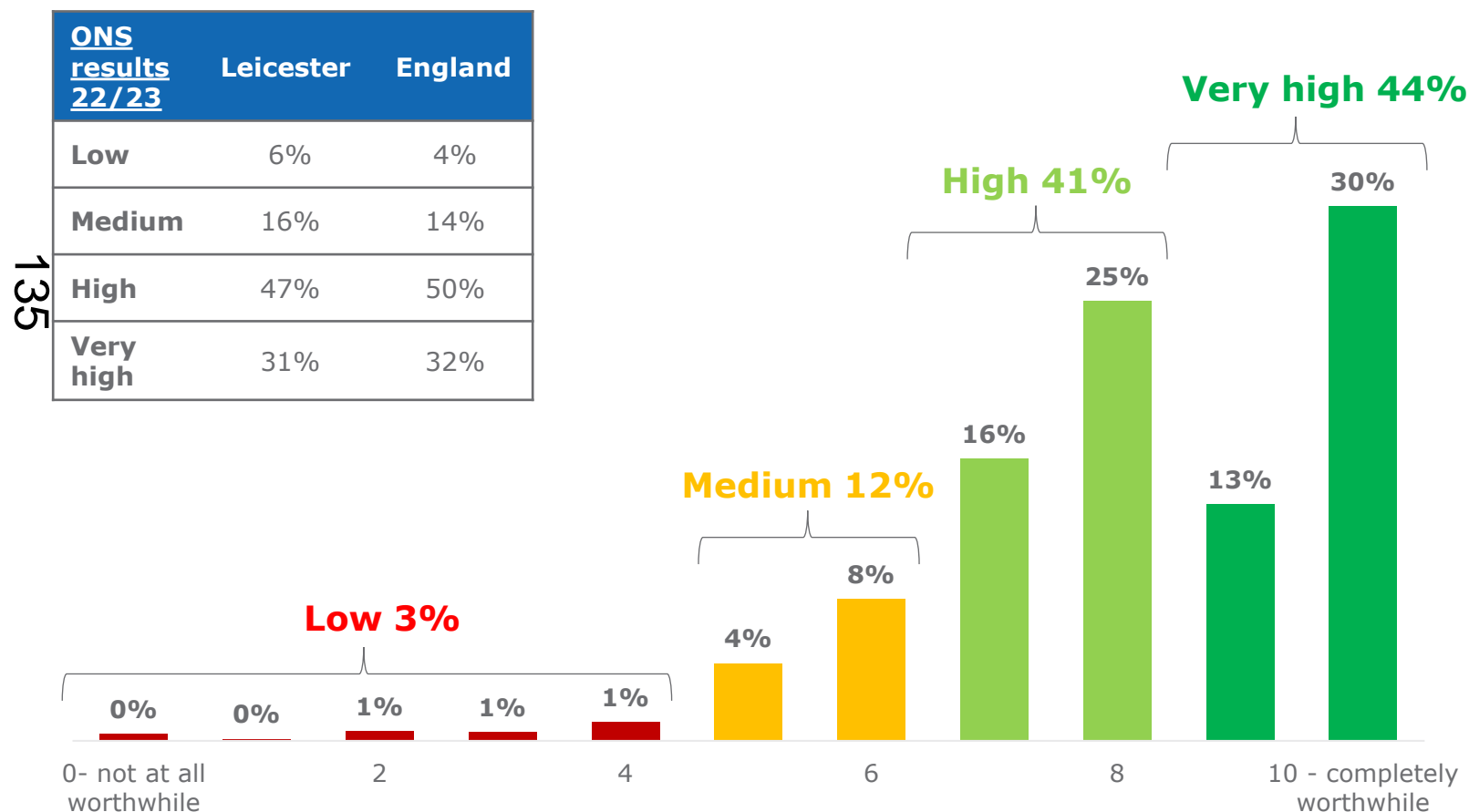
Those in social housing give significantly lower proportions of high/very high scores (73%) than those who own their houses (88%) or rent privately (83%).

Satisfaction is also higher amongst those who don't have any long-term health conditions (89% high/very high) compared to 76% of those with one condition, and just 50% of those with multiple conditions.

Q032. Overall, how satisfied are you with your life nowadays? **Base:** All respondents (2,100).
Note: ONS annual wellbeing estimates figures accessed 4/11/24. Please note comparisons are indicative only due to methodological differences.

Feeling that things done in life are worthwhile

Results for feeling things done are worthwhile are similarly positive, with 44% reporting a very high level and 41% a high level.



Key differences:

94% of residents in Abbey give high/very high scores with reference to feeling that things done in their life are worthwhile.

Black/Black British residents are the most likely out of all ethnic groupings to give a high score (89%), whereas White British and White Other residents are least likely (both 81%).

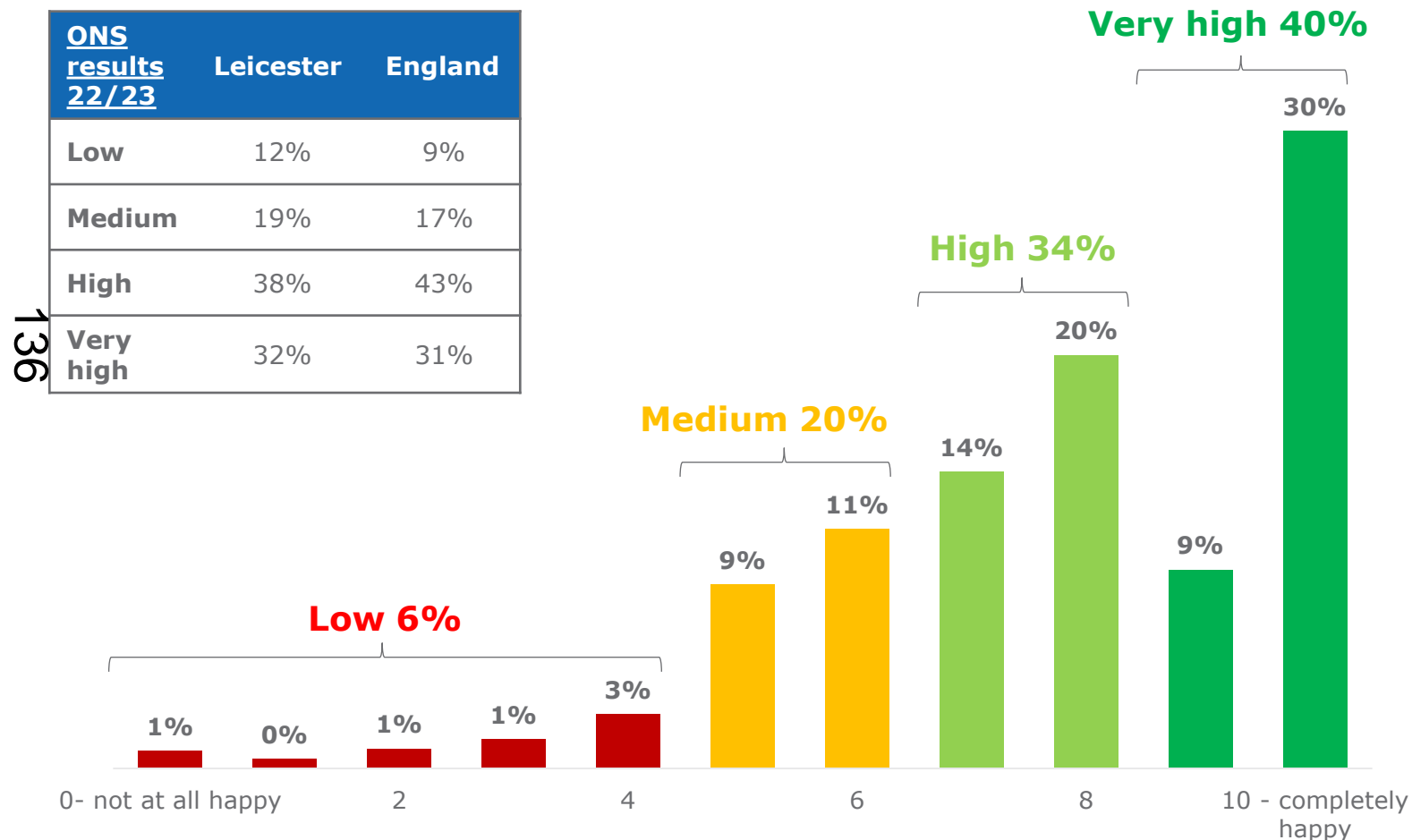
Those with no formal educational qualifications are 13% points less likely to give high/very high scores than those with A-levels (77% v 90%).

Residents showing indications of social isolation are also 33% points less likely to give a high/very high score (52%).



Happiness felt yesterday

Four in ten residents report very high levels of happiness and more than three in ten have high levels.



Key differences:

Older residents show lower levels of happiness, with 67% of those aged 70+ giving a high/very high score, compared to 73% of the total sample.

Eight in ten Black/Black British residents and those of multiple heritage give high scores for happiness (both 81%).

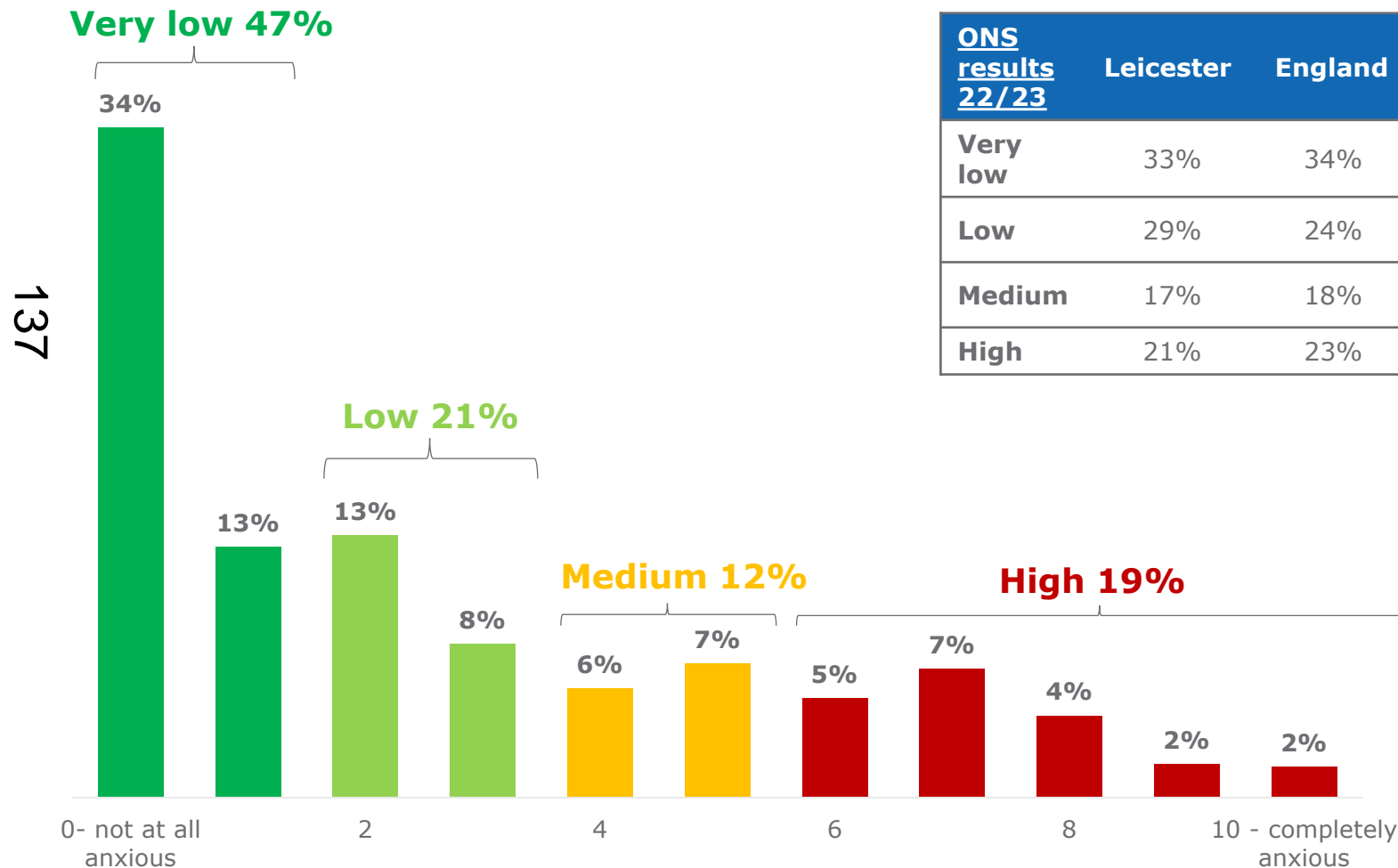
Conversely, there are significantly lower proportions of high scores amongst the economically inactive (66%), those living in social housing (67%) and those with 'higher risk' Audit C scores (59%).

Q034. Overall, how happy did you feel yesterday? **Base:** All respondents (2,100).

Note: ONS annual wellbeing estimates figures accessed 4/11/24. Please note comparisons are indicative only due to methodological differences.

Anxiety felt yesterday

Less positively, nearly one in five report feeling a high level of anxiety (19%).



ONS results 22/23	Leicester	England
Very low	33%	34%
Low	29%	24%
Medium	17%	18%
High	21%	23%

Key differences:

Residents aged 50-59 are 12% points less likely to give low/very low scores for anxiety than those aged 16-29 (60% v 72%).

Over eight in ten residents in Spinney Hills and Wycliffe give low anxiety scores (both 83%). In contrast, two in five residents in Beaumont Leys report high levels of anxiety (39%).

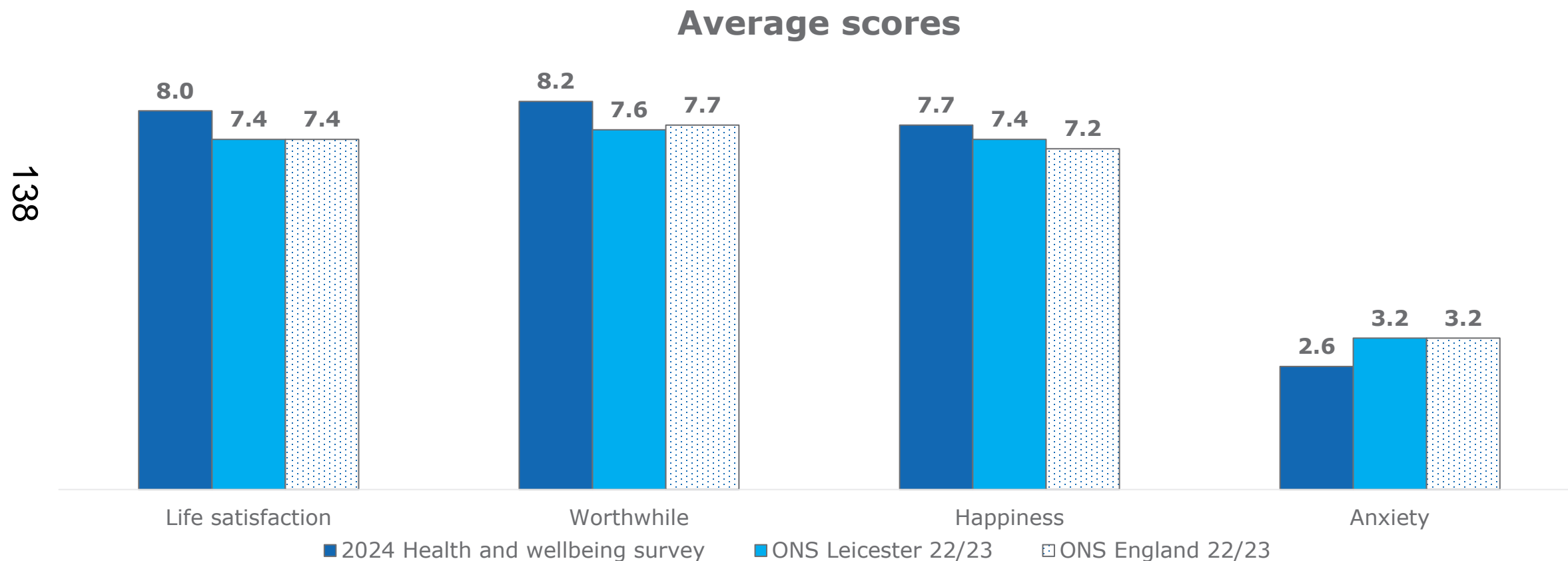
Females are 6% points more likely to report high levels of anxiety than males (22% v 16%).

One quarter of White British residents report high levels of anxiety (24%), whereas just 15% of Asian/Asian British residents say the same.



Self-reported wellbeing summary

Self-reported wellbeing is stronger than the latest ONS figures for each of the four measures.



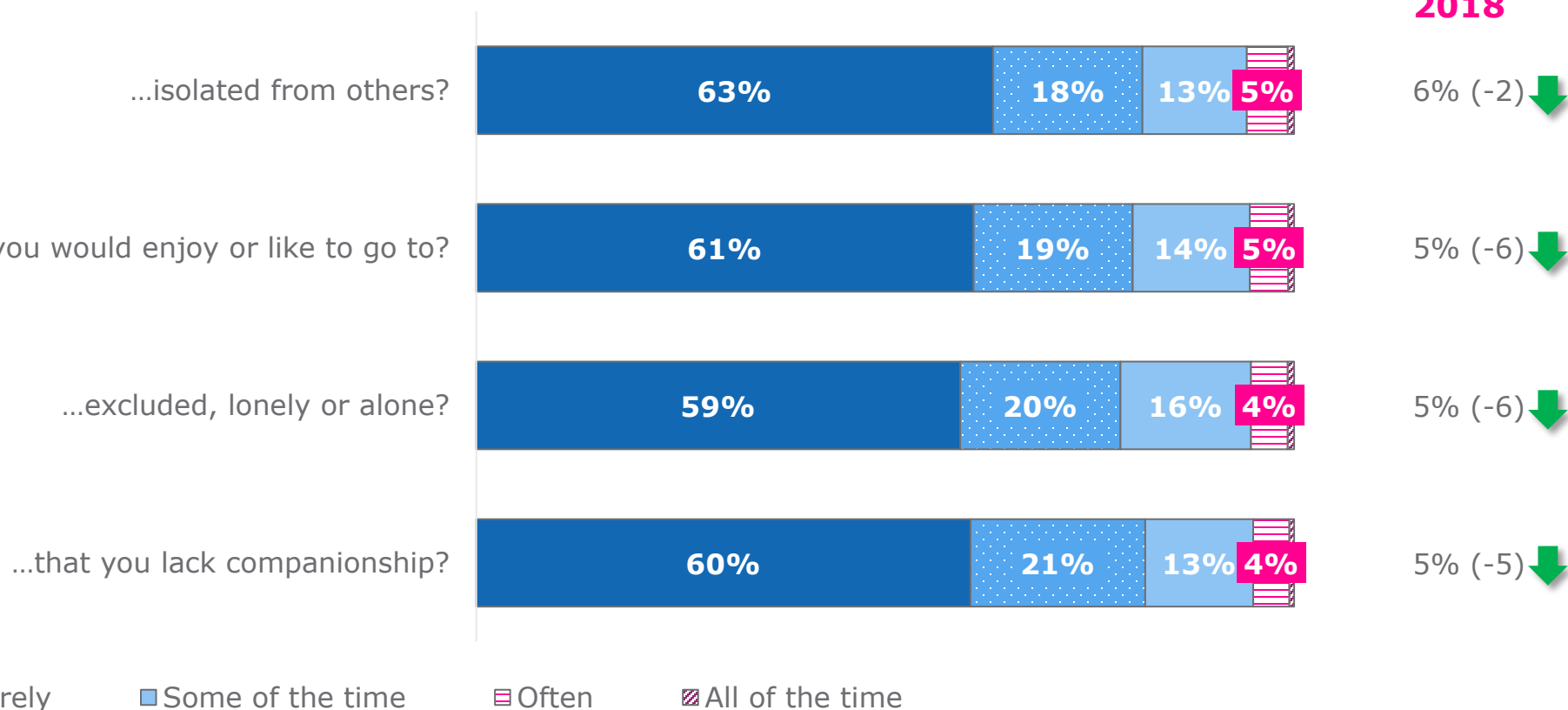


How often residents feel...

Encouragingly, the percentage of residents who often/always feel isolated, left out, excluded or that they are lacking companionship has fallen significantly compared to 2018.

139

Often/all of the time vs. 2018





Isolated from others: demographic breakdown

General anxiety is an indicator of feeling safe after dark, with 29% of those reporting a high anxiety score also never/rarely feeling safe in their area at night.

Groups more likely to feel isolated (often/all the time)

140



North West: 12%



General health (very bad/bad): 17%



Leicester IMD quintile 1 (most deprived): 10%



Feel affected by gambling: 28%



Low life satisfaction: 35%

Groups less likely to feel isolated (never/rarely)



Central: 86% | North: 87%
| East: 87%



Asian/Asian British: 88%



Economically active (excl. students): 84%



Home owner: 86% |
Private renter: 85%



Physically active: 91%



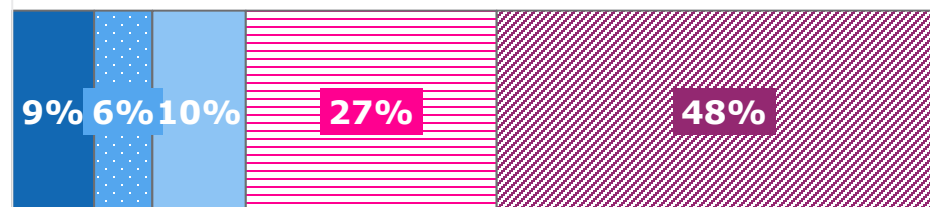
How often residents feel... (II)

One-quarter (75%) of residents say that they often/always feel safe when outside in their local area during the day, but this drops to half (50%) when outside after dark. These two results are in line with the 2018 figures.

141

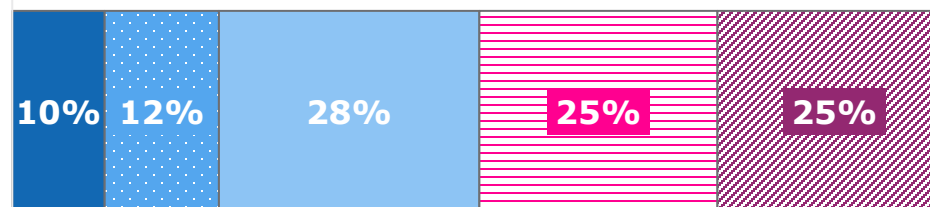
Often/all of the time vs. 2018

...safe when outside in your local area during the day?*



75% (-1)

...safe when outside in your local area after dark?*



50% (-1)

■ None of the time ■ Rarely ■ Some of the time ■ Often ■ All of the time

Feelings of safety after dark: demographic breakdown

General anxiety is an indicator of feeling safe after dark, with 29% of those reporting a high anxiety score also never/rarely feeling safe in their area at night.

Groups more likely to feel safe (often/all the time)



Physically active: 64%



Male: 57%



Black/Black British: 61%



Degree/Master's/PhD/NVQ4 and above: 58%



Very low anxiety score: 60%

Groups more likely to feel unsafe (never/rarely)



Economically inactive: 26%



White British: 24%



Female: 25%



Act as carer: 31%

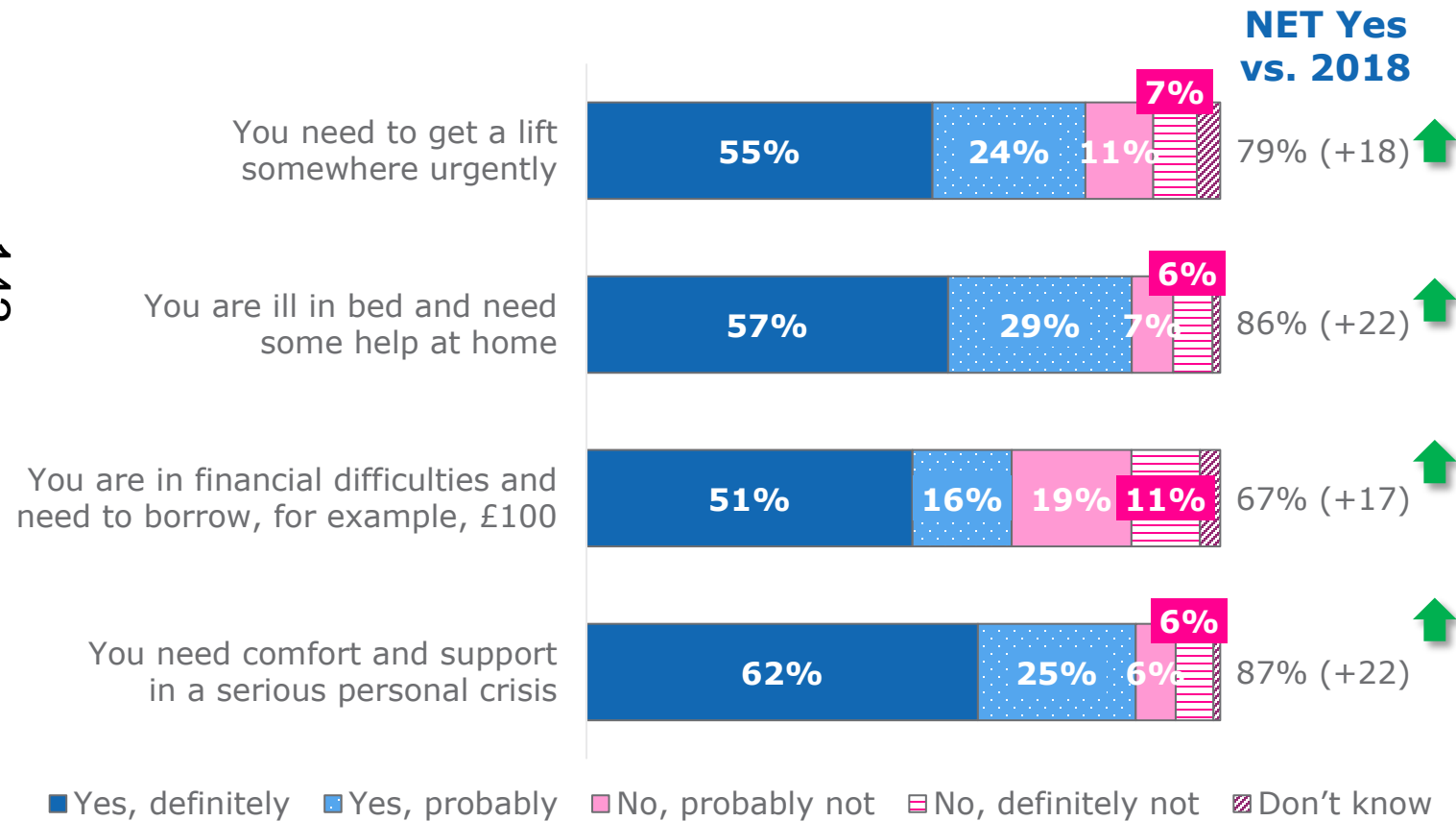


High anxiety score: 29%

Help/support

The percentage of Leicester residents who would feel willing to reach out for help or support has increased vastly since 2018. People feel particularly sure that they would be willing to reach out to others if they need comfort and support in a serious personal crisis (62% definitely).

143



Key differences:

Anxiety seems to play a key part in residents' willingness to ask for support. Those reporting high levels of anxiety are 4% points more likely than average to say they would not ask for help if they needed a lift (22% v 18% total), 5% points more likely to say they would not ask for help if they were ill (18% v 13% total), and 6% points more likely to say they would not ask for help if they needed comfort in a crisis (18% v 12% total).

Those with restricting disabilities/health conditions are also significantly more likely than those without to say that they would not reach out for support in any of the situations outlined.

Q031. We want to get an understanding of people's willingness to ask for support in different situations. For each situation, please tell us whether you'd be willing or not to ask anyone for help. **Base:** All respondents (2,100). Data labels <5% removed for neatness.

Sig higher/lower than previous survey

Diet

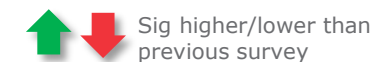
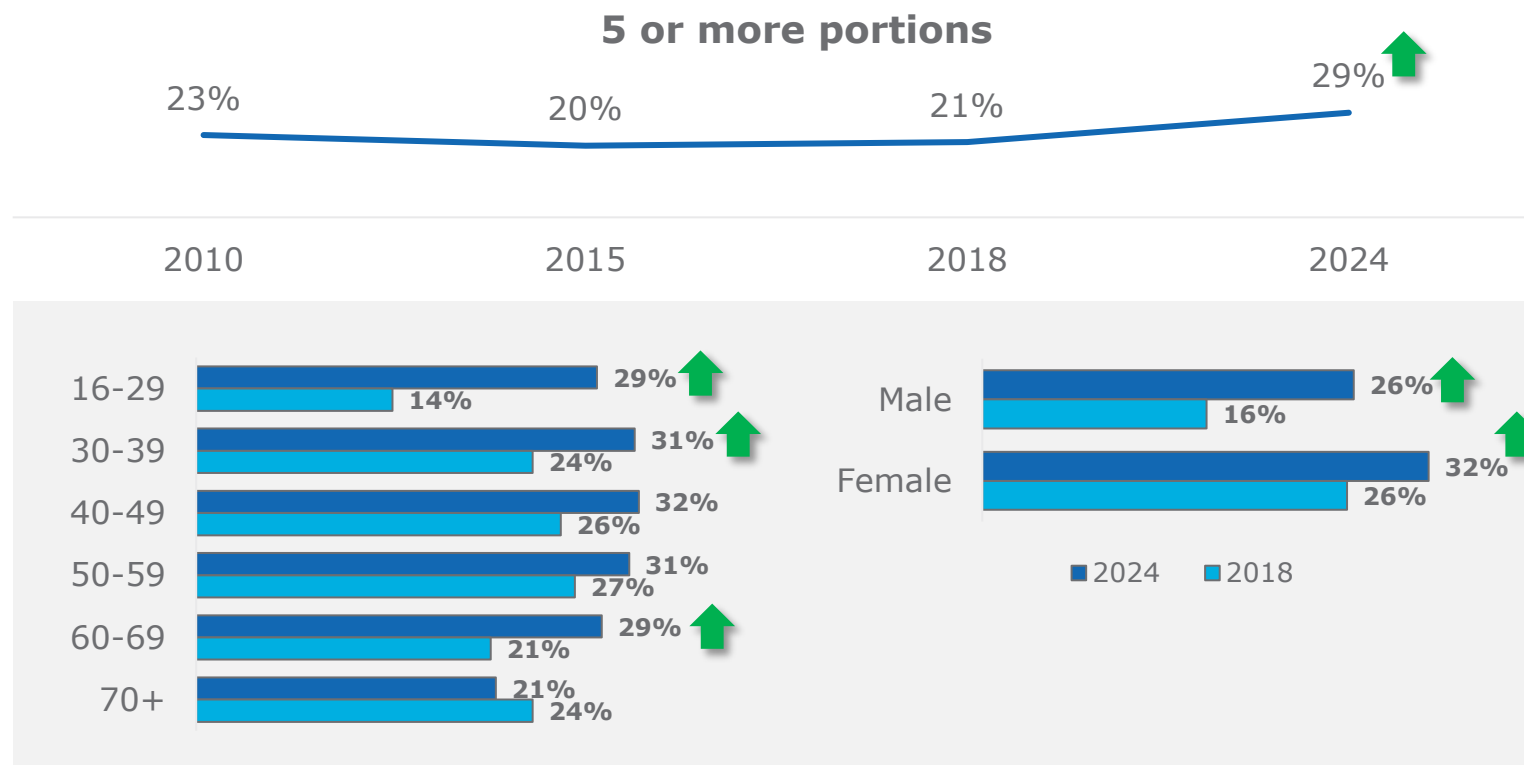
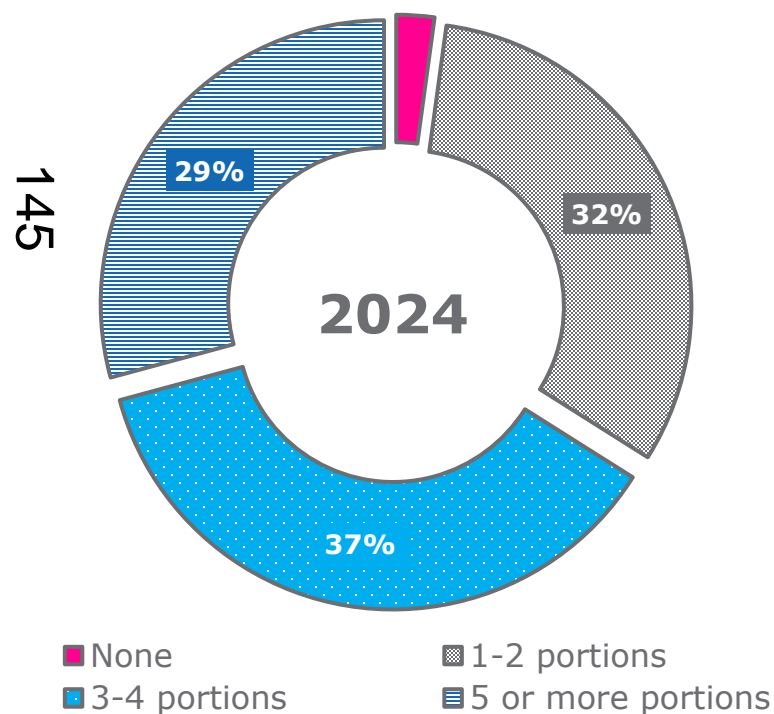
- The percentage of residents eating five or more portions of fruit and vegetables daily has risen significantly by 8% points to 29%, with increases across genders and several age groups.
- However, takeaway consumption has also grown, with one in five residents now eating takeaways more than once a week, reflecting a broader trend since in consumer behaviour following the pandemic.

144



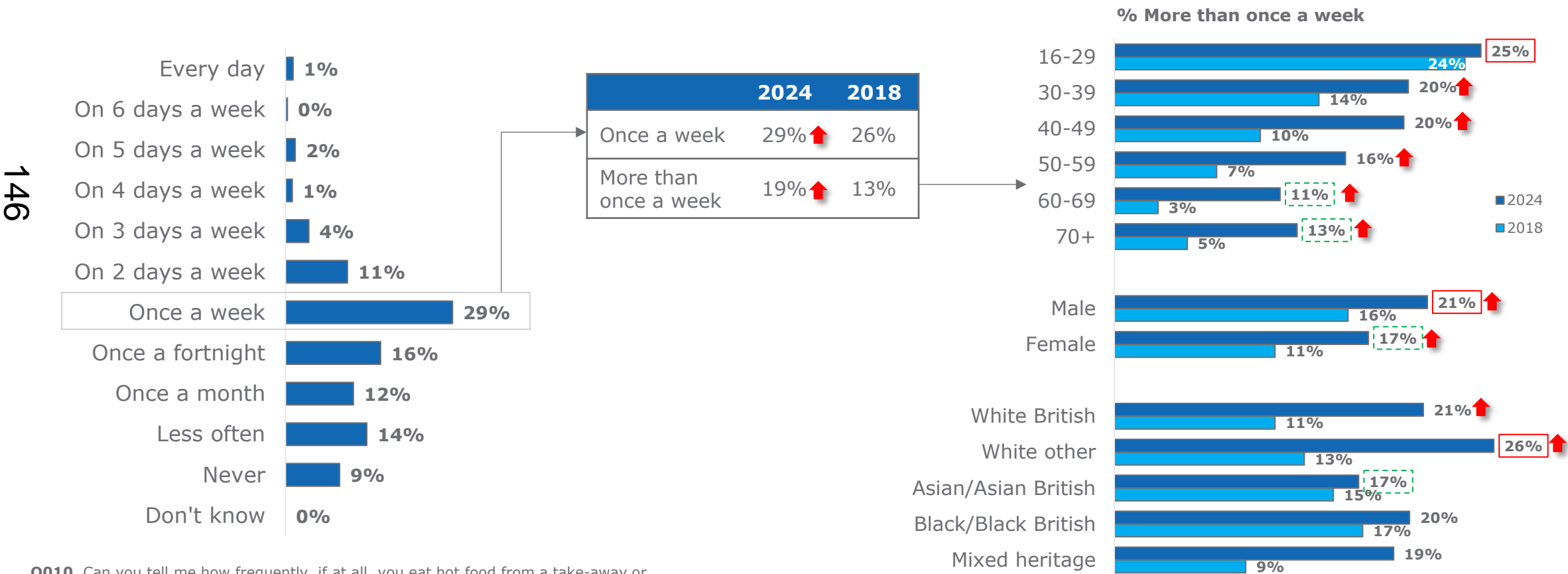
Fruit and vegetable portions consumed per day

Encouragingly, the percentage of residents who claim to eat five or more portions of fruit and vegetables per day has increased significantly by 8% points to 29%. Significant wave-on-wave increases can be seen in both males and females, as well as in a variety of age groups including those aged 16-29, 30-39 and 60-69.



Takeaway consumption

Takeaway consumption has increased, with the percentage who eat this more than once a week rising significantly by 6% points to one in five residents, and the percentage who eat this once a week rising by 3% points to three in ten residents. This increase reflects a trend seen in recent analysis by the IFS which revealed that takeaway and meal delivery has grown by 50% since the pandemic, as people have substituted coffee shop and pub and restaurant out-of-home calories with takeaways.



Q010. Can you tell me how frequently, if at all, you eat hot food from a take-away or through a delivery service (Deliveroo/Uber Eats), such as kebab, curry, Chinese, pizza, fried fish, chicken, chips or a burger? **Base:** All respondents (2,100).

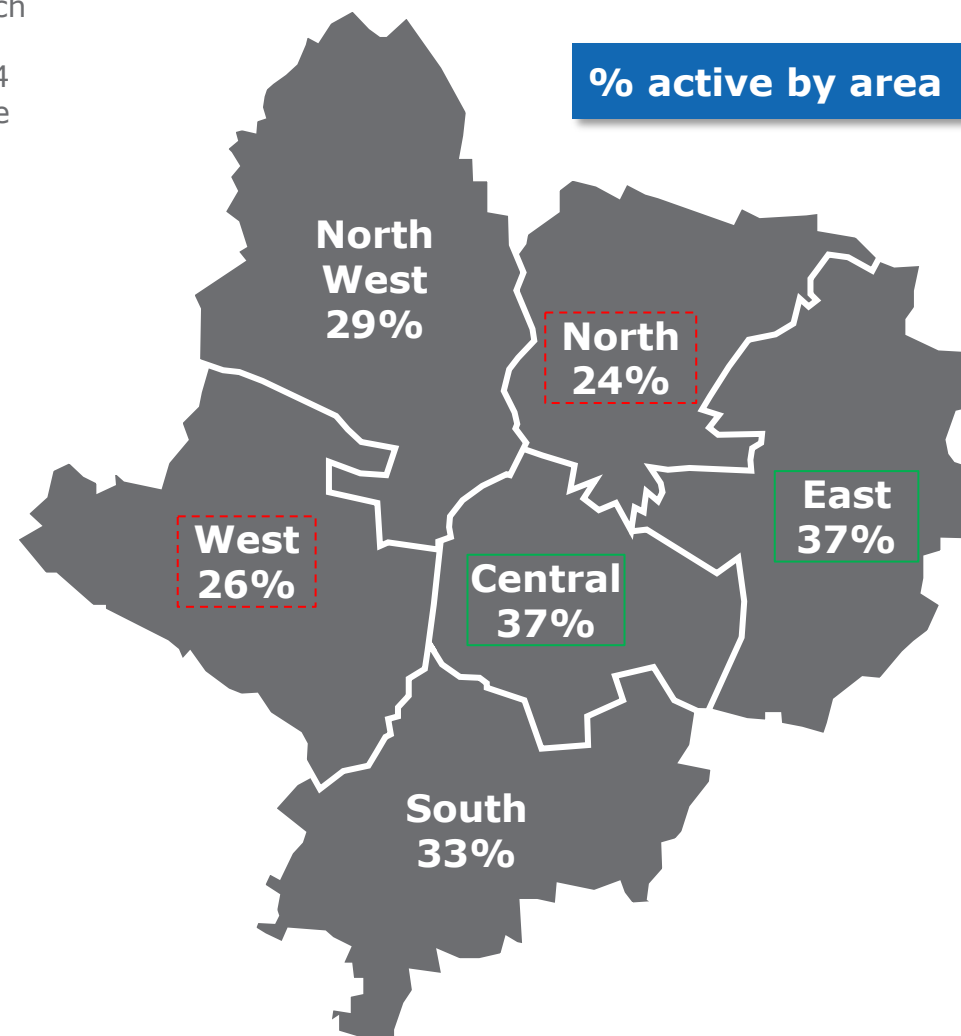
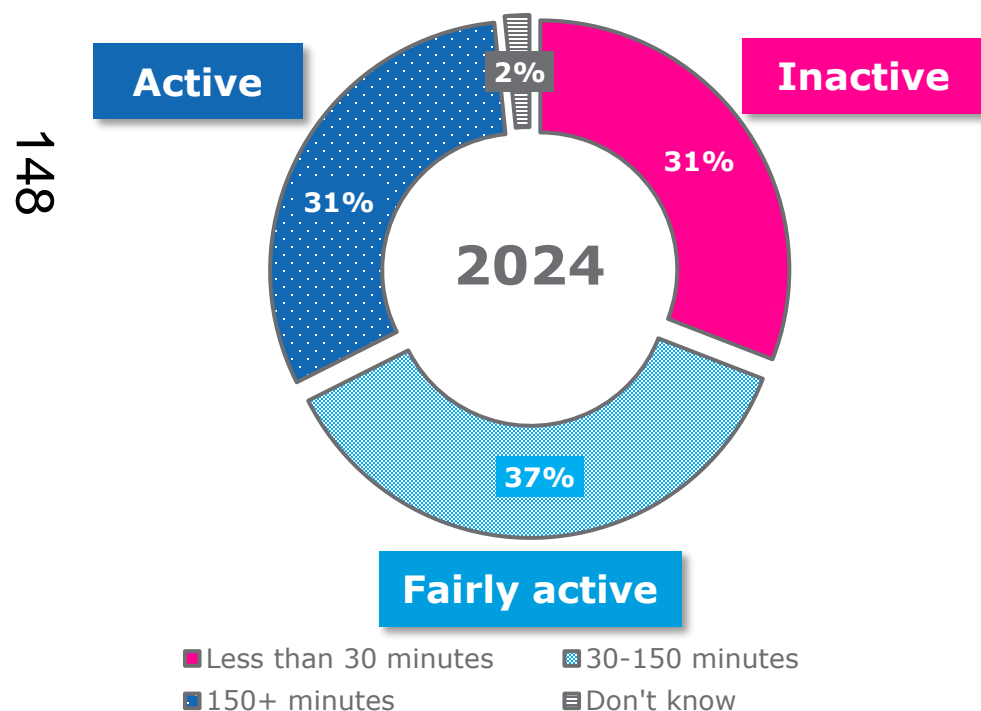
Exercise/physical activity

- 31% of residents self-report that they tend to exercise less than 30 minutes per week.
- Weekly visits to parks and council sports facilities have declined since 2018
- While the most popular mode of transport to the city centre is car, about one in five walk or cycle to the city.

147

Weekly physical activity

Three in ten (31%) report that they do less than 30 minutes per week of exercise, which is in line with the latest (22/23) Active Lives survey from Sports England (30%). There is, however, a clear divergence in the percentage who self-classify as 'active'. The 2024 Leicester figure is around half of the Sport England Leicester figure (31% cf. 59%), due to a much higher proportion who are classified as 'fairly active' (37% cf. 12%).



Q011. How many minutes or hours of at least moderate activity would you say you do a week? **Base:** all respondents (2,100).

Significantly higher than all other residents (green outline)
Significantly lower than all other residents (red dashed outline)



Weekly physical activity: demographic breakdown

Almost nine in ten individuals with a disability that limits their day-to-day activities do less than 150 minutes of exercise per week. 81% of those aged 70+ say the same. Conversely, half of those in full time education do over 150 minutes of exercise per week.

Groups more likely to do less than 150 minutes exercise a week



Limiting disability: 87%



70+: 81%



Acts as carer in household: 76%



No formal education: 77%



In social housing: 76%



North: 75% | West: 73%

Groups more likely to do at least 150 minutes a week



In full-time education: 49%



16-29: 38%



Male: 37%



Central: 37% | East: 37%



Not disabled: 35%

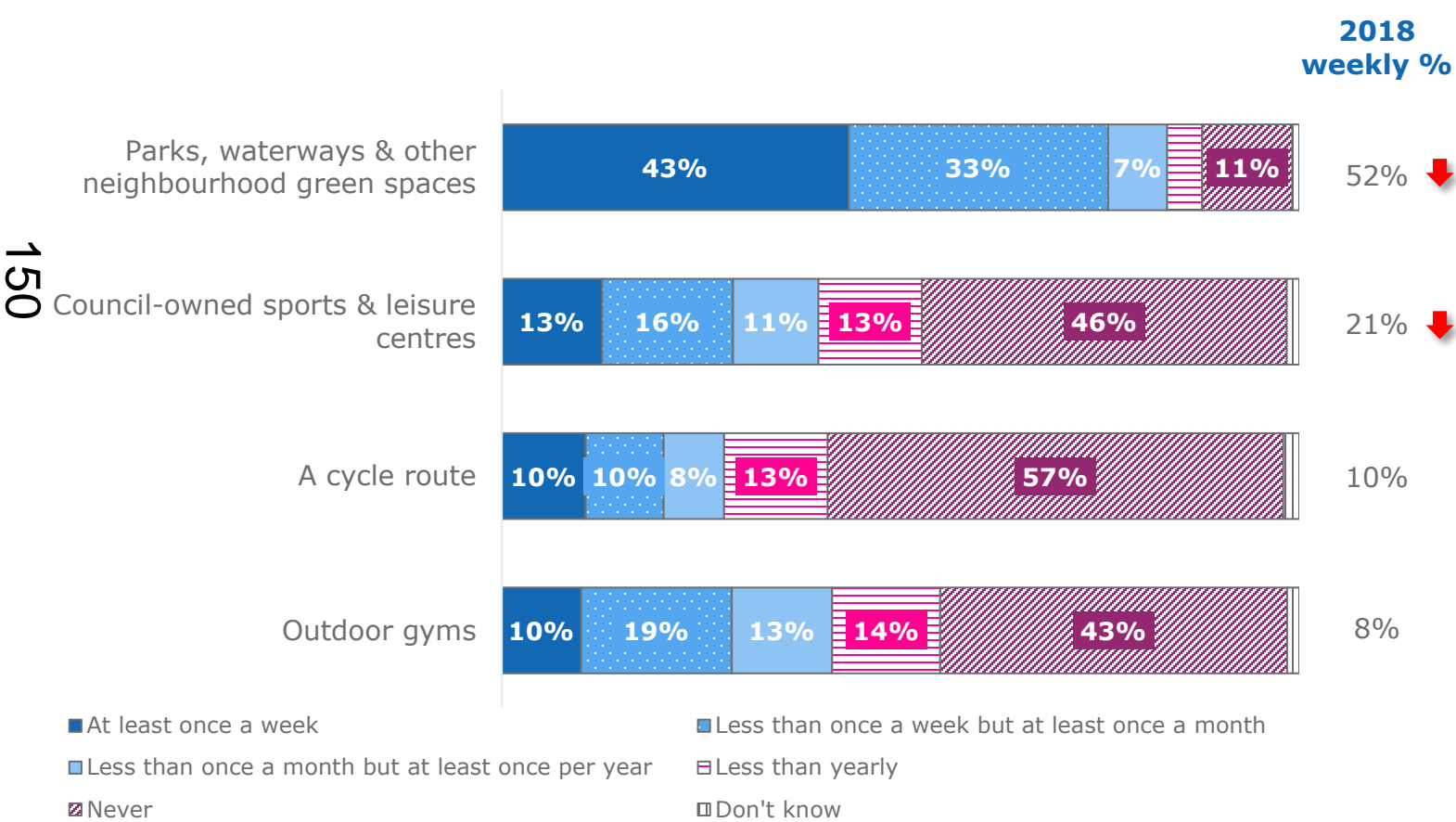


Home owners: 34%

149

Use of fitness facilities in Leicester

Over two in five residents visit parks, waterways or other green spaces in Leicester at least once a week (43%). However, this has decreased by 9% points since 2018 (52%). Likewise, there has been a fall in weekly attendance to council-owned sports and leisure centres (13% in 2024 cf. 21% in 2018).



Key differences:

The youngest of the residents surveyed are significantly more likely than all other age groups to have used outdoor gyms at least weekly (13%). So too are Asian/Asian British residents (12%), compared to all other ethnicities.

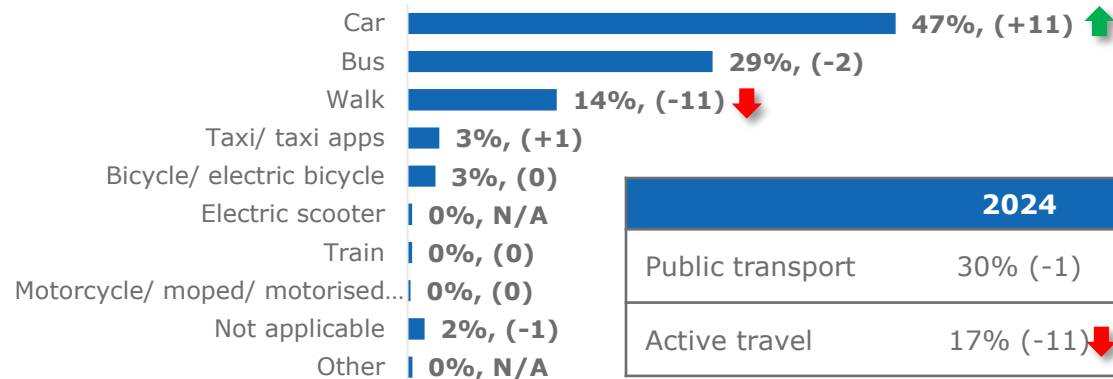
Residents in the North and West are more likely than those in all other regions to visit a council-owned sports and leisure centre weekly (15% and 17% respectively).

Over half of White Other individuals state that they visit parks, waterways and green spaces weekly, whereas just 35% of White British individuals say the same. White British residents are the least likely of all ethnicities to use these amenities weekly.

Active travel (I)

Overall, travel by car is the most popular form of transportation in and around Leicester. Indeed, more residents now say that they travel to Leicester by car compared to 2018 (+11 % points) while walking has declined (-11% points). This may partly be driven by changes in behaviour following the covid-19 pandemic.

Travelling to Leicester City Centre

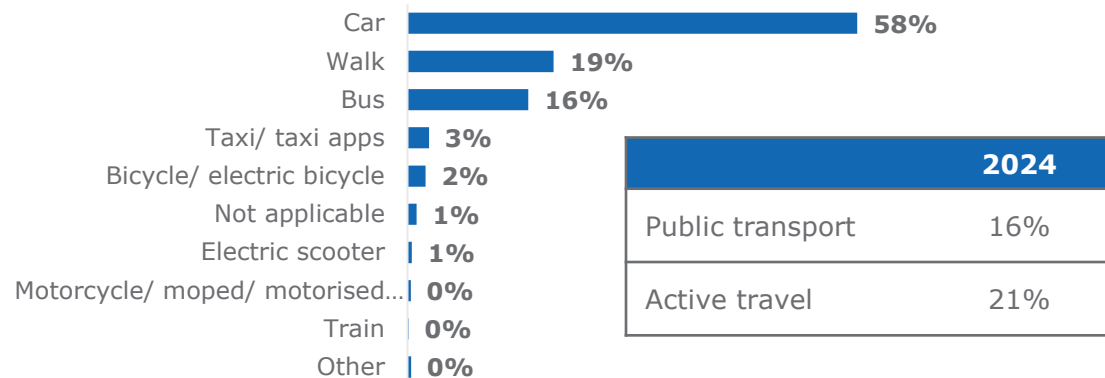


Key differences:

The youngest age group are significantly more likely than other age groups to travel by bus (36%) or to walk (23%) and are less likely to take the car (33%).

The car is the most common form of transport for both males (51%) and females (44%), but females are 7% points more likely to use the bus compared to males (26%). Moreover, females are twice as likely as males to say that they use taxis (4% cf. 2%).

Travelling to the supermarket



Key differences:

Younger residents are significantly more likely than average to travel to the supermarket via public transport (21% v 16% total), or active travel (33% v 21% total). This may be because they are students and haven't brought their car with them to university.

Again, those living in Central Leicester are significantly more likely than average to go to the supermarket via active travel (28% v 21% total).

Q013. Which mode of transport do you tend to use most often when travelling to the following? **Base:** All respondents (2,100). Comparisons to 2018 shown in brackets. "Travelling to supermarket" was not asked in 2018.

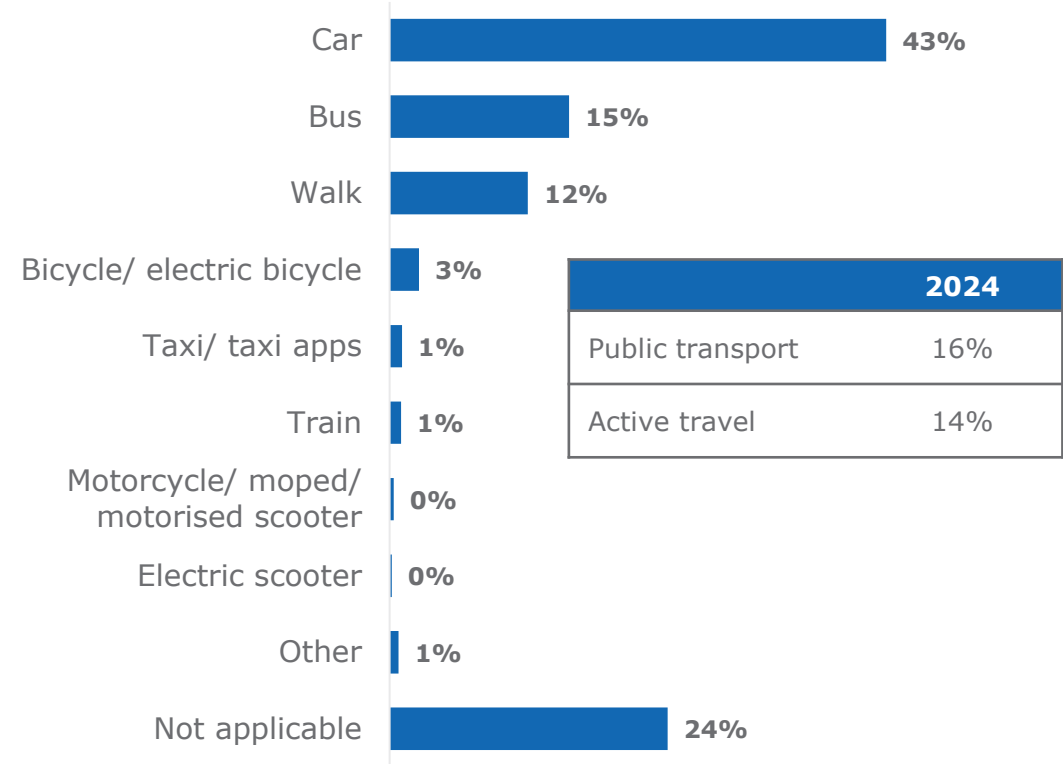
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Active travel (II)

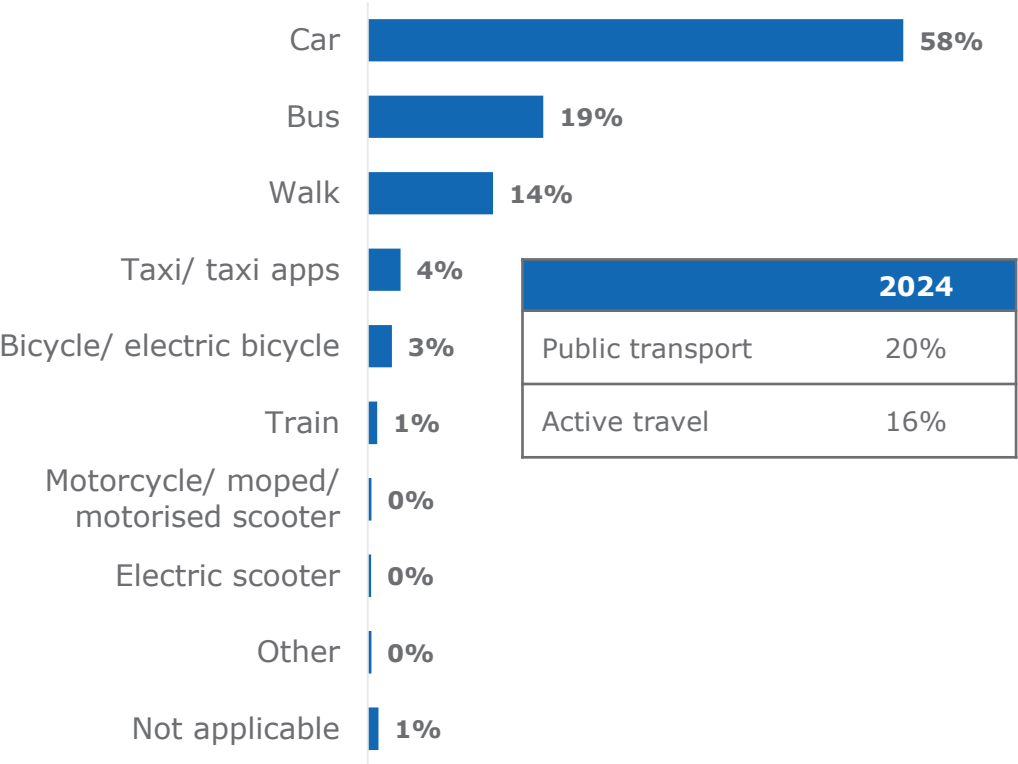
The car is also the most popular form of transport for going to a place of work/education or for leisure.

Travelling to place of work or education

152



Travelling for social or leisure purposes like seeing family/ friends



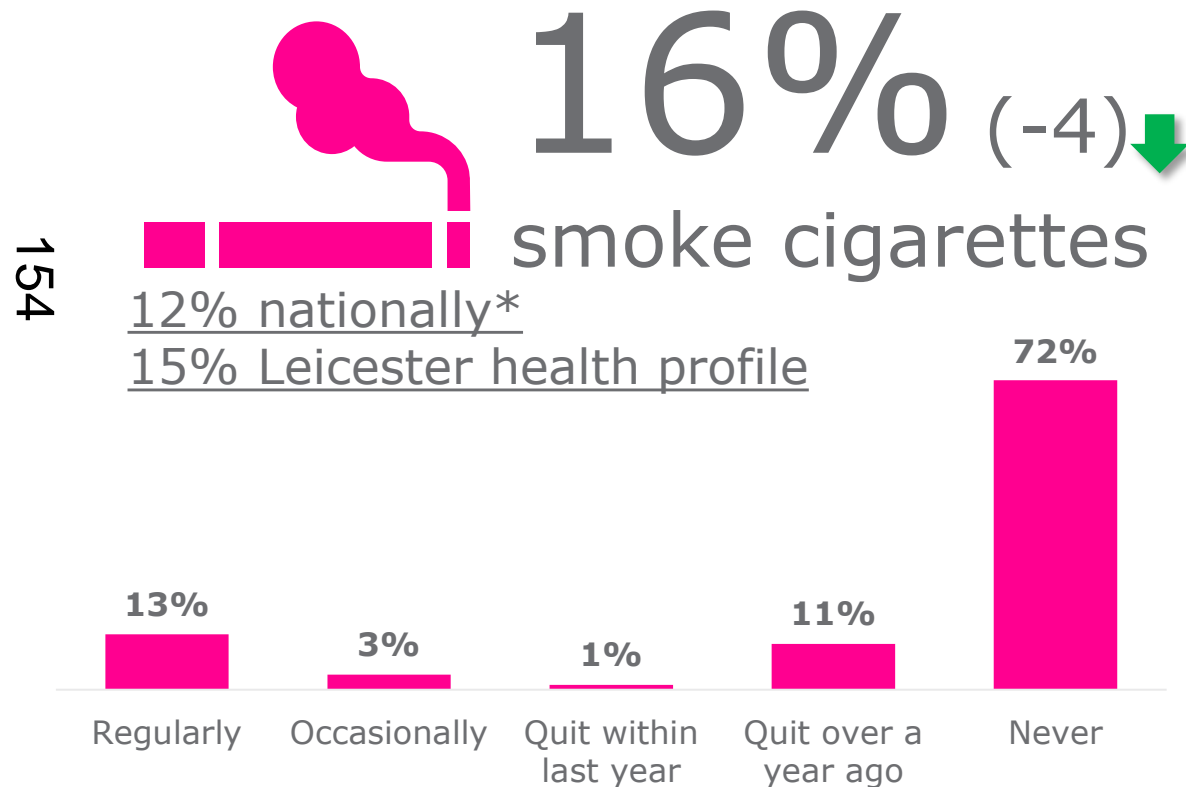
Q013. Which mode of transport do you tend to use most often when travelling to the following? Base: All respondents (2,100).

Smoking and vaping







- 13% of residents smoke regularly, with an additional 3% smoking occasionally. A majority (72%) have never smoked, and 1% have quit within the past year.
- Vaping is less common, with 5% vaping regularly and 4% occasionally, while 87% have never vaped.
- Only 49% of current smokers or tobacco users wish to quit, and 42% of vapers feel the same.
- Opinions on e-cigarette safety are mixed: 48% disagree that vaping is safer than smoking, while 18% agree, 12% are neutral, and 21% remain unsure.
- The use of other tobacco products is minimal.

Smoking: cigarettes

13% report that they currently smoke cigarettes regularly, and 3% smoke occasionally. A small proportion of residents (1%) have quit smoking within the last year, while 11% quit over a year ago. The majority, however, (72%) state that they have never smoked.



Groups more likely to smoke cigarettes

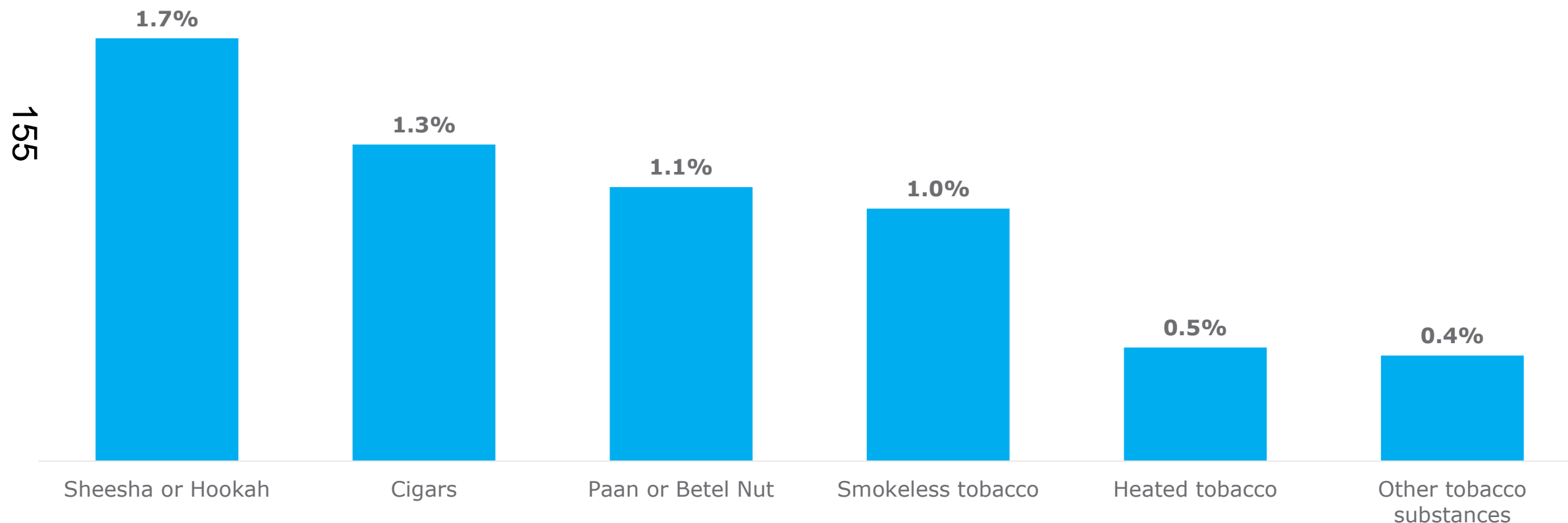
	Aged 50-59: 20%
	Male: 19%
	Western: 32% Beaumont Leys: 25%
	White Other: 34%
	O level/GCSE/CSE/NVQ level 1-2: 23%
	Low ratings of happiness: 36%

Q021. Have you ever smoked or used any of the following? **Base:** All respondents (2,100). 2018 data in brackets.
*Based on latest public health profile data from Public Health England. **Based on Health Survey for England 2022



Current use of other tobacco products

Usage of other tobacco products is very low, though of all other options, sheesha/hookah is most popular (2%). 16–29-year-olds and those who identify as Asian/Asian British are most likely to use sheesha/hookah.



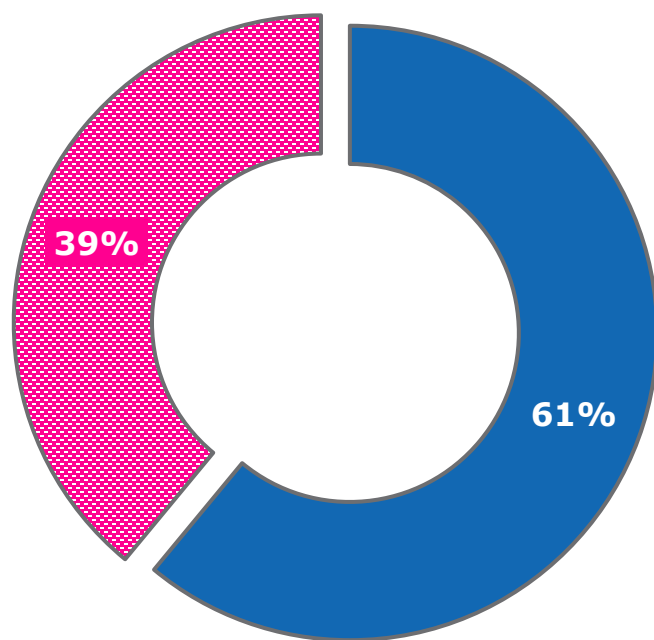
Q021. Have you ever smoked or used any of the following? **Base:** All respondents (2,100). 2018 data in brackets.



Giving up smoking

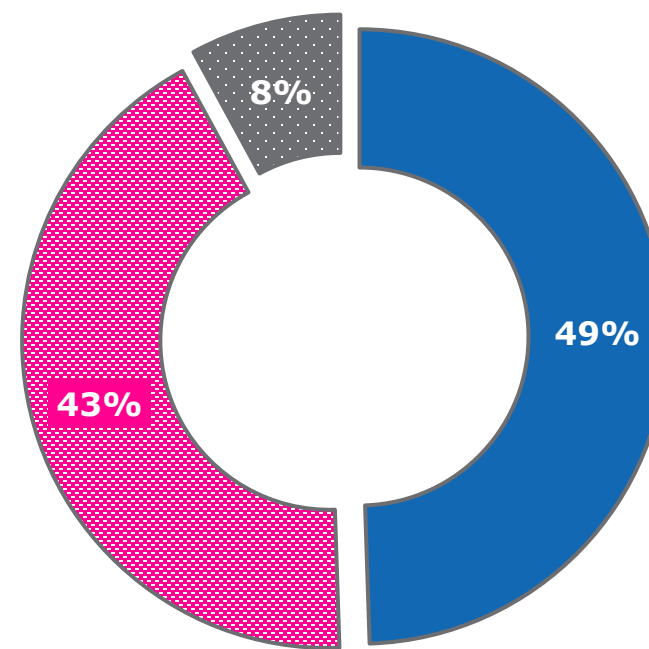
Though 61% of current smokers have tried to stop smoking in the past, just 49% of those who smoke or use tobacco products (excluding vapes) state that they would now like to quit, while 43% do not want to quit.

Ever tried to stop smoking/using tobacco in the past?



■ Yes ■ No

Give up smoking/ using tobacco?



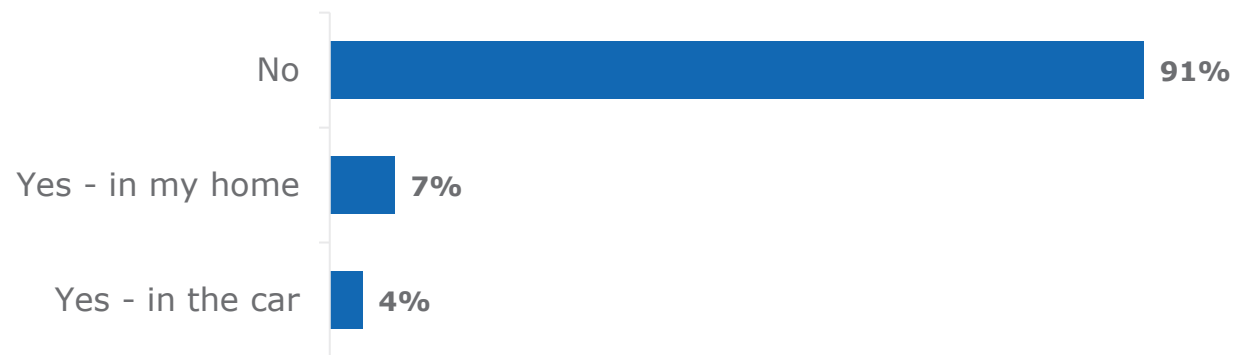
■ Yes ■ No ■ Don't know

Q022. Would you like to give up smoking/ using tobacco? **Base:** All current smokers or those who smoke/use any tobacco product (376) **Q024.** Have you ever tried to stop smoking or using tobacco in the past? **Base:** All current smokers/ those who smoke/ use any tobacco product (376).

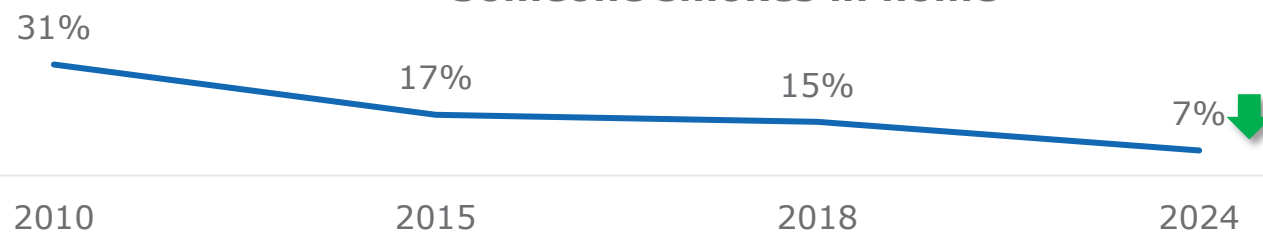
Smoking at home/in the car

The vast majority of Leicester residents do not smoke in their car or home (91%). Nevertheless, smoking in the home is more common than smoking in the car.

Does anyone smoke in your home/car on most days (excluding e-cigs)



Someone smokes in home



Key differences:

Residents aged 60-69 are 5% points higher than average to say that they smoke in their home (12%).

A similar proportion living in the West of the city smoke at home (13%). This is significantly higher than those in Central Leicester (2%) and the North (1%).

Prevalence rises even further for those without any formal educational qualifications (16%).

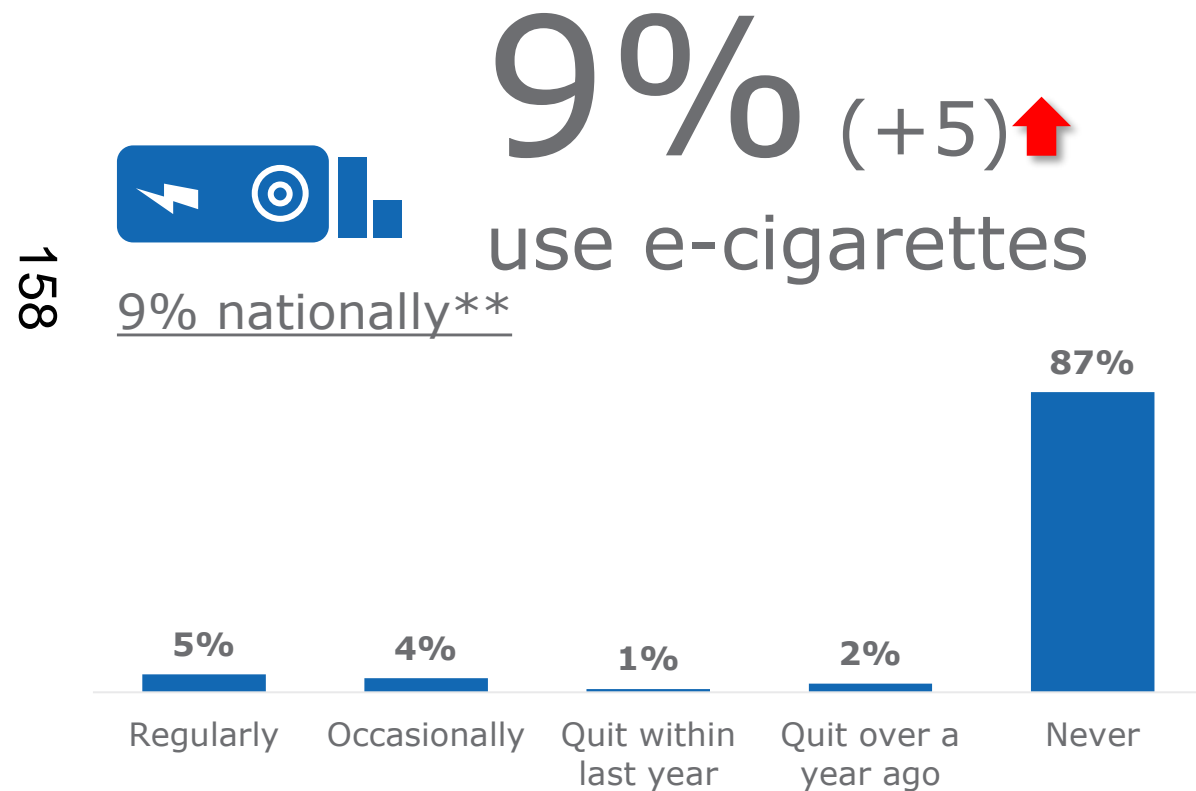
There are no significant differences in in-home smoking habits between those with young children in the house and those without (both 7%).

Q026. Does anyone smoke inside your home or car on most days? We are referring to tobacco cigarettes, not e-cigarettes or other vaping devices. **Base:** All respondents (2,100).

↑ ↓ Sig higher/lower than previous survey

Vaping: e-cigarettes

5% of residents currently vape regularly, and 4% vape occasionally. Only 1% have quit vaping within the past year, and 2% have quit for over a year. Notably, 87% report that they have never vaped. Usage of other tobacco products is very low (<2%).



Groups more likely to use e-cigarettes



Feel affected by gambling: 28%



White Other: 21%



Socially isolated: 20%



In social housing: 16%

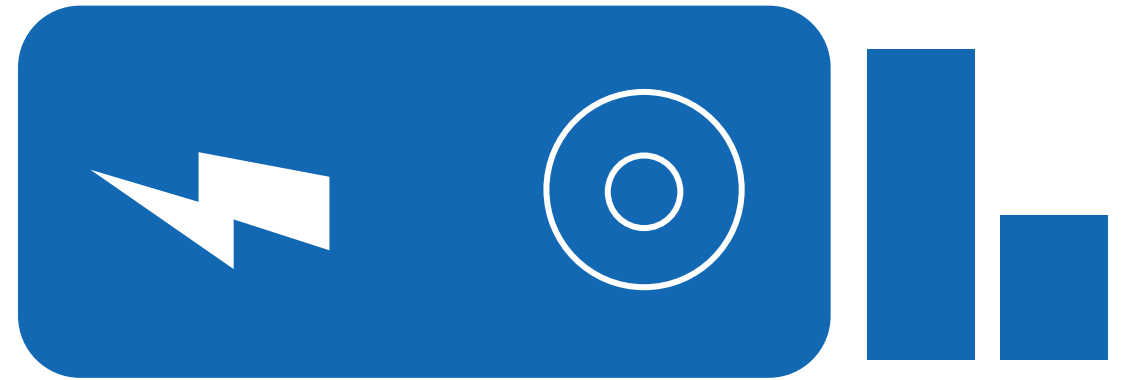
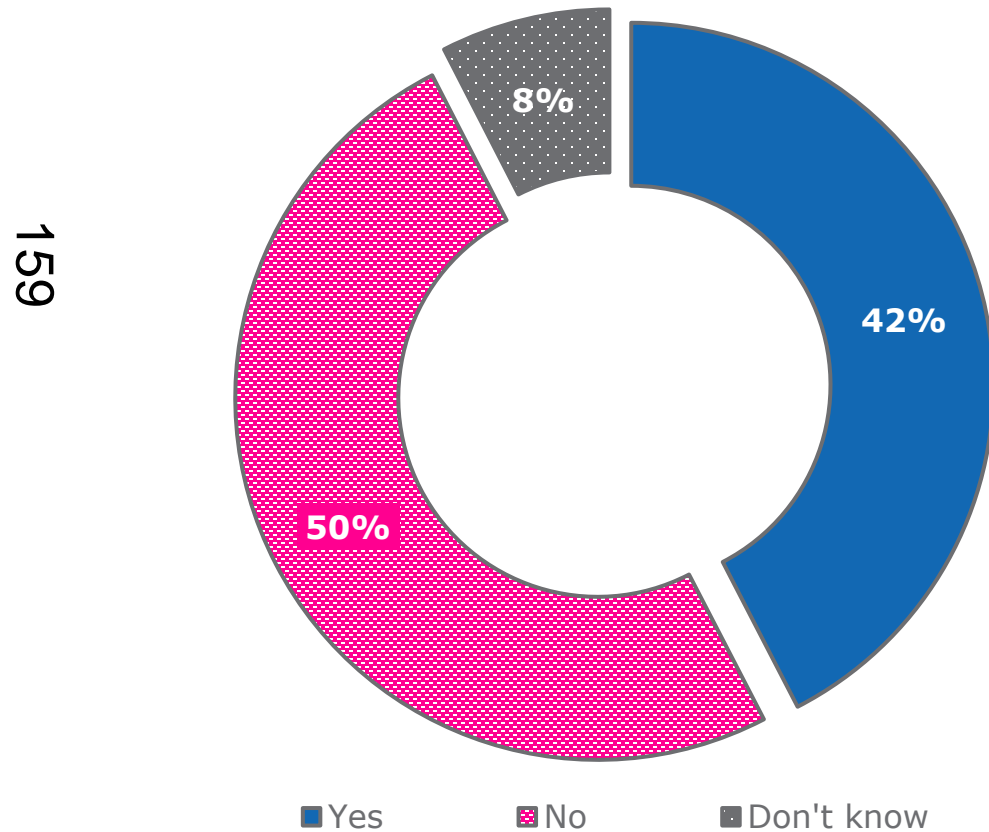


Aged 30-39: 13%

Q021. Have you ever smoked or used any of the following? **Base:** All respondents (2,100). 2018 data in brackets.
*Based on latest public health profile data from Public Health England. **Based on Health Survey for England 2022

Giving up vaping

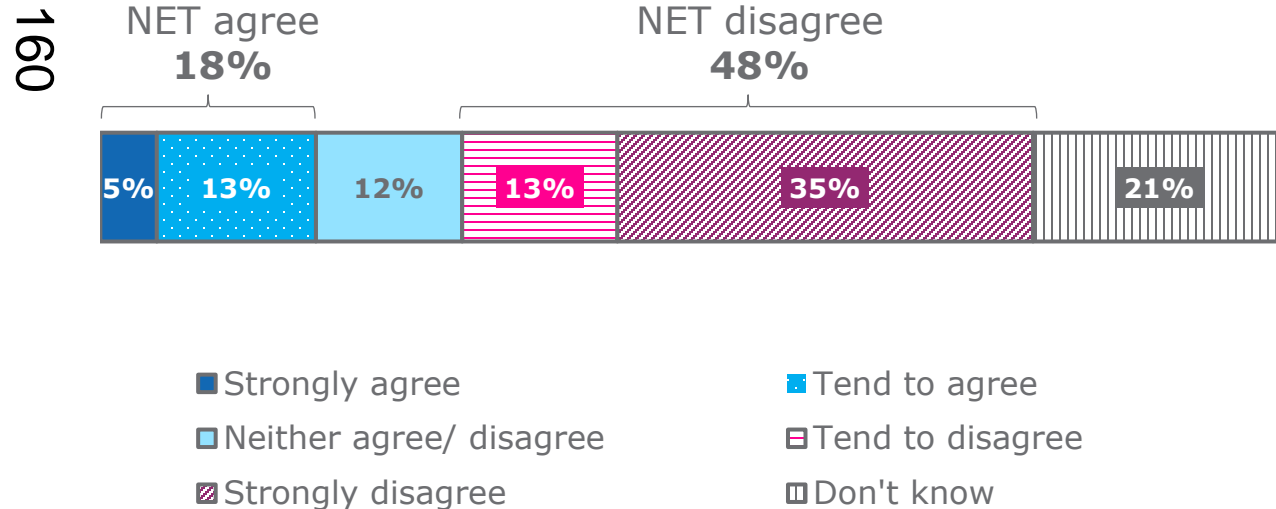
Amongst those who vape, 50% show no interest in giving up. Just over two in five want to quit (42%).



Safety of e-cigarettes

A plurality of Leicester residents disagree that using e-cigarettes is a safer alternative to smoking than traditional cigarettes or tobacco products (48%). Of the remainder, around one in five agree (18%), while 12% are neutral. However, there is a fair amount of uncertainty as one in five residents (21%) say that they don't know. The level of agreement with this statement rises threefold amongst those who currently vape (56%).

Agreement that using e-cigarettes (vaping) is a safer alternative to smoking traditional cigarettes/ tobacco products



Key differences:

Residents in the North West of the city are significantly more likely to agree that e-cigarettes are safer (40% v 18% total). Conversely, those living in Central Leicester are significantly more likely to express the opposite (54% disagree v 48% total).

Those of multiple heritage are also more likely than residents of any other ethnicity to disagree with the statement (64%), along with active individuals (53%) and those with low Audit C scores (50%).

Alcohol consumption

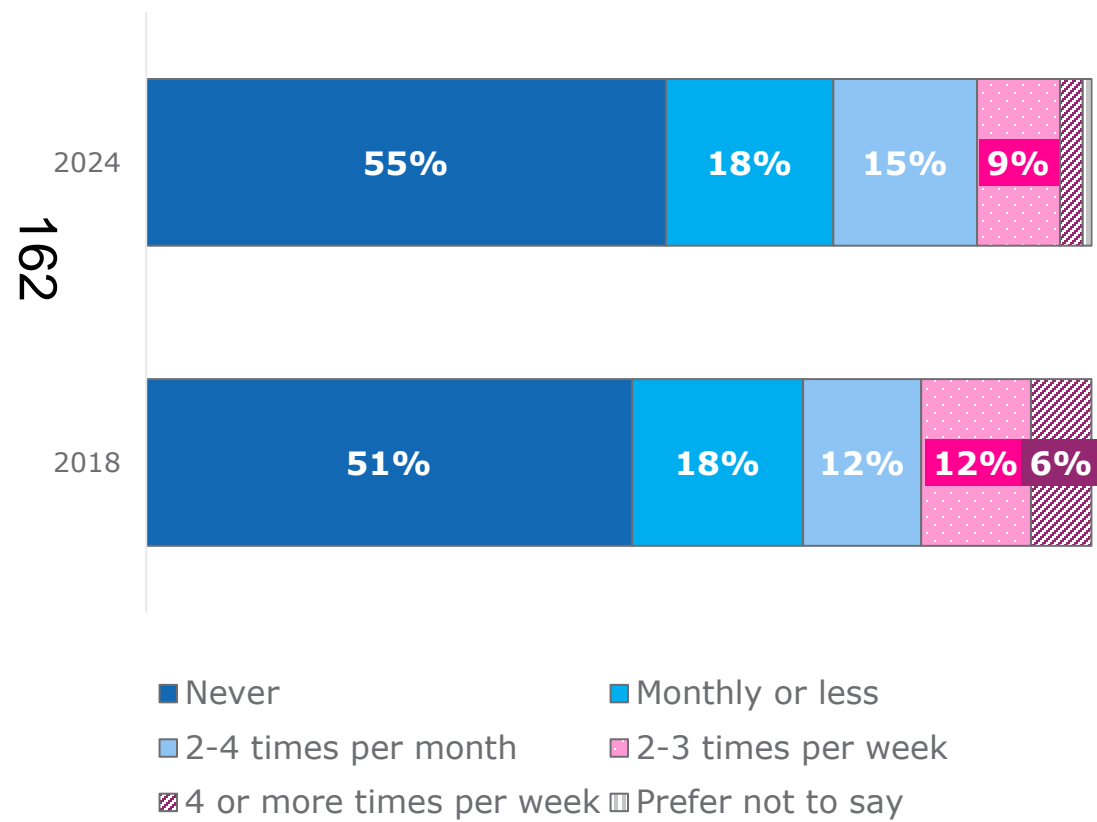
- 55% of residents abstain from alcohol. This is well above the national average of 19% and is also up 4% since 2018.
- Among those who drink, most consume only 0-2 units per session (45%), with 16% drinking 5+ units and 2% drinking 10+ units. Weekly binge drinking is reported by 9% of men and 5% of women.
- An Audit C* assessment found 86% of residents are at low risk of alcohol dependence, 12% at increasing risk, and just 1% at higher risk. Less than 0.5% have scores indicating possible alcohol dependence.

161

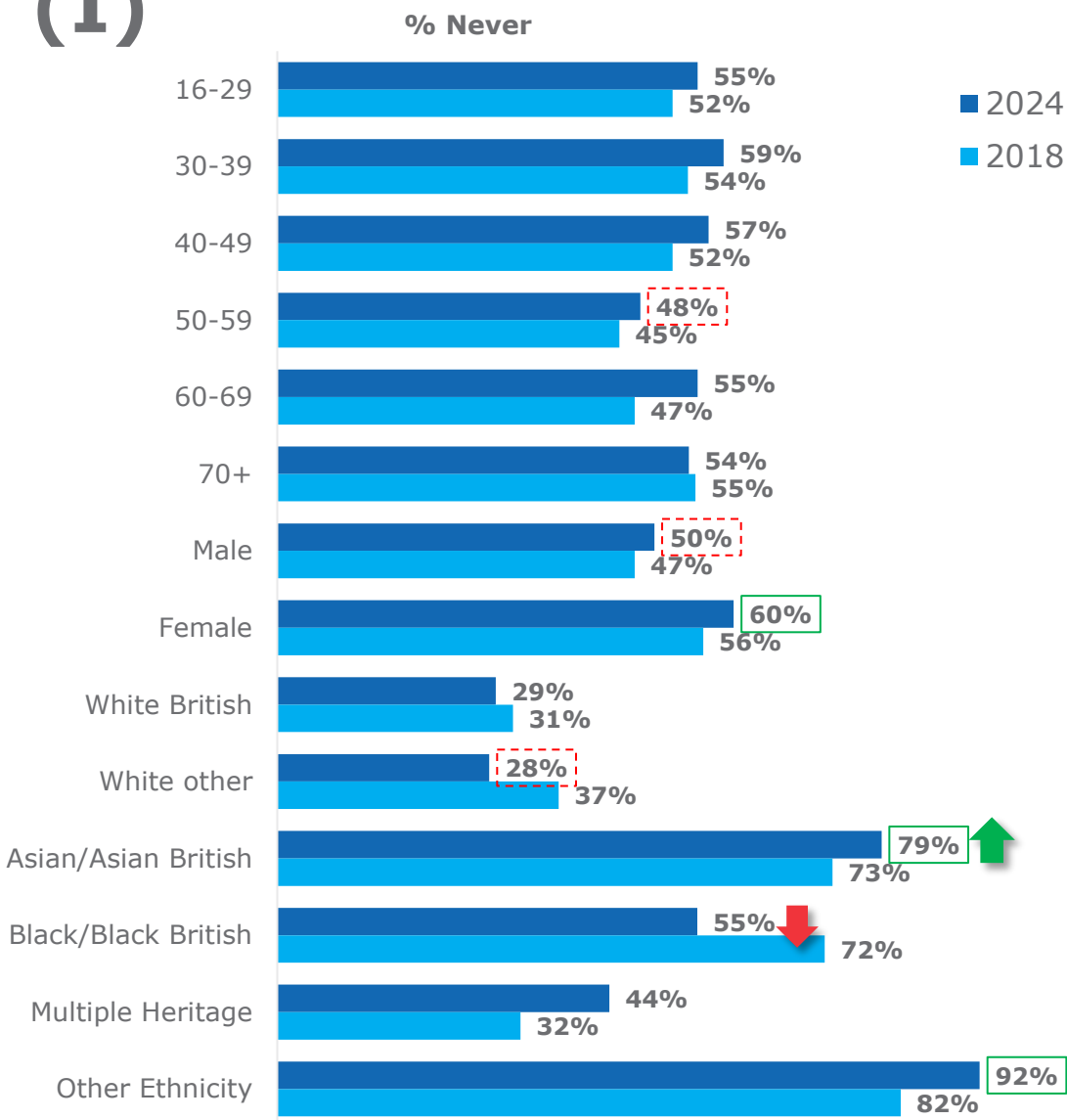
*The AUDIT-C Test (Alcohol Use Disorders Identification Test - Consumption) is a simple screening tool used to identify individuals with risky or harmful drinking behaviours. See appendix for more detail.

Frequency of drinking alcohol (I)

Abstinence continues to grow in Leicester, with more than half of residents saying that they never drink (55%), which is 4% points higher than in 2018. This is far higher than the national average (19%) as per the Health Survey for England.



Q038. How often do you have a drink containing alcohol? **Base:** All respondents (2,100).



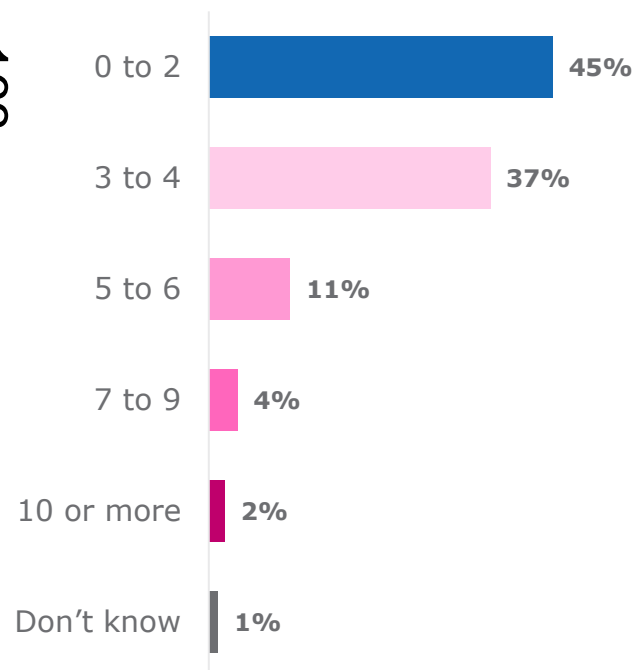


Frequency of drinking alcohol (II)

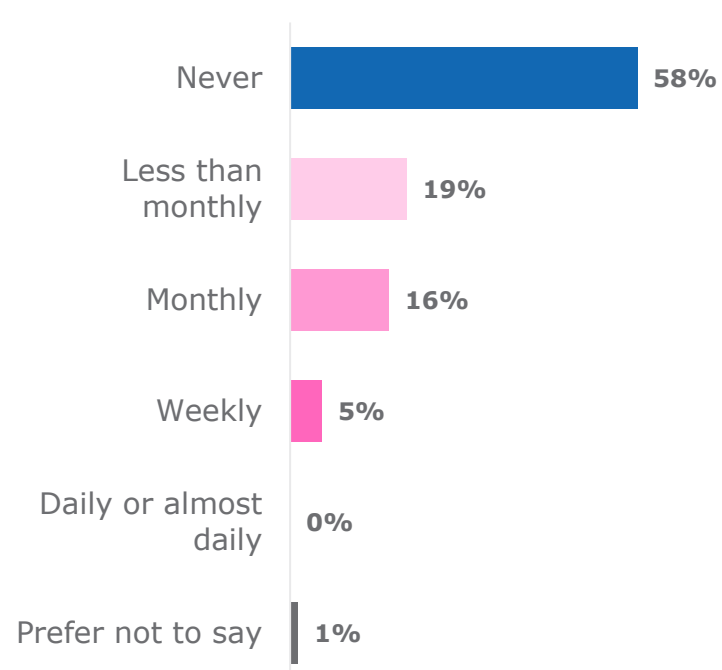
Of those who do drink alcohol, most only drink 0-2 units on a typical day when they are drinking (45%). Just 16% consume 5 or more units and 2% have 10+ units, typically. 10% of men who drink alcohol have more than 8 units on a single occasion at least weekly. In comparison, 5% of women report drinking 6+ units at least weekly.

163

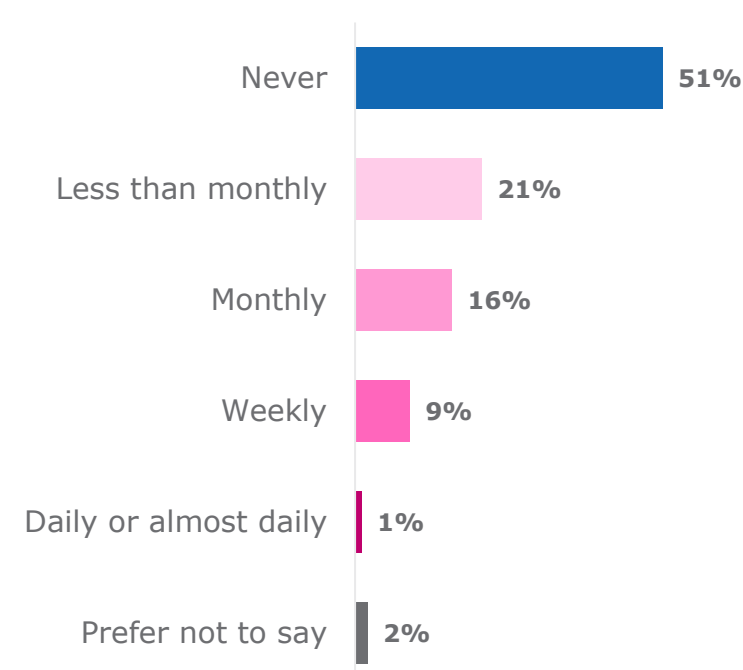
Alcohol units consumed on a typical day when drinking



Females: frequency of consuming ≥ 6 units of alcohol



Males: frequency of consuming ≥ 8 units of alcohol



Q039. How many units of alcohol do you drink on a typical day when you are drinking? **Base:** Those who drink alcohol (927)

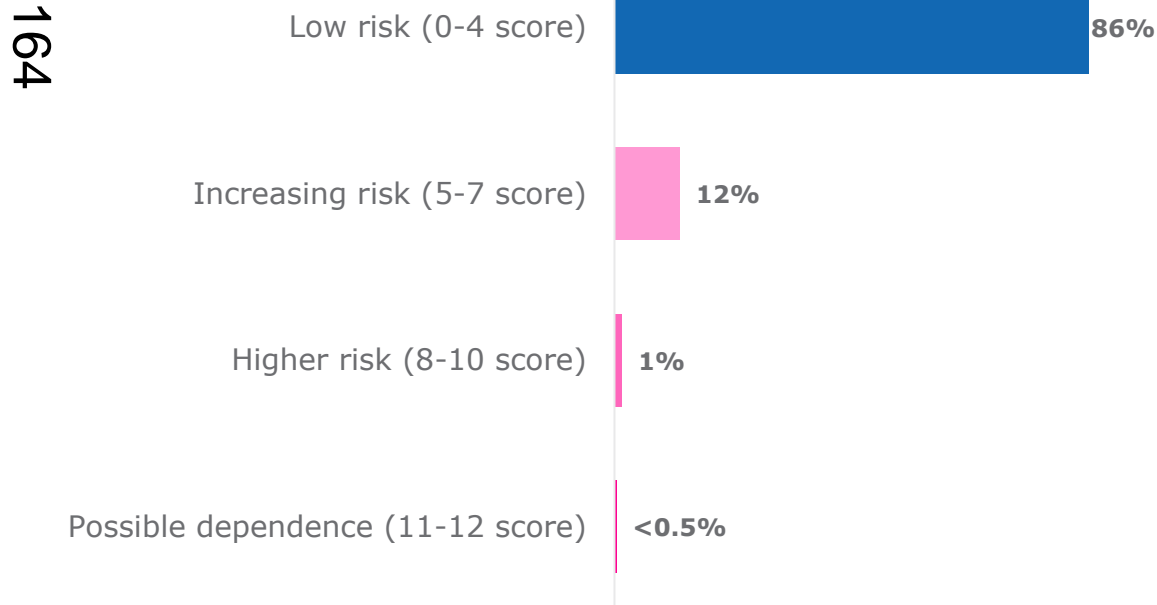
Q040. How often have you had 6 or more units of alcohol on a single occasion in the last year? **Base:** Females who drink alcohol (422)

Q041. How often have you had 8 or more units of alcohol on a single occasion in the last year? **Base:** Males who drink alcohol (504)

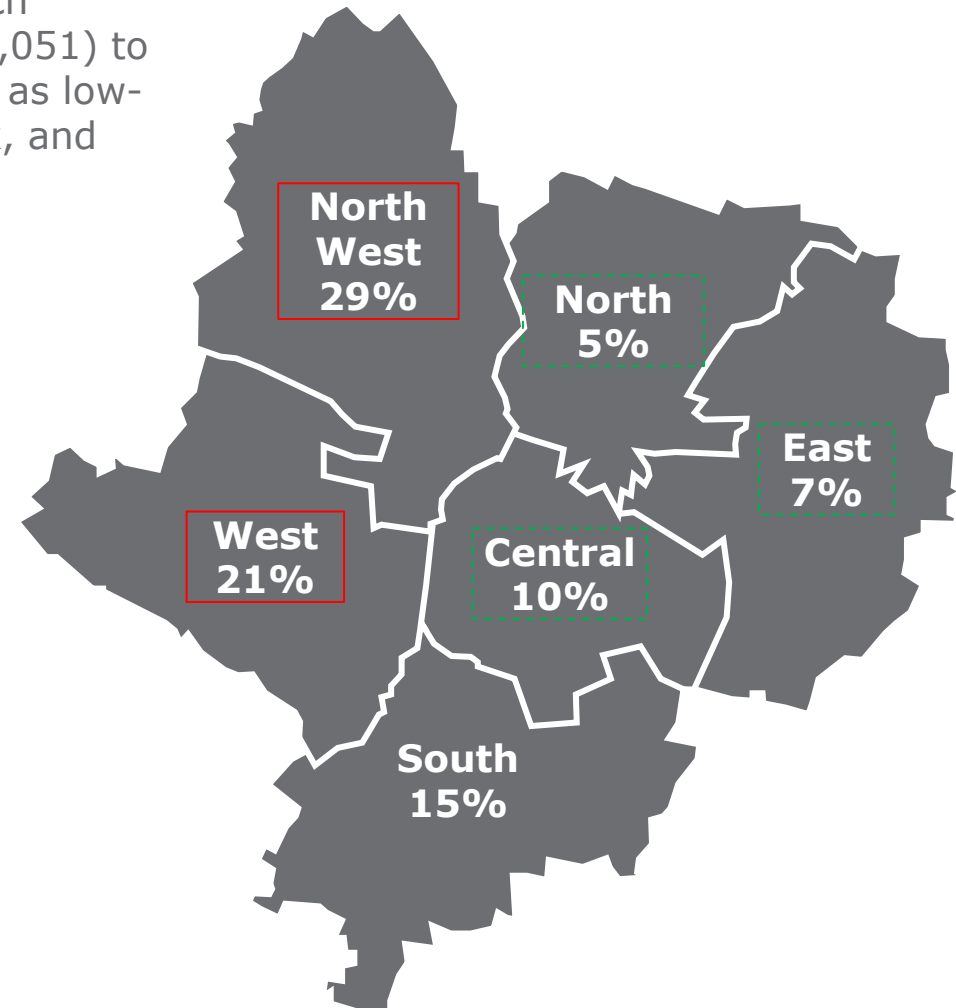
AuditC Score

Using the previous questions, an AuditC score was calculated for each respondent who gave a valid answer to the previous questions (n=2,051) to gauge possible alcohol dependence. 86% of these residents register as low-risk, 12% have a score indicating increasing risk, 1% are higher risk, and <0.5% have scores indicating possible alcohol dependence.

Audit C Score



% Increasing risk



Q039. How many units of alcohol do you drink on a typical day when you are drinking? **Base:** Those who drink alcohol (927)

Q040. How often have you had 6 or more units of alcohol on a single occasion in the last year? **Base:** Females who drink alcohol (422)

Q041. How often have you had 8 or more units of alcohol on a single occasion in the last year? **Base:** Males who drink alcohol (504)

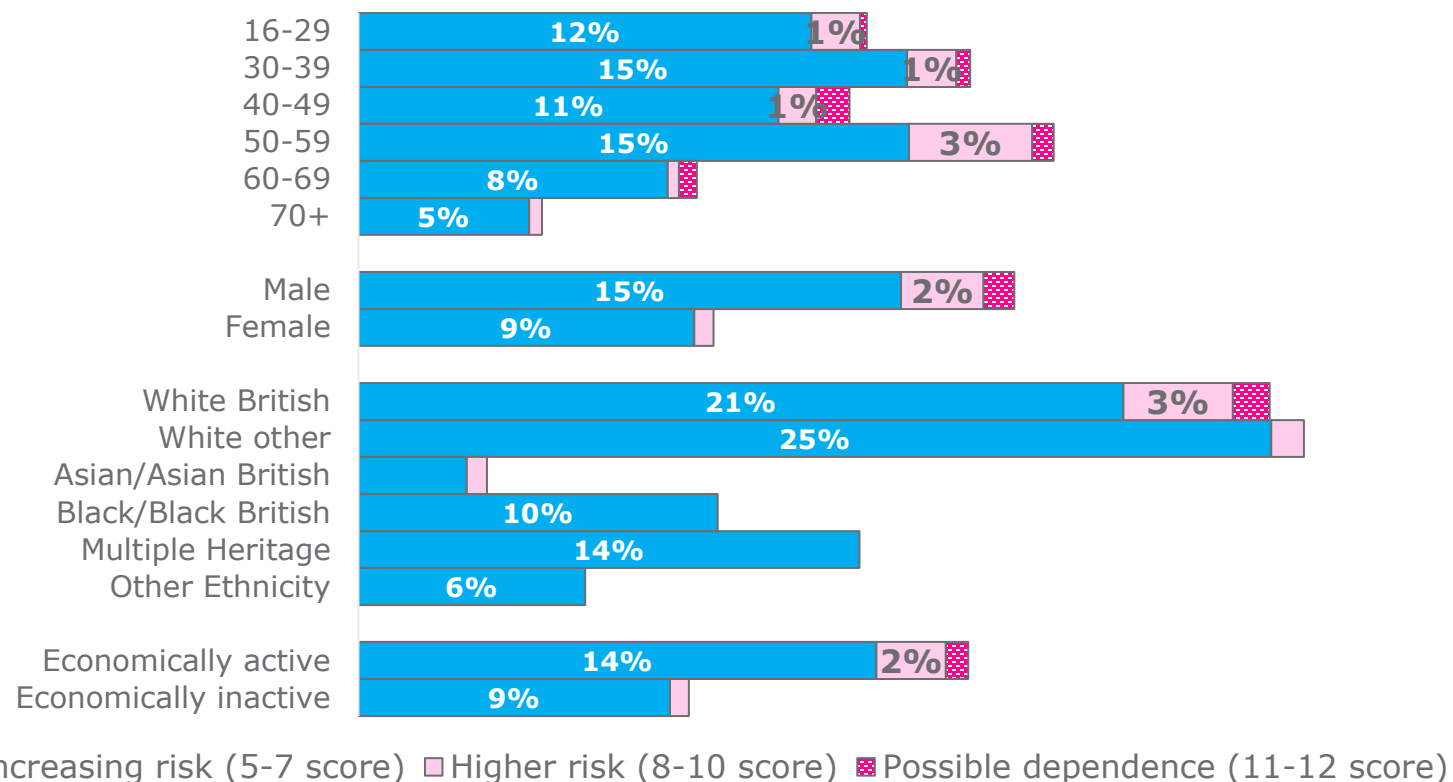
North West 29% Significantly higher than all other residents

North 5% Significantly lower than all other residents

AuditC score by demographic

50–59-year-olds are the age group with the highest proportion scoring increasing risk or higher. In terms of ethnicity, those who are white British or white other have a higher risk profile. So too do males (+8% points compared to females).

165



Group	% Increasing risk or higher
16-29	14%
30-39	17%
40-49	13%
50-59	19%
60-69	9%
70+	5%
Male	18%
Female	10%
White British	25%
White other	26%
Asian/Asian British	4%
Black/Black British	10%
Multiple Heritage	14%
Other Ethnicity	6%
Economically active	17%
Economically inactive	9%

Gambling

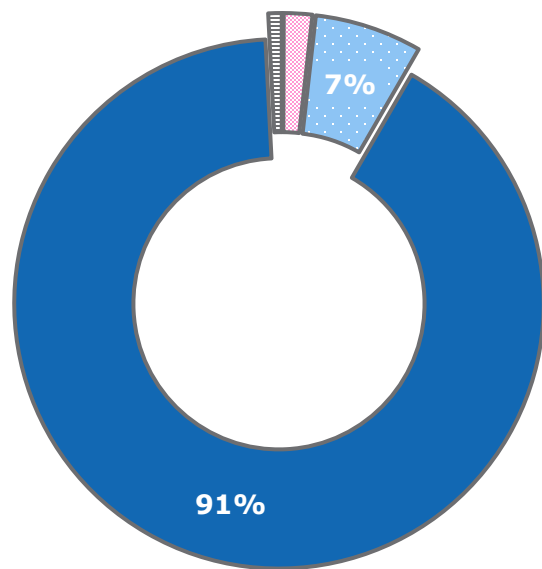
- 8% of residents feel affected by gambling, with males (10%) and White other residents (12%) reporting higher rates, while Asian/Asian British residents are least affected (5%).
- The lottery (24%) and scratchcards (12%) are the most popular forms of gambling, but seven in ten of the population do not gamble at all.
- Gambling is more common among males (33% vs. 26% females), and White British residents (47%). Those in social housing (36%) and residents who consume alcohol (47%) are also more likely to gamble.
- Notably, 75% of those affected by gambling participate in it themselves.



Feeling affected by gambling

One in twelve feel affected by gambling at least sometimes (8%). This rises to 10% for males, and further still to 12% for White other residents. In contrast, Asian/Asian British residents are least affected (5%).

167

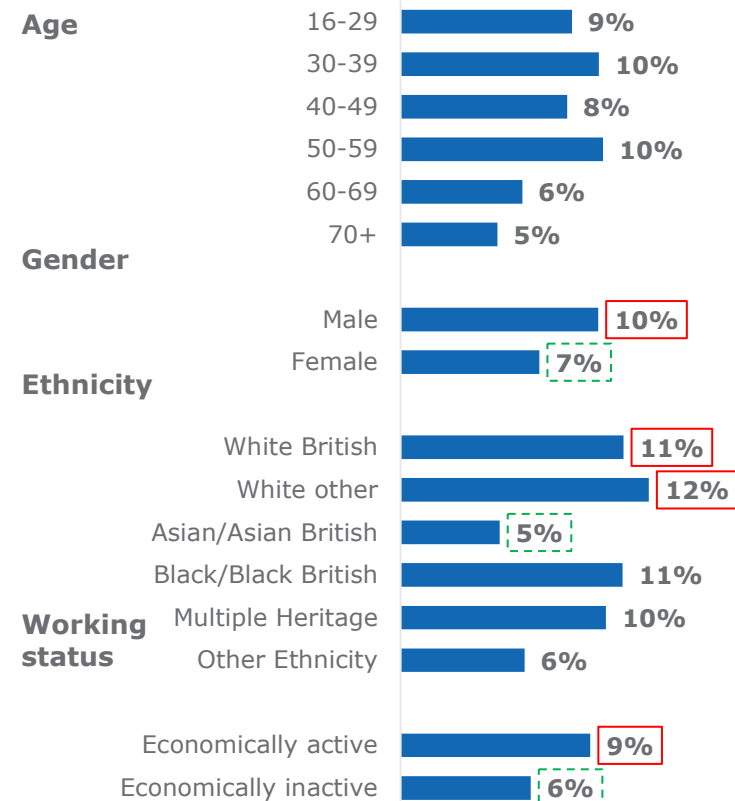


Always Most of the time Sometimes
Never Prefer not to say

Always/most of the time/sometimes

8%

% affected at least sometimes



Q037. Do you feel you are affected by any gambling, either your own or someone else's? **Base:** All respondents (2,100). Data labels <5% removed for neatness.

Significantly higher than all other residents

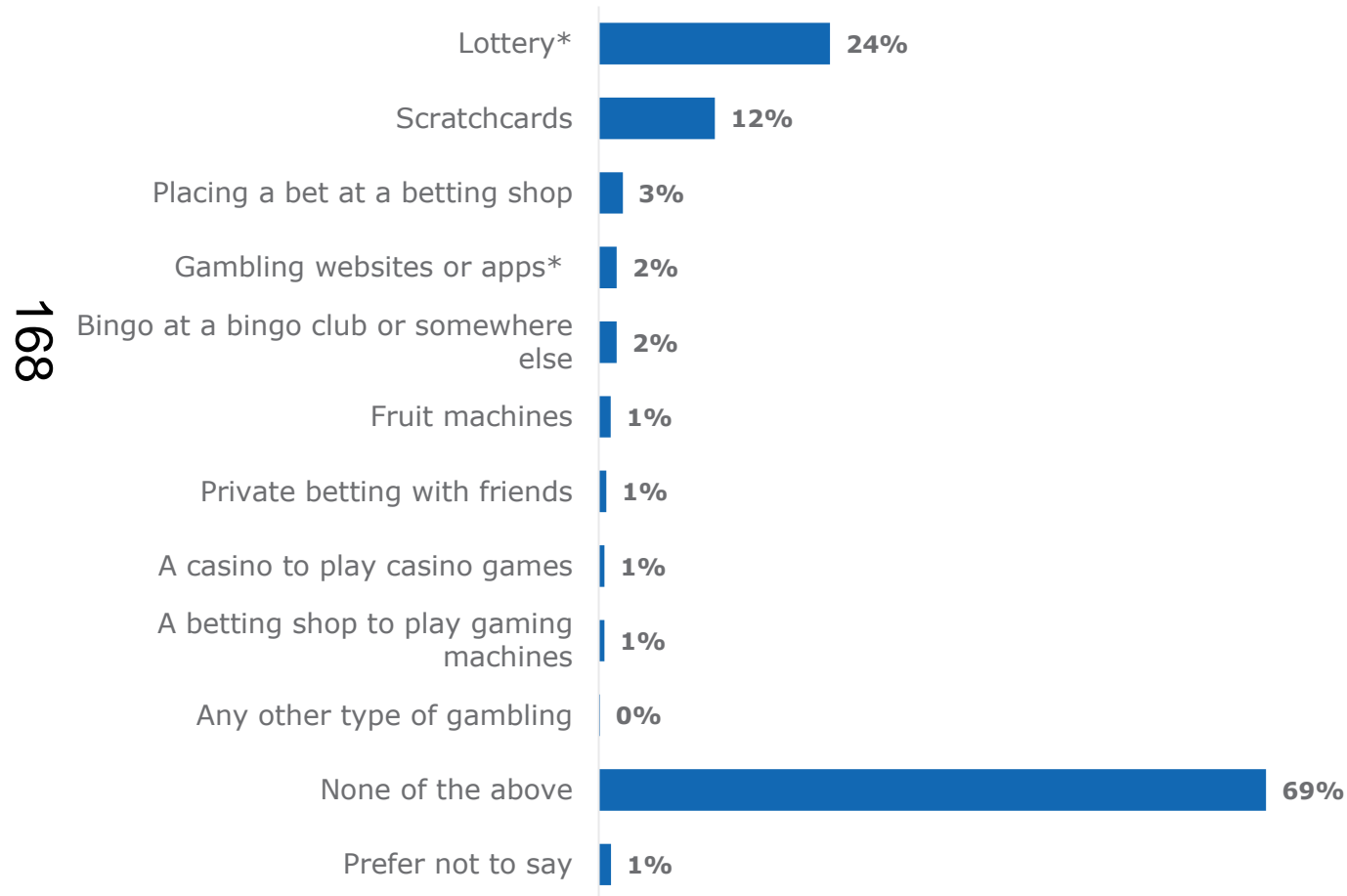
Significantly lower than all other residents



Sig higher/lower than previous survey

Types of gambling

While the vast majority of residents (69%) have not spent their money on any form of gambling within the last month, one-quarter report taking part in the lottery (24%) while 12% have purchased scratchcards.



Q036. Have you spent any of YOUR money on any of the following in the last month?
Base: All respondents (2,100). *Full code descriptions in notes.

Key differences:

Those aged 50-59 or 60-69 are significantly more likely than all other age groups to take part in any type of gambling (42% and 37% respectively). In contrast, just 21% of those aged 16-29 report that they gambled.

Males are 7% points more likely to report that they have gambled compared to females (33% cf. 26%).

47% of White British residents gamble in some way which is the most of any ethnic grouping. Conversely, just 16% of the Asian/Asian British community and 9% who identify as an Other ethnicity gamble.

Over one-third of residents in social housing engage in gambling of some sort (36%), with almost one quarter buying scratchcards (23% v 12% total).

Those who drink alcohol are significantly more likely than those who do not to also gamble (47% v 15% respectively).

Notably, 37% of residents who feel that their financial status has gotten worse over the past 12 months gamble in some way. This is significantly higher than the figure for those who feel better off, or about the same (both 25%).

Finally, around three-quarters of those who feel affected by gambling have participated themselves.

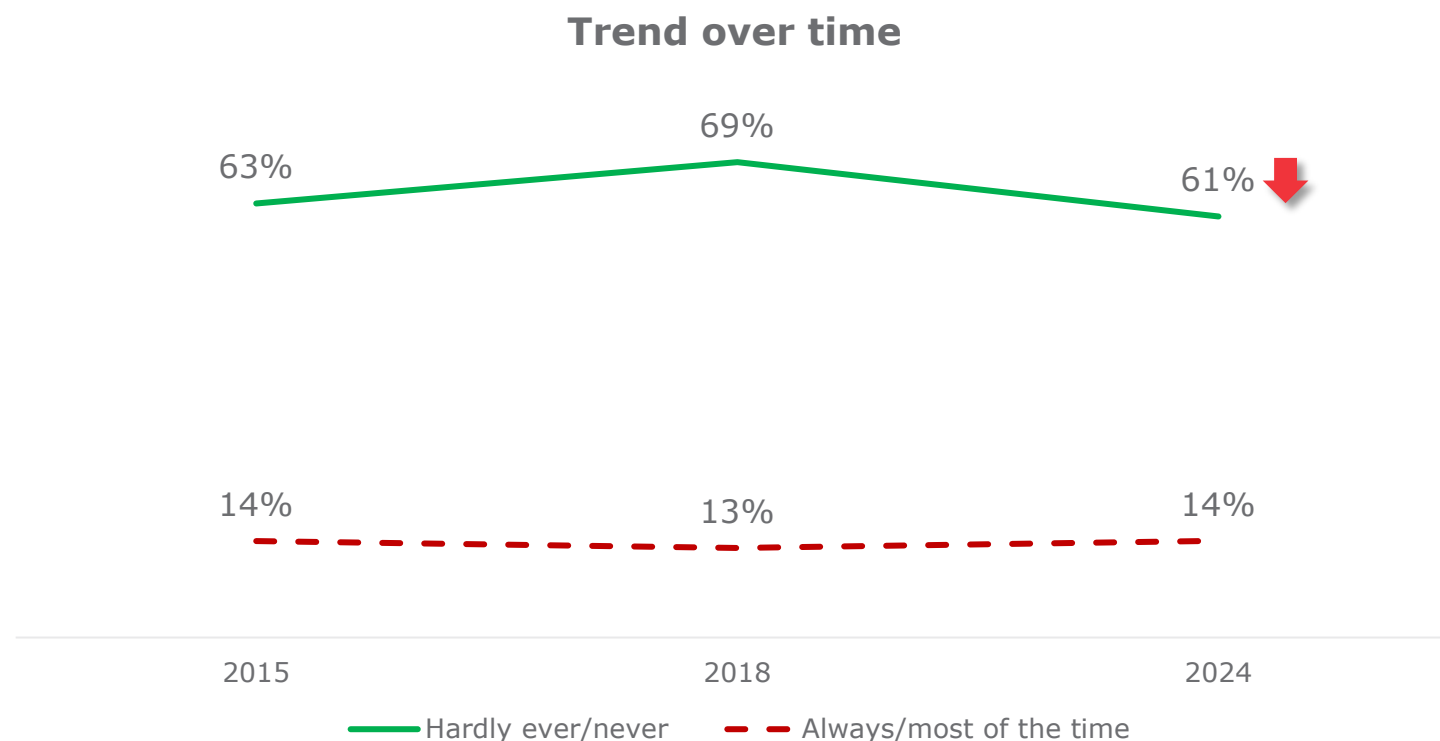
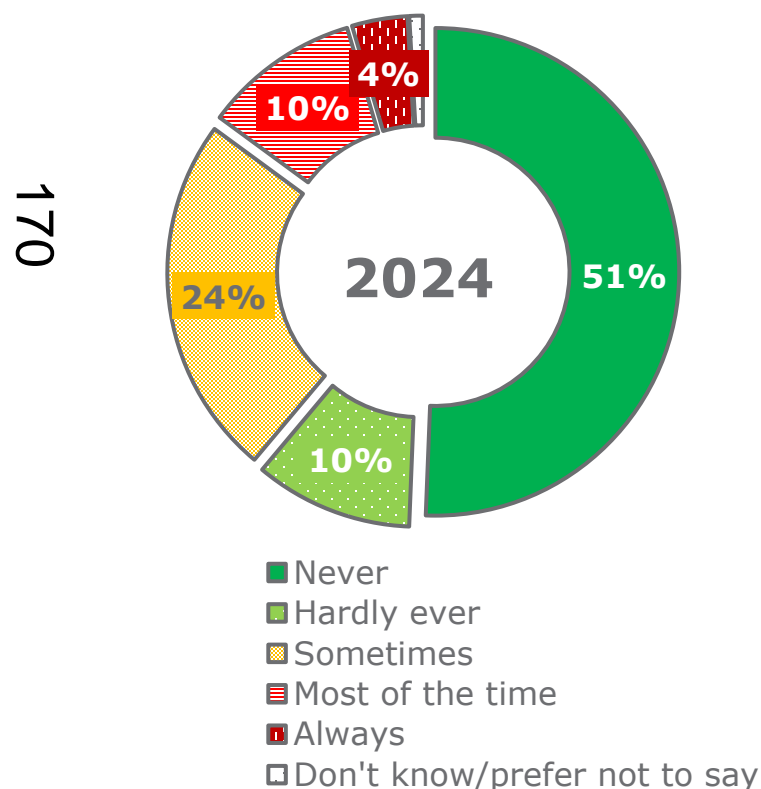
Financial

- In Leicester, 38% of residents have run out of money at least occasionally in the past year, with 14% experiencing this frequently.
- Difficulties in paying bills or buying groceries affect 32% of residents, with 23% struggling with energy costs, a rise of 13% points from 2018.
- While 53% feel financially stable compared to last year, only 11% feel better off, down 14% points.
- Food insecurity impacts just under two in ten residents.
- Support service usage is lower, with Citizen's Advice accessed by 7% annually.

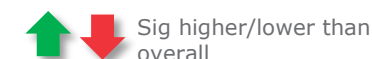


Run out of money

As may be expected given recent inflationary pressures, financial vulnerability has increased, with the percentage who say that they hardly ever/never run out of money falling from seven in ten (69%) to six in ten (61%) residents. This is driven by an increase in the percentage who say that they sometimes run out of money (+7% points), as the percentage who run out of money most of the time/always has remained stable (14%).



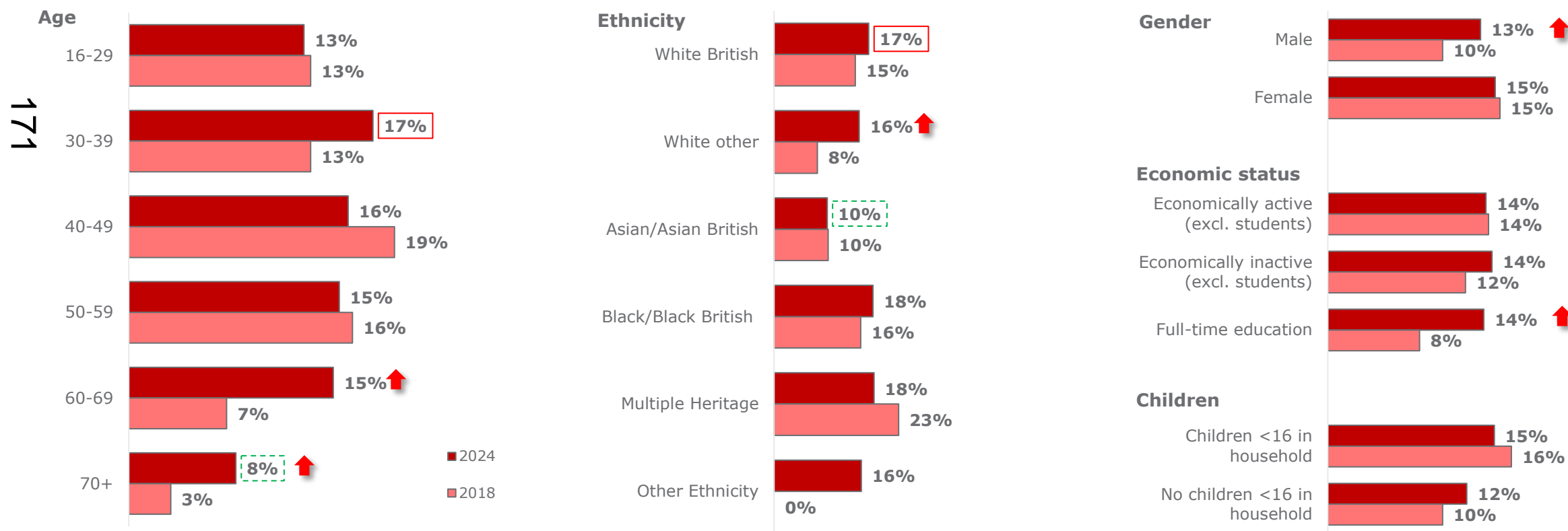
Q016. In the past 12 months, how often, if at all, have you run out of money before the end of the week or month? **Base:** All respondents (2,100). Data labels <4% removed for neatness.





Run out of money (% most of the time/always): demographic breakdown

Those aged 30-39 are more likely than all other age groups to say that they run out of money most of the time/always. Wave-on-wave the results by age are largely stable, but the percentage of 60-69 and 70+ year-olds who report running out of money this often has doubled. This may be due to the more fixed nature of income within these age bands, as many will be retired and as such will have had a more limited ability to take on extra hours/change jobs to offset increases to the cost of living.



Q016. In the past 12 months, how often, if at all, have you run out of money before the end of the week or month? **Base:** All respondents (2,100).

Significantly higher than all other residents

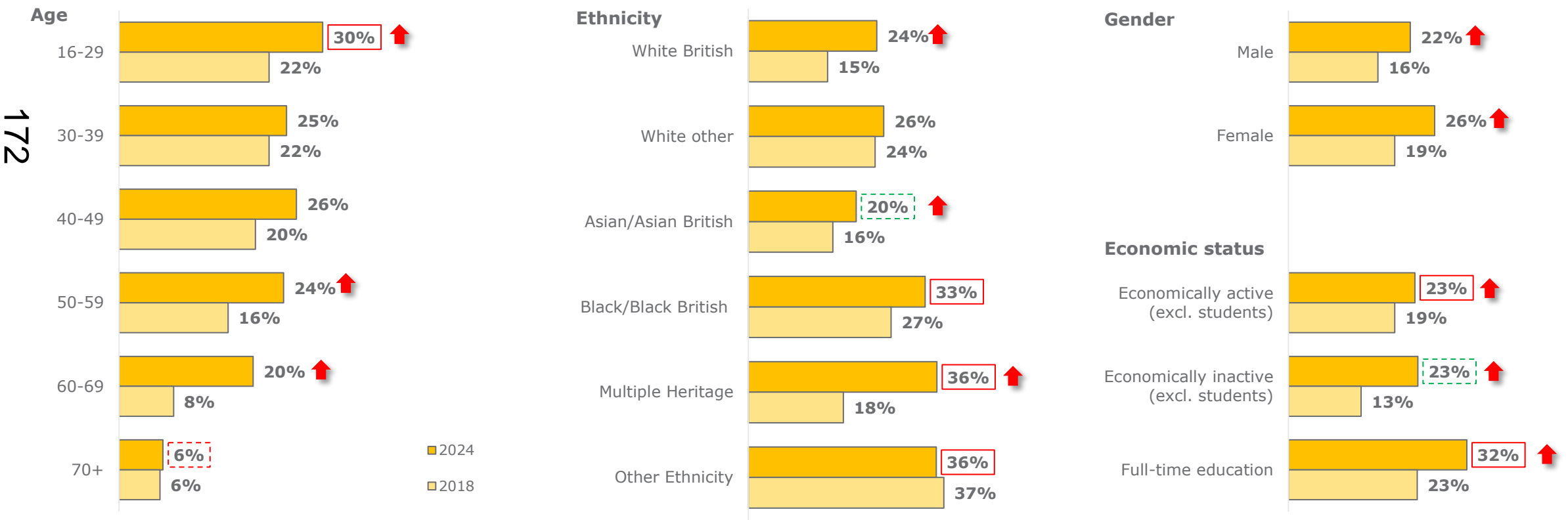
Significantly lower than all other residents



Significantly higher/lower than previous survey

Run out of money (% sometimes): demographic breakdown

The growth in the percentage who 'sometimes' run out of money is primarily driven by the youngest age group, along with 50-59 and 60-69 year-olds. There is also a substantial increase in this figure among those who are White British. It is, however, black, multiple heritage and those who identify as an 'other' ethnicity who are significantly more likely than other ethnicities to run out of money sometimes.

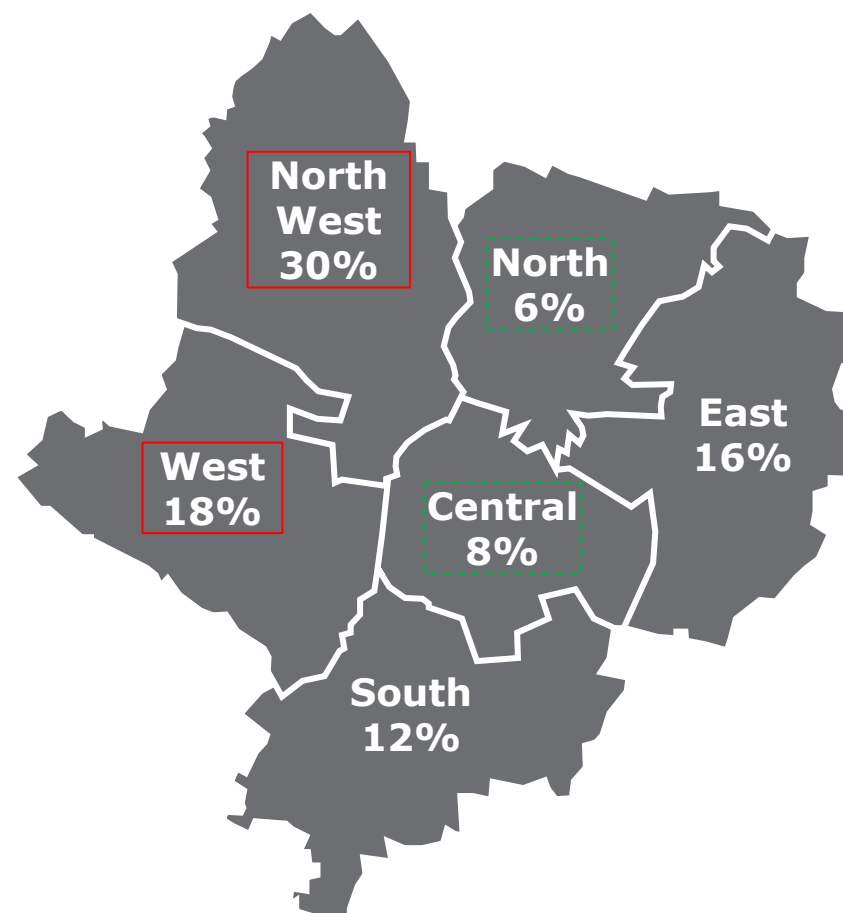
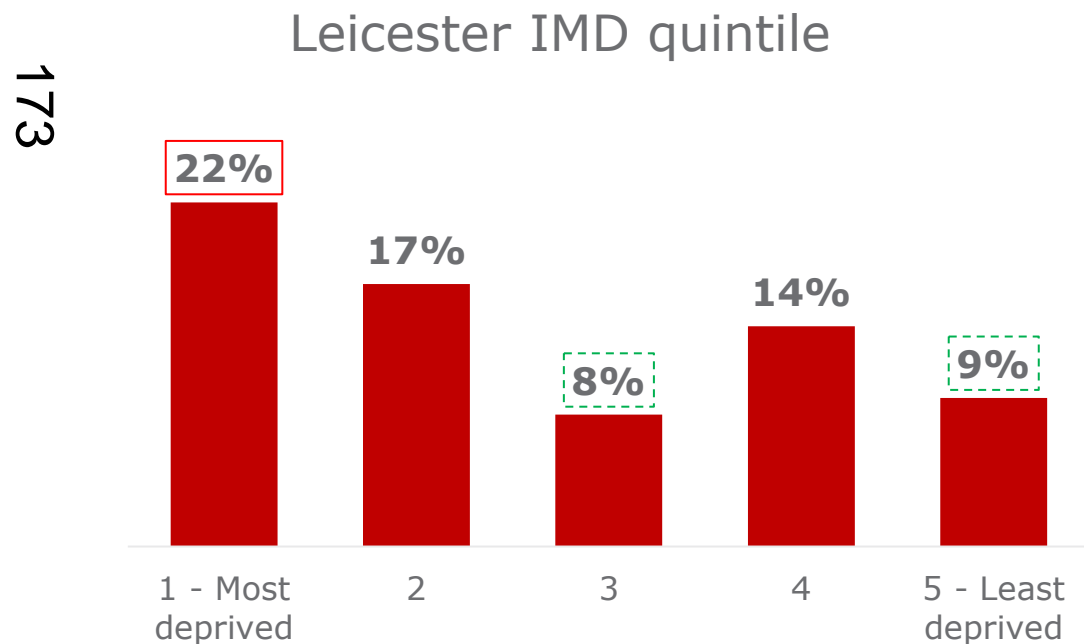


Q016. In the past 12 months, how often, if at all, have you run out of money before the end of the week or month? **Base:** All respondents (2,100).



Run out of money (% most of the time/always) demographic breakdown

There are clear disparities in financial vulnerability by region, with those in the North West (30%) being five times more likely to say that they run out of money compared to those in the North (6%).



Q016. In the past 12 months, how often, if at all, have you run out of money before the end of the week or month? **Base:** All respondents (2,100).

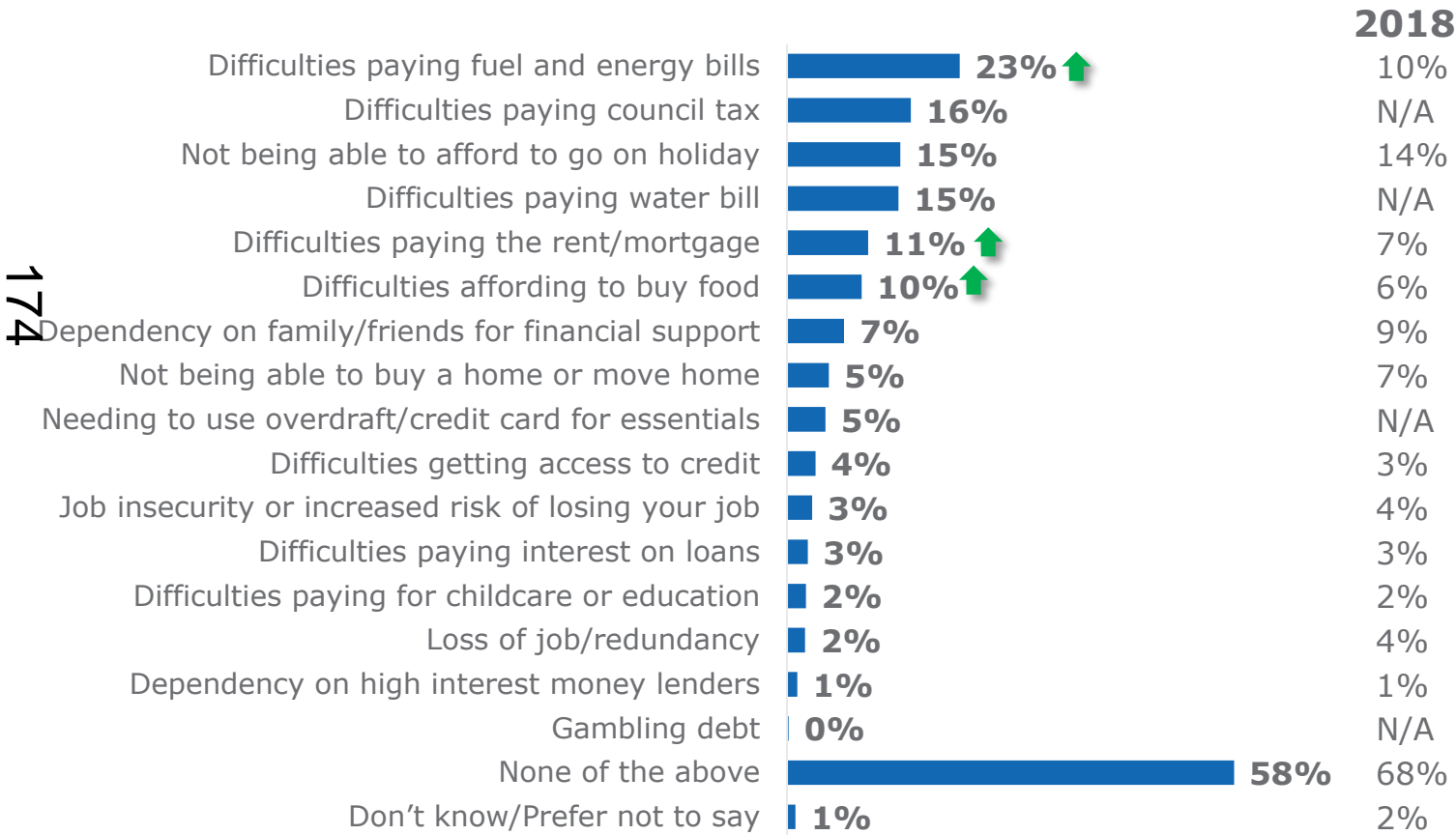
63

 Significantly higher than all other residents

 Significantly lower than all other residents

Financial difficulties

The landscape has shifted since 2018 in terms of the struggles of Leicester residents. In 2018, the most commonly cited difficulty was not being able to afford to go on holiday, but in 2024 it is difficulties paying fuel and energy bills (23%). Indeed, this figure has more than doubled since 2018 and reflects the economic challenges experienced over the past few years.



	2024	2018
Basic living costs*	31%	14%
Employment*	5%	7%

Key differences:

Older generations are least likely to have experienced any of these issues, with 82% of those aged 70+ stating they've been affected by none of the above. In contrast, those with conditions that limit their ability to carry out day-to-day tasks, those in the North West and social renters are all significantly more likely to have experienced at least one of these difficulties.

Q017. Have you been affected by any of the following in the last 12 months? **Base:** All respondents (2,100)
Note: new codes added in 2024 which means these results are not directly comparable.
*Basic living costs include codes relating to difficulties in paying: rent/mortgage, fuel/energy, council tax, water bill, food, and interest on loans. **Employment includes: job insecurity and loss of jobs/redundancy.

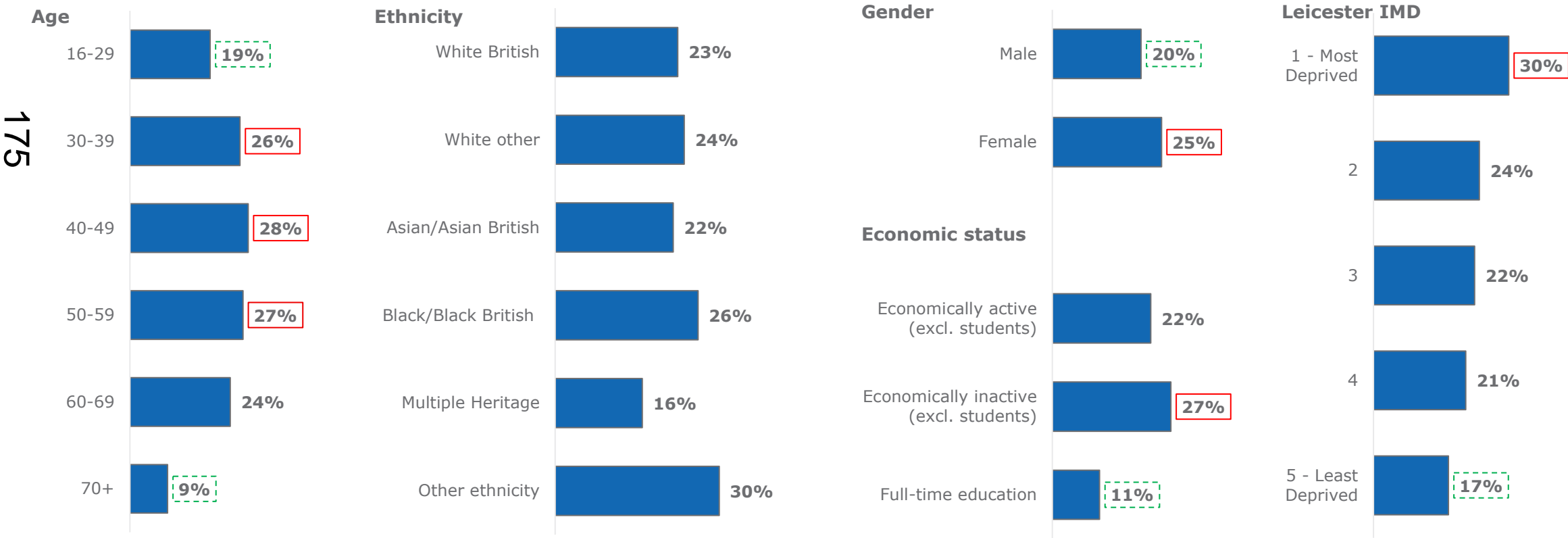


Sig higher/lower than previous survey

Difficulties paying for fuel and energy bills: demographic breakdown

Residents who are economically inactive are substantially more likely to report difficulties in paying for fuel and energy bills. 30-59 year olds, the most deprived residents, and women are also more likely to report this.

23%
overall



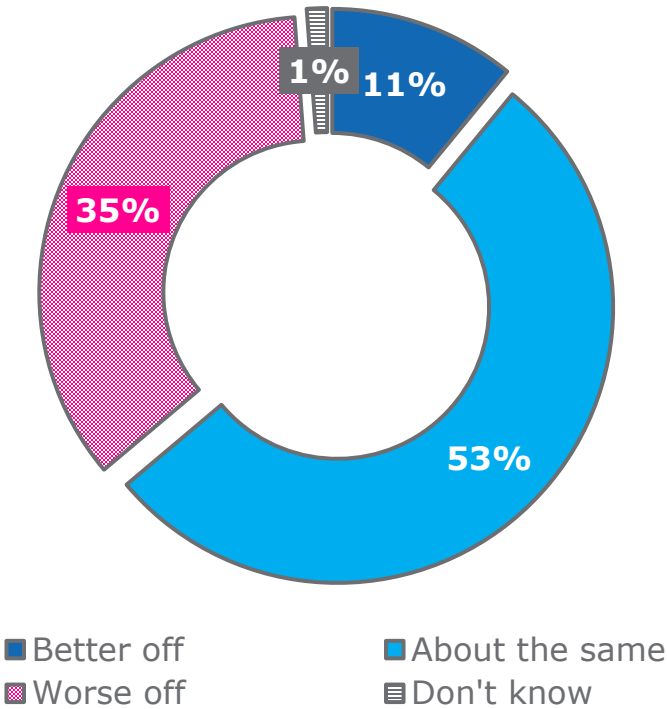
Q017. Have you been affected by any of the following in the last 12 months? **Base:** All respondents (2,100) Charts based on those stating that they have difficulties paying for fuel and energy bills (474)

Significantly higher than all other residents Significantly lower than all other residents

Financial situation

Responses are decisively less positive compared to 2018, laying bare the challenging economic climate of the post-covid era. The percentage who report that they are better off financially compared to 2018 has more than halved compared to 2018, while the percentage who say they are worse off has near doubled.

176

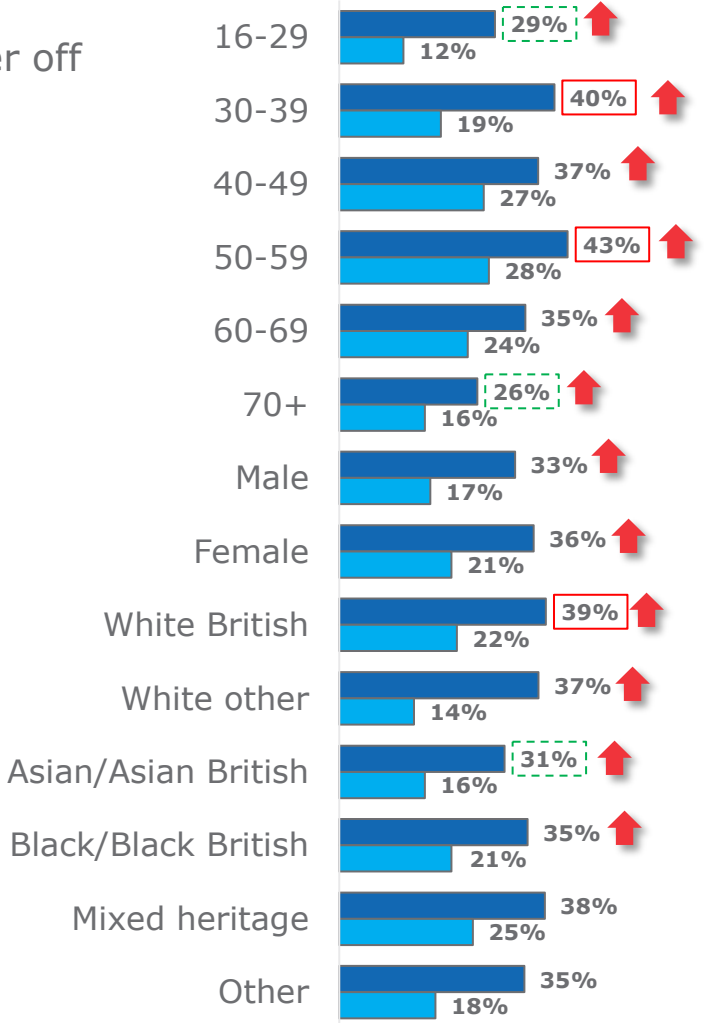


	2024	2018
Better off	11%	25%
About the same	53%	54%
Worse off	35%	19%

% Worse off

2024

2018



Q018. Do you feel better off, worse off, or about the same financially than you did 12 months ago?
Base: All respondents (2,100).

Significantly higher than all other residents

Significantly lower than all other residents

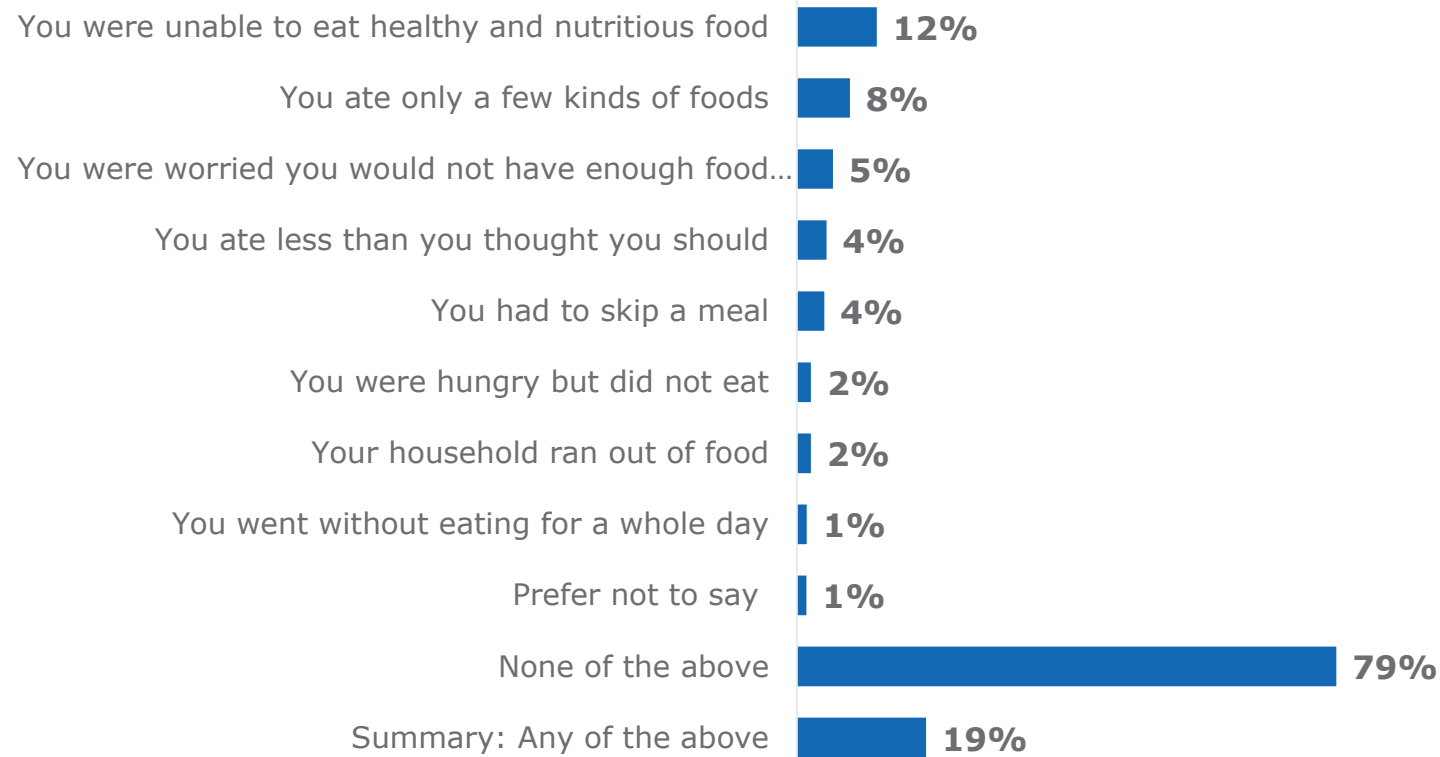
Sig higher/lower than previous survey



Food insecurity

Due to a lack of money or other resources, one in five had to limit the types of food they ate – 12% were unable to eat healthy foods, and 8% had to limit the variety in their diet. One in twenty say that they were worried about not having enough food.

177



Key differences:

Around 20% of each age group say that they have experienced at least one of these things, apart from those aged 70+ where it drops to 8%.

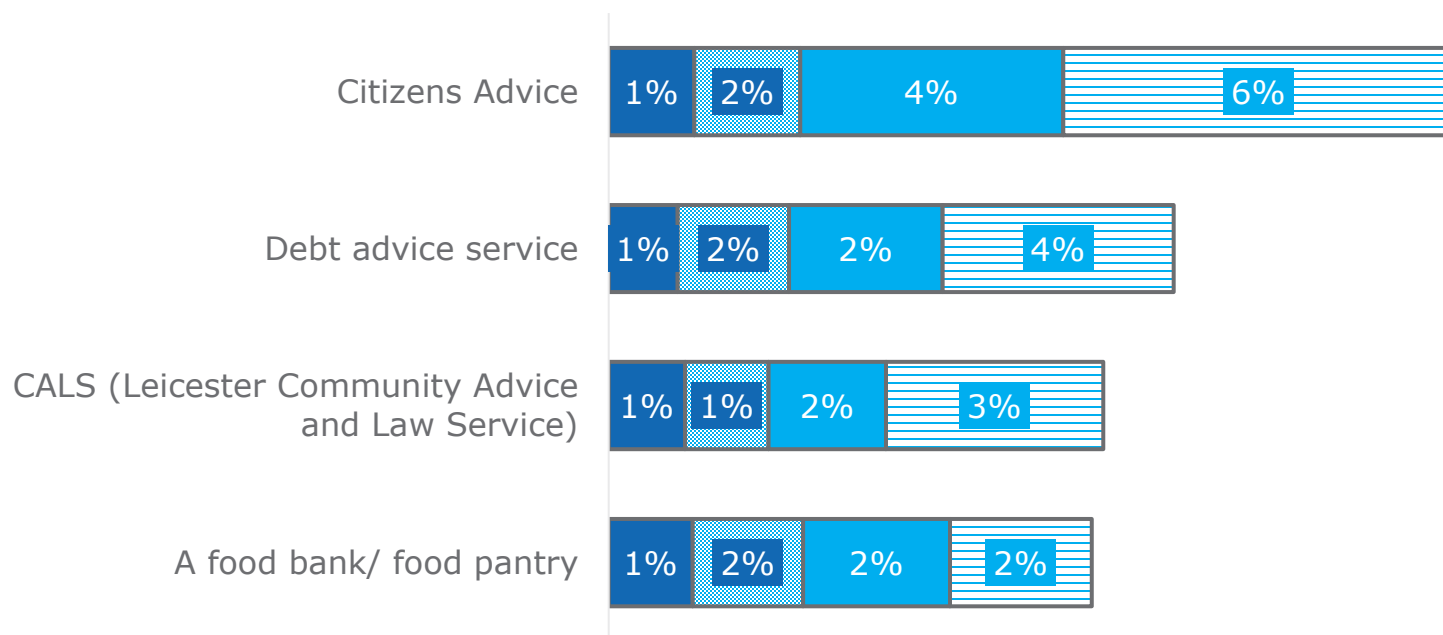
Those who are white British (24%) or of multiple heritage (34%) are more likely to have experienced any of these also, along with carers (27%), those who have a health condition or disability that reduces their ability to carry out day-to-day tasks (33%) and social (29%) and private (22%) renters.



Use of support services

Use of support services in Leicester is limited. The most commonly used service is Citizens Advice, with 13% reporting using it, although around half report using it less frequently than yearly. 1% report relying on a food bank at least once a week and 2% at least once a month.

178



- At least once a week
- Less than once a week but at least once a month
- Less than once a month but at least once per year
- Less than yearly

Key differences:

Residents in the North West of the city are more likely to use a food bank/pantry, with 19% having used one at some point (compared to 8% of the total sample). Likewise, 23% of North West residents have accessed debt advice services, compared to 9% of the total sample.

Those who are socially renting are significantly more likely to have accessed debt advice services (20% cf. 5% owned and 7% privately rented).

Caring and caring responsibilities

- In Leicester, 11% of residents provide care for someone with long-term health conditions. This represents a fall of 2% points since 2018 (13%).
- 68% of these carers live with the person they support.

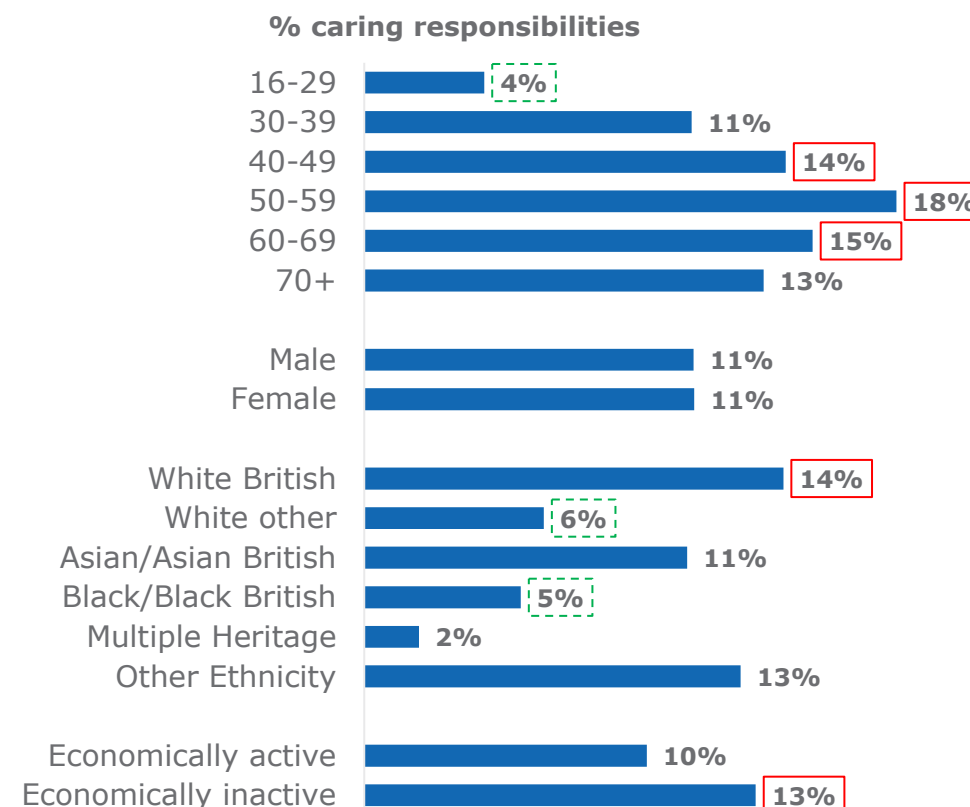
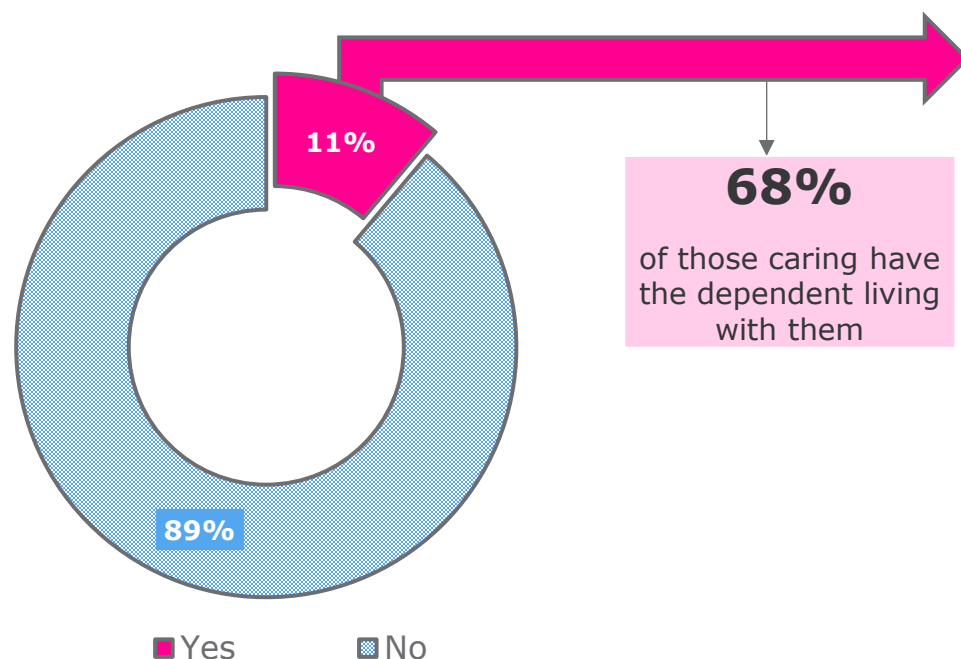
179



Caring and caring responsibilities (I)

One in ten (11%) residents state that they look after or give help/support to someone because they have long-term, physical or mental health conditions or illnesses, or problems related to old age. Of those who act as carers, over two-thirds report that the person they care for lives with them (68%). Caring is particularly prevalent among 40-69 year-olds and those who are White British.

180



Q06. Do you look after or give any help or support to anyone because they have long-term, physical or mental health conditions or illnesses, or problems related to old age? Exclude anything you do as part of your paid employment. **Base:** All respondents (2,100).

Q07. Does this person live with you? **Base:** All respondents who give help or support (242).

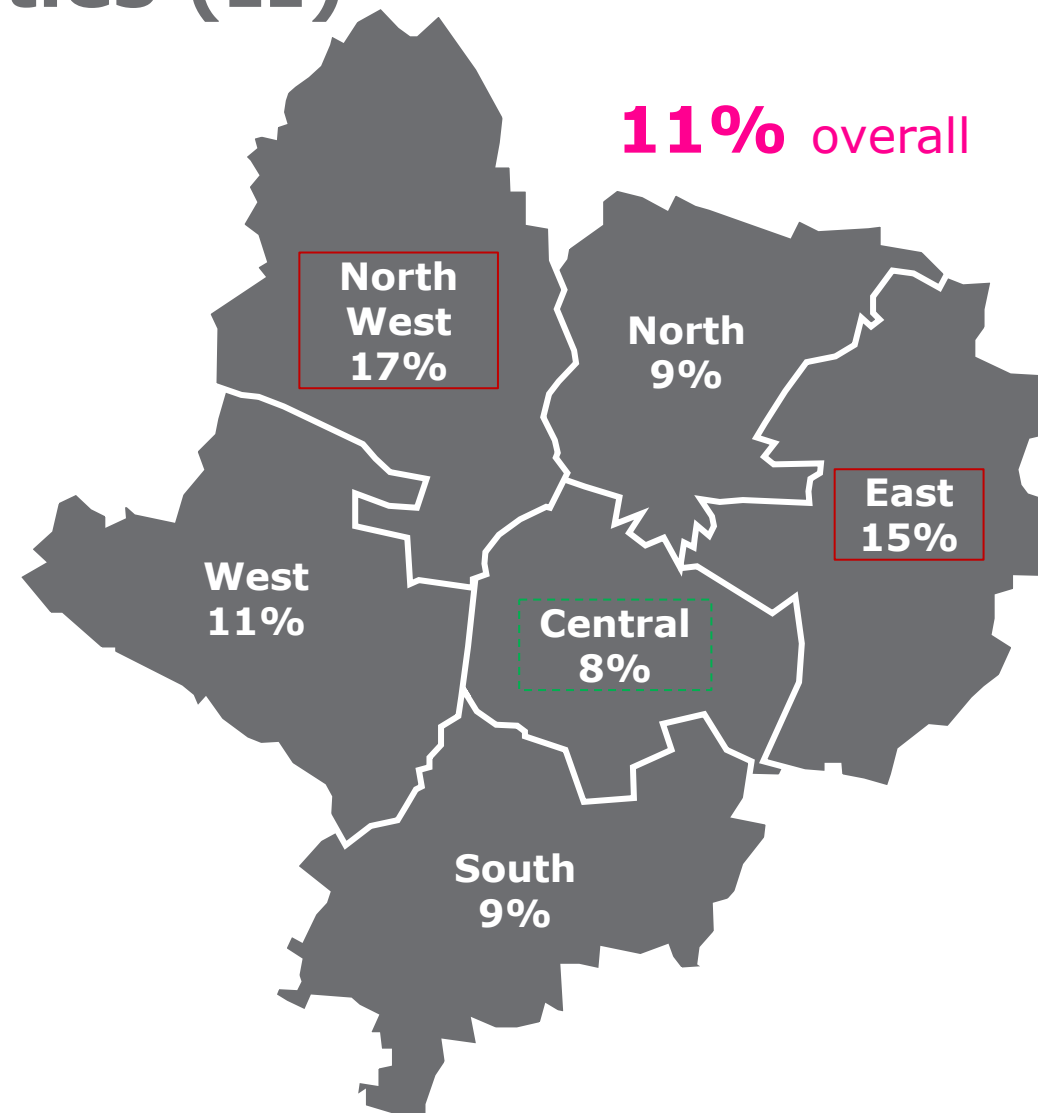
Significantly higher than all other residents

Significantly lower than all other residents



Caring and caring responsibilities (II)

The percentage of residents with caring responsibilities is highest in the North West (17%) and East (15%) of Leicester, and lowest in Central Leicester (8%).



181

Q06. Do you look after or give any help or support to anyone because they have long-term, physical or mental health conditions or illnesses, or problems related to old age? Exclude anything you do as part of your paid employment. **Base:** All respondents (2,100).

 Significantly higher than all other residents

 Significantly lower than all other residents

Sexual health services

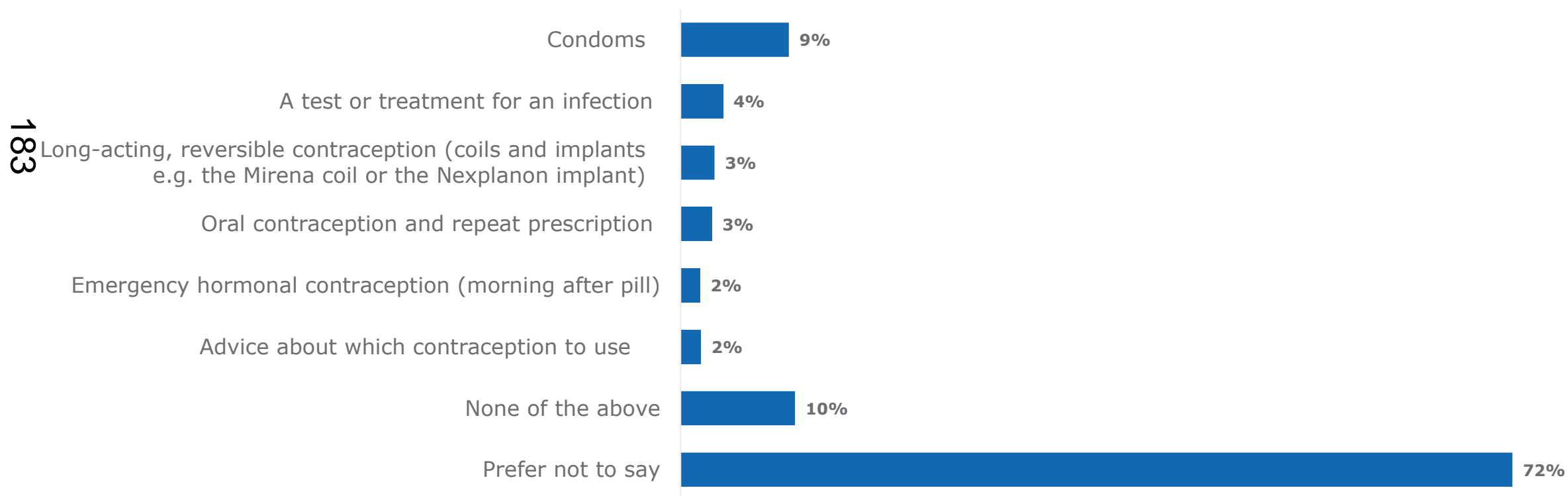
- While 72% of residents chose not to disclose their use of sexual health services, 9% have accessed free condoms, and 4% have sought infection testing or treatment.
- Pharmacies are the primary source for condoms (78%), oral contraception (56%), and emergency contraception (83%), with 25% opting to access emergency contraception online.

182



Use of sexual health services

Though the majority of residents opted not to disclose information about their use of sexual health services (72%), 9% have accessed condoms free of charge, and 4% have had a test or treatment for an infection.



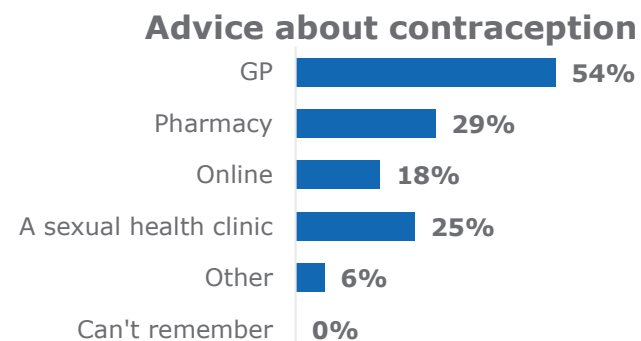
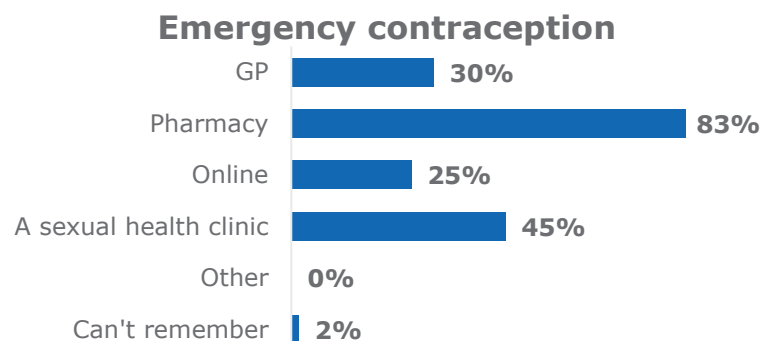
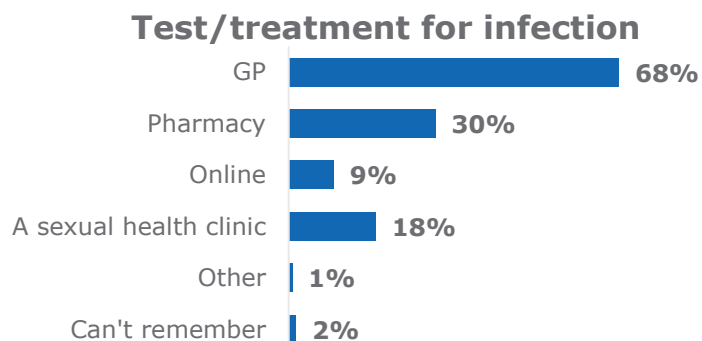
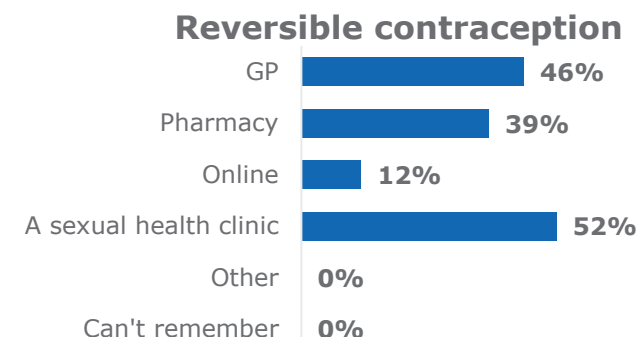
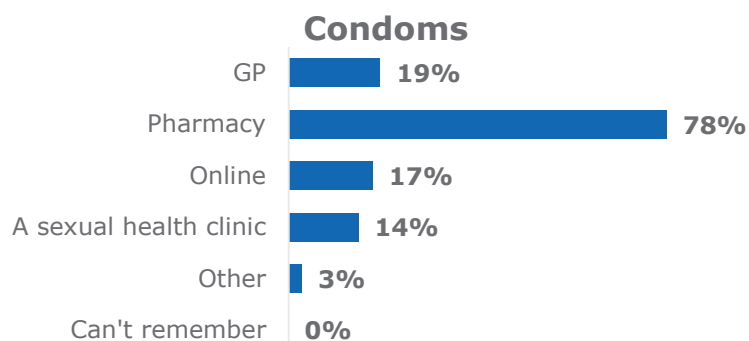
Q041. Which of the following, if any, have you accessed free of charge from these services within the last 2 years **Base:** All respondents (2,100).
Note: Self-completion was offered for this question. Around three-quarters of residents took up this option.



Method of access for sexual health services

Of those who were willing to comment, we see that residents are most likely to visit a pharmacy for access to condoms (78%), oral contraception (56%), and emergency contraception (83%). Interestingly, one-quarter of recipients opted to access emergency contraception online.

184



Place and volunteering

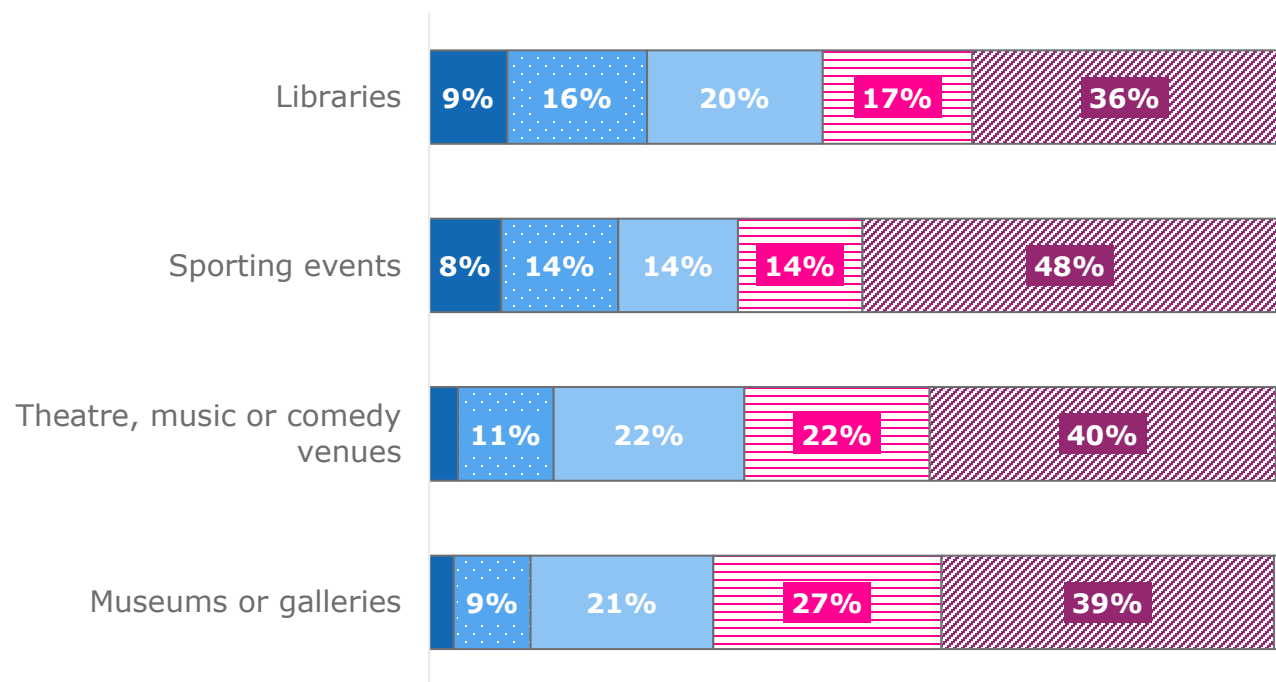
- About one in ten residents visit a library once a week, this rises to one in four visits monthly.
- Just over one in three residents attended a Leicester sporting event in the last year.
- Just over one in ten residents provide unpaid help, with 11% supporting a group or organisation and 12% helping an unrelated individual—both lower than in 2018, with a notable 11% point drop in helping others.



Use of culture-related facilities in Leicester

One quarter of residents visit libraries in Leicester at least once a month (25%). This rises to 45% visiting at least once per year. Whilst 36% of residents attend sporting events in Leicester, half of the population have never attended one (48%).

186



- At least once a week
- Less than once a week but at least once a month
- Less than once a month but at least once per year
- Less than yearly
- Never
- Don't know

Q012. How often, if at all, do you use the following in Leicester? **Base:** All respondents (2,100).
Note - New statements added for 2024 – comparison to 2018 data is not possible.
Data labels <5% removed for neatness.



Key differences:

'White other' residents are significantly more likely than any other ethnicity group to theatres, music/comedy venues (7%), as well as museums/galleries (8%) and libraries (14%). Black residents are more likely than residents of all other ethnicities to attend sporting events weekly (13%).

Younger residents (16-29) are significantly more likely to have used libraries at least weekly (14%). So too are residents with A-level level education (13%), and those currently in full-time education (28%).

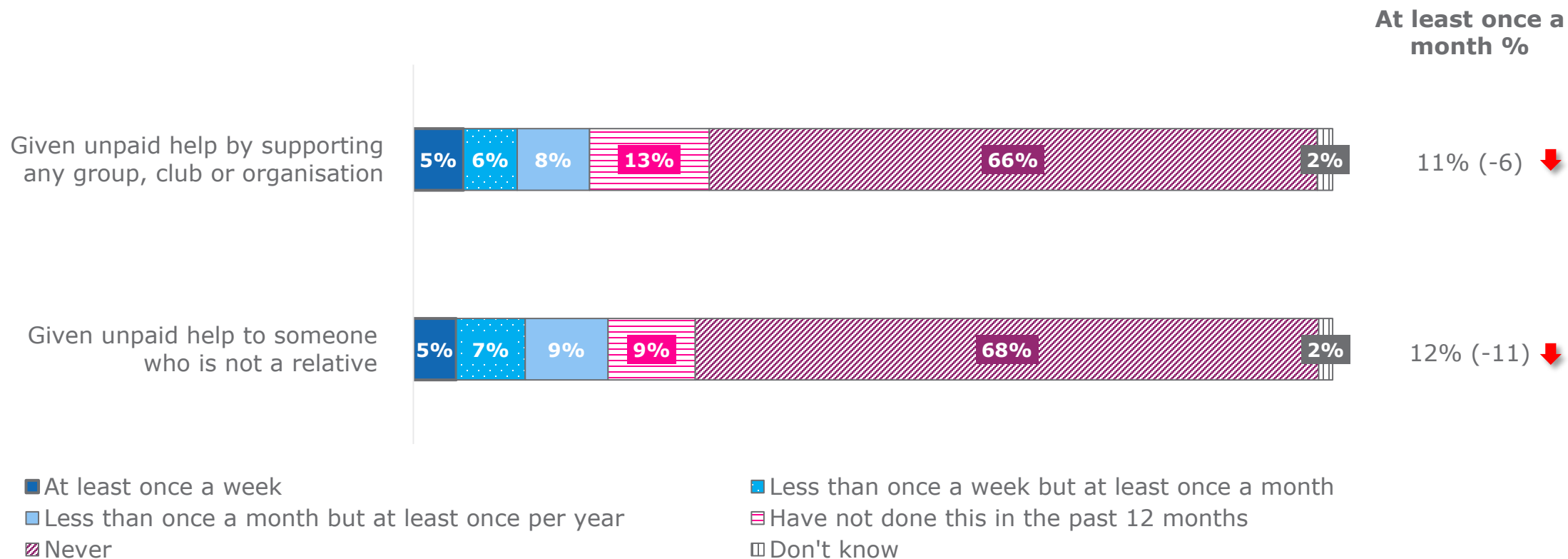
Those aged 16-29 or 30-39 are more likely to attend sporting events at least weekly (11% for both), as well as the economically active (11%) and those who feel affected by gambling (14%).



Unpaid help (I)

Just over one in ten residents is likely to give unpaid help, either by supporting a group, club or organisation (11%) or to a person who is not related to them (12%) on at least a monthly basis. Both figures are lower than those observed in 2018. In particular, giving help to another person has fallen by 11% points.

187



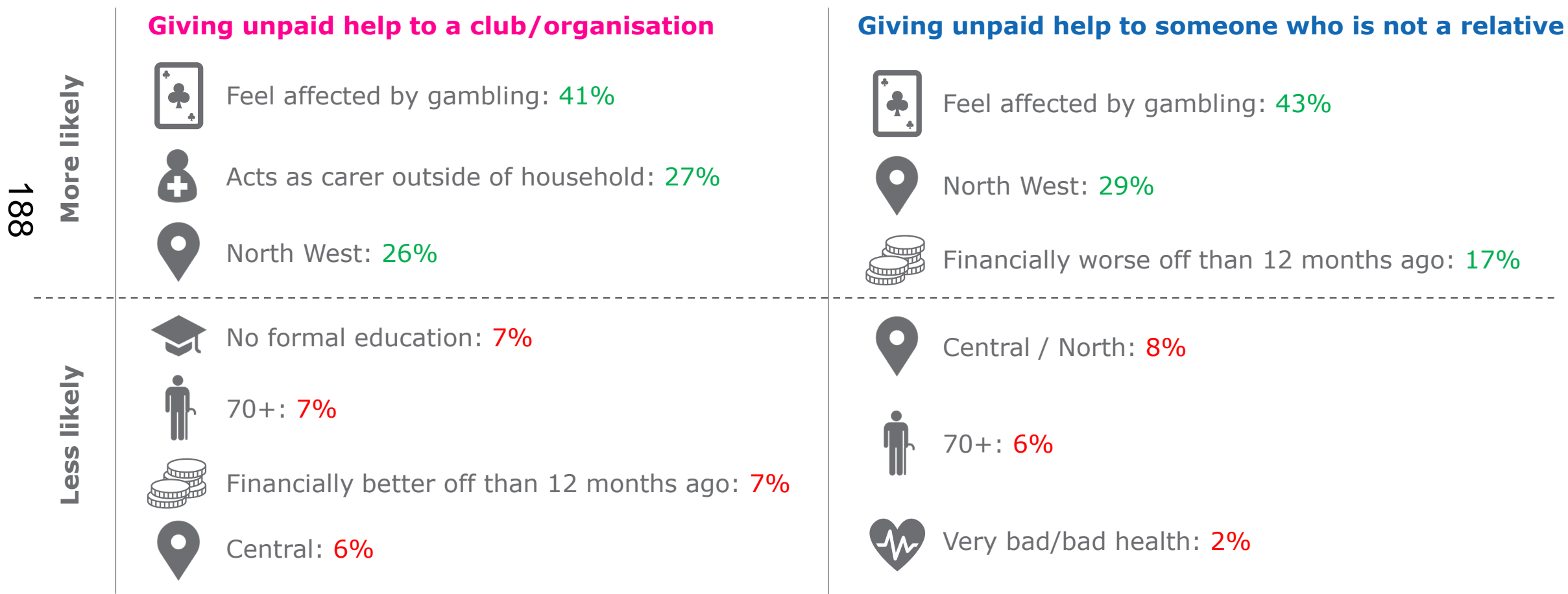
↑ ↓ Sig higher/lower than previous survey

Q015. How often, if at all, have you given unpaid help in the following ways? **Base:** All respondents (2,100).



Unpaid help (II)

Residents in the North West are 18% points more likely than average to formally give unpaid help (29% v 11% total).



Q015. How often, if at all, have you given unpaid help in the following ways? **Base:** All respondents 2,100).

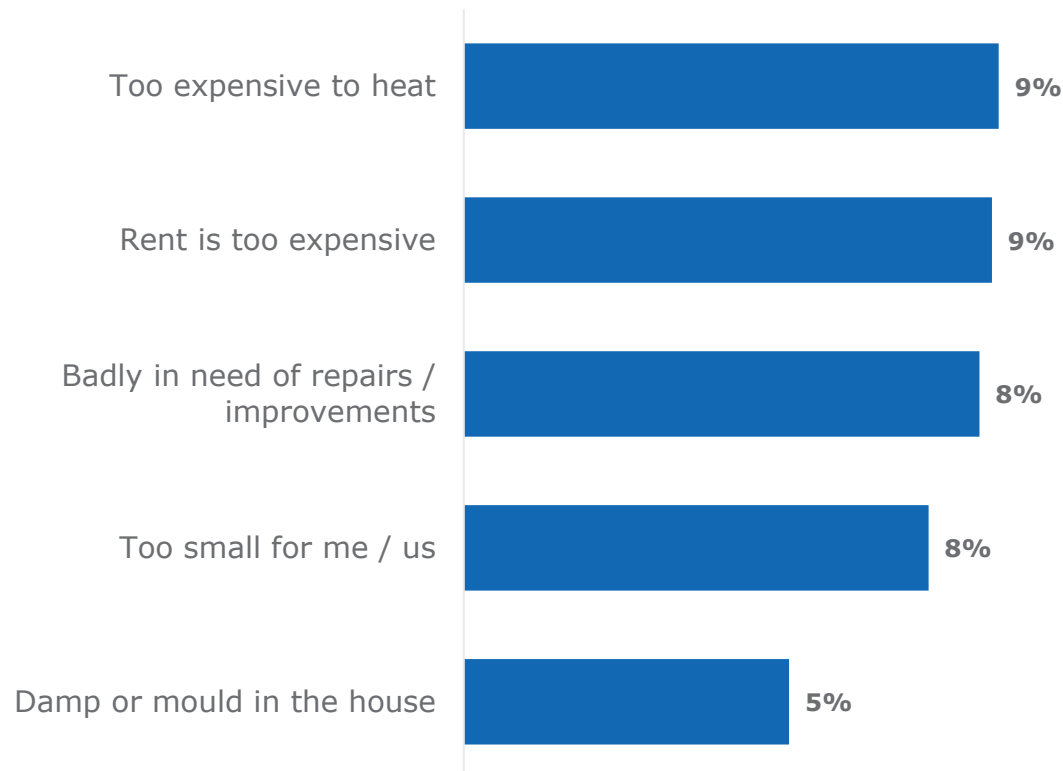
Housing

- 39% of residents note that they have an issue with their current housing situation. Around one in ten mention that their house is too expensive to heat or that their rent is too expensive (both 9%).
- One-quarter of households show signs of being potentially overcrowded (24%).
- One third of households mention living with children under 16 (35%), while one quarter have elderly people living in their household (26%).

Issues with the home

Almost two-fifths of residents note some sort of issue with their current housing situation (39%). The cost of heating their home currently affects one-tenth of Leicester residents (9%), with the same proportion reporting that their rent is too costly.

Most common issues



None:
61%

Key differences:

Residents aged 30-39 are significantly more likely than all other cohorts to mention that one of the issues outlined applies to their home (48% v 39%). This group are 7% points more likely than average to say that their rent is too expensive (16% v 9%).

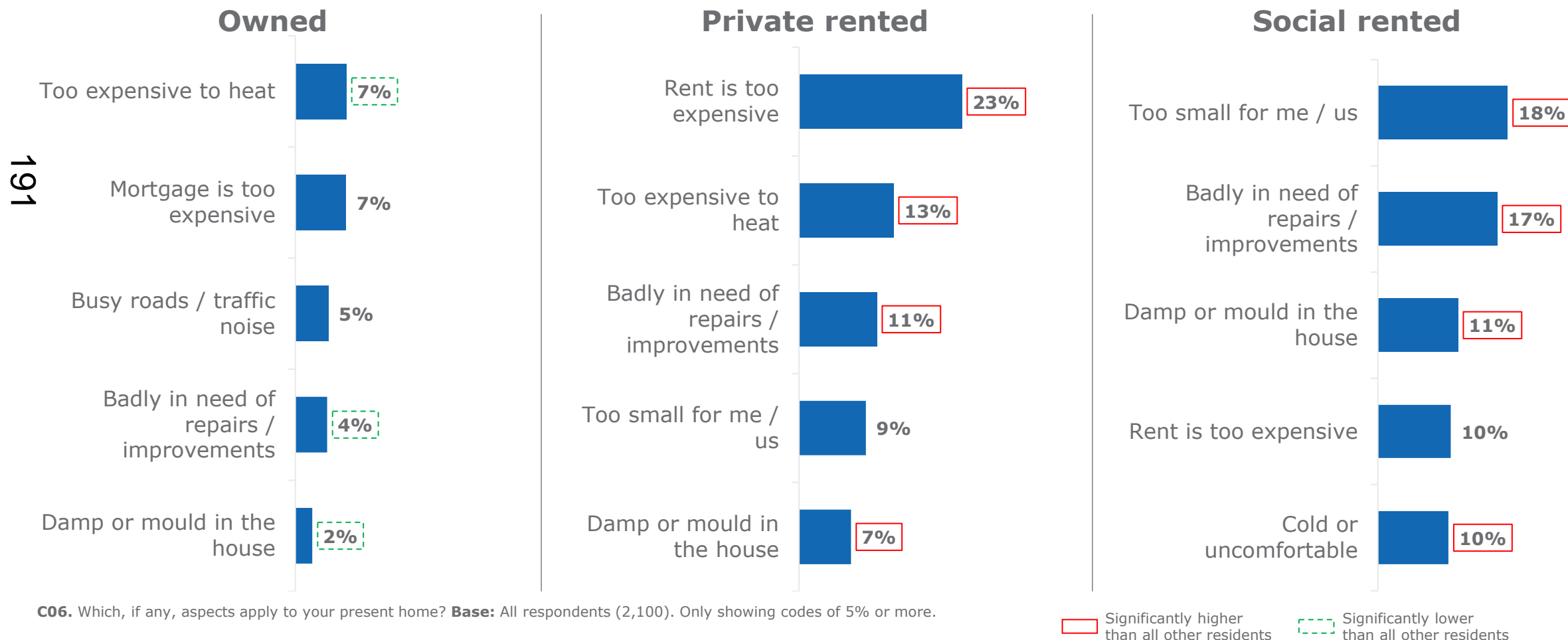
So too are those living in the West of the city (48% v 39%). One in ten feel that their house is not safe/secure enough (9%).

51% of those living in social housing have encountered one of these issues, with almost one-fifth stating that their house is too small for them (18%) and a similar proportion saying that their house is badly in need of repairs (17%).



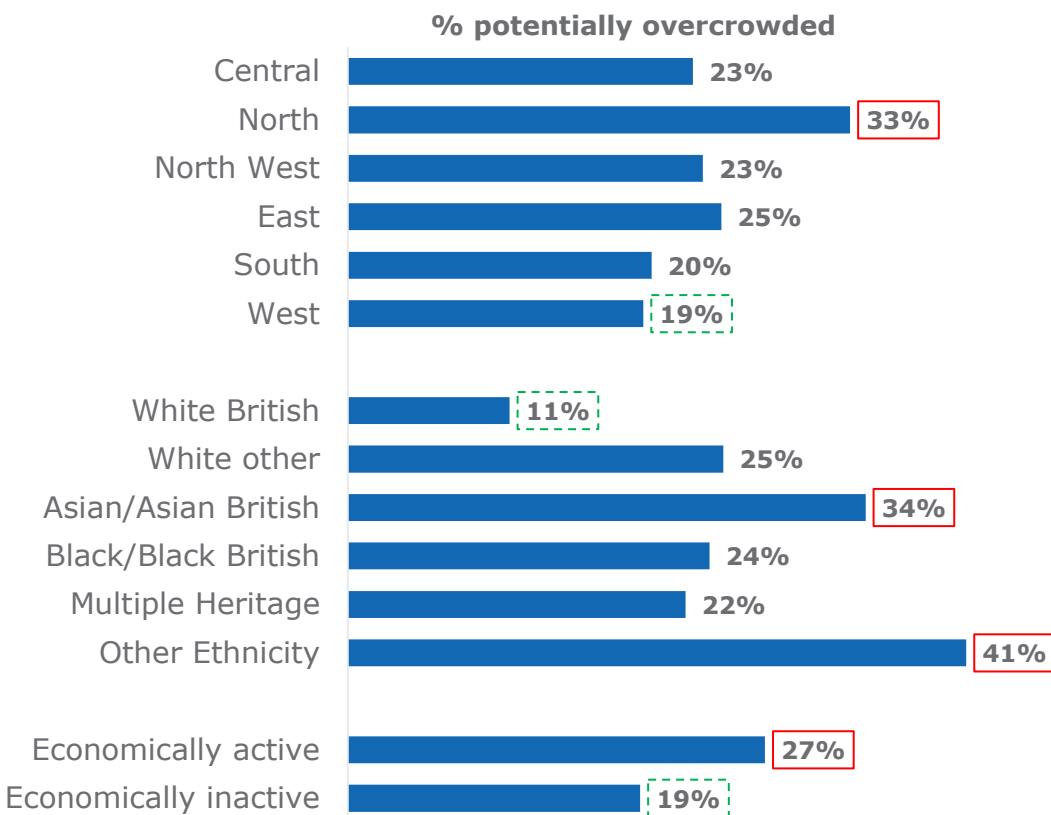
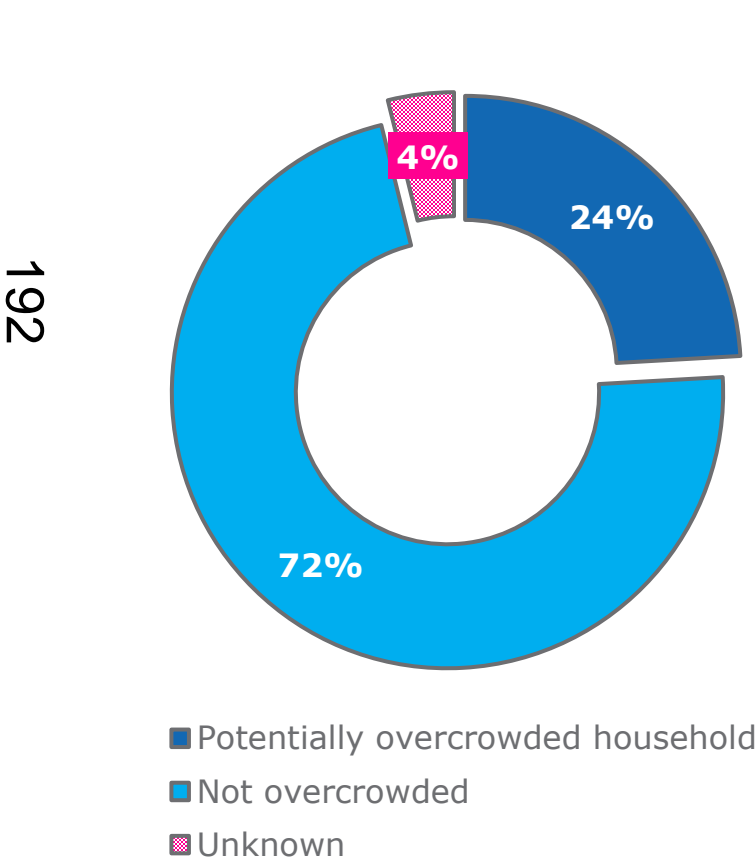
Issues with the home: tenure breakdown (top 5)

Private renters are more likely to report issues with the expense of heating or their rent, while social tenants are more likely to report problems with the size of their home or the need for repairs/improvements. Both social and private tenants are more likely to say there is a problem with damp or mould in their house.



Overcrowding

One quarter of households across Leicester are potentially overcrowded (24%). This rises to one third of residents living in the North of Leicester (33%) and those of Asian/Asian British heritage (34%) and is higher still for those of an 'other' ethnicity (41%).

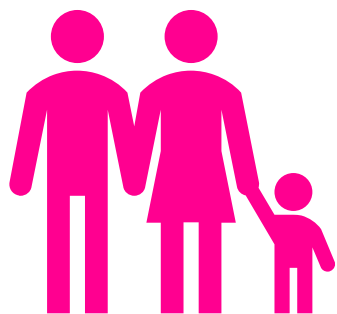




Household composition

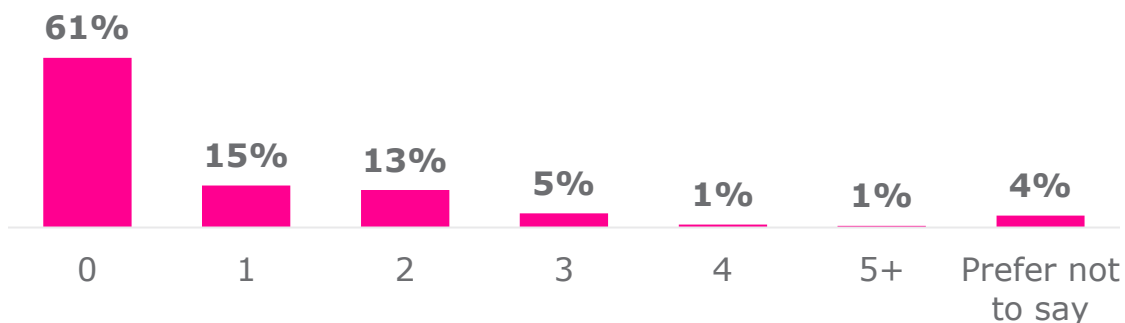
Over one-third of residents have young children living in their household (35%). Another quarter live with people aged 65+ (26%). 4% of households contain both under 16s and those aged over 65.

193



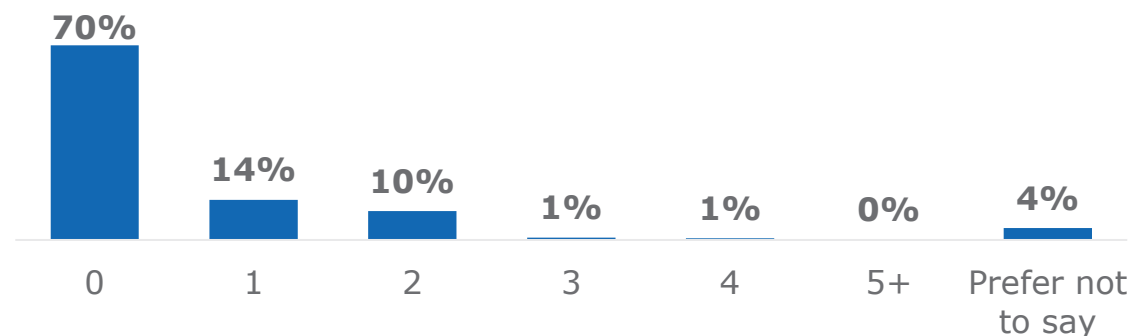
35%

have children under 16 living at home



26%

have older people (65+) in the household



Digital inclusion

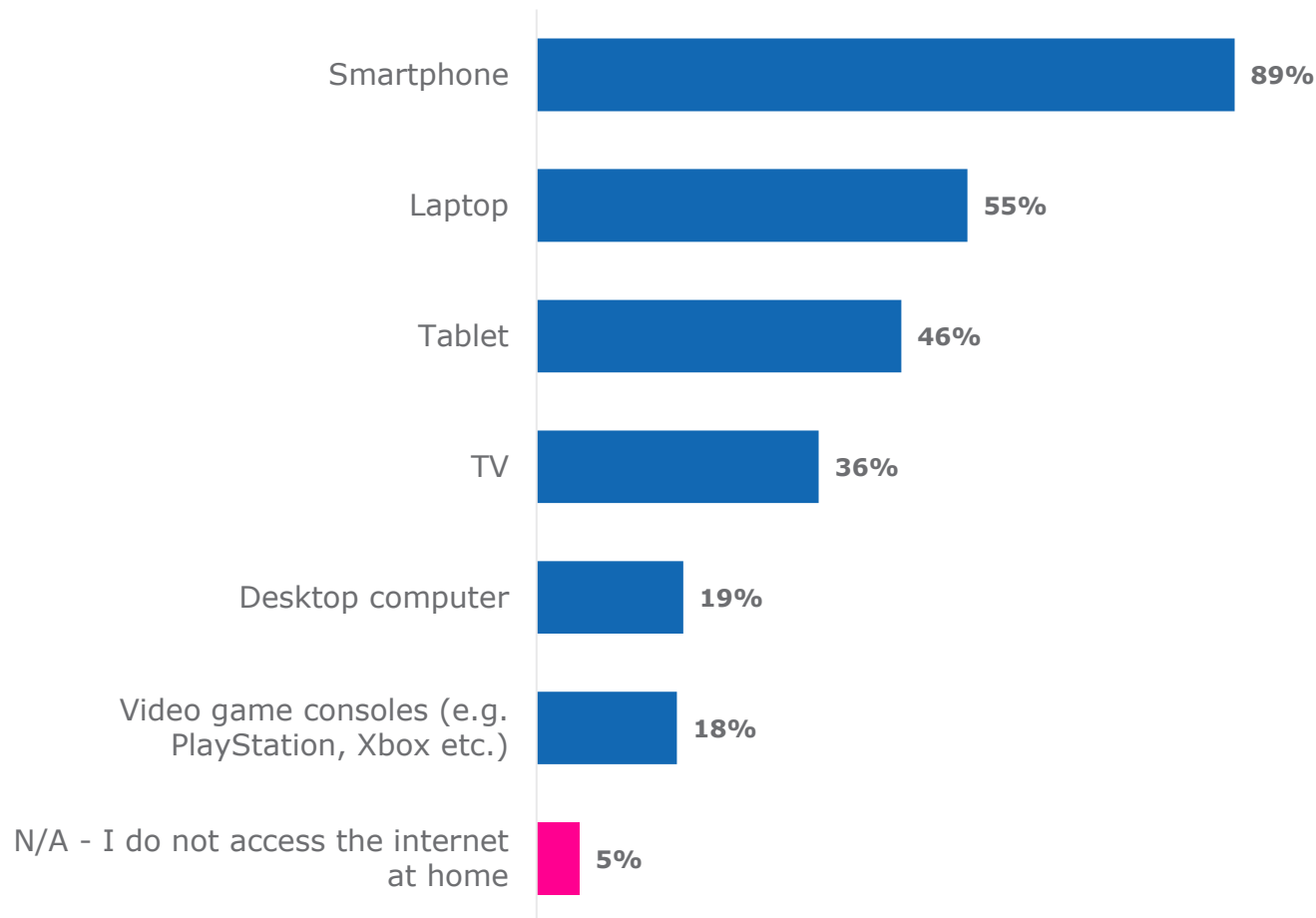
- 95% of residents access the internet at home, primarily via smartphones (89%).
- Most residents (82%) feel confident online, though confidence drops with age, with only 35% of those 70+ feeling confident.
- Confidence in assessing online information's truthfulness is slightly lower (76%), and those with lower education levels report the lowest levels of confidence.



Use of digital devices to access the internet

Nearly all residents (95%) access the internet at home in some way. Most commonly this is through a smartphone (89%).

195



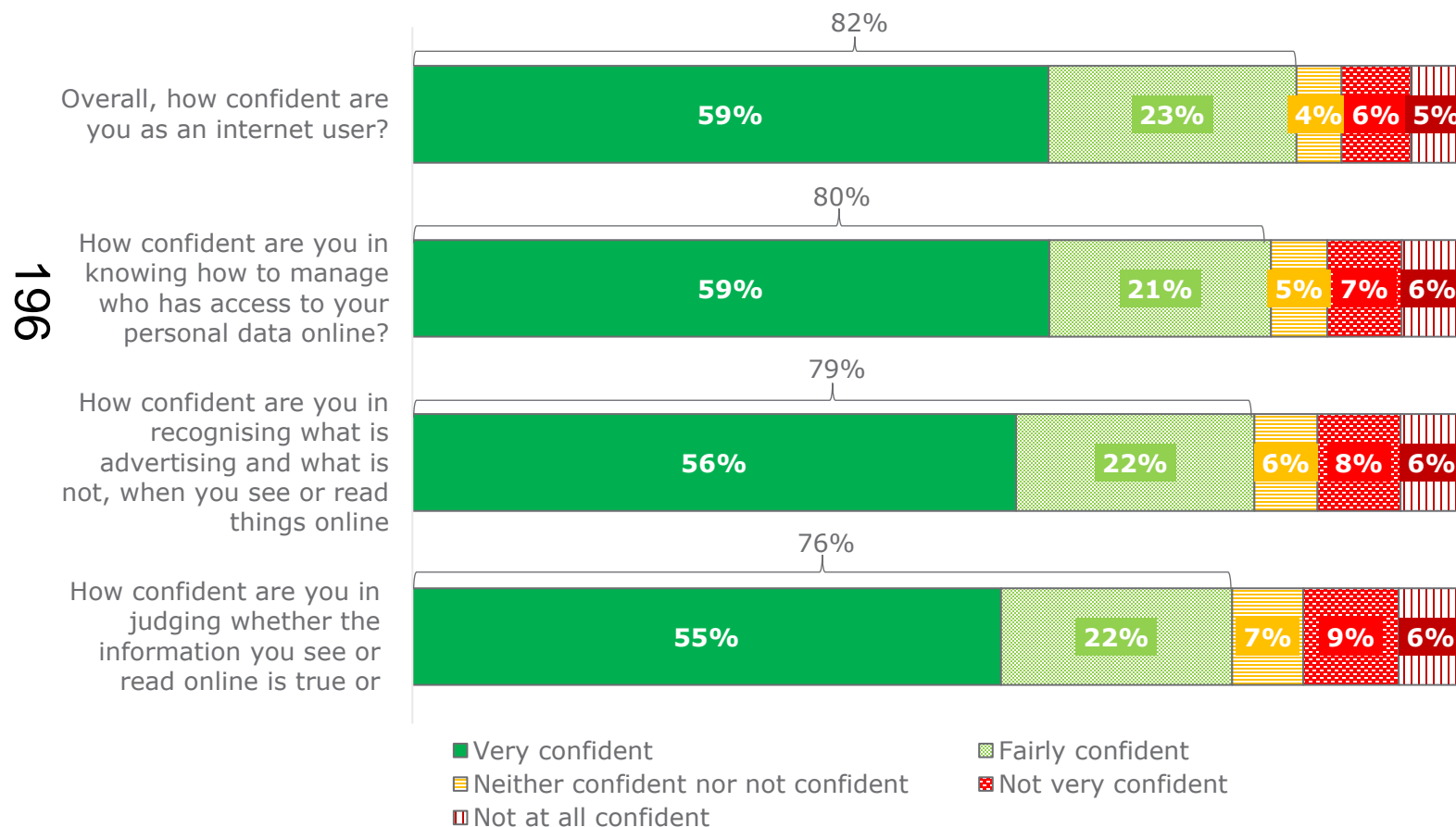
Key differences:

The percentage who don't access the internet at home does not exceed 3% for the age groups ranging from 16-29 through to 50-59. This increases sharply to 12% of 60-69-year-olds and then near trebles to 33% of those aged 70+.



Confidence using the internet

82% feel fairly/very confident as an internet user compared to 11% who feel not very/not at all confident. There is marginally less confidence when it comes to judging the truthfulness of online information, although confidence is still high (76%). 15% indicate they do not feel confident doing this.

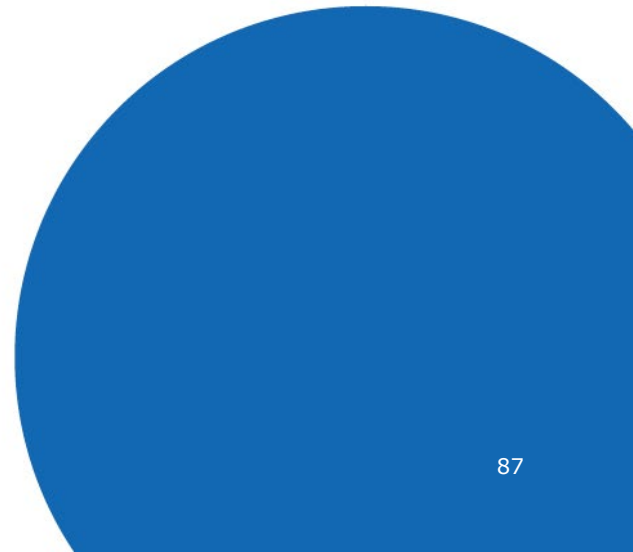
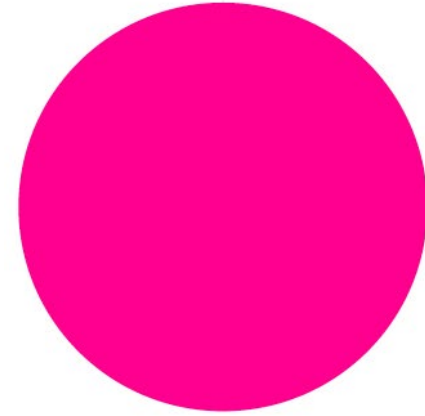


Key differences:

As could be expected, older generations are less likely to feel confident as an internet user – 62% of those aged 60-69 are either fairly or very confident compared to 82% of the total sample. This drops further to just one-third of residents aged 70+ (35%).

Those with lower levels of education are less confident across all areas (with the percentage who are not confident ranging from 41% to 53%). These scores are significantly higher than all other education subgroups.

Groups of interest





Risk factor Leicester profile

198

Risk Factor	%	Change since 2018
Currently smoking	16%	Sig. lower
Less than 150 minutes exercise per week	68%	N/A
Alcohol dependence: increased risk or higher	14%	N/A
High anxiety level	19%	N/A
Always/mostly run out of money by end of month	14%	Consistent
Low digital confidence as internet users	11%	N/A
Affected by gambling	8%	N/A
Social isolation (often/all of the time)	6%	Sig. lower

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: children in the household

199

Risk Factor	%	Compared to all other subgroups*	Change since 2018
Currently smoking	16%	Consistent	Consistent
Less than 150 minutes exercise per week	67%	Higher risk	N/A
Alcohol dependence: increased risk or higher	10%	Reduced risk	N/A
High anxiety level	15%	Reduced risk	N/A
Always/mostly run out of money by end of month	15%	Consistent	Consistent
Low digital confidence as internet users	6%	Reduced risk	N/A
Affected by gambling	5%	Reduced risk	N/A
Social isolation (often/all of the time)	5%	Consistent	Sig. lower

Those with children in the household...

Are significantly more likely to do less than 150 minutes per week of exercise. More positively, they are less likely to report high levels of anxiety, low digital confidence or being affected by gambling.

Changes since 2018:

The percentage reporting feeling socially isolated has fallen.

*The comparator for the following tables is those who **do not** fall within the group of interest. For example, the comparator group for this table is those who do not belong to the children in household group.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: disability*

200

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	25%	Higher risk	Consistent
Less than 150 minutes exercise per week	87%	Higher risk	N/A
Alcohol dependence: increased risk or higher	12%	Consistent	N/A
High anxiety level	31%	Higher risk	N/A
Always/mostly run out of money by end of month	23%	Higher risk	Consistent
Low digital confidence as internet users	32%	Higher risk	N/A
Affected by gambling	8%	Consistent	N/A
Social isolation (often/all of the time)	13%	Higher risk	Sig. lower

Those with a disability...

Are significantly more likely to be at risk of nearly all these factors. The only factors where this group do not deviate significantly is audit C risk and being affected by gambling.

Changes since 2018:

This group follows the overall trend and is less likely to report that they feel socially isolated.

*Those who have a disability/condition lasting or which is expected to last 12 months or more which limits their ability to carry out day-to-day activities.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: carers

201

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	22%	Higher risk	Consistent
Less than 150 minutes exercise per week	69%	Consistent	N/A
Alcohol dependence: increased risk or higher	16%	Consistent	N/A
High anxiety level	25%	Higher risk	N/A
Always/mostly run out of money by end of month	22%	Higher risk	Consistent
Low digital confidence as internet users	14%	Consistent	N/A
Affected by gambling	10%	Consistent	N/A
Social isolation (often/all of the time)	7%	Consistent	Consistent

Carers...

Are significantly more likely to report smoking, having a high anxiety level and being in a financially precarious situation.

Changes since 2018:

Results are consistent with 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: 16-29 years of age*

202

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	13%	Reduced risk	Sig. lower
Less than 150 minutes exercise per week	60%	Reduced risk	N/A
Alcohol dependence: increased risk or higher	14%	Consistent	N/A
High anxiety level	20%	Consistent	N/A
Always/mostly run out of money by end of month	13%	Consistent	Consistent
Low digital confidence as internet users	2%	Reduced risk	N/A
Affected by gambling	9%	Consistent	N/A
Social isolation (often/all of the time)	5%	Consistent	Consistent

16-29-year-olds...

Are significantly less likely to report that they smoke, do less than 150 minutes exercise per week or have low confidence as an internet user.

Changes since 2018:

There has been a significant decline in the percentage of this age group who smoke compared to 2018.

*39% of 16-29-year-olds are in full-time education.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: 70+ years of age

2023

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	9%	Reduced risk	Consistent
Less than 150 minutes exercise per week	81%	Higher risk	N/A
Alcohol dependence: increased risk or higher	5%	Reduced risk	N/A
High anxiety level	13%	Reduced risk	N/A
Always/mostly run out of money by end of month	8%	Reduced risk	Sig. higher
Low digital confidence as internet users	47%	Higher risk	N/A
Affected by gambling	5%	Consistent	N/A
Social isolation (often/all of the time)	3%	Consistent	Consistent

70+-year-olds...

Are significantly less likely to smoke, have a level of alcohol use that puts them at risk, have a high anxiety level or be consistently in a financially vulnerable position at the end of each month. They are, however, more likely to do less than 150 minutes of exercise per week and have low confidence as internet users.

Changes since 2018:

While this group has fared better relative to others, they have nonetheless experienced a significant uptick in the percentage who always/mostly run out of money by the end of the month.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: economically inactive (excluding students)

204

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	17%	Consistent	Consistent
Less than 150 minutes exercise per week	80%	Higher risk	N/A
Alcohol dependence: increased risk or higher	8%	Reduced risk	N/A
High anxiety level	21%	Consistent	N/A
Always/mostly run out of money by end of month	14%	Consistent	Consistent
Low digital confidence as internet users	28%	Higher risk	N/A
Affected by gambling	7%	Consistent	N/A
Social isolation (often/all of the time)	8%	Higher risk	Sig. lower

Those who are economically inactive...

Are significantly more likely to do less than 150 minutes of exercise per week, have low digital confidence and report feeling socially isolated often/all of the time.

Changes since 2018:

This group are less likely to report feeling socially isolated frequently.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: social tenants

205

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	30%	Higher risk	Consistent
Less than 150 minutes exercise per week	76%	Higher risk	N/A
Alcohol dependence: increased risk or higher	18%	Higher risk	N/A
High anxiety level	24%	Higher risk	N/A
Always/mostly run out of money by end of month	22%	Higher risk	Consistent
Low digital confidence as internet users	17%	Higher risk	N/A
Affected by gambling	13%	Higher risk	N/A
Social isolation (often/all of the time)	10%	Higher risk	Consistent

Social tenants...

Show a higher risk level for all of these factors.

Changes since 2018:

Results are consistent with 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: private renters (excluding students)

206

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	17%	Consistent	Sig. lower
Less than 150 minutes exercise per week	66%	Consistent	N/A
Alcohol dependence: increased risk or higher	11%	Consistent	N/A
High anxiety level	19%	Consistent	N/A
Always/mostly run out of money by end of month	5%	Consistent	Consistent
Low digital confidence as internet users	6%	Reduced risk	N/A
Affected by gambling	6%	Reduced risk	N/A
Social isolation (often/all of the time)	5%	Consistent	Sig. lower

Those who are private renters (excluding students)...

Are significantly less likely to have low digital confidence or be affected by gambling.

Changes since 2018:

This group are less likely to smoke or to feel socially isolated compared to 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: ethnicity (white British)

207

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	24%	Higher risk	Consistent
Less than 150 minutes exercise per week	68%	Consistent	N/A
Alcohol dependence: increased risk or higher	25%	Higher risk	N/A
High anxiety level	24%	Higher risk	N/A
Always/mostly run out of money by end of month	17%	Higher risk	Consistent
Low digital confidence as internet users	16%	Higher risk	N/A
Affected by gambling	11%	Higher risk	N/A
Social isolation (often/all of the time)	8%	Higher risk	Consistent

White British residents...

Show a higher risk level for all of these factors, apart from exercise level.

Changes since 2018:

Results are consistent with 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: ethnicity (white other)

208

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	34%	Higher risk	Consistent
Less than 150 minutes exercise per week	66%	Consistent	N/A
Alcohol dependence: increased risk or higher	26%	Higher risk	N/A
High anxiety level	21%	Consistent	N/A
Always/mostly run out of money by end of month	16%	Consistent	Sig. higher
Low digital confidence as internet users	5%	Reduced risk	N/A
Affected by gambling	12%	Higher risk	N/A
Social isolation (often/all of the time)	6%	Consistent	Consistent

White other residents...

Display higher levels of smoking, drinking and being affected by gambling compared to other groups. They are, however, less likely to suffer from low digital confidence.

Changes since 2018:

This group are more likely to find themselves in a financially precarious position at the end of the month compared to 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: ethnicity (black/black British)

209

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	15%	Consistent	Consistent
Less than 150 minutes exercise per week	66%	Consistent	N/A
Alcohol dependence: increased risk or higher	10%	Consistent	N/A
High anxiety level	16%	Consistent	N/A
Always/mostly run out of money by end of month	18%	Consistent	Consistent
Low digital confidence as internet users	7%	Consistent	N/A
Affected by gambling	11%	Consistent	N/A
Social isolation (often/all of the time)	5%	Consistent	Consistent

White other residents...

Do not deviate significantly from the average of other groups.

Changes since 2018:

Results are consistent with 2018.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.



Groups of interest: ethnicity (Asian/Asian British)

210

Risk Factor	%	Compared to all other subgroups	Change since 2018
Currently smoking	7%	Reduced risk	Sig. lower
Less than 150 minutes exercise per week	68%	Consistent	N/A
Alcohol dependence: increased risk or higher	4%	Reduced risk	N/A
High anxiety level	15%	Reduced risk	N/A
Always/mostly run out of money by end of month	10%	Reduced risk	Consistent
Low digital confidence as internet users	10%	Consistent	N/A
Affected by gambling	5%	Reduced risk	N/A
Social isolation (often/all of the time)	4%	Reduced risk	Consistent

Asian/Asian British residents...

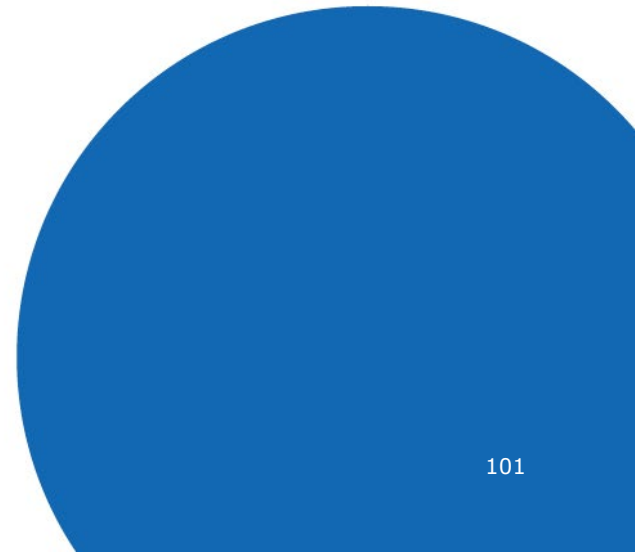
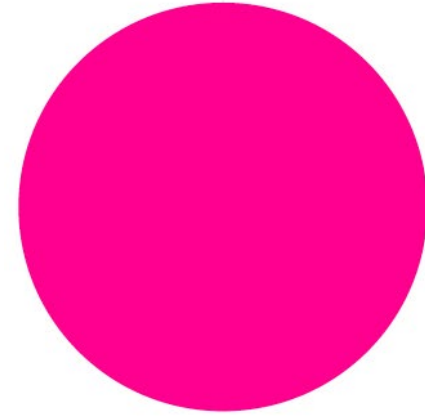
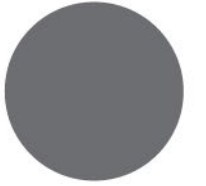
Display a reduced rate of risk across all factors except for levels of exercise and low digital confidence.

Changes since 2018:

There has been a significant decline in the percentage of this population who smoke.

Note: N/A text in the change to 2018 column indicates that a comparison is not available due to this not being asked in the 2018 survey or concerns about comparability.

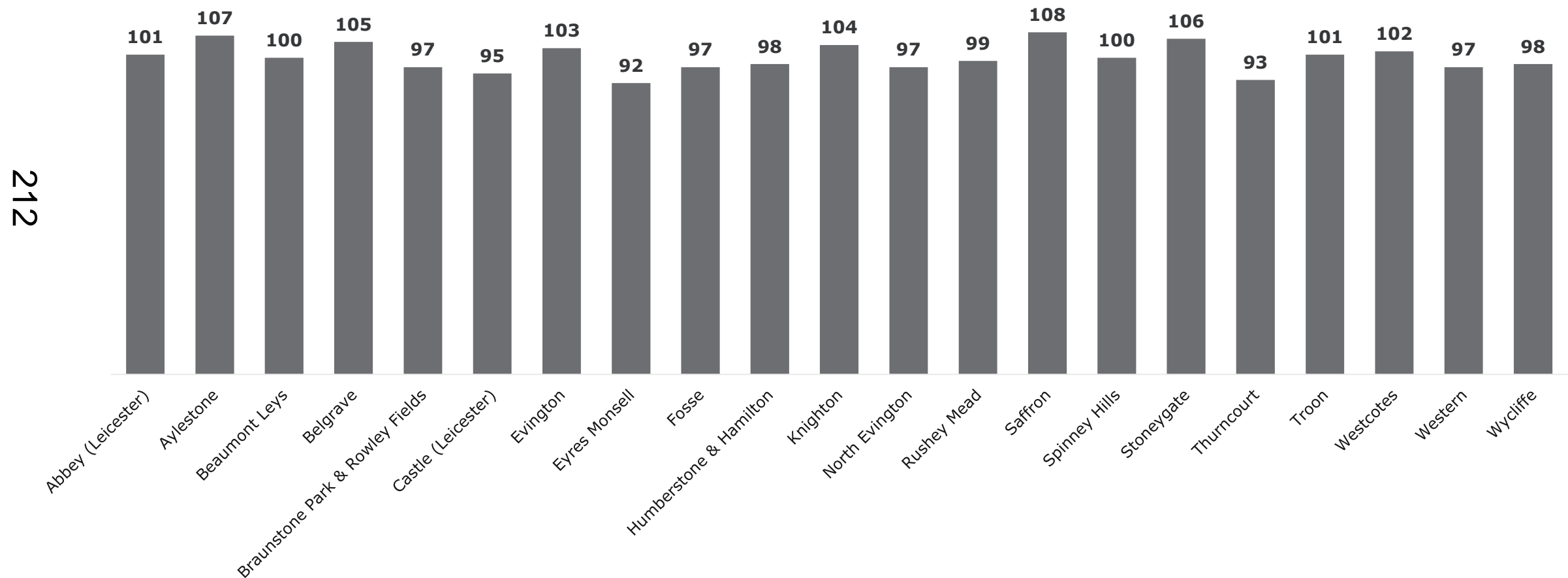
Appendix 1: Profile of the sample





Number of responses by ward

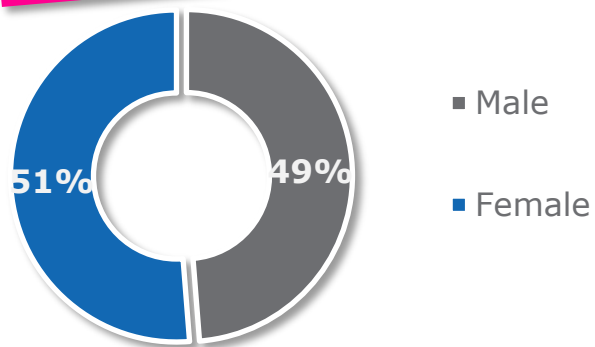
The number of responses by ward ranges between 92 and 108.



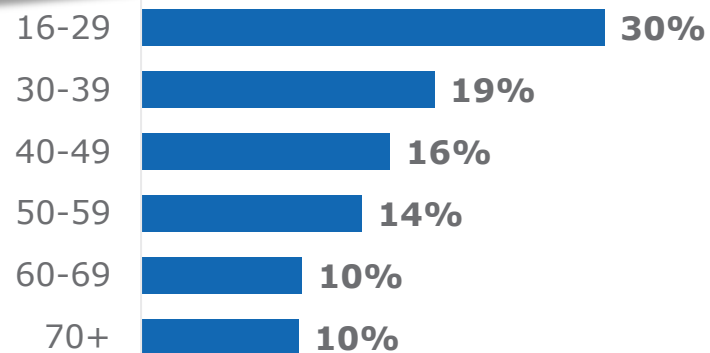


Weighted profile (I)

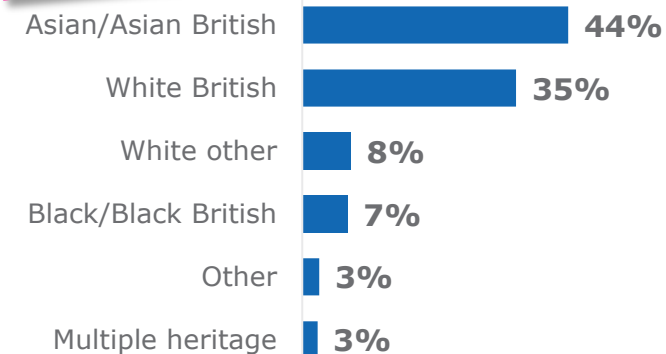
Gender



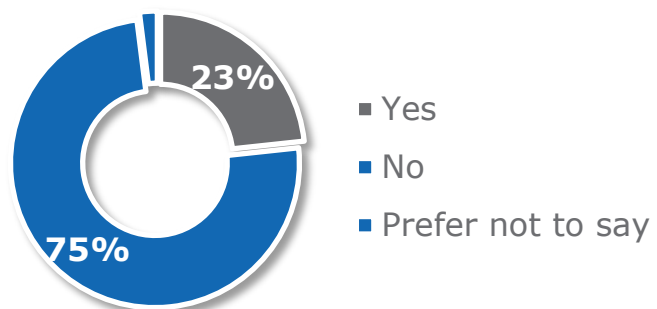
Age group



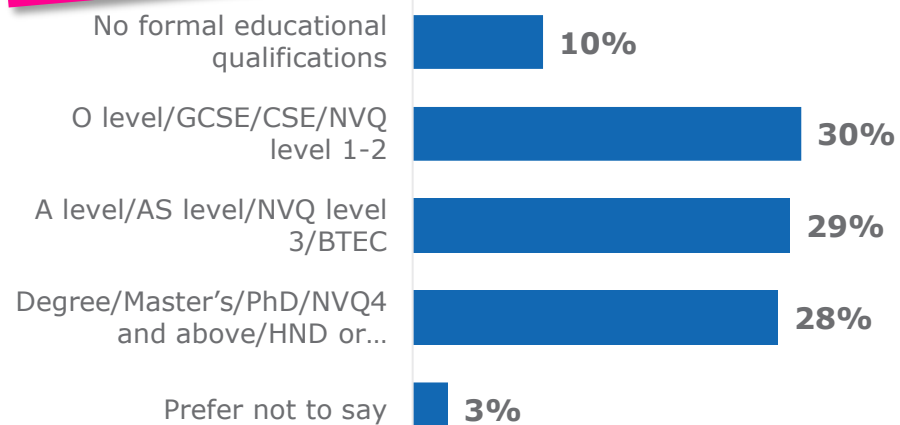
Ethnicity



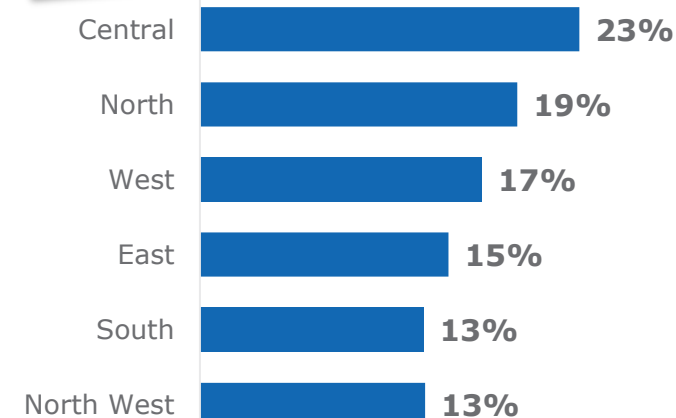
Disability



Education



Area

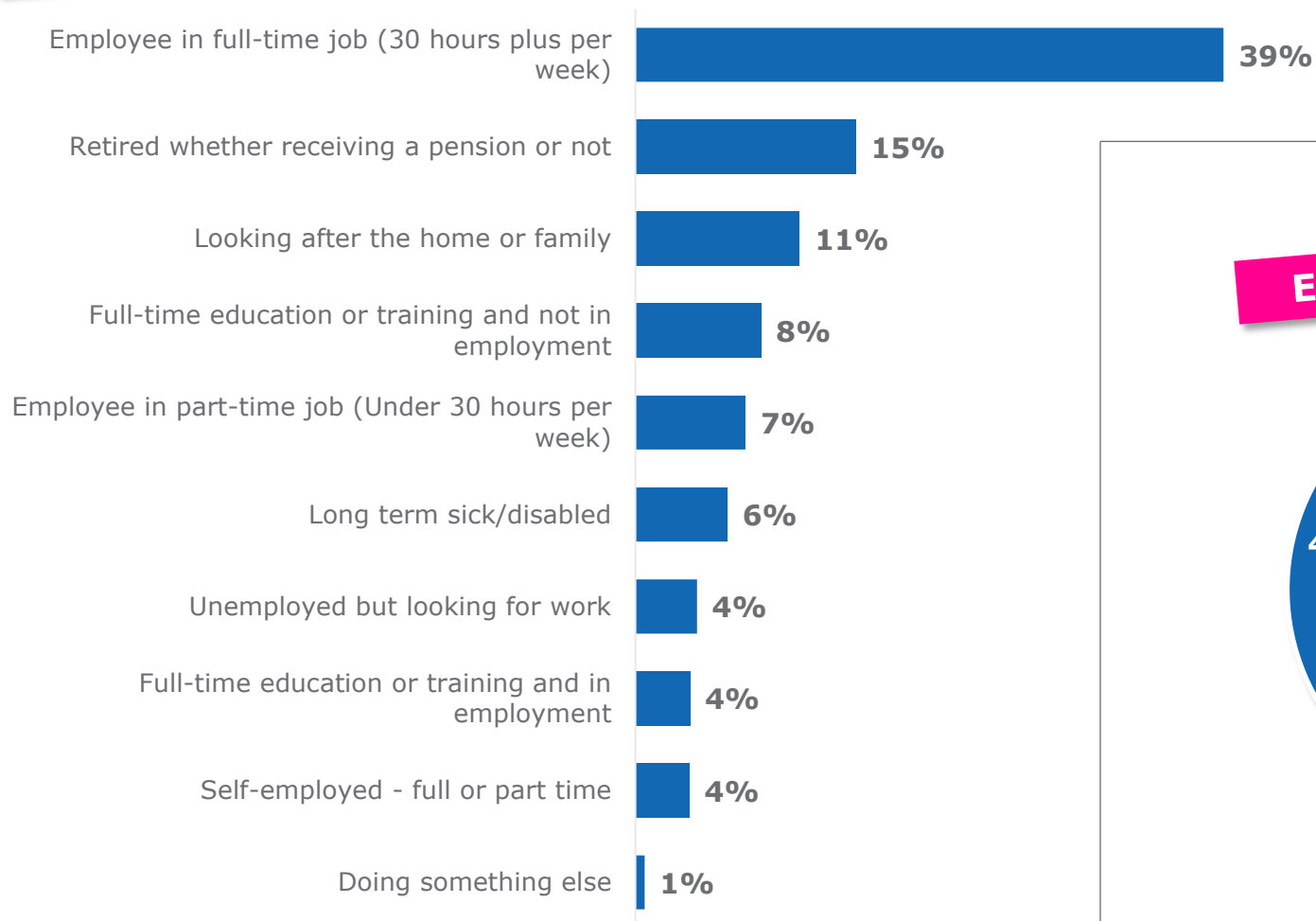




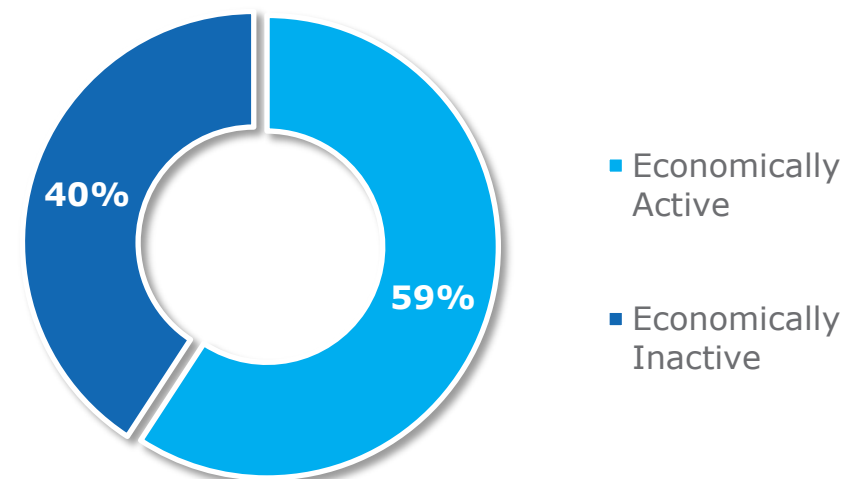
Weighted Profile (II)

Working status

214



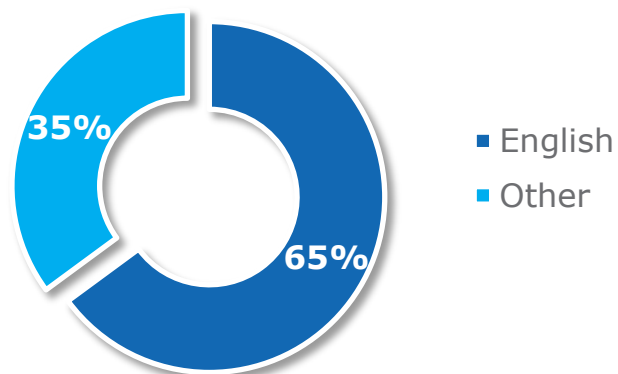
Economic activity



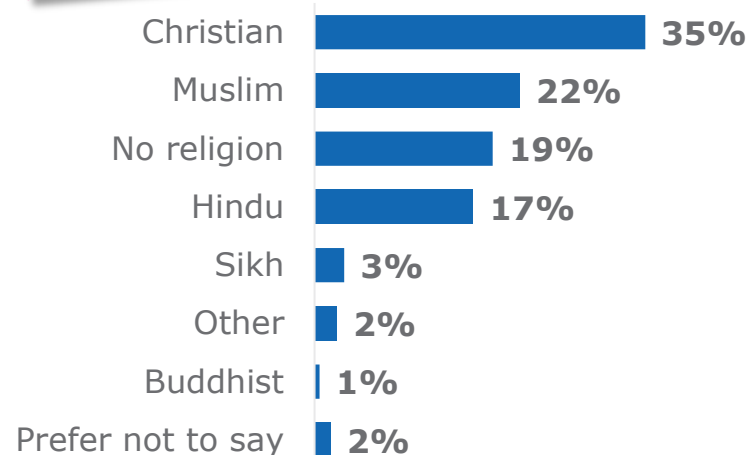
Weighted figures displayed. *Note, bars for those on zero hour contracts and those who would prefer not to say have been hidden as figures are <1%.

Profile (III)

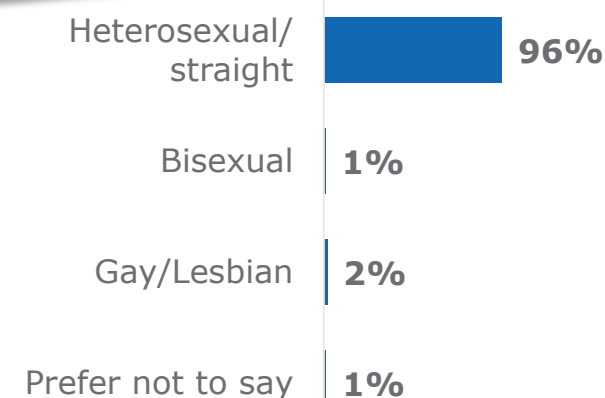
Language spoken



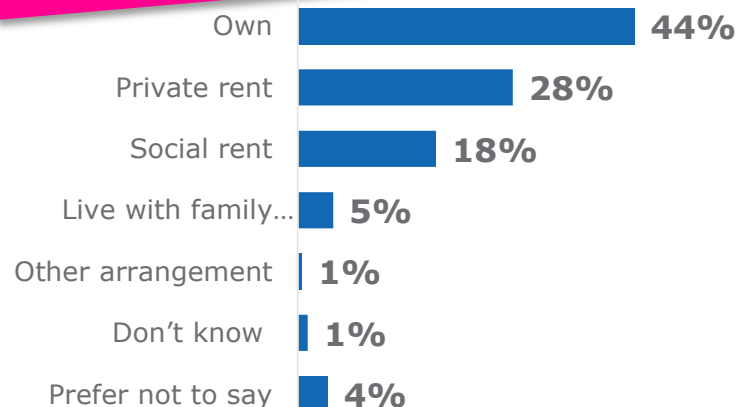
Religion



Sexual orientation



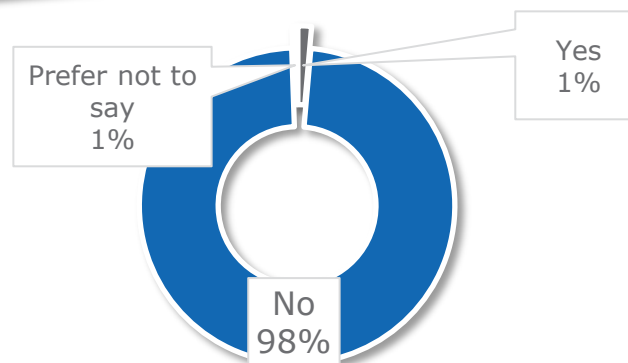
Home ownership



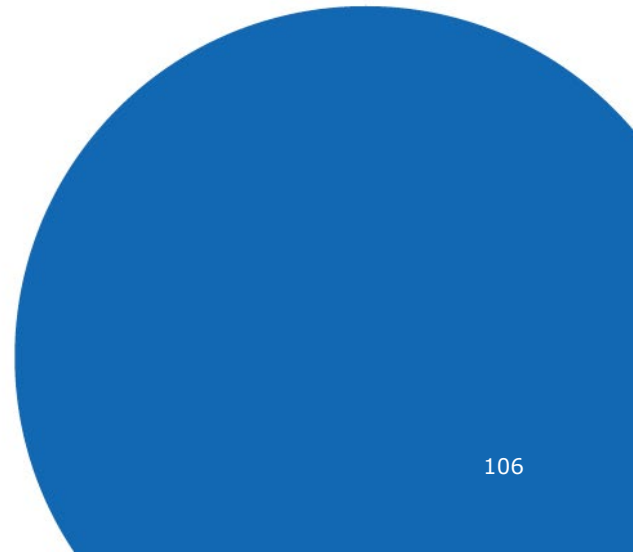
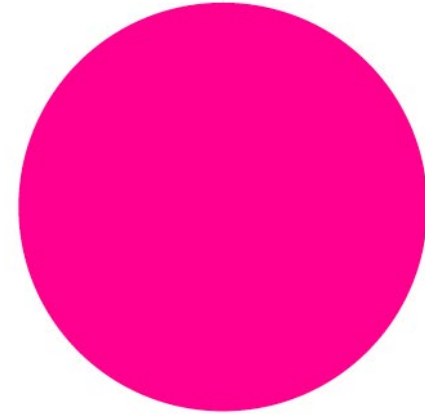
Household composition



Identify as Trans*



Appendix 2: AuditC calculation





AuditC calculations

The **AUDIT-C Test** (Alcohol Use Disorders Identification Test - Consumption) is a simple screening tool used to identify individuals with risky or harmful drinking behaviours. It's a shorter version of the full AUDIT (10-item) test, focusing on the first three questions that pertain directly to alcohol consumption.

The AUDIT-C consists of three questions about alcohol consumption:

- 217
- 1. How often do you have a drink containing alcohol?**
 - 2. How many drinks containing alcohol do you have on a typical day when you are drinking?**
 - 3. How often do you have six or more drinks on one occasion?**

Each question is scored from **0 to 4 points**, giving a possible range of **0 to 12 points**.

The scores for each of the three questions are added together to get a total AUDIT-C score. This total score determines the level of concern and possible intervention needs.

Score 0-4: Lower-risk of drinking or abstinence.

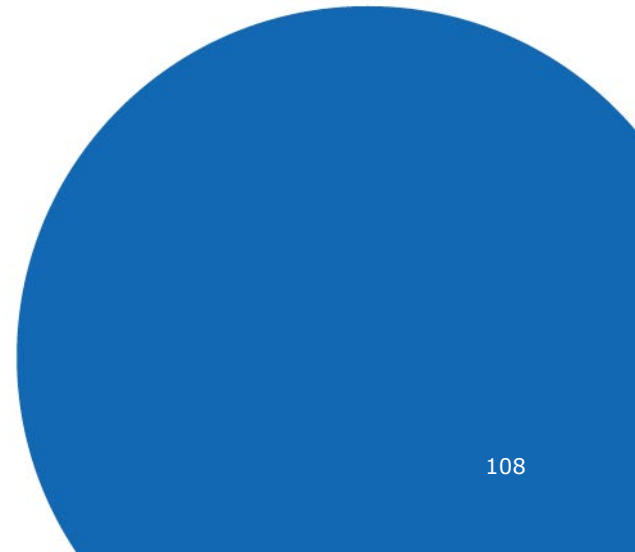
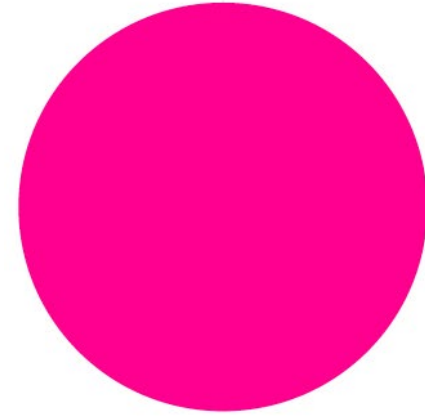
Score 5-7: Increasing risk.

Score 8-10: Higher-risk.

Score 11-12: Potential for alcohol dependence.

Appendix 3: detailed background & methodology

218





Background & methodology (detailed)

DJS Research were commissioned by Leicester City Council to conduct a face-to-face (CAPI) survey of residents in Leicester aged 16+. This is the fourth iteration of Leicester's Health & Wellbeing Survey, with previous waves being carried out in 2010, 2015 and 2018.

219 The 2024 survey took approximately 15 minutes to complete and, like in previous years, covered a range of health-related topics including: general health and wellbeing, diet, exercise and physical activity, place and volunteering, finances, smoking and tobacco use, mental health and wellbeing, gambling, alcohol consumption, access to sexual health services, and digital inclusion.

Fieldwork took place between 17 April 2024 and 2 October 2024. Circa 100 interviews were conducted in each of Leicester's 21 wards to ensure a good level of representation across the city and adequate base sizes for ward-level analysis. Within each ward, census output areas were stratified by index of multiple deprivation (IMD) score and randomly selected as sampling points. Interviewers had a target number of interviews to achieve within each sampling point, with quotas based on each ward's...

...demographic profile (i.e. sex, age, ethnicity, disability and economic status). To correct for any imbalances in each ward's sample population, a corrective weight has been applied, along with weighting which corrects for the over and under sampling of wards relative to the population of Leicester as a whole. Further details on the profile of respondents can be found in the appendix.

Statistical reliability

A sample size of 2,100 gives a confidence interval of +/-2.1% based on a statistic of 50% at the 95% confidence interval.

This means we can be 95% confident that this figure lies between 47.9% and 52.1% had we interviewed every resident in the city.

For more information



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220

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Public Health & Health Integration Scrutiny Committee

Work Programme 2024 – 2025

Meeting Date	Item	Recommendations / Actions	Progress
9 July 2024	Health Protection Update	Draft TB Strategy and Action Plan, screening and food plan to be added to the work programme.	Added to the work programme.
	Health Overview	Site visit to be arranged to UHL Emergency Department.	Complete.
	ICB 5-Year Forward Plan: Pledge 1 – Improving Health Equity & Pledge 2 Preventing Illness	Work to be shared with commission in future on GP access contact system when developed.	Added to work programme.
		Members to be informed to contact the Deputy City Mayor if aware of issues where residents are unable to register at a GP.	Revised on the work programme.
		Work programme to be revised to bring vaccinations and screening forward.	Report circulated.
		Report to be circulated to Members for ICB priorities for 2024-25 following its discussion at its own Board in August. Separate briefing session to be considered to discuss pledge monitoring dashboard.	Complete.
		Separate briefing session to be arranged to discuss dashboard	

Meeting Date	Item	Recommendations / Actions	Progress
10 September 2024	Health Protection Update	TB Action Plan to added to the work programme.	Updated on the work programme.
	Winter Planning	Fuel poverty and health programme to consider environmental impacts.	
		Details of volunteer groups to support patients returning home/community to be circulated.	Information sent to members.
		Communications to be shared with members on how to get vaccines, details of the roving unit, 111 service, blood pressure and cholesterol checks for promoting. The internal process for sharing health messages to ward councillors to also be reviewed.	Information pack sent to members and internal process reviewed for further communication to be shared.
		Consideration to be given to use of medical jargon in communication to ensure clear for members of the public to understand.	Noted and shared with all health partners for future reports.
		Information to be shared on 111 call back numbers and waiting times.	Information sent to members.
	Work Programme	Adult mental health and health status of Leicester residents to be added to the work programme.	Added to the work programme.
		Self-harm and suicide prevention to be incorporated into suicide strategy discussion.	Shared with health colleagues to incorporate within report.
	AOB		Discussions ongoing and options being considered.

Meeting Date	Item	Recommendations / Actions	Progress
		Consideration to be given to transport links and how this is communicated to staff to prevent parking on side streets to avoid parking charges.	

Meeting Date	Item	Recommendations / Actions	Progress
5 November 2024	Chair's Announcements – Youth Summit	Youth representatives to share presentation at CYPE scrutiny.	Liaised with CYPE scrutiny and governance services to arrange.
	Critical Incident Update	Youth representatives' video to be circulated.	Requested information.
		System Winter Plan to be shared with Members and formally recommended that the update and 111 service is discussed at the next meeting.	Information shared with Members, along with an update from the ICB.
		Details to be given on where bottlenecks occurred in the system and how this will be addressed.	Requested information.
		Adult Social Care discharge figures to be shared with Members.	Information shared with Members.
		EMA productivity lost during critical incident to be requested and shared with Members.	Requested information.
		Information on what is being done by DHU to increase 111 call capacity to be shared with Members.	Requested information.
	Health Protection Update	The update was noted.	
	Vaccinations & Screening	Improved NHS app and information available for children's vaccinations timeline to be requested.	Action sent to ICB.

Meeting Date	Item	Recommendations / Actions	Progress
	Adult Mental Health	Messaging from GP practices for vaccine access/uptake to be considered for national links to be shared for more options.	Action sent to ICB.
	LLR Suicide Strategy	Full slide deck to be circulated to Members and any other questions to be sent to Governance Services to pass on to ICB / Public Health to respond to.	Circulated to Members.
	Work Programme	Update of business case to be added to the work programme - to be scheduled after spring.	Added to work programme.
		Death by suicide to be added to the work programme for Commission to be kept updated on data and workstreams.	Added to work programme future items.
		Items for next meeting to be reviewed considering discussions.	Complete.

Meeting Date	Item	Recommendations / Actions	Progress
21 January 2025	Health Protection Update	Slides to be shared with Members.	Information requested.
	System Pressures update	Bradgate Unit and mental health services to be scheduled on work programme.	Added to work programme provisionally.
		111 update on DHU tender.	Information requested.
		Cost to EMAS in man hours of delays.	Information requested.
	Budget		
	GP Access	NHS app data to be shared with Commission, potentially Spring.	Information requested.
		Wider clinical practise team to be added to future items on work programme.	Added to future items.
		Breakdown of data for GP appointments and hubs to be shared.	Information requested.
	Smoking and Vaping	Figures to be shared of those who engaged with smoking cessation services and are still not smoking at 12 months.	Information requested.

Meeting Date	Item	Recommendations / Actions	Progress
		Trading standard report requested on operations for smoking and vaping.	Information requested.
4 March 2025	<p>Health Protection Update – TB focus</p> <p>Health Research</p> <p>Long Term Conditions</p> <p>Health & Wellbeing Strategy</p> <p>Health & Wellbeing Survey</p>		
29 April 2025	<p><i>Suggested items tbc:</i></p> <p><i>Health Protection Update</i></p> <p><i>ICB- Urgent care and Emergency care</i></p> <p><i>CYP Mental Health Referral Update</i></p> <p><i>Update of Adult Mental Health Business case</i></p> <p><i>System pressures on Bradgate Unit and Mental Health Services?</i></p>		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Update on UHL Finances UHL	The Chair has requested a briefing note.	
ICB 5 Year Forward Plan – Pledges ICB	Pledge 1 – Improving Health Equity Pledge 2 – Preventing Illness	9 July 2024 9 July 2024
Drug and alcohol services Public Health	Agreed at the Joint Public Health & Health Integration and Adult Social Care Scrutiny Meeting on 30 November 2023 that the item to remain on the work programme.	
Maternity CQC Inspection UHL	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates on the improvement plan. The Chair has requested a briefing note.	
UHL Reconfiguration UHL	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates. Update to be provided at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee on 27 November 2024.	

<p>Death by Suicide Public Health & LPT</p>	<p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.</p> <p>Leicestershire County Council leading suicide strategy to be shared with commission.</p> <p>Agreed at PHHI Scrutiny Commission on 5th November 2024 that the item would be added to the work programme in order that the Commission could be updated on the Strategy, data and future workstreams.</p>	
<p>Workforce – Health Apprenticeships ICB</p>	<p>Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.</p> <p>Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee requested a briefing note.</p> <p>Item to be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee 17 March 2025.</p>	
<p>Local Patient Satisfaction Survey ICB</p>	<p>Agreed at the meeting on 12 December the commission be updated in 2024 with results of local patient satisfaction survey and also information on inequalities plans being drawn up by practices.</p> <p>Information to be provided to Leicester, Leicestershire & Rutland Health Scrutiny Committee – 17 July 2024.</p>	

Virtual Wards UHL	<p>Agreed at the meeting on 6 February that the item be added to the work programme.</p> <p>Agreed at the meeting on 16 April that health partners would host a briefing session for Members.</p> <p>Briefing session provided to Members.</p>	
Elective Care UHL	<p>Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists.</p> <p>The Chair has requested a briefing note.</p>	
CYP Mental Health ICB	<p>Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting in the new municipal year.</p> <p>Chair and Cllr Sahu received a briefing update in July and agreed for a report to be shared with the Commission in January 2025. The report has been postponed until April 2025.</p>	
GP Access ICB	<p>Commission requested item be added to breakdown for an update on GP access following communications regarding how residents can make appointments and a poll that indicated Leicester residents have most difficulty accessing.</p> <p>Update to be provided to Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee – 17 July 2024.</p>	
Emergency Department ICB / UHL	<p>The Commission requested at the meeting on 16 April 2024 item to discuss processes and targets in the emergency department to better understand experience for patients.</p>	

Corporate Complaints ICB	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Transforming Care – Learning Disabilities and Autism Update	Discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.	
Pharmaceutical Issues	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Women's Health	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Digital Strategy	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – date tbc.	
Healthy food provision action plan	The Commission raised concerns at the meeting on 9 July 2024 about healthy food options and it was highlighted that an action plan is being renewed and could be shared at a future meeting.	
GP Vulnerable Patient Flagging System	The Commission were informed at the meeting on 9 July 2024 that work is underway and further details could be shared when developed.	
Adult Mental Health business case	Update to be brought to the Commission after the Spring following item coming to PHHI Scrutiny Commission on 5 th November 2024.	
TB Strategy & Action Plan	<p>The Commission were informed at the meeting on 9 July 2024 of the development of a new strategy and action plan and agreed to be added to the work programme.</p> <p>Further highlighted at meeting on 10 September and asked to be added to the work programme for an update on the action plan.</p>	

Health Status of Residents	The Commission requested to further discuss the health status of Leicester residents at the meeting on 10 September where it was highlighted that the population is 20% sicker than prior to the pandemic. Darzi Review circulated to Members; further discussion to be arranged.	
Fertility Policy	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Water fluoridation	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Bradgate Unit and Mental Health Services	A deep dive was requested on 21 January 2025 to consider the impact of system pressures on mental health services, particularly the Bradgate Unit. LPT are due to attend April, request report for then if confirmed at agenda meeting.	29 April
GP Access – wider clinical practise team	Discussions on 21 January touched on wider clinical practise teams and who recruitment has developed beyond just GP's. Recommended to come back as an item to consider in more detail.	
Oral Health	Oral health was removed from April's agenda and suggested for May 2025.	
Sexual Health	Sexual health was removed from April's agenda and suggested for May 2025.	