Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: **TUESDAY, 9 JULY 2024**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, 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, Sahu, Westley 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:

Georgia Humby (Senior Governance Support Officer), Governance Service and Kirsty Wootton (Governance Support Officer),
Tel: , e-mail: committees@leicester.gov.uk
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: **Georgia Humby, Senior Governance Services Officer or Kirsty Wootton, Governance Support Officer** . Alternatively, email committees@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

NOTE:

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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 INTEREST

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 & Health Integration Scrutiny Commission held on 16 April 2024 have been circulated, and Members will be asked to confirm them as a correct record.

4. MEMBERSHIP OF THE COMMISSION 2024-25

Members will be asked to note the membership of the Public Health and Health Integration Scrutiny Commission for 2024/25:

Councillor Pickering (Chair)

Councillor Joel (Vice Chair)
Councillor Bonham
Councillor Clarke
Councillor Zaman
Councillor Westley
Councillor Haq
Councillor Sahu

5. DATES OF THE COMMISSION 2024-25

Members are asked to note the commission meeting dates as follows:

- Tuesday 9 July 2024
- Tuesday 10 September 2024
- Tuesday 5 November 2024
- Tuesday 21 January 2025
- Tuesday 4 March 2025
- Tuesday 29 April 2025

6. SCRUTINY TERMS OF REFERENCE **Appendix B**

Members are asked to note the scrutiny terms of reference.

7. CHAIRS ANNOUNCEMENTS

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

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. PETITIONS

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

10. HEALTH PROTECTION

The Director of Public Health will provide the Commission with a verbal update.

11. HEALTH OVERVIEW **Appendix C**

The Director for Public Health and Health Partners submit a presentation to provide the Commission with an overview of services and systems.

12. ICB 5 YEAR FORWARD PLAN - PLEDGE 1 'IMPROVING HEALTH EQUITY' & PLEDGE 2 'PREVENTING ILLNESS' **Appendix D**

The LLR ICB submits a report and will provide a presentation to stimulate a discussion among members and provide a better understanding of the situation and plan for pledges 1 and 2 of the 5-year plan. The Scrutiny Commission is invited to receive the report for information and make any comments or recommendations as appropriate.

13. 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.

14. ANY OTHER URGENT BUSINESS

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

Held: TUESDAY, 16 APRIL 2024 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor March
Councillor Sahu
Councillor Singh Sangha

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Mo – Youth Representative
Thaneesha – Youth Representative

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46. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr Modhwadia and Cllr Zaman.

47. DECLARATIONS OF INTEREST

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

48. MINUTES OF THE PREVIOUS MEETING

The Chair noted the minutes of meeting held on 6 February 2024 were included within the agenda pack and requested outstanding information requests from the previous meeting be shared with the Commission. The Chief Operating Officer of University Hospitals of Leicester noted that he would cover outstanding actions during the update on operational issues.

AGREED:

- Members confirmed that the minutes for the meetings on 6 February 2024 were a correct record.

49. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

50. PETITIONS

It was noted that none had been received.

51. CHAIRS ANNOUNCEMENTS

The Chair updated the Commission that following the children's mental health update earlier in the municipal year, he and Cllr Sahu had met with heath partners to further discuss concerns regarding GP referrals. It was noted that the terminology had been changed in relation to referrals being sent back to GP's for further information. It was also highlighted that health partners agreed to undertake a number of actions to better understand why referrals were being sent back and that an update report would be provided to the Commission in the new municipal year.

It was further highlighted by the Chair that concerns had been raised regarding GP access – particularly Beaumont Ley Health Centre. It was noted that the ICB had investigated the issues with communication and an apology had been issued for the confusion. In light of concerns and the recent poll that suggested Leicester patients had the most difficulty contacting their GP surgery, the Chair suggested the Commission should continue to monitor GP access pathways and request a further update on the issue in the new municipal year.

The Chair also noted that an item was due to be discussed on improving health equity as part of the ICB 5-year forward plan but had been deferred until a future meeting.

52. ORAL HEALTH SERVICES

The Director of Public Health highlighted that there were a series of reports contained within the item in which the Chair invited each report to be taken individually.

The Acting Consultant Lead for Public Health presented the report in relation to the oral health survey results in which it was noted that:

- Oral Health Surveys are usually undertaken every two years by the Office for Health Improvement and Disparities as part of the National Dental Epidemiology Programme. The Survey includes a random sample of 5-year-old children attending mainstream schools.
- During 2021/22, 866 children were examined as part of the survey equating to 17% of all 5-year-olds attending mainstream city schools.
- The survey found 37.8% 5-year-old children examined had decay. This was higher than the 23% national average with Leicester ranked 9th highest of 132 upper tier authorities and 2nd highest amongst comparator

authorities.

- The prevalence of decay has remained consistent in 5-year-old children since 2017 but has reduced since 2012 where around 50% of examined children were found to have decay. Work is ongoing to further reduce decay in the city.
- There was a significant decrease of dental fillings with more 5-year-old children living with untreated areas compared to the 2019 survey. This was likely to have been influenced by Covid-19 and reduced dental access.
- Variances were identified across the city with North Evington and Wycliffe wards with significantly higher decay.
- Activities are ongoing to reduce tooth decay in children, including supervised tooth brushing in schools and early years settings, although not all have restarted following the pandemic; providing training sessions to health professionals; and issuing oral health packs at food banks and health visits.

The Commission commended initiatives to encourage supervised toothbrushing in early years but raised concerns around the limited access to dentistry to prevent or treat tooth decay.

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

- The oral health survey results were illustrative of 2021/22 and whilst it would inevitably take time to address issues, there is ongoing partnership work to improve oral health across different settings and there may have already been some improvement.
- Supervised toothbrushing paused during the coronavirus pandemic and not all settings have re-engaged. There has been a good uptake in early years settings but not all children access this provision, so focus is being targeted to encourage uptake in schools. It was agreed additional information would be shared on the roll-out of the programme.
- There are disparities of tooth decay in 5-year-old children across wards although they can also hide issues and therefore MSOA can provide more informed understanding. It was agreed that data collection areas and maps could be provided. Variances in tooth decay amongst wards and ethnicities is complex but attributing factors may be cultural, deprivation, lack of access to NHS dentistry etc.
- The survey does not provide information to gather data regarding if a child has been to a dentist or how recently; where a cavity has been filled an inference can be made that they have seen a dentist. Information may be available from data collected in the Children Health & Wellbeing Survey and it was agreed this would be reviewed and information shared.

The Chair invited the youth representative to participate in the discussion and in response to questions and comments it was noted that:

- Tooth decay in 5-year-old children has improved although is still higher than many other areas. Water fluoridation is an option that can help

reduce decay.

- Data is collected for ethnicities of children in the survey and most health outcomes along with gender and deprivation etc as structural factors in communities.
- The oral health survey of 5-year-old children is determined at a national level and conducted every two years as a mechanism to collect data and track for the future. Surveys are carried out between years for other age groups and settings.

The Acting Consultant Lead for Public Health was invited to present the water fluoridation report and it was noted that:

- Fluoride is a natural chemical that can be found in some water supplies and can be added to toothpaste and food to prevent tooth decay. Water fluoridation is the controlled adjustment of adding a concentration to the water supply. Around 10% of the nation has fluoridated water but there hasn't been much change since the 1980s.
- Evidence illustrates water fluoridation is effective with 35% fewer decayed, missing or filled baby teeth and 26% reduction in permanent teeth. Comparator authorities with water fluoridation also have lower tooth decay.
- It is proposed that water fluoridation be requested for Leicester due to tooth decay prevalence in the city although the process would take approximately 5-10 years. It would require writing to the Secretary of State for consideration; if approved a feasibility study would be required; followed by a consultation if deemed feasible; the Secretary of State would need to review consultation responses and if supported would require legal agreements and appropriate infrastructure to be established.
- Other local authorities, including Nottingham and Nottinghamshire have written to the Secretary of State for consideration. Public Health are liaising with colleagues in the region and in early discussions with Leicestershire and Rutland as it is anticipated that implementation may be more likely if there is a consensus to fluoridate a wider area.

The Chair highlighted 1.6 million people will see fluoride added to their water supply following a consultation in areas including Northumberland, Teesside, Durham and South Tyneside and therefore a direction Leicester should consider requesting.

In response to comments and questions by Members and youth representatives it was noted that:

- Local Authorities previously had responsibility for water fluoridation but the power to determine whether to fluoridate water and the associated funding of costs has reverted to Government who liaise with water companies. The larger the coverage area of water fluoridation the more cost effective it is likely to be although the process is likely to take years for implementation if agreed.
- Fluoride can be found naturally in some areas and a controlled amount

is added when water fluoridation is approved. It was agreed that information would be checked and shared to provide assurance of concerns regarding environmental impact.

The Acting Consultant Lead for Public Health presented the oral cancer action plan, and it was noted that:

- Oral cancer affects areas such as the lips, tongue, cheeks or throat whereby Leicester has the highest rate and mortality in England. Mortality in the city has been rising and more rapidly to other similar parts of the country.
- Treatment outcomes are better where oral cancer is detected early and individuals are encouraged to see a dentist or GP if they have symptoms. Issues with GP and dental access can however impact the opportunity to identify signs earlier and symptoms are not as well known.
- Risk factors attributed to oral cancer include, smoking, smokeless tobacco, heavy alcohol consumption and HPV.
- An oral cancer action plan has been developed with three strategic priorities including; improving awareness of signs and symptoms; reducing prevalence of risk factors; and improving access to medical and dental advice. A multi-agency working group has been established to meet and implement actions.

The Commission highlighted concerns around the rates of oral cancer and mortality in the city and the impact of limited access to GPs and dentists when residents may have symptoms to be detected and treated early. Further concerns were raised regarding the quality and access to recent data. It was agreed that health partners would provide access to appropriate data, but that necessary data publishing would need to be adhered to.

In response to comments and questions by Members and youth representatives it was noted that:

- The high rates of oral cancer in the city is complicated and attributed to many risk factors including smoking prevalence, low uptake of the HPV vaccine and levels of deprivation. The Health Protection Board have examined data to request health colleagues support outreach to communities.
- There is no evidence currently regarding use of vapes and oral cancer, but this will be monitored. Vaping is deemed to be safer as an alternative for people who smoke but are not encouraged generally.

The Head of Primary Care Services (East Midlands) presented the access to community dentistry report on behalf the Integrated Care Board in which it was noted that:

- There are national issues with accessing NHS mainly due to discontent with the national contract. Provision to dental care in Leicester generally has good provision with 68 primary care dental contracts, 10 orthodontic services and 2 urgent care practices. The city has also had the least

contract terminations across the wider Leicestershire and Rutland region. Access has been restored quicker across the region following the pandemic than other areas.

- A national dental recovery programme was recently published that the ICB will take into account as part of the development of their Dental Access Plan linked to the ICBs 5-Year Plan. One of the initiatives focusses on building the workforce as currently it is difficult to recruit to NHS dentistry. The programme also includes a number of initiatives to sustain and improve access including 'new patient' payment and an increase in the minimum UDA value from £23 to £28. In the city, 22 dental providers have received an increase in contract values and 2 have reduced their level of activity to bring up their UDA.
- The recovery programme also includes provision to improve the dental workforce by training in dental schools with contracts post qualification to provide NHS access. Promoting the use of skills-mix is also being explored to champion additional roles to undertake appropriate work.
- The Oral Needs Health Assessment for Leicester, Leicestershire and Rutland is being developed which will identify issues as a MSOA level in order to focus and target commissioning in areas most in need. It is anticipated to be published by the end of May and will be shared with the Commission.

The Commission welcomed the recovery plan to improve access to NHS dentistry but raised concerns surrounding the performance of commissioned contracts given Leicester's ranking as discussed in the oral health survey and oral cancer reports.

In response to Members and youth representative comments and questions it was noted that:

- Data from contracted providers illustrates around 43% of children in the city have accessed dental care compared with 35% nationally. Work is ongoing to support recruitment of children health promoters and encourage supervised toothbrushing programme.
- Clinical guidance has been issued meaning that it is no longer a requirement for 6 month recalls and therefore resources can be used most effectively. Every patient should be risk assessed to determine the frequency of visits dependent on need, but children should be seen more regularly. Those with braces would be assessed to require more frequent visits and would also be seen by an orthodontist.
- Contract management enables performance to be reviewed and dental practices to receive patient premiums where delivering in accordance with requirements. Where practices are not performing, the intention is to work with providers as opposed to terminating contracts to retain NHS access.
- Latest guidance from the Department for Health and Social Care provided a commitment to reform dental contracts and provide elements of flexible commissioning to target areas where access is required to prioritise patients, thereby improving earlier access and preventing worsening conditions.

The Deputy City Mayor for Health, Social Care and Community Safety noted that health partners are required to benchmark against national figures but requested for future papers that comparable authorities be used to provide a more informed view of the city's position.

AGREED:

- The Commission noted the reports.
- The Commission supported the proposal to write to the Secretary of State for water fluoridation in Leicester.
- Additional information to be circulated.
- Item to remain on the work programme for further consideration; including oral health survey, oral cancer action plan, local oral health needs assessment and NHS dentistry recovery plan.

53. OPERATIONAL IMPROVEMENTS

The Chair highlighted that the Commission had welcomed the improvements reported at previous meetings and that some Members attended the recent Joint Leicester, Leicestershire and Rutland Health Scrutiny meeting where the issue was discussed but made reference to two recent articles surrounding the number of patients waiting more than 24 hours in A&E and the dire state of local healthcare services.

The Chief Operating Officer at UHL presented the item and it was noted that:

- There have been improvements to services, but some patients have waited too long for planned and urgent pathways. This was recognised to not be acceptable and continues to be a motivator to improve.
- Waiting lists increased by the largest amount during the pandemic and UHL was placed in Tier 1 in 2023 but progress has been made and moved to Tier 2 for cancer and planned care and out of tiering for urgent emergency care.
- There had been a 60% reduction for patients waiting over 62 days for planned cancer treatment and a 77% reduction in waiting lists for elective care. Waiting lists remain long but improvements can be seen.
- Urgent and emergency care performance was significant improved compared with 2022 but pressures were visible with increased attendance at the emergency department. A system approach has been undertaken to alter capacity and control the flow of patients to ensure patients are being seen at the right place at the right time.
- More patients are being discharged than in 2022 but people are waiting longer to be admitted which has impacted East Midlands Ambulance Services. The intention is to ensure ambulances can respond to calls as soon as possible but performance has been better than 2022.

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

- Patients medically ready but awaiting care arrangements to be discharged was higher on the day of the meeting but generally in the city is between 10-20 on any given day. This often peaks where patients have complex needs.
- Virtual wards have received positive feedback and are looking to be expanded where appropriate. It was agreed that a briefing session could be arranged to discuss the process and mitigation of risks with Members.
- Targets are set to improve performance and progress has been made but health is central to people's lives and the intention is to continuously improve to do better.
- Health Care Assistants are valued for their role and clarity would be shared with the Commission regarding hold on recruitment.
- Information would be collected and shared with the Commission regarding deaths resulting from delayed admission or hospital wards.
- The emergency department continues to be a priority to improve performance and ensure patients are seen by the right person at the right time. 73.9% patients were treated in 4hours and the refurbished facilities enables care to be provided whilst patients are waiting to move to wards. It was agreed that a further report could be shared with the Commission on the emergency department.

AGREED:

- The Commission noted the report.
- Briefing session to be arranged on virtual wards.
- Item to be added to the work programme on processes and targets of the emergency department.

54. MEASLES AND TB UPDATE

The Director of Public Health presented the item, and it was noted that:

- There had been an outbreak of measles in the City with 90 confirmed cases and a further 26 probable cases likely to be confirmed since October. Around 35 settings have been affected, mainly primary schools and places of worship - Leicester has had the highest number of cases in East Midlands.
- The outbreak has been the result of a steady decline in vaccination rates, particularly since covid. There had been weekly meetings with the Incident Management Team and partnership working to encourage vaccine uptake including; responding to known cases; enhanced vaccination offer; and improved communications.
- Leicester has the second highest rate of TB in the country. Rates are highest among populations who were not born in the UK, but this does not mean TB was brought into the country. Individuals can be infected with TB but not present symptoms for a year.
- There was a conference on 21 March to raise awareness of TB and its

impact, and a workshop is to be held on 25 April to develop a TB strategy for Leicester. There have been various strands of work to inform the strategy such as analysis of reasons for delaying treatment.
- This response has been formed from the partnership working of ICB, UKHSA, National TB Unit, NHS England, local authority public health, TB services, UHL, local communities and community organisations.

The Commission noted that they were aware some GP practices had been proactively contacting patients to update them on vaccination status which was reassuring.

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

- An individual who has received both doses of the measles vaccine are highly likely to have lifetime immunity from the infection.
- Communications are targeted for prevalence of TB to help prevent stigma.

AGREED:

- The Commission noted the report.
- Item to be added to the work programme regarding the refreshed TB action plan.

55. HEALTH AND WELLBEING SURVEY

The Principal Public Health Intelligence Analyst presented a series of slides to inform the Commission on the proposed Health and Wellbeing Survey, in which it was noted that:

- The previous survey was completed in 2018 with the proposed survey anticipated to be undertaken for 16 weeks during summer by an independent third party.
- The survey will be carried out face to face with a sample size of 2100 participants and attempts to replicate the demographics of the city as accurately as possible.
- The survey consists of core questions as well as others that may change depending on emerging topics and interests, for example, the survey is proposed to include dental access as data is not available from other sources. It was noted that the pilot questionnaire could be shared with Members of the Commission if requested.
- The primary purpose of the survey is to inform strategic and specific needs assessment and is useful to understand local communities for the council, wider partners and the voluntary and community sector for improving health and wellbeing.
- Data collection is anticipated to be completed by September 2024 that will require analysis which can be shared with the Commission.

The Chair thanked officers for giving him sight of the survey and incorporating

long covid into the survey following feedback.

AGREED:

- The Commission noted the report.
- The Commission requested the item remain on the work programme for an update following completion of the survey.

56. WORK PROGRAMME

The Chair noted it was the final meeting of the municipal year and thanked Members for their contributions in discussing many important topics across the council's public health division, external health partner agencies and during joint meetings with adult social care. Thanks were also extended to youth representative for their attendance and contributions at meetings; the senior governance support officer in addition to the public health team and health partners for their continuous hard work during a period when health services have been under tremendous pressure.

The Chair highlighted that items remaining on the work programme would be taken forward for consideration alongside other priorities that emerge.

57. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19.40.

Leicester Health and Wellbeing Survey 2024

A briefing for Leicester City Council Health Scrutiny:16/04/24

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

Leicester City Council

1. Background
2. Survey Methodology
3. Questionnaire content
4. Results

1. Background: The last adults (16+) Leicester Health and Wellbeing Survey was carried out in 2018.

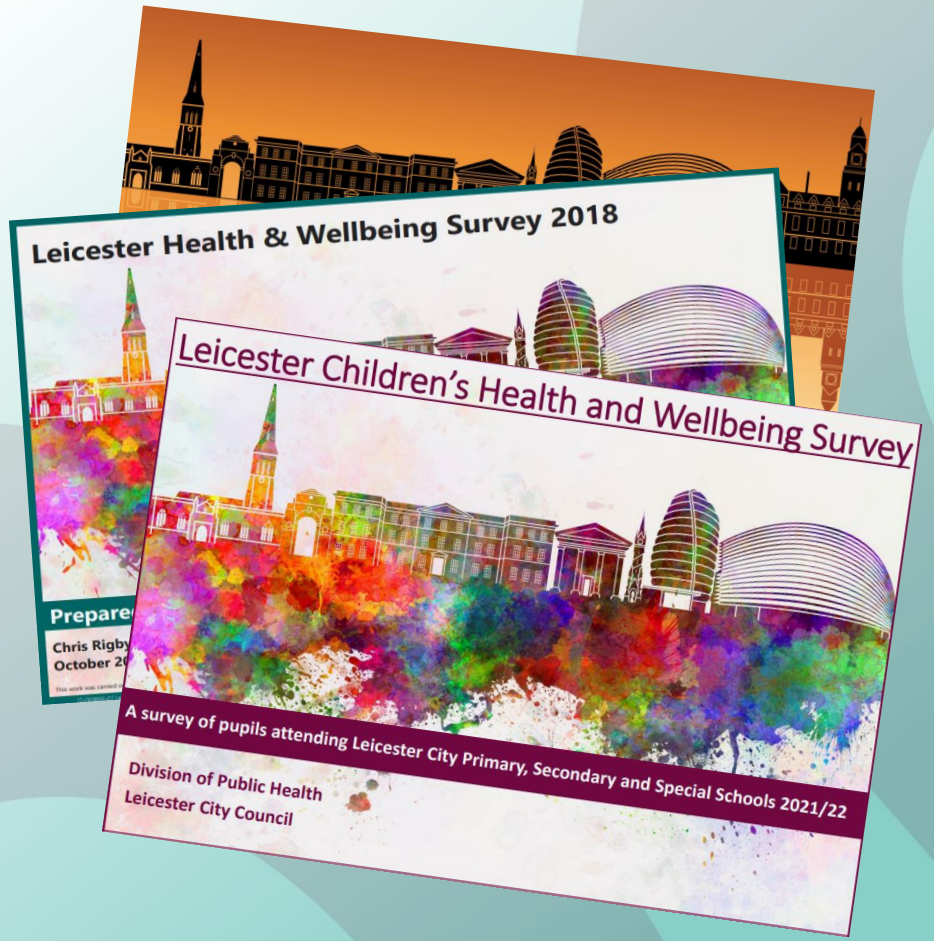
There have been a series of Leicester Health and Wellbeing Surveys for both adults (2010, 2015 & 2018) and children (2016/17 & 2021/22).

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]



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

DJS Research have been commissioned by Leicester City Council to complete the 2024 Leicester Health and Wellbeing Survey.

It will be a face to face household survey:

- A minimum of 2,100 interviews per survey, based on 100 interviews per ward.
- A sampling method to consider every ward and deprivation levels. With target quotas by age (16+), gender, ethnicity, disability and working status.
- 20-to-25-minute survey with sensitive questions self-complete unless assistance is requested.
- DJS Research have a diverse and multi-lingual fieldwork team.
- Fieldwork to last 16 weeks and be complete by September 2024.

3. Questionnaire Content: The survey will consist of core questions which will be comparable with the 2018 questionnaire, as well as new questions to help understand emerging issues in the city.

List of health and wellbeing survey topics:

- Overall health & health services
- Long term conditions (including Long COVID) & caring responsibilities
- Healthy eating & physical activity
- Use of local assets & volunteering
- Travel method & journeys
- Smoking, vaping & alcohol use
- Mental health and wellbeing
- Loneliness & support networks
- Financial/cost of living & food insecurity
- Your home suitability
- Gambling
- Sexual health services
- Digital inclusion & confidence

3. Questionnaire Content – Personal Characteristics: Collecting personal characteristics will allow us to further segment the health and wellbeing data so that we can analyse data by certain population groups.

List of personal characteristics information:

- Sex and gender identity
- Age (16+)
- Ethnicity
- Employment status
- Long term conditions or disability
- Long COVID-19
- Carers
- Sexual orientation
- Main language
- Religion
- Education/Qualifications
- Housing tenure
- Household overcrowding
- Children under 16 in the household
- Adults 65 and over in the household

The Census 2021 is a stronger source for population characteristics data for our local population because every household is required to complete. The purpose of inclusion of Census style questions in this survey is to allow for further analysis and interrogation of the health and wellbeing survey data collected.

4. **Results:** DJS propose the following suite of outputs

Headline report: This report will outline the responses to every question, mapped against the 2015 and 2018 results, plus any benchmarking comparisons.

In-depth narrative report (in PowerPoint/pdf): 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.

Raw datafile including metadata, supplementary geo-indicators and weighting factors.

Presentation at an Exec Board level.

Interactive reporting dashboard that presents the results for 2024 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.

SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

Scrutiny Committees hold the Executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:

i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to their initiatives or projects.
iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
vi. question and gather evidence from any person (with their consent). •

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Education Scrutiny Commission (which also sits as the statutory Education Committee)

• Culture and Neighbourhoods Scrutiny Commission
• Economic Development, Transport and Climate Emergency Scrutiny Commission
• Housing Scrutiny Commission
• Public Health and Health Integration Scrutiny Commission

The key work areas covered by each Scrutiny Commission are to be found here https://www.leicester.gov.uk/your-council/decisions-meetings-and-minutes/overviewand-scrutiny

SCRUTINY COMMITTEE: OVERVIEW SELECT COMMITTEE

The Overview Select Committee **will:**

• Scrutinise the work of the City Mayor and Deputy City Mayors and areas of the Council's work overseen by them.
• Consider cross cutting issues such as monitoring of petitions
• Consider cross-cutting issues which span across Executive portfolios.
• Manage the work of Scrutiny Commissions where the proposed work is considered to have impact on more than one portfolio.
• Consider work which would normally be considered by a Scrutiny Commission but cannot be considered in time due to scheduling issues.
• Report annually to Council.
• Be responsible for overseeing the work of scrutiny and the commissions and to refer certain matters to particular commissions as appropriate.

SCRUTINY COMMISSIONS

Scrutiny Commissions **will:**

• Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
• Engage in policy development within its remit.
• Normally be attended by the relevant Executive Member(s), who will be a standing invitee.
• Have their own work programme and may make recommendations to the Executive on work areas where appropriate.
• Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
• Report on their work to Council from time to time as required.
• Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.

Health Scrutiny PH Overview and Priorities

Rob Howard

Director of Public Health

Leicester City Council

"Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts"

Charles-Edward Amory Winslow 1877 - 1957
Founder of the Yale Department of Public Health

Source: Winslow CE. The untilled fields of public health. Science. 1920 Jan 9:23-33

Health Inequalities

Health inequalities are preventable and unjust differences in health status experienced by certain population groups

In 1980, roughly 40% of the world's population lived in extreme poverty, with less than $2 per day. What is the share today?

- 10%
- 30%
- 50%

The question

In 1980, roughly 40% of the world's population lived in extreme poverty, with less than $2 per day. What is the share today?

Answer options

A: 10% (Correct)

B: 30% (Wrong)

C: 50% (Very wrong)

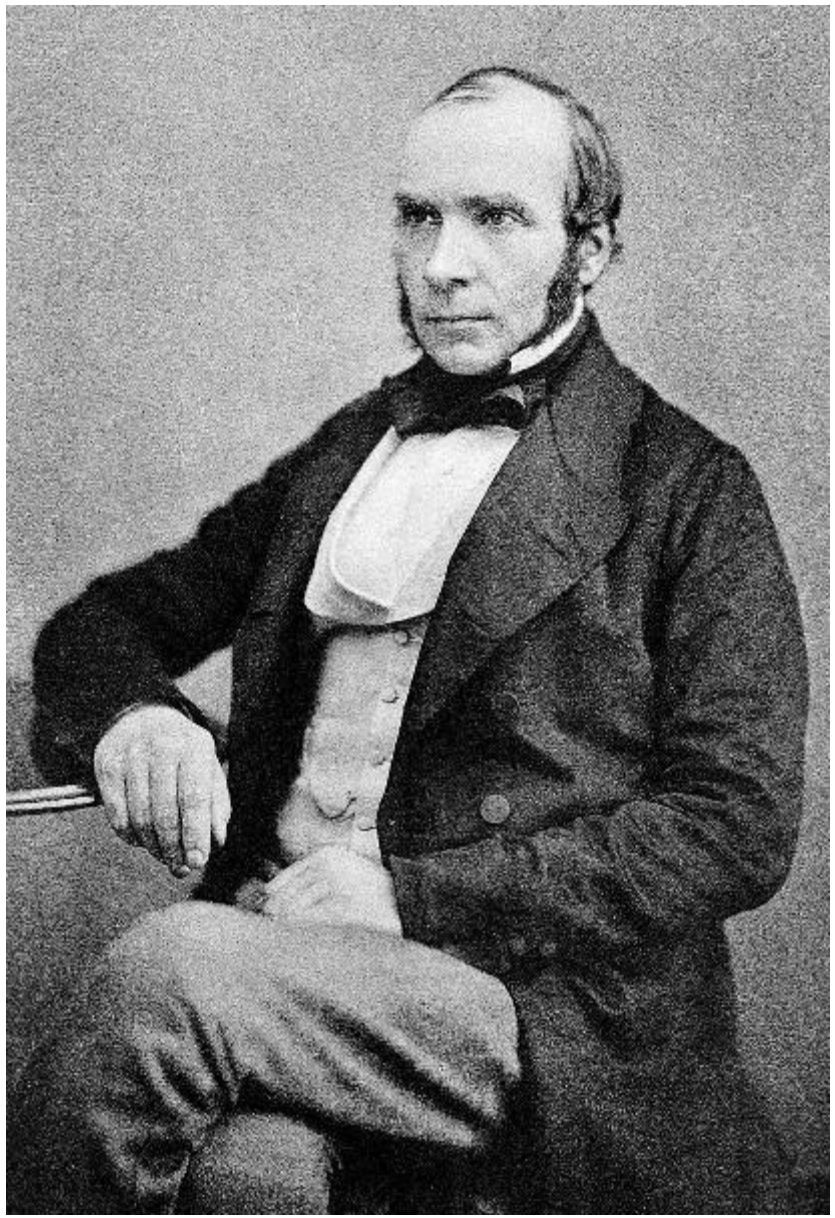
Survey Results

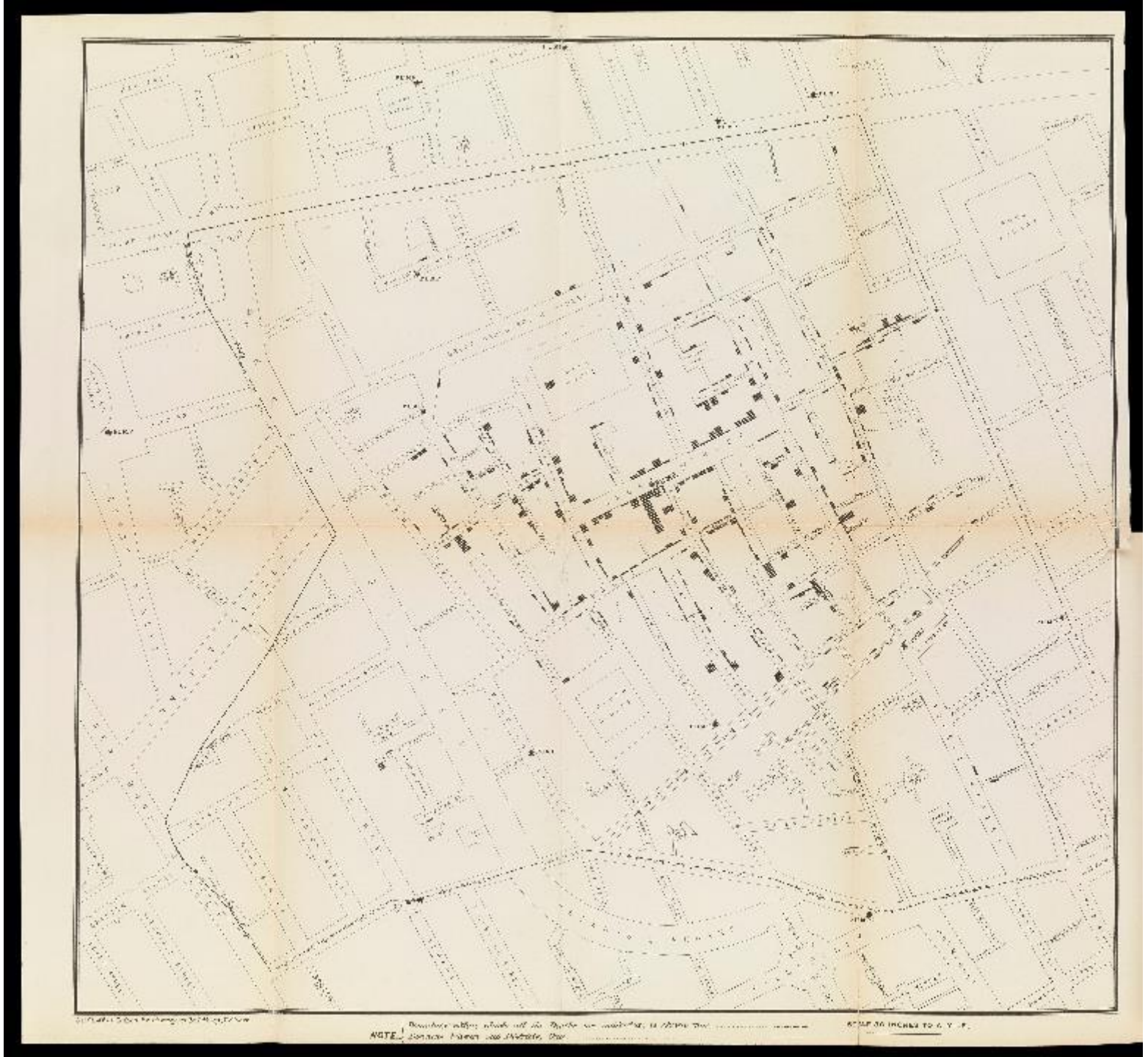
Of the people we have tested, **92%** got this question wrong.

About this misconception

Worldwide, extreme poverty has declined steadily since the 1980s, but the fact that hundreds of millions of people still have to survive on less than $2 a day means we aren't in the streets celebrating this as a complete success.

John Snow



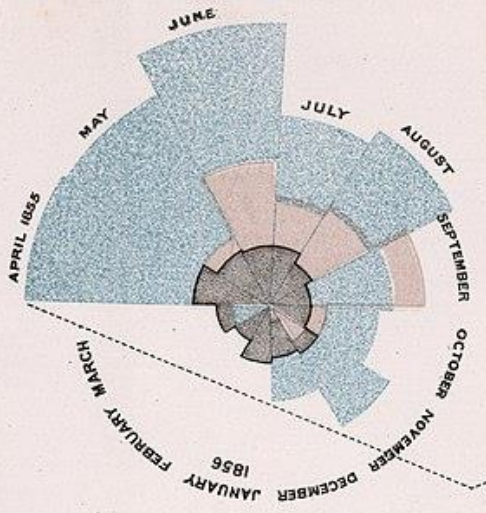


John Snow, 1854

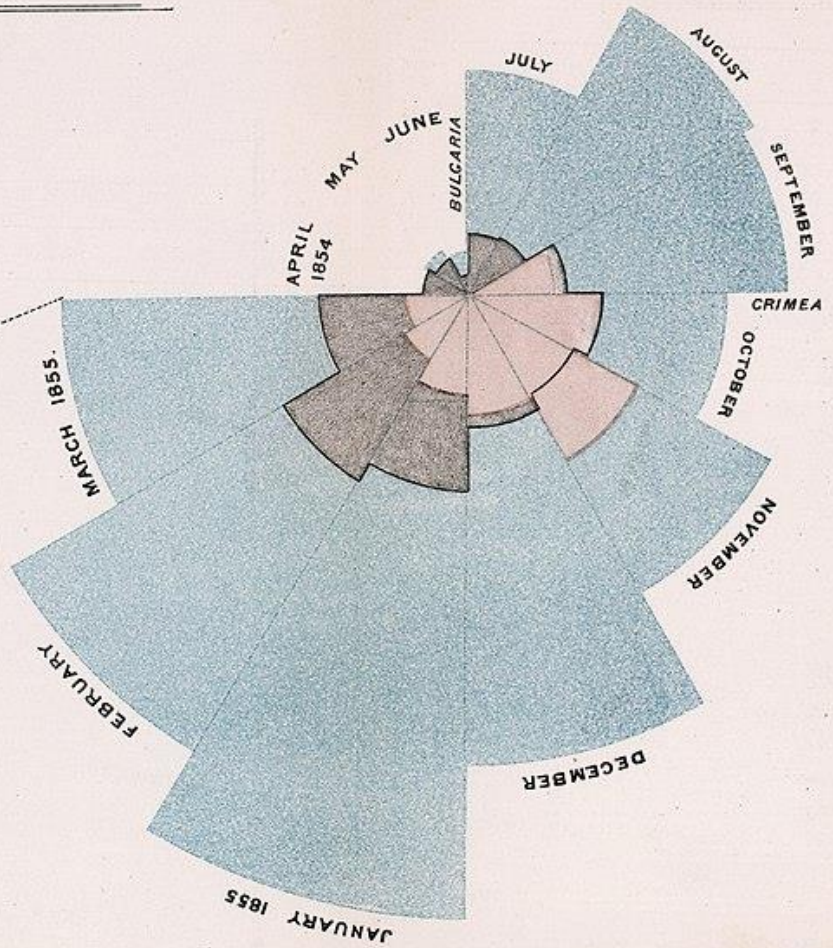

JOHN SNOW

DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST.

2.
APRIL 1855 TO MARCH 1856.



1.
APRIL 1854 TO MARCH 1855.



The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area for area the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

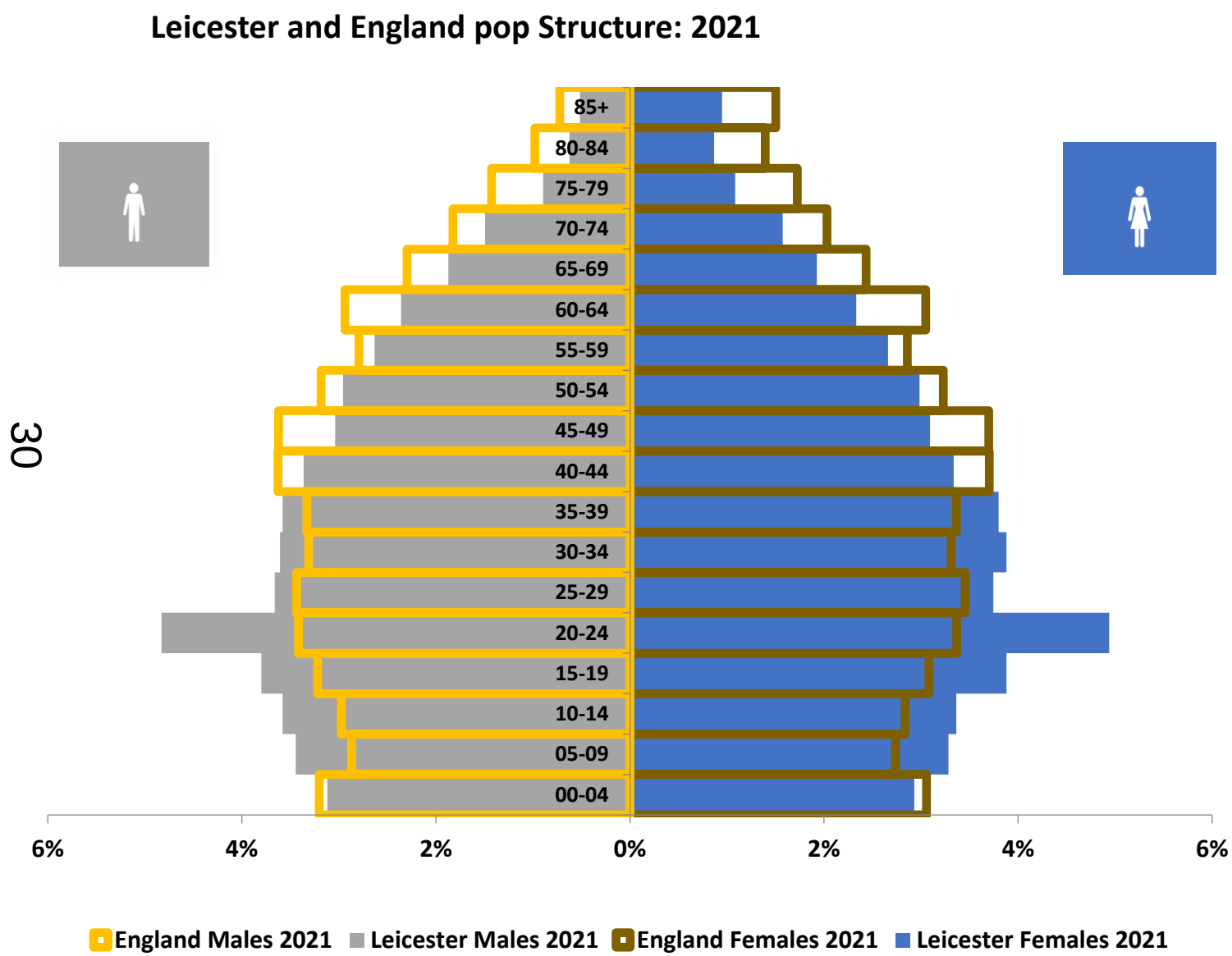
The black line across the red triangle in Nov.r 1854 marks the boundary of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red; in January & February 1855, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the black lines enclosing them.

Harrison & Sons, St. Martin's Lane.

Leicester and England population structure



Leicester's population is younger than England's. The median age in Leicester is 33 compared with 40 in England.

A significantly greater proportion of Leicester residents are aged 5 to 40 compared to England, while a smaller proportion of Leicester residents are in age groups above 40.

Leicester has a particularly large 20-24 year old population due to the large numbers of students attending the city's two universities, and the arrival of young migrants to the city.

Source: Census 2021

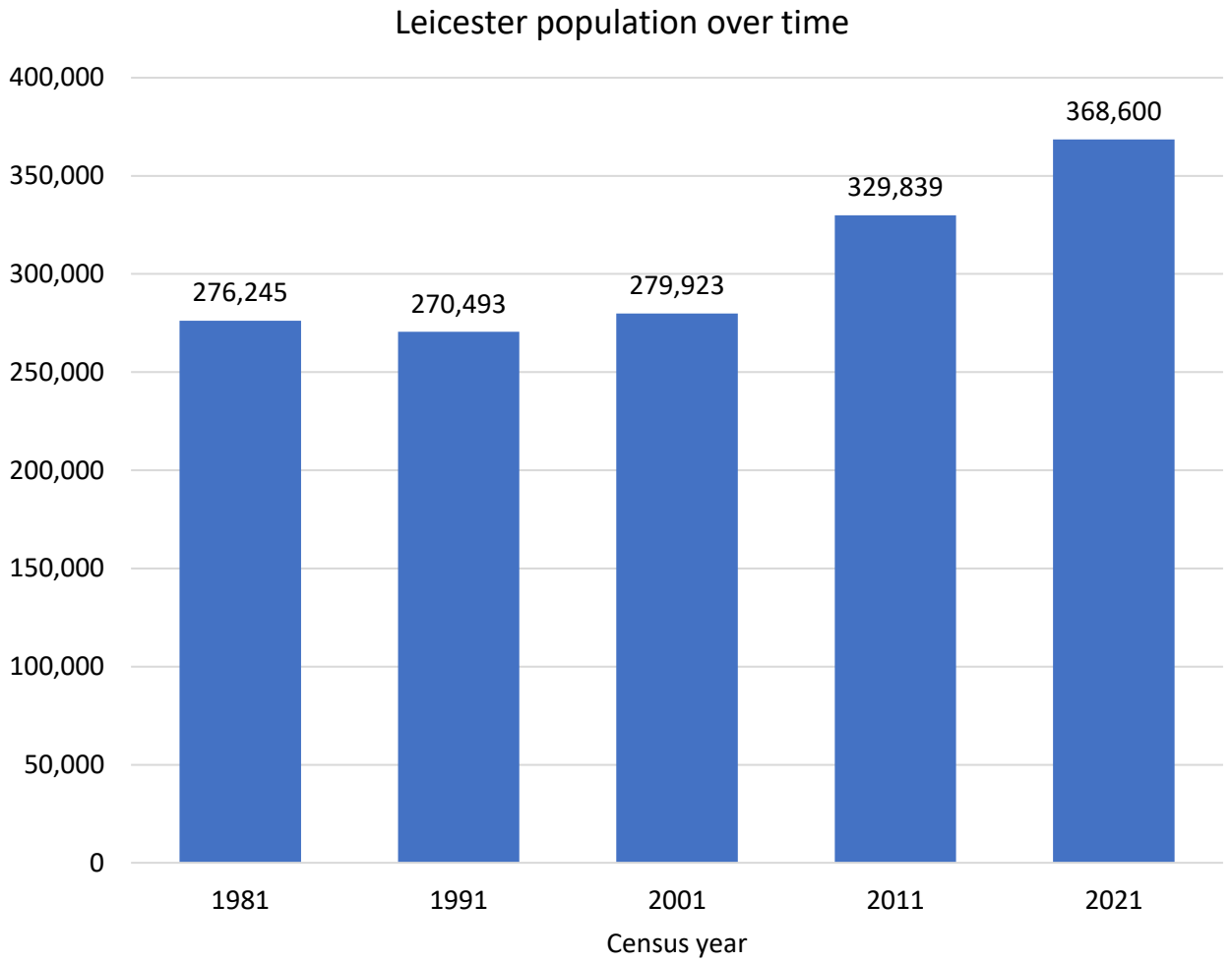
Total population

Leicester's total usual resident population at the 2021 census was 368,600.

Since 2011 Leicester's population has increased by around 38,800. This represents an 11.8% increase.

Over the same period, England's population increased by 6.6% and the East Midlands by 7.7%.

Between 2001 and 2011 Leicester's population increased by 49,900 (17.8%), indicating population growth has slowed in the last decade.



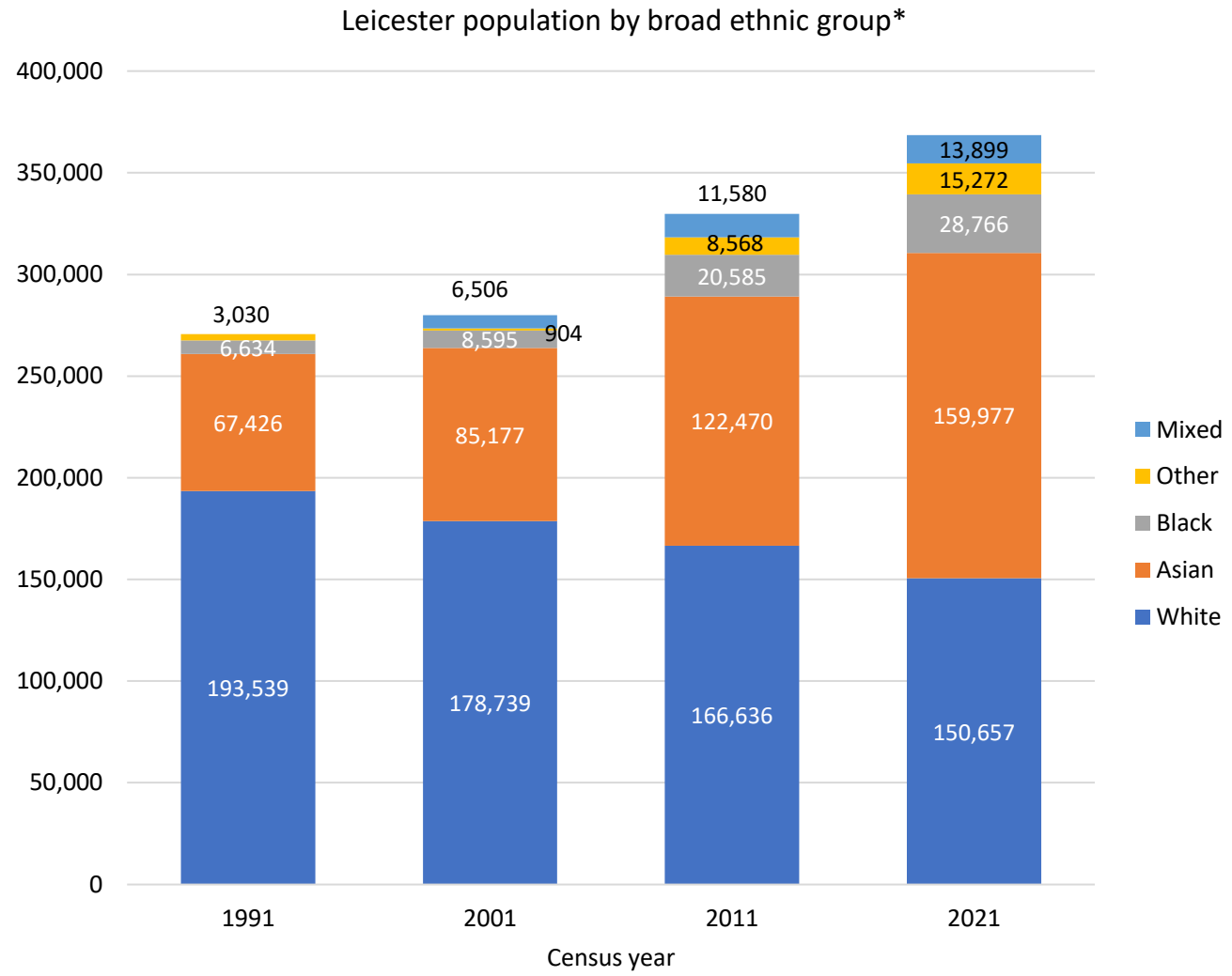
Source: Census 2021

Population by ethnicity, 1991-2021

The first census to include a question on ethnicity was 1991.

Between 1991 and 2021, Leicester's total population has increased by almost 100,000 from, 270,629 to 368,571.

Over the last forty years, the number of White residents has decreased while the number of residents from all other broad ethnic groups has increased.



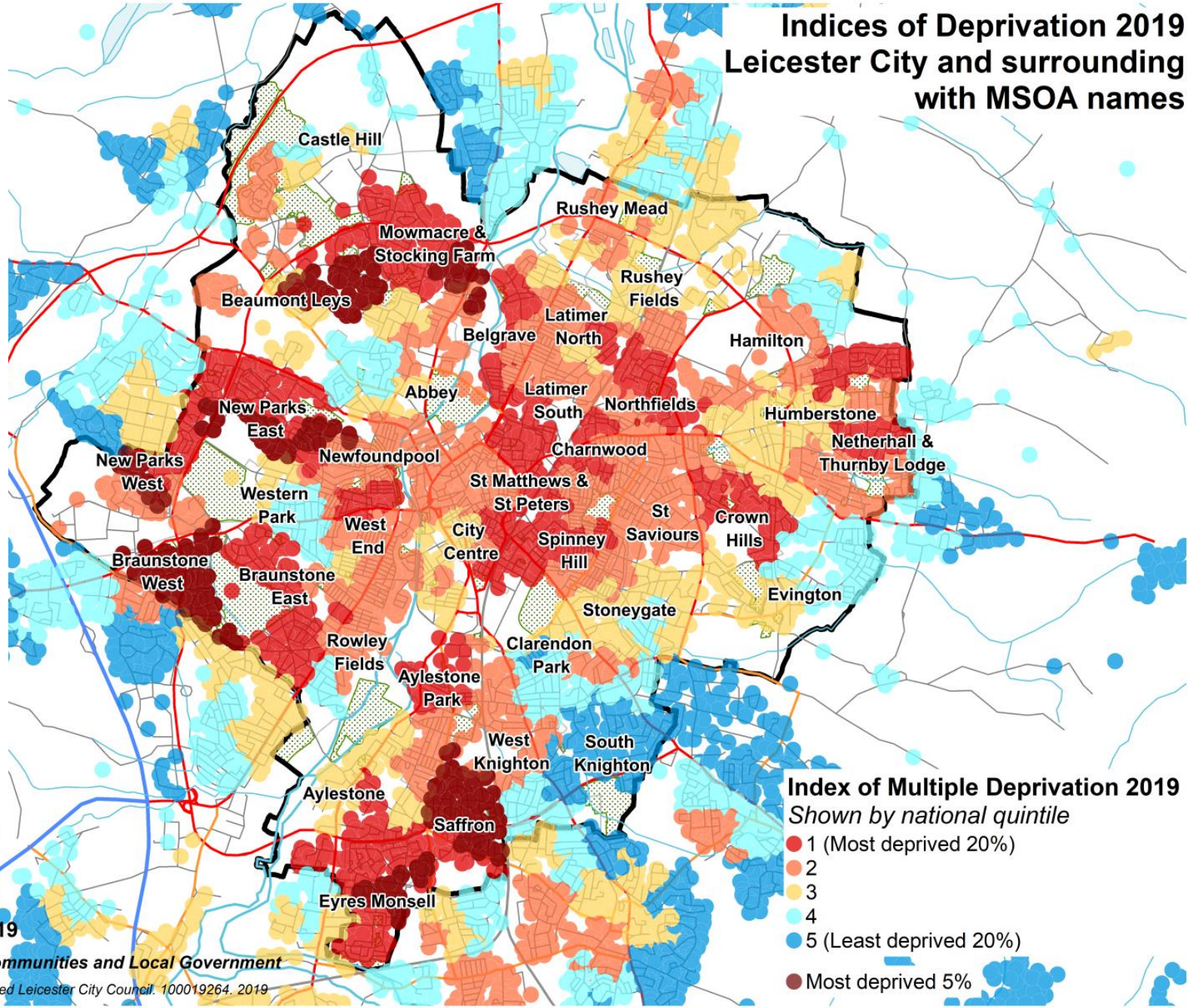
*Due to changes in the census questionnaire, ethnic group categorisation is not entirely consistent. For example, the mixed/multiple ethnic group category was introduced in 2001.

Leicester is a deprived city:

Leicester is the 19th most economically deprived local authority in England (out of 151 Upper tier Authorities). Over a third of the population are resident in the most deprived 20% areas.

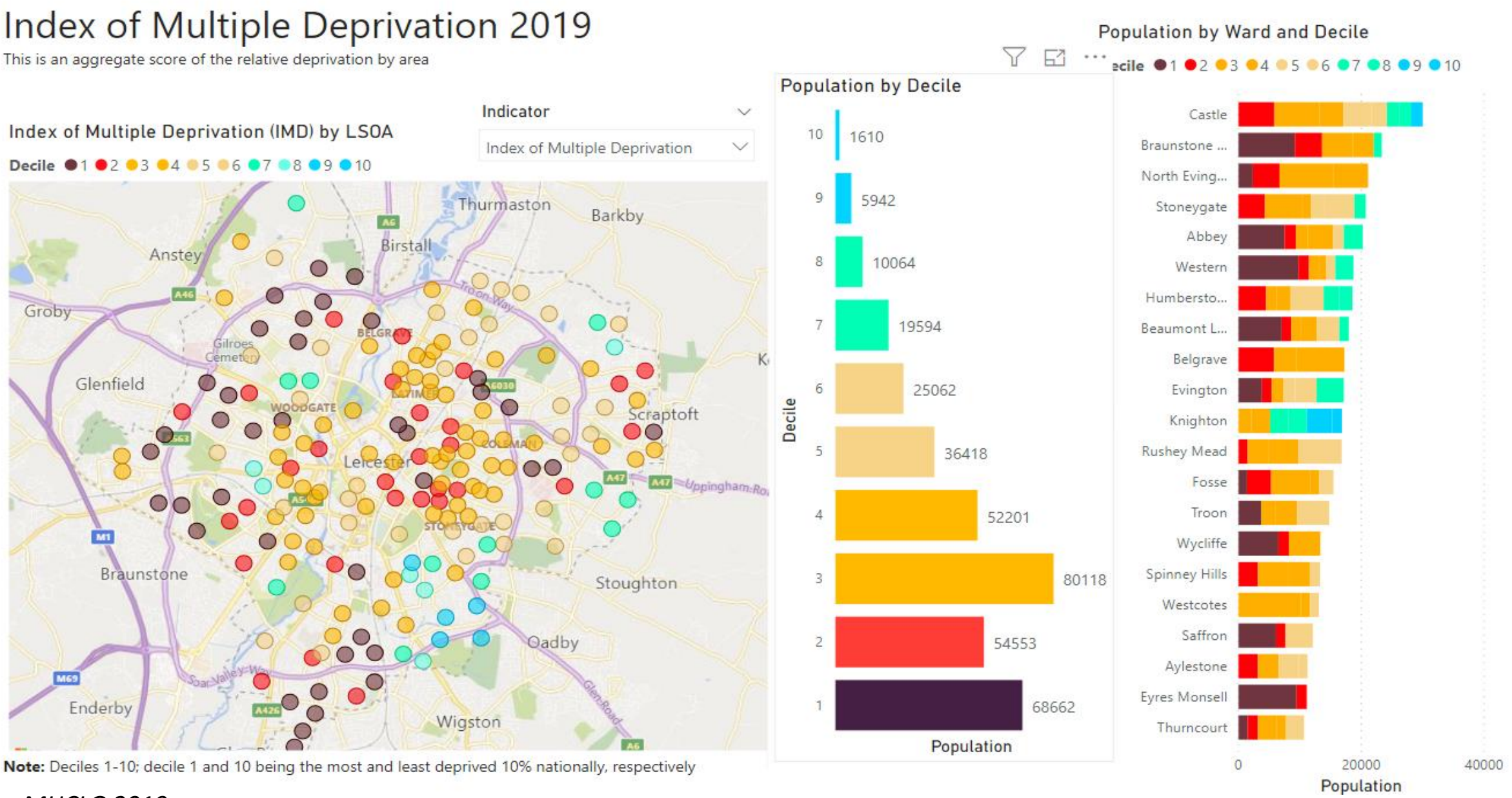
Leicester like many cities includes areas of high deprivation alongside more affluent areas.

These extremes of wealth have a significant implication on all aspects of life including the health and wellbeing of residents. This is a major contributing factor to health inequalities.



Source: MHCLG 2019

Leicester is a deprived city: Leicester is the 32nd most economically deprived local authority in England. Over a third of the population are resident in the most deprived 20% areas. There are few areas in the city in less deprived areas.



Note: Deciles 1-10; decile 1 and 10 being the most and least deprived 10% nationally, respectively

Source: MHCLG 2019

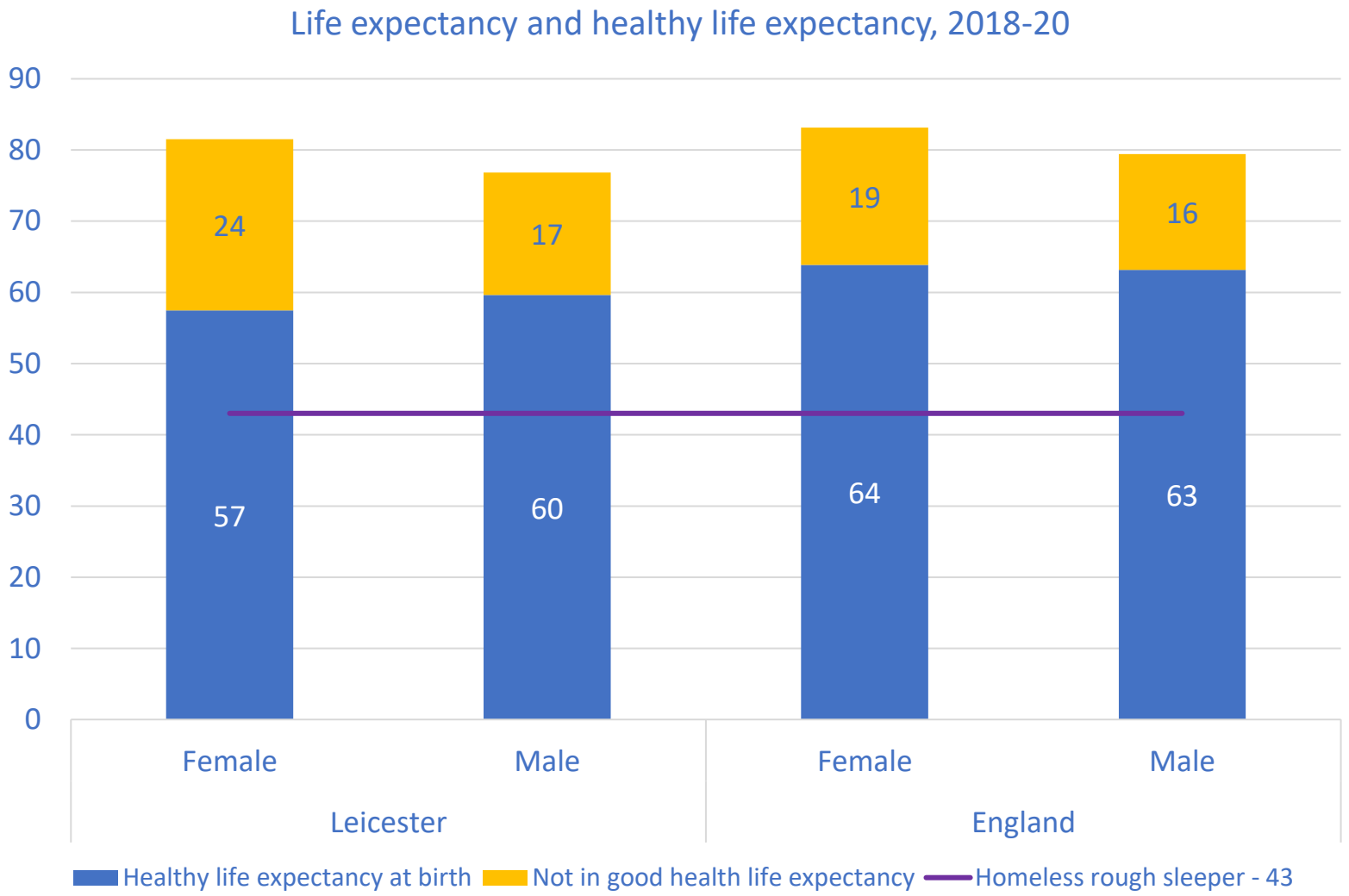
Life (healthy) expectancy: Leicester residents have shorter healthy life expectancies and can expect to have a longer Ill health life expectancy compared to the national average. For additional context the life expectancy of rough sleepers is also included.

Leicester females can expect 57 years healthy life and a further 24 in ill health compared to 64 healthy years and 19 ill health years for national average.

Leicester males have a slightly longer healthy life expectancy and a shorter ill health life expectancy leading to a shorter life expectancy overall.

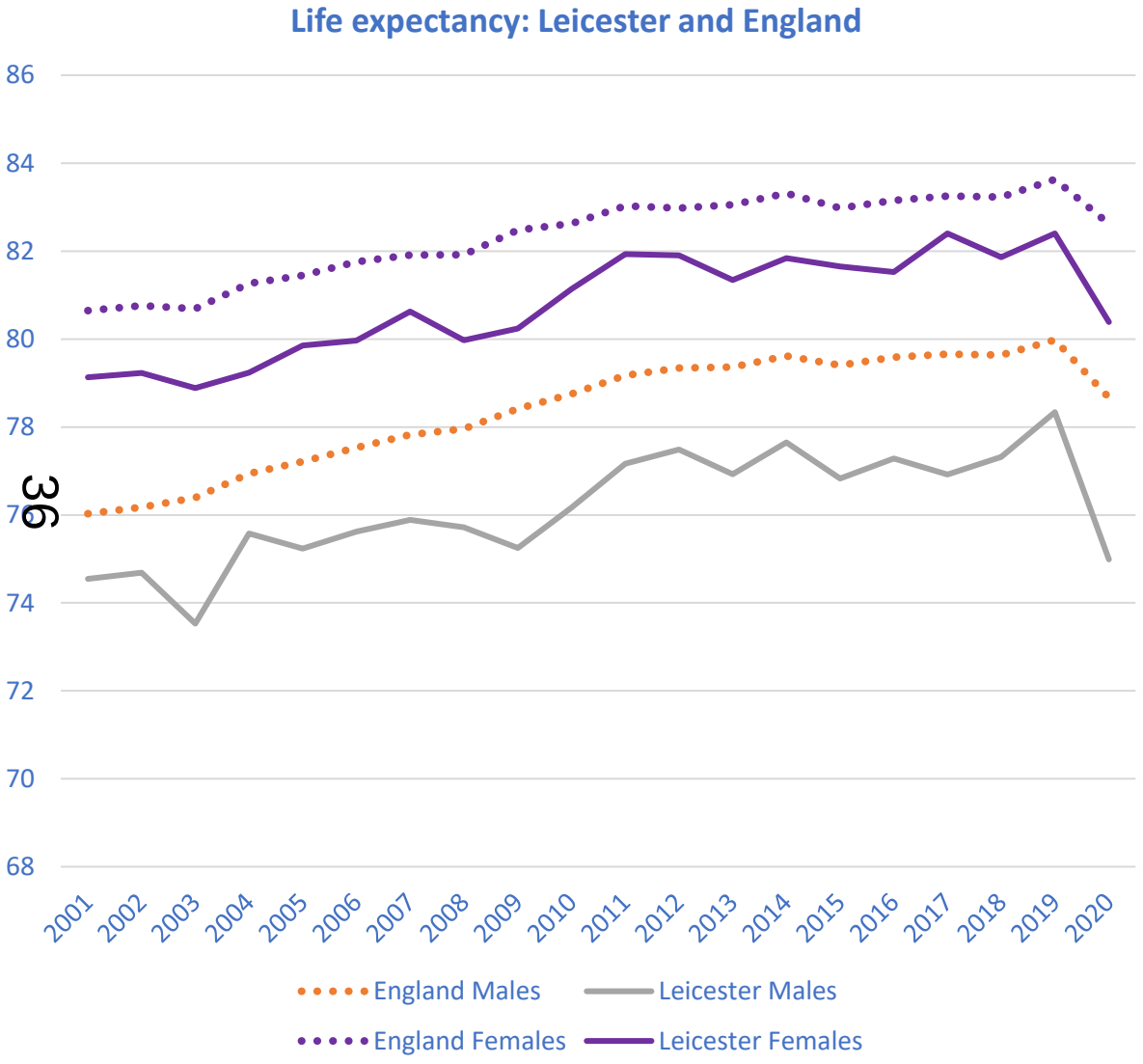
There is also inequality across the city. With those in the least deprived areas of the city having longer life expectancies.

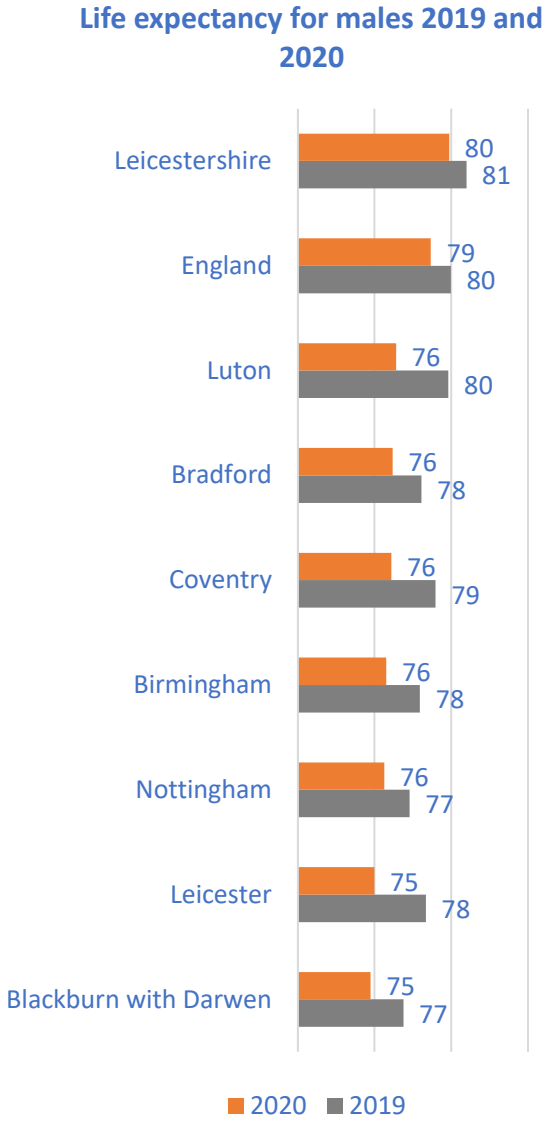
Leicester males in the least deprived areas have an additional 8 years and Leicester females have an additional 6 years of life expectancy.

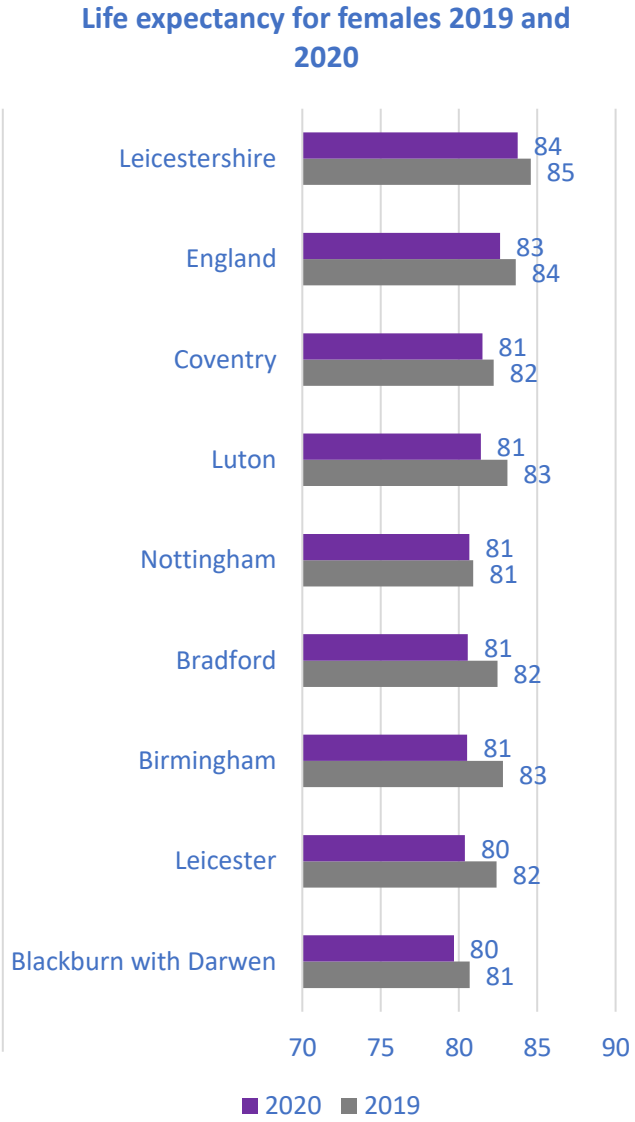


Source: ONS Life Expectancy data 2018-20 , ONS deaths of homeless people 2018

Leicester experiences lower life expectancy: Latest life expectancy data shows falls in life expectancy in the most recent year (2020). For Leicester males life expectancy has fallen from 78 to 75 and for females from 82 to 80. Areas across the country have experienced falls but urban areas have been disproportionately affected.

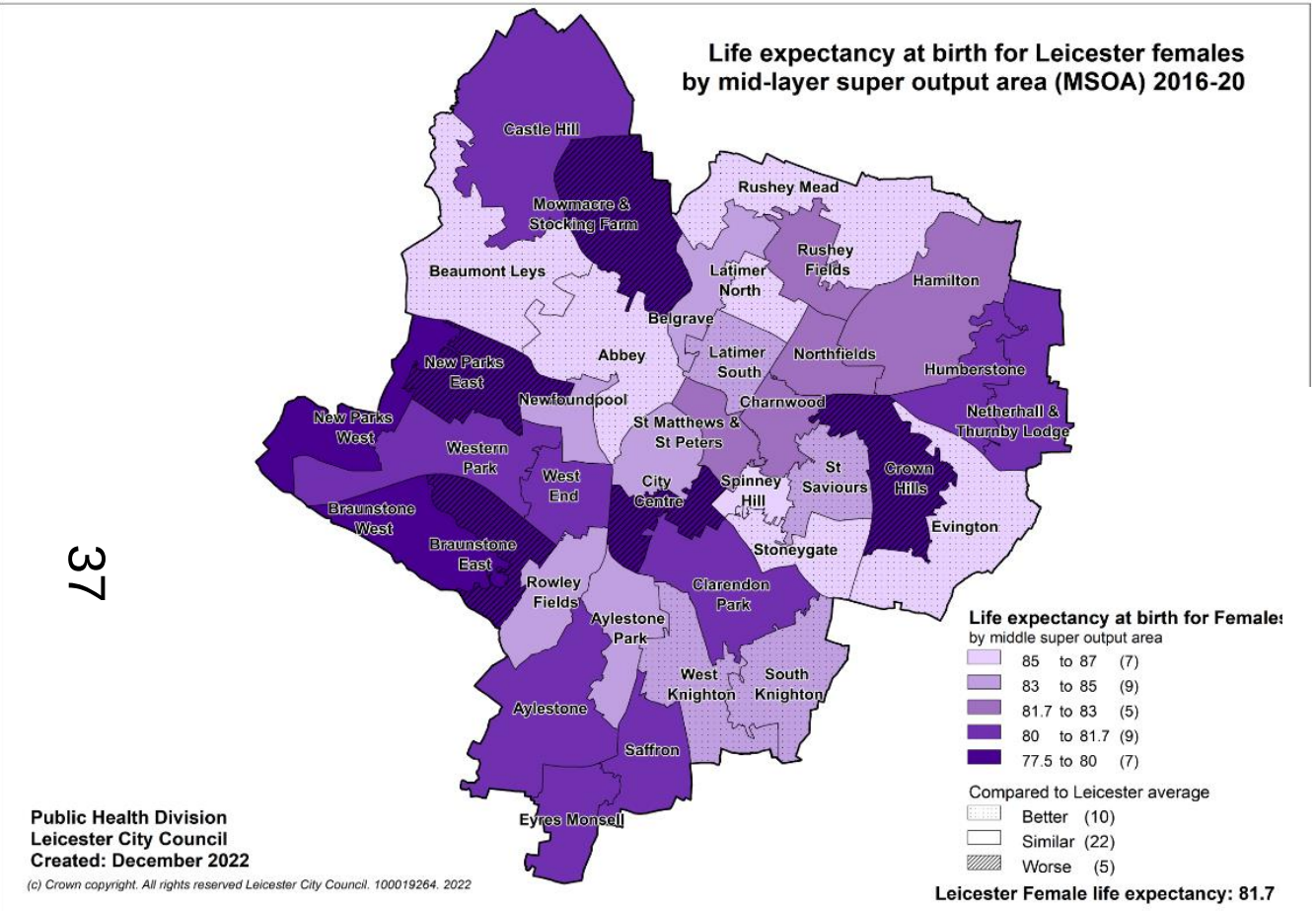






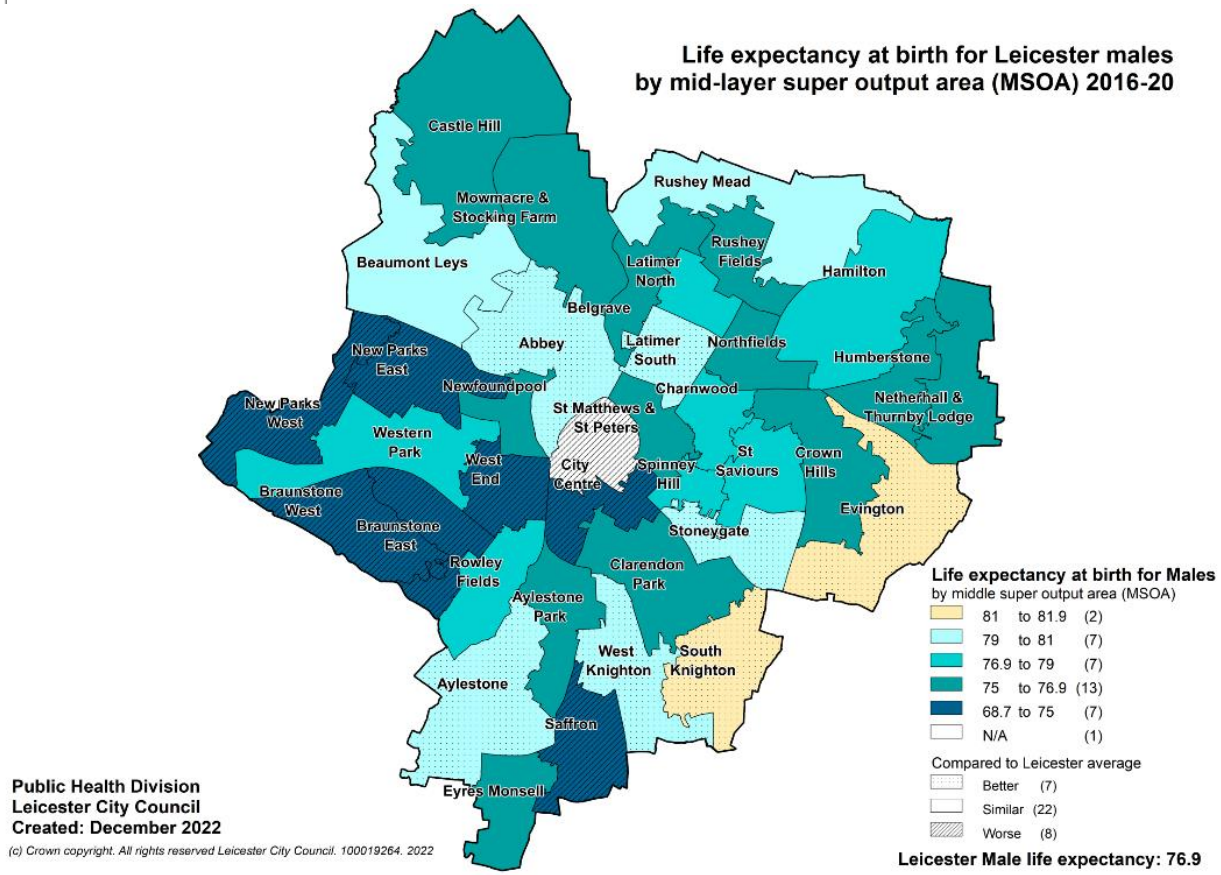
Source: ONS Life Expectancy

Life expectancy: Life expectancy across the city shows clear links with deprivation.



- Across Leicester, there is a gap of 9.5 years between areas with the highest and lowest life expectancy for females
- Areas of lowest life expectancy for femailes are New Parks, Braunstone, Mowmacre/Stocking Farm, Crown Hills & City Centre.
- Areas with lowest life expectancy for males are Braunstone, New Parks, West End, Saffron and City Centre.

- Across Leicester, there is a gap of 13 years between areas with the highest and lowest life expectancy for males
- Areas of lowest life expectancy are City Centre, Braunstone, New Parks and Saffron.
- Areas with highest life expectancy are Evington, South Knighton and West Knighton



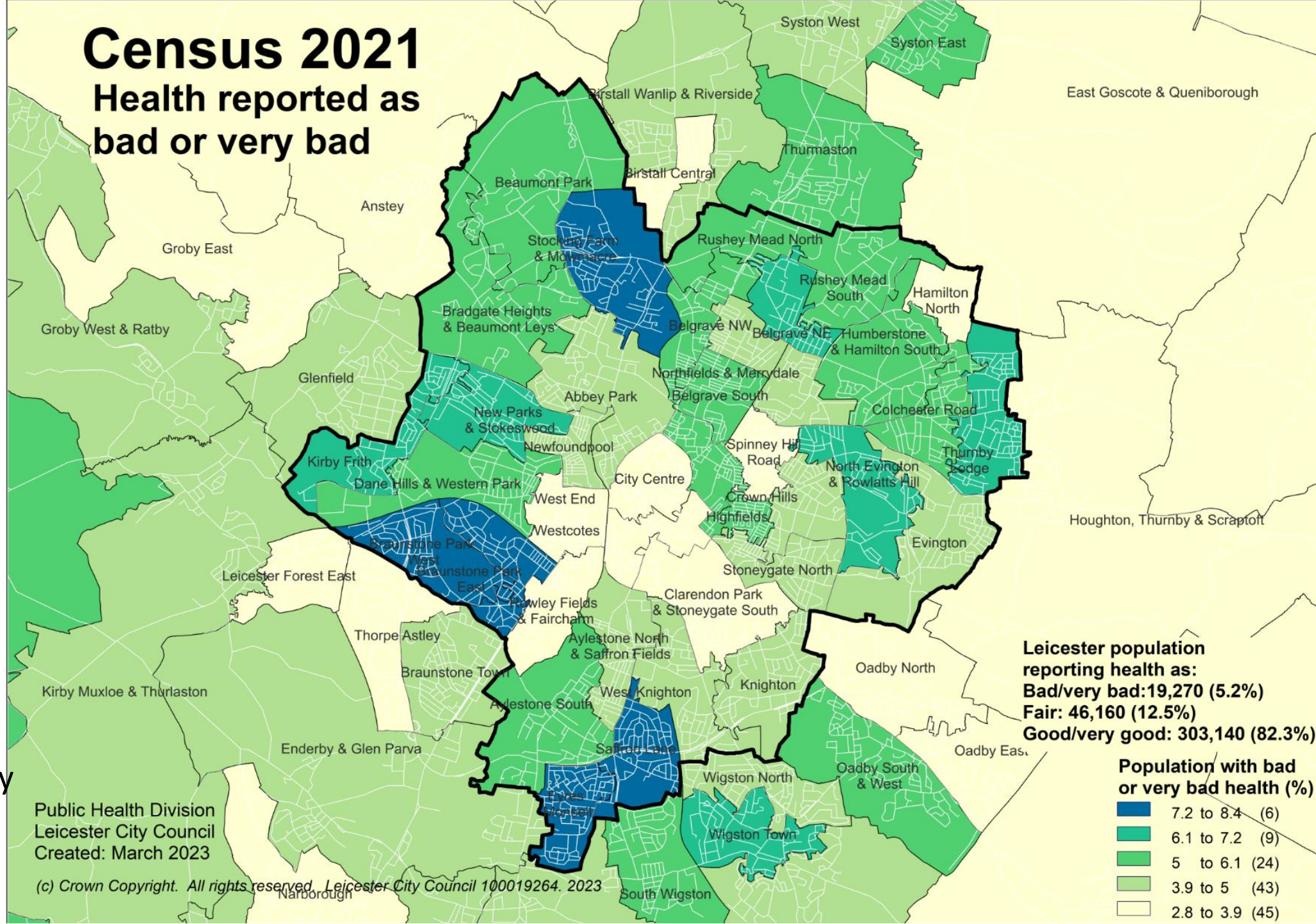
Source: Local Health Profiles, LE 2016-20,

Health:

Higher levels of bad/very bad health are seen in areas of high deprivation including Stocking Farm and Mowmacre, Braunstone, Saffron Lane and Eyres Monsell

Overall, Leicester residents reported their health as

- 5.2% bad or very bad (Eng 5.2%)
- 12.5% fair (12.7%)
- 82.3% good or very good (Eng 82.2%)

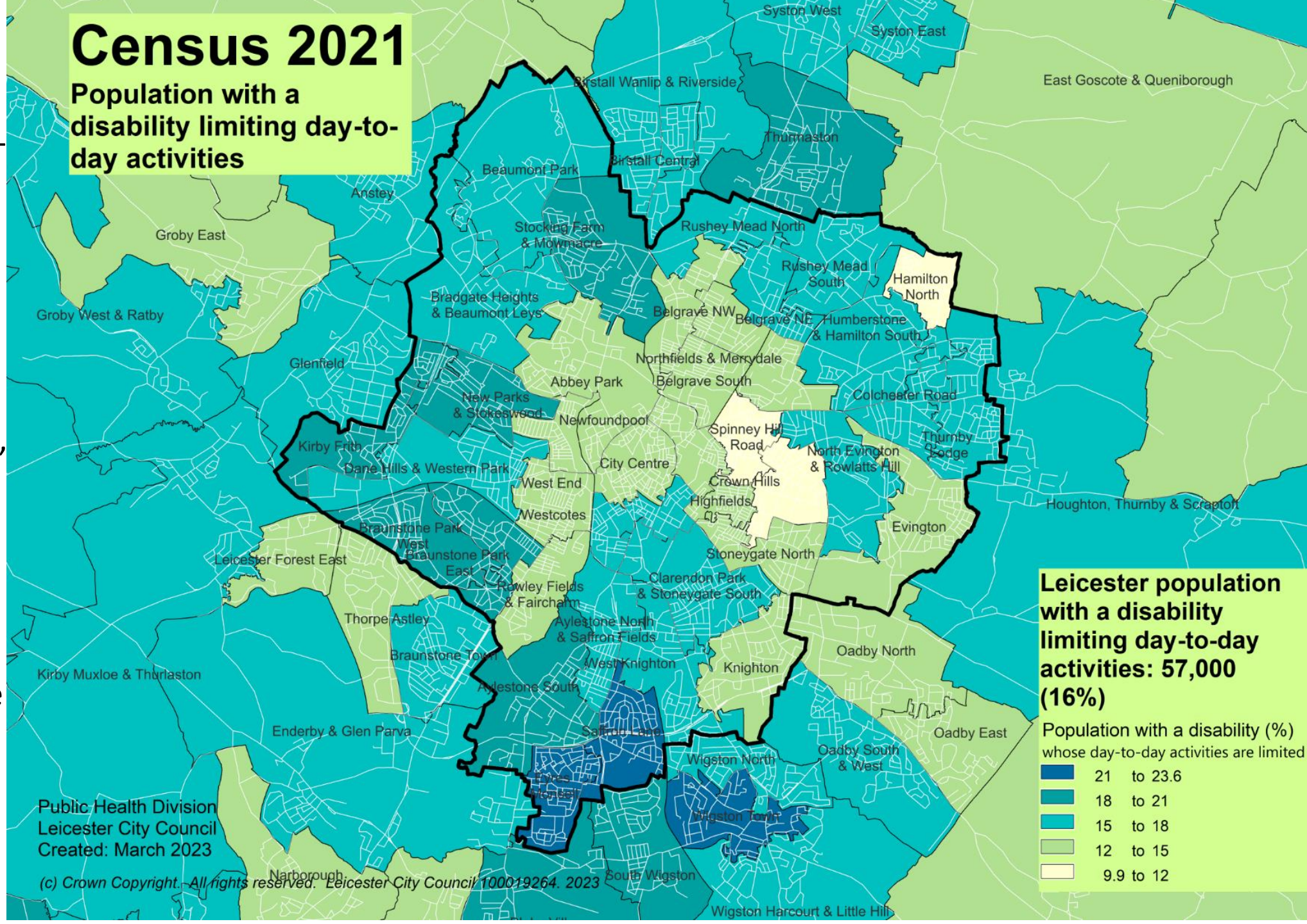


Disability:

Higher levels of disability affecting day-to-day activities are reported in the west and south of Leicester including Stocking Farm and Mowmacre, Kirby Frith, Braunstone, Aylestone, Saffron Lane and Eyres Monsell

Overall, Leicester residents reported

- 8.5% limited a little
- 7% limited a lot
- 84.5% no disability



VALUES

CONFIDENT

CLEAR

RESPECTFUL

FAIR

ACCOUNTABLE

Mission → PRIORITIES → Vision

Our mission is to work with partners to improve, protect and promote the mental, physical social and emotional wellbeing of the people in our City

Our vision is a fairer society in which all our communities can live life in health and happiness and achieve their fullest potential

APPROACHES

- Team culture
- Technical skills
- Equity & Fairness
- Community development
- Partnership working

Live Well LEICESTER

Prevention – working upstream

This is where public health works (or tries to!)

Prevention can be:

- Preventing ill-health
- Reducing progression of illness
- Reducing impacts of ill-health

Diagram from Public Health Sudbury & Districts - (phsd.ca)

REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Priorities and Cross-Cutting Workstreams

1 Best start in life	2 Work-force development	3 Health in All Policies	4 Mental Health
5 Data and Intelligence	6 Research	7 Fund-raising	8 Healthy Ageing

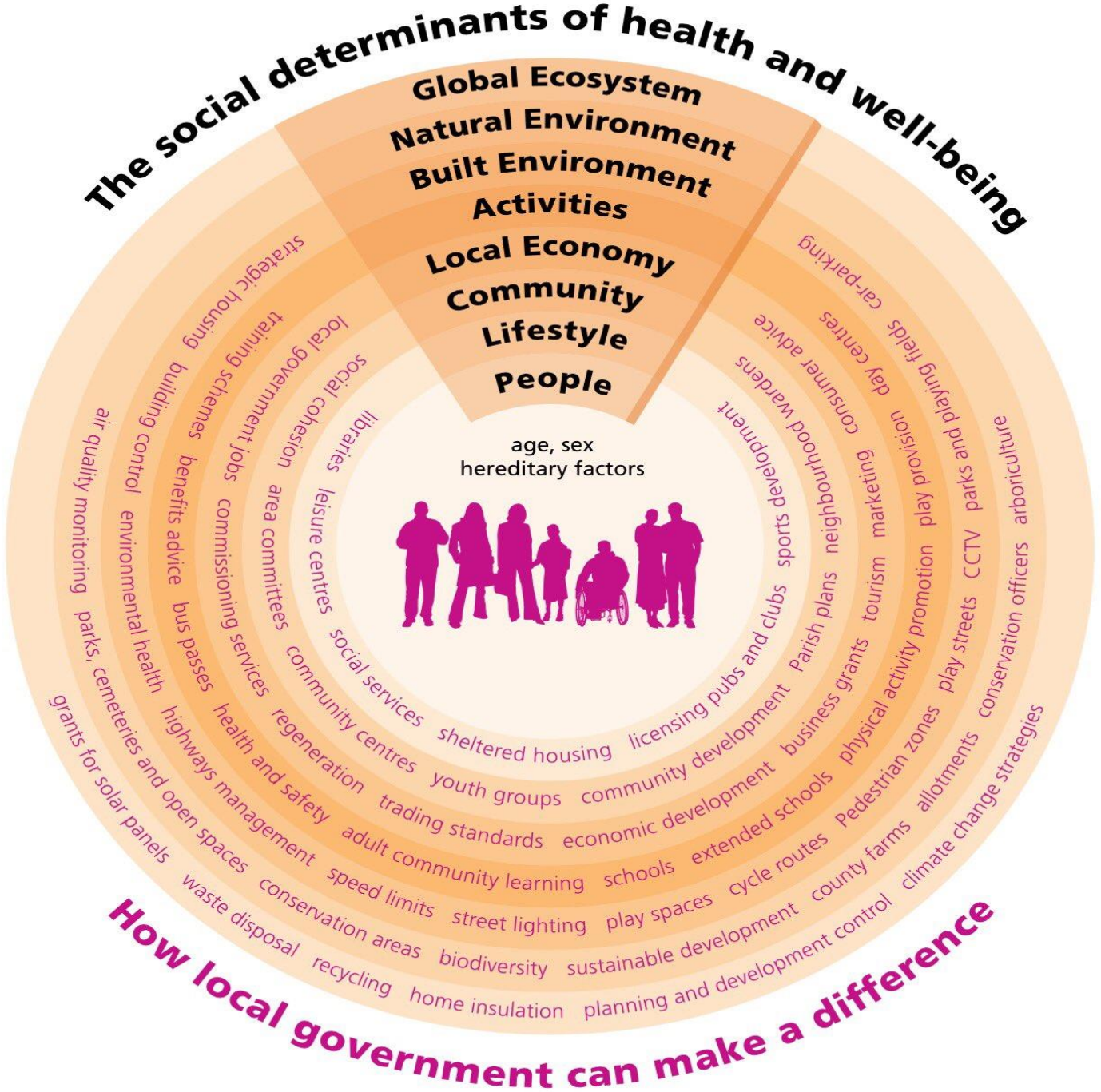
Our overarching priority for 2024-25 is to bring a robust and systematic focus on primary and secondary prevention to tackle health inequalities. We will work with partners to agree a number of focussed priority areas to take this forward.

We will also prioritise a number of work-streams to facilitate cross-division coordination and delivery of key themes.

Other priorities where there are already structures in place to support them include Infant Mortality (Healthy Babies Strategy Group) and Healthy Weight (Whole Systems Work).

What services do we commission / provide?

Prescribed functions (mandatory)	Non-prescribed functions
Sexual health services - STI/sexually transmitted infection testing and treatment	Sexual health services – advice, prevention and promotion
Sexual health services – contraception	Obesity – adults
NHS Health Check programme	Obesity – children
Local authority role in health protection	Physical activity – adults
Public health advice to NHS Commissioners	Physical activity – children
National Child Measurement programme	Treatment and prevention for drug misuse in adults
Prescribed children's 0-5 year old services	Treatment and prevention for alcohol misuse in adults
	Specialist drug and alcohol misuse services in children and young people
	Stop smoking services and interventions
	Wider tobacco control
	Children 5-19 year olds public health programmes
	Other children's 0-5 year olds services non-prescribed


The social determinants of health and well-being
Global Ecosystem
Natural Environment
Built Environment
Activities
Local Economy
Community
Lifestyle
People
age, sex
hereditary factors
libraries
leisure centres
social services
sheltered housing
licensing pubs and clubs
sports development
Parish plans
neighbourhood wardens
consumer advice
day centres
car-parking
social cohesion
area committees
community centres
youth groups
community development
business grants
tourism
marketing
play provision
parks and playing fields
local government jobs
regeneration
trading standards
economic development
physical activity promotion
CCTV
training schemes
commissioning services
adult community learning
schools
extended schools
play streets
arboriculture
benefits advice
bus passes
health and safety
speed limits
street lighting
play spaces
Pedestrian zones
conservation officers
strategic housing
building control
environmental health
highways management
conservation areas
cycle routes
allotments
air quality monitoring
parks, cemeteries and open spaces
biodiversity
sustainable development
county farms
grants for solar panels
waste disposal
recycling
home insulation
planning and development control
climate change strategies
How local government can make a difference

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

LLR Integrated Care Board comms

Rachna Vyas

Deputy Chief Executive and Chief Operating Officer, LLR ICB

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

What is an ICB? What is an ICS?

Ever struggled to remember your ICB, from your ICP and your ICS?

Do you know the difference between the HWP and a HWB?

Do you know where to find your area's JHWS?

In a world of health and care acronyms, let us help explain…

What is an ICB? What is an ICS?

As people's health and care needs have changed over the years, the organisations that look after the population, within the NHS and local authorities, have sometimes become fragmented. Within Leicester, Leicestershire and Rutland (LLR), an Integrated Care System (ICS) has been established to join up people's care. An ICS is made up of all the public services that provide health and care – the NHS, local councils and the community, voluntary and social enterprise sector.

Our ICS is made up of two parts: the **LLR Integrated Care Board (ICB)** and the **LLR Integrated Care Partnership (ICP)**.

1. Our organisation, the LLR ICB, is tasked with working out how best to spend NHS funds and provide the quality healthcare that people expect. We are pivotal to the success of system working in the area.

2. The LLR ICP is the group of partner organisations all working together to implement strategies to best look after and improve the health and wellbeing of local people. Locally, this is called the **Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership**.

What is an ICB? What is an ICS?

The King's Fund has a video which explains the national structure of the NHS and system partnership working.

What is an ICB? What is an ICS?

Our ICB has produced a video explaining the local health and care system.

Who is in the ICS?

The statutory partners are:

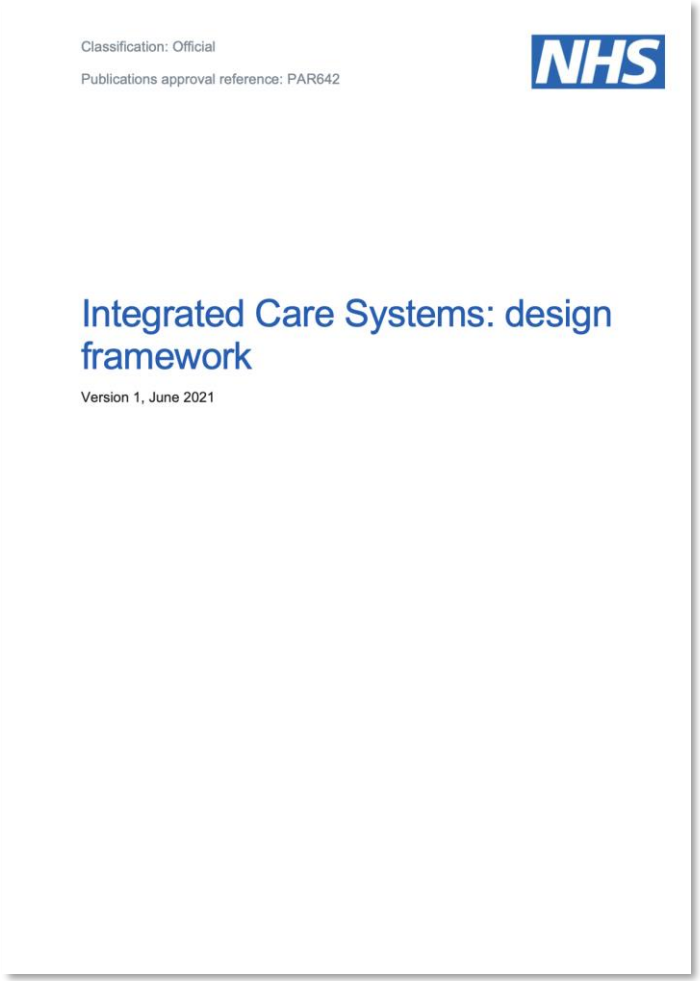
- NHS LLR Integrated Care Board
- Leicestershire Partnership NHS Trust
- University Hospitals of Leicester NHS Trust
- East Midlands Ambulance Service
- Leicester City Council
- Leicestershire County Council
- Rutland County Council

GPs, district councils, other health and care providers, Healthwatch and the voluntary and community sector are also important partners.

What is the aim of an ICS?

The aim of an ICS is to bring together partner organisations to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access to health and care
- Use the resources available for health and care services to get the most from them
- Help the NHS support the broader social and economic development in an area.



What is the vision of our ICS?

The LLR vision is: *Working together for everyone in Leicester, Leicestershire and Rutland to have healthy fulfilling lives.* The LLR ICS Strategy (2023-28) sets out our key priorities:

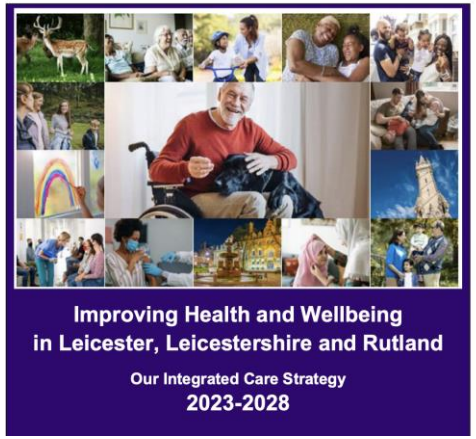
Best start in life: 'We will support you to have a healthy pregnancy, a safe environment, a nurturing and secure relationship with caregivers, good nutrition and healthcare, and support from birth to adulthood.'

Staying healthy and well: 'We will help you to live a healthy life, make healthy choices, within safe and strong communities, and maintain a healthy quality of life.'

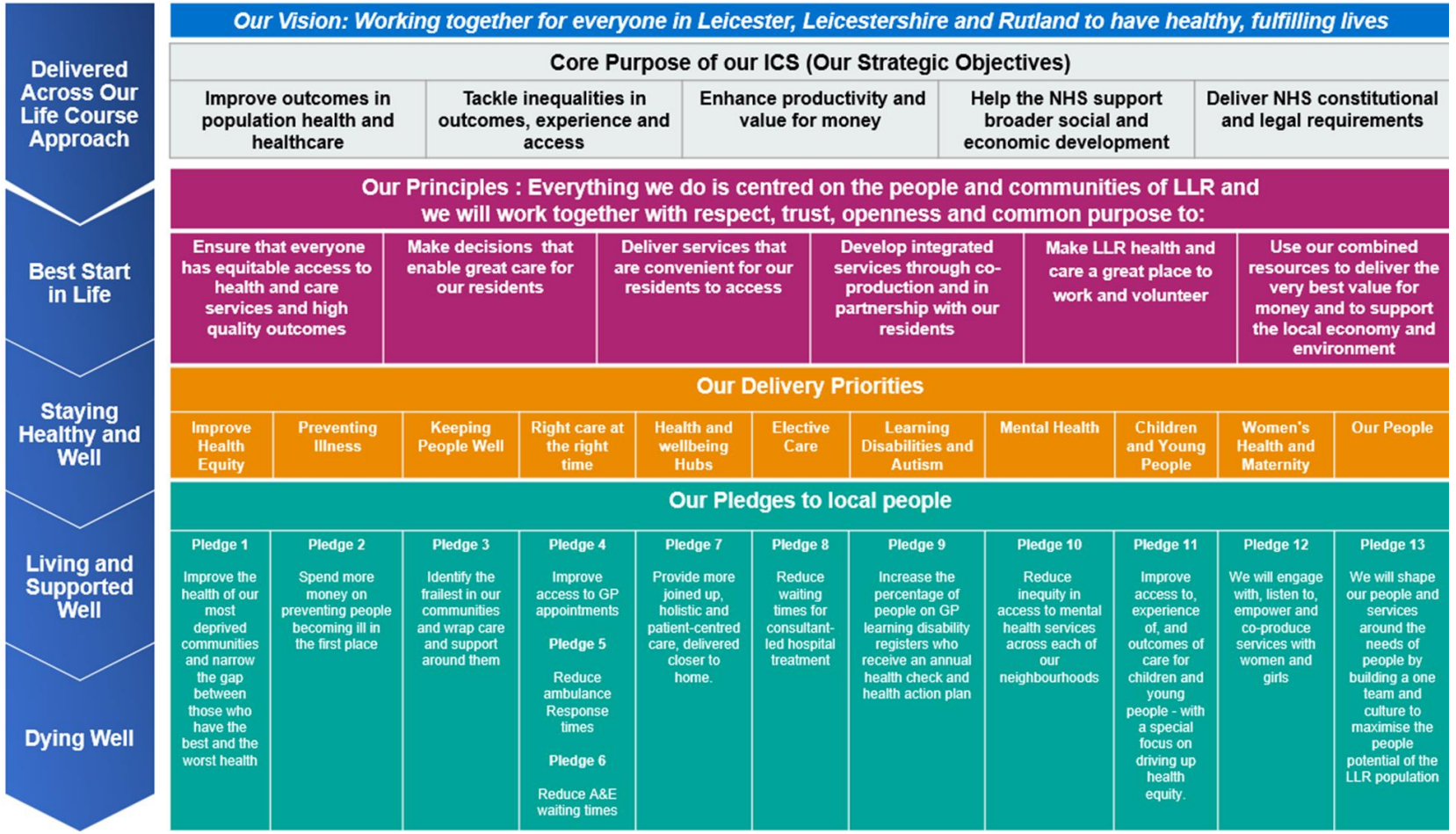
Living and supported well: 'We will support you through your health and care needs to live independently and to actively participate in your care.'

Dying well: 'We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families.'

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership



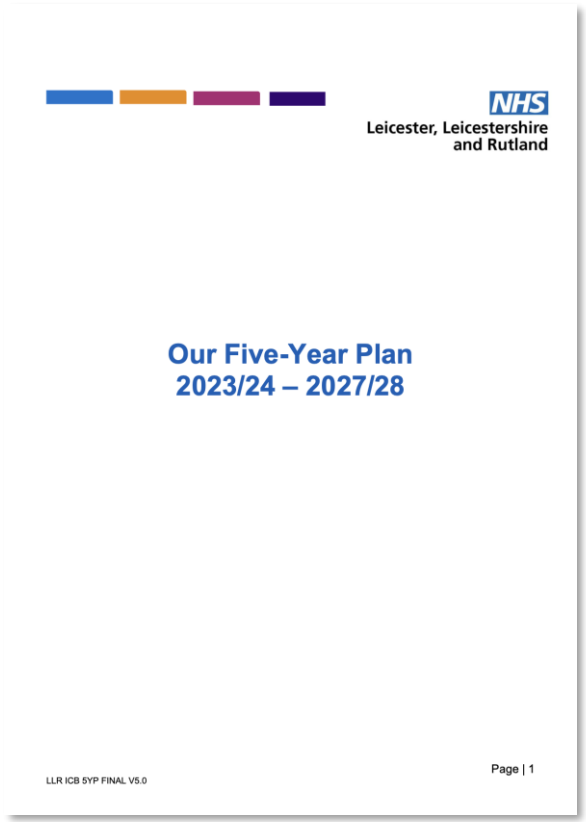
What does our ICS strategy aim to do?



How will the ICB support the strategy?

The ICB has set out a Five-Year Plan that shows how we will work with partners to help achieve the objectives of the ICS Strategy. The Plan sets out a commitment of **13 pledges** - specific outcomes we aim to deliver with partner organisations by 2028 based on what people have told us are important to them.

1. Improve the health of the most deprived communities and narrow the gap between those who have the best and worst health
2. Spend more money on preventing people becoming ill in the first place
3. Identify the frailest in our communities and wrap care and support around them
4. Improve access to GP appointments
5. Reduce ambulance response times
6. Reduce A&E waiting times
7. Provide more joined up and patient-centred care, delivered closer to home
8. Reduce waiting times for consultant-led hospital treatment
9. Increase the percentage of people on learning disability registers who receive an annual healthcheck and health action plan
10. Reduce inequity in access to mental health services across our neighbourhoods
11. Improve access to, experience of, and outcomes of care for children and young people – with a special focus on driving up health equity
12. We will engage with, listen to, empower and co-produce services with women and girls
13. We will build a ‘one team’ culture among staff



What is the purpose of the ICB?

The LLR ICB is a **statutory** NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

The ICB is able to take the 'helicopter view' of health and care in Leicester, Leicestershire and Rutland, bringing health and care organisations together so that services are person-centred as much as possible.

Our formal core purpose is to:

Strategically commission, convene and enable the delivery of better health outcomes, actively improving health equity. Through collaborative partnerships, we are committed to achieving results that empower our population to lead healthy and fulfilling lives.

What does this purpose mean?

Commissioning

- Understand the population's health needs over the long term
- Develop and implement with partners a Long Term Plan and other strategies/plans to address need inc. ICP Strategy
- Form plans for the local NHS to contribute to the wider determinants of health
- Strategic commissioning, procuring, agreeing and managing contracts, delegation and partnerships/collaboratives
- Move funding around the system to best meet the needs of the patients/citizens
- Co-ordinated yearly operational plan for NHS partners

Convening

- Aligning services to the ICB, ICP and organisational plans across health and care
- Balance long term transformation and immediate operational priorities for the ICS
- Balance system, place & neighbourhood needs, with reporting into appropriate assurance groups
- Agree & monitor an annual system risk framework, system outcomes/equity framework & system financial framework (as possible)
- Understand the interdependencies across and within partnerships, and health & care
- Share best practice

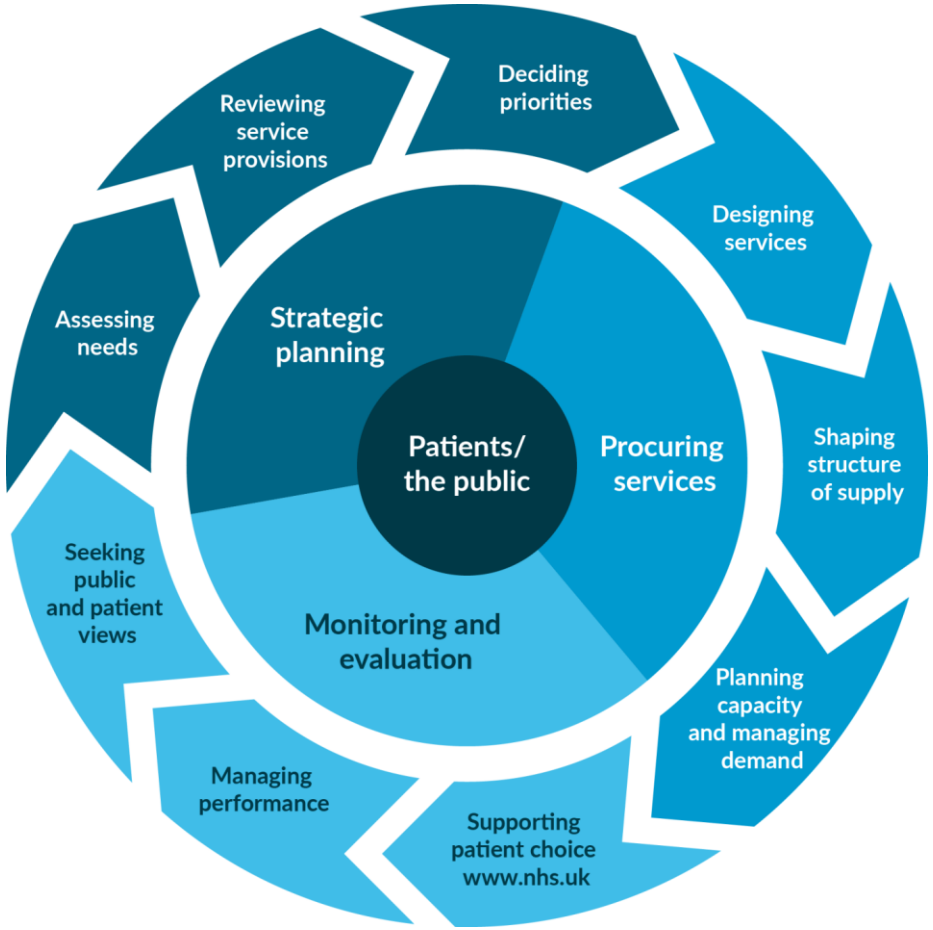
Enabling

- Track operational performance, delivery and outcomes
- Overseeing organisational budgets for NHS services ensuring value for money
- Monitor and evaluate the impact of healthcare services at organisational level for each facet of value
- Co-ordination of enablers such as digital, medicines optimisation, estates, workforce

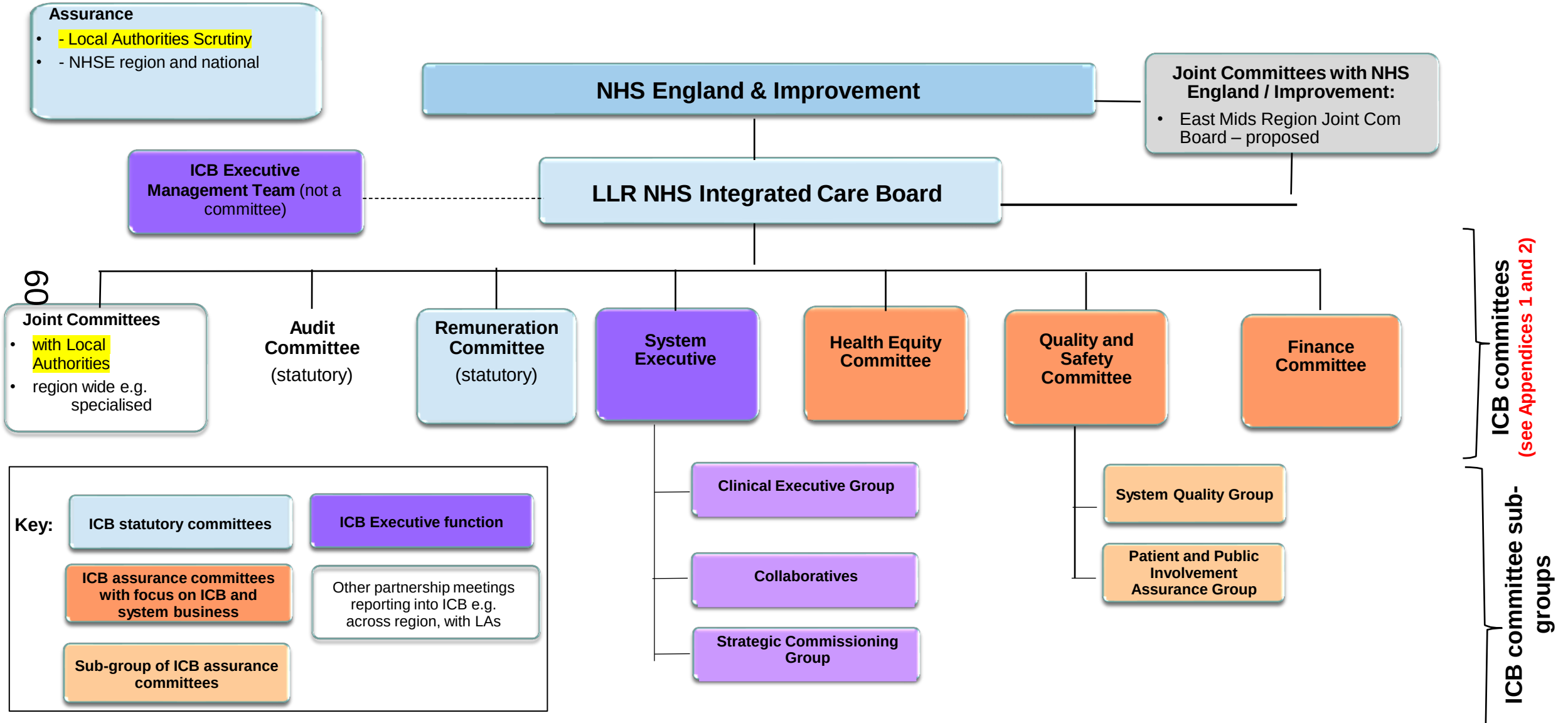
How does the ICB add value?

We work together with all the local health and care organisations to ensure that services provided are person-centred. We strategically plan, with a focus on ensuring everyone has a fair and just opportunity to attain their highest level of health (health equity).

We bring partner organisations together to ensure services are joined up and that the health economy is achieving best value for money. We monitor and evaluate, seeking to achieve improvements in health and wellbeing for our population.

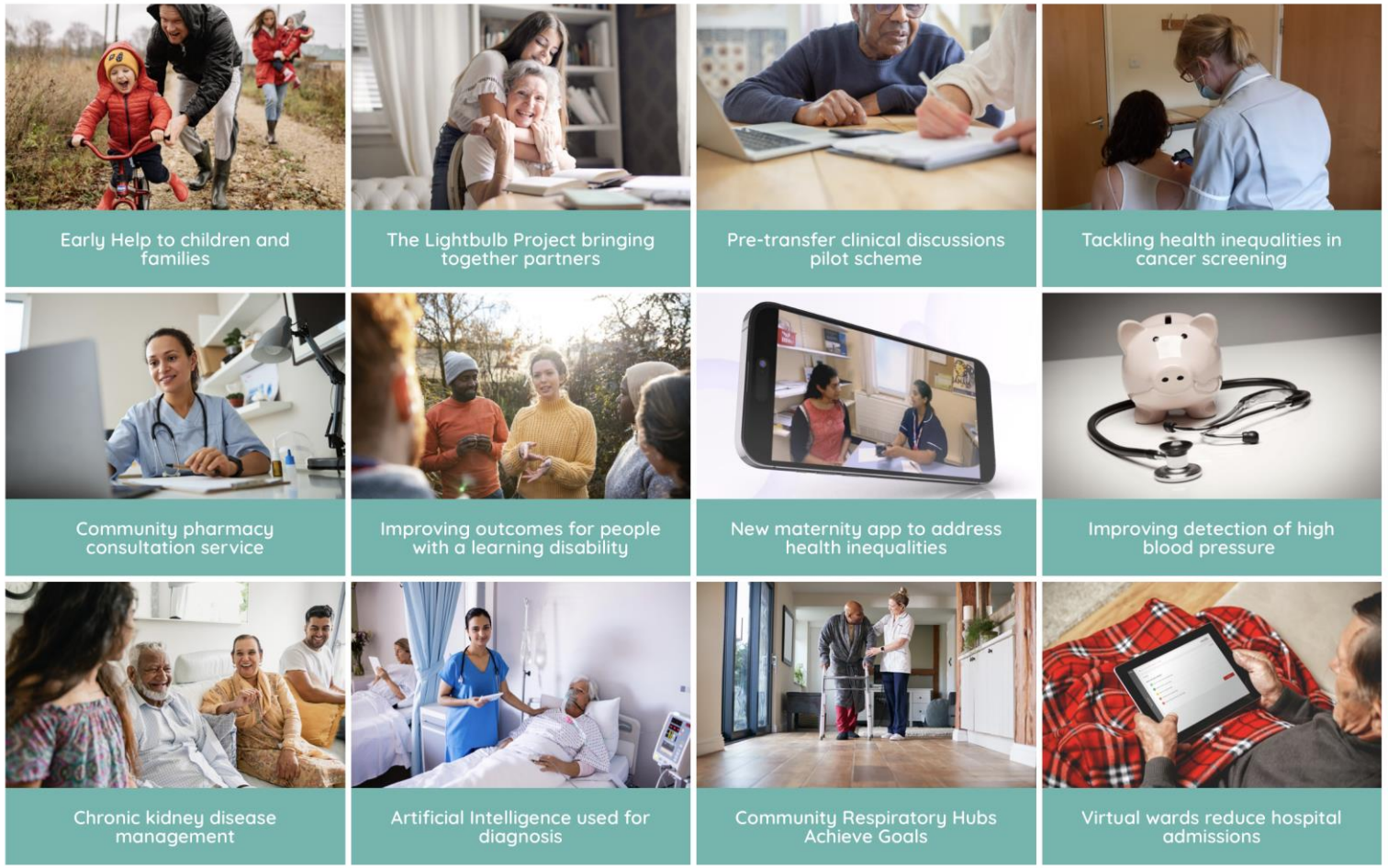


How we operate - governance?

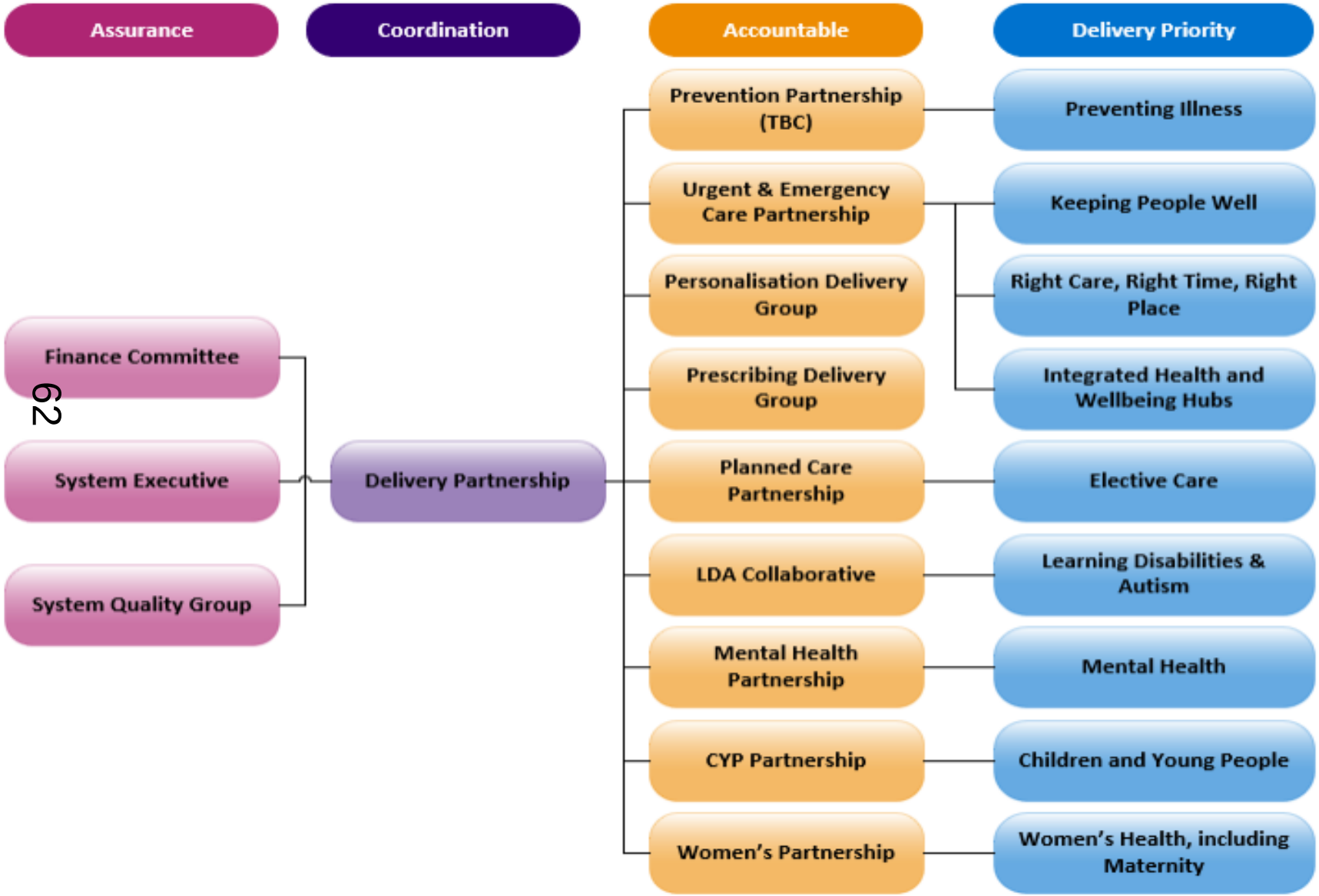


How does the ICB work with partners to add value?

Examples of where we work together to support advancing health and care can be seen on the Ace 100 website which is being developed



Our focus on improving care/services?



- We are involved in a number of **partnerships/collaboratives** that are tasked with improving specific parts of the LLR health and care system. These are:

What is ‘Place’?

Our system works at three levels:

1. Neighbourhood – based on 26 groups of GP practices, known as primary care networks. These work together to manage care closer to home for populations of 30-50,000 patients. Multi-disciplinary teams work with councils, the community and voluntary sector, to care for those with long-term conditions. GPs, practice and community nurses and staff work with patients to wrap care around the most vulnerable.

2. Place - our three ‘Places’ - Leicester, Leicestershire and Rutland - each have their own distinct characteristics, challenges and opportunities. Each Place has its own Joint Health and Wellbeing Strategy (JHWS) aimed at delivering the LLR priorities which are best addressed at a Place or community level.

- View the Leicester City Council JHWS
- View the Leicestershire County Council JHWS
- View the Rutland County Council JHWS

3. System – at the system level, covering the whole of LLR, our ICB and partner organisations analyse need, set priorities and desired health outcomes, and allocate funding.

A few examples of our great work

- Cancer treatment - Leicester's hospitals have delivered a significant improvement on the 62-day backlog of no more than 308 patients waiting more than 62 days for treatment. At the end of March 2024, 239 patients were waiting, which is less than half the number waiting since the start of the year and 71 patients better than we planned.

  UHL was ranked among the top five Trusts in the country for improvement in cancer care in 2023-24.

- People with a learning disability and/or autism must receive an annual health check from their GP practice - locally, we have exceeded the set target (86% against 76%), placing us in top position in the Midlands and 5th in the country. Physical health checks for those with severe mental illness is also the best in the Midlands.

- We are on track in primary care to meet our requirements under the Additional Roles Reimbursement Scheme. This scheme was introduced in England in 2019 to improve access to general practice by providing funding for new roles in primary care such as pharmacists, physiotherapists and paramedics.

- Other system wide interventions have also shown a better experience of care for our most vulnerable – for example, focus on care homes and increasing access into our community falls response services has led a 15% (Q2 & Q3) reduction in falls conveyances, we have opened community diagnostic facilities and our elective care waiting lists have fallen considerably. These types of services support our people, their families and carers and the demands on the urgent care system

2024/2025 Priorities

Leicestershire Partnership NHS Trust

Delivered across our life course approach	Improve outcomes in population health and healthcare			Tackle inequalities in outcomes, experience and access		Enhance productivity and value for money		Help the NHS deliver broader social and economic development		Deliver NHS constitutional and legal requirements	
Best start in life											
Staying healthy and well	**ICB Delivery Priorities**										
Living and supported well	Improve health equity	Preventing illness	Keeping people well	***Right care at the right time***	Health & wellbeing hubs	Elective Care	***Learning Disabilities & Autism***	***Mental Health***	***Children and Young People***	Women's Health and Maternity	***Our people***
Dying well											
Step up to Great	**LPT Strategy & Priorities**										

- High standards
- Transformation
- Environments
- Patient experience and involvement
- Well governed
- Reaching out
- Equality leadership and culture
- Access to services
- Trust wide quality improvement

Families, Young People, Children:

Neurodevelopmental:

- System Response to mitigating risk of escalation while waiting.
- Enhancement of pathways through digital support and workforce development.
- Optimisation of pathways through availability of estates and neighbourhoods.
- Ongoing SystemOne and ND Hub development.

Neighbourhoods:

- Align how FYPCLDA services are delivered across LLR footprints
- Coordinate an understanding of what assets are available
- Improve Directorate understanding of our caseloads and population via inequalities and deprivation lens.
- Develop educational resources/shared CPD for targeted roles for Whole Family Approach

Special Educational Needs and Alternative Provision:

- Early Language Support for Every Child Pathfinder (ELSEC).
- Educational, Health and Care Plan and Annual Review improvements for health advice.
- Care Navigation in SEND.
- Preparing for Adulthood

Outcomes and Digital Healthcare:

- Development of a digital development infrastructure for the Directorate.
- Development of an infrastructure for recording and reporting outcome measurement for clinical services/teams.

Mental Health

Integrated Neighbourhood:

- To deliver a safe and timely process for transforming our community mental health offer into a new Integrated Neighbourhood offer, that works with and is accessible in the community our service users live.

Enabling:

- To support the directorate plans to provide the right estate in the right place, supported by technologies that enable our transformation plans and improve outcomes for our staff and patients.

Inpatients and Urgent Care:

- Working routinely with key partners to deliver inpatient and urgent care model, pathways and a culture of care that is built on therapeutic relationships with our patients and their carers/families. We will have developed partnerships that promote safe engagement and constructive, respectful and non-judgemental interventions in a least restrictive environment and approach

LD and A

- Reducing waiting times.
- Improving the quality of our services through VHSA, pathway review and implementing routine outcome measures
- Improving Access through introducing care navigators, focused work on DNAs and implementing the Reasonable adjustments Digital Flag
- Ensure referrals are supported by physical health assessments
- Digital developments such as Autism Space and LD Space
- Reduce the number LD and Autistic People in hospital care
- Increase the percentage of Annual Health Check & Health Action Plans
- Maintain high levels of compliance with the timeliness of LeDeR reviews
- Sustain the progress made on reducing medication of people with a LD and increase the impact of this work on autistic people

Community Health

Community Bed Base Model:

- Review of the bed base to support system flow and capacity, and improve patient outcomes

Community Services Delivery Model:

- Develop a patient centred model of care, which enables patients to remain safely at home and avoids unnecessary hospital admission

High Quality Services and Standards:

- Improvements to support delivery of efficient, high quality services and equality of healthcare outcomes

Estates and Facilities

Property

- Lease Events
- Strategic Property Group
- Utilisation surveys

HR

- Training compliance
- Create new E&F bank

Finance and Performance

- Align budgets to scope of service
- LPT / NHFT joint working
- E&F performance dashboard

Quality Improvement

Improvement culture

- Embed consistent Improvement culture - patient centred and staff feel empowered to make a difference.

Training

- Develop our workforce, alongside our patients with lived experience to have the knowledge, skills and behaviours to deliver improvement everyday.

Impact

- Demonstrate impact of patient outcomes improvement activity.

Digital

Digitally Enabled Workforce

- Provide the appropriate tools and technologies to support staff

Digitally Enabled Patients and Carers:

- Empowering patients and carers through digital solutions for enhanced healthcare experiences and support.

Core Digitalisation:

- Strength governance practices and fortify cybersecurity measures

Leicester City Council

LLR ICB 5 Year Plan (Pledges 1 & 2)

Public Health and Health Integration Scrutiny Commission

Date of meeting: 09/07/2024

Lead director/officer: Mark Pierce

Useful information

- Ward(s) affected: N/A
- Report author: Steve McCue, Mark Pierce, Jo Grizzell (LLR ICB)
- Author contact details: steve.mccue@nhs.net
- Report version number: v1.0

1. Summary

This report and associated presentation slides (appendix 1) have been produced to stimulate a discussion among members of the Leicester City Public Health and Health Integration Scrutiny Commission and provide a better understanding of the situation and plan for pledges 1 & 2 of the LLR ICB 5-Year Plan - https://leicesterleicestershireandrutland.icb.nhs.uk/about/leicester-leicestershire-and-rutland-five-year-plan/

Pledge 1 of the LLR ICB 5-Year Plan is to improve the health of the deprived communities and narrow the gap between those who have the best and worst health. Pledge 2 is to spend more money on preventing people becoming ill in the first place.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Receive for information and discussion

3. Detailed report

The LLR ICB 5-Year Plan sets out how NHS services will be delivered up to 2028 in Leicester, Leicestershire and Rutland (LLR). It has been produced by the LLR Integrated Care Board, which brings together all the NHS organisations in the local area. These NHS organisations – covering hospitals, community services, physical health and mental health care – have all contributed to the Plan.

The NHS is not alone in trying to improve people's health and wellbeing. The NHS works with a large number of partner organisations, such as local councils, charities and community groups, to create the conditions for better health. In quarter 2 of 2024/25, there will be the establishment of a 'Prevention and Inequality Steering Group' by the City Council with partner's input.

The Plan, therefore, links into an overarching piece of work, the LLR Health and Wellbeing Partnership Integrated Care Strategy, where all these organisations have come together to see how we can best improve care and people's health and wellbeing.

The LLR vision is: Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives. The Plan takes a life course approach and supports our shared aims to give people the best start in life, keep them healthy and well, to live and be supported well, and, eventually, to die well. This is aligned with the Health & Wellbeing Strategies of each of the three places across LLR.

The Plan is underpinned by 13 pledges. These are specific outcomes we aim to deliver over the next 5 years and have been developed from what people have told us are important to them.

This report focusses on the first two pledges within the Plan. Pledge 1 is to improve the health of the deprived communities and narrow the gap between those who have the best and worst health. We will do this by;

- Using a number of ways, including making improved use of data available to us to better understand communities, matching our spending better to the needs of different communities, and training staff to help reduce health inequalities.

Pledge 2 is to spend more money on preventing people becoming ill in the first place. We will do this by:

- Working with partner organisations on issues such as improving air quality and vaccination uptake
- Detecting diseases such as cancer, earlier
- Provide appropriate support for those with long term conditions, for example, stroke and cardiac rehabilitation.

Pledge 1 – Focussing on this is important to us. There are stark gaps in health equity across LLR. A boy born today in our most deprived area could be expected to die up to nearly nine years earlier than a boy born in the least deprived area. Furthermore, people from less affluent areas will be spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area.

Improving health equity is a core priority for the LLR ICS/ICB. Our programme of work to improve health equity is guided by 12 principles set out in our LLR Health Inequalities Strategic Framework - Better Care For All. Our focus is on addressing the five priorities in the 2021/22 and 2022/23 NHS Operational Planning Guidance:

Priority 1: Restoring NHS services inclusively
Priority 2: Mitigating against 'digital exclusion'
Priority 3: Ensuring datasets are complete and timely
Priority 4: Accelerating preventative programmes
Priority 5: Strengthening leadership and accountability.

We will reduce healthcare inequalities through the delivery of actions across all service areas, aligned to the CORE20PLUS5 approach for adults (Figure 1) and for children and young people (Figure 2).

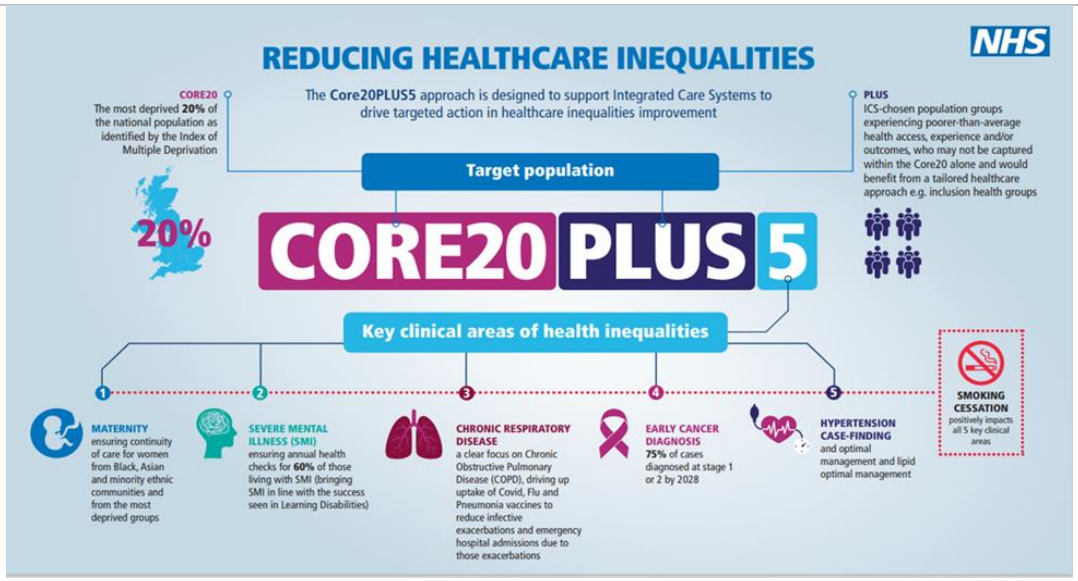


Figure 1: *Reducing Healthcare Inequalities - CORE20PLUS5 (Adults)*

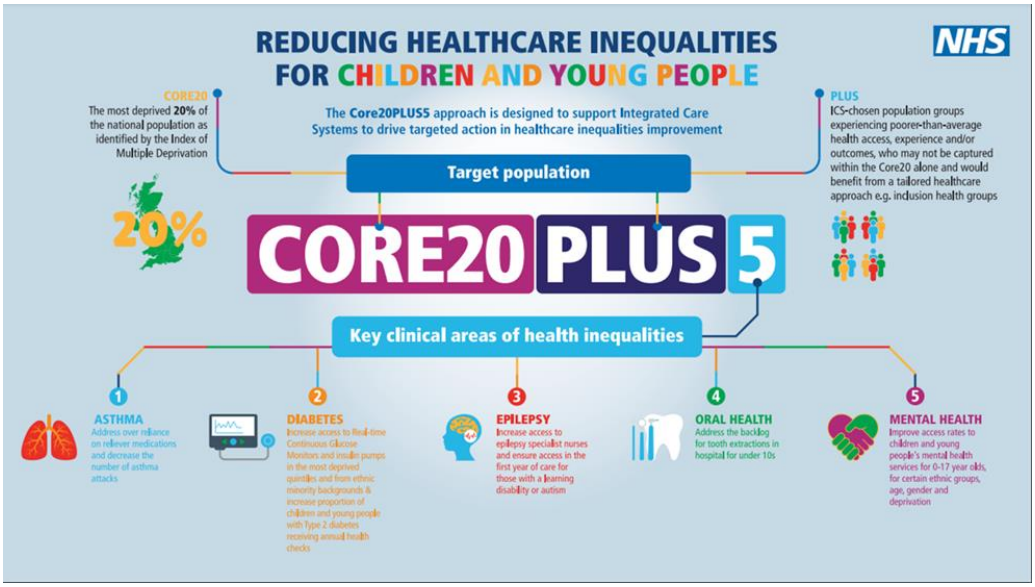


Figure 2: *Reducing Healthcare Inequalities - CORE20PLUS5 (CYP)*

CORE20PLUS5 sets out the population focus (the CORE20PLUS), as well as clinical areas for action on healthcare inequalities. The 'Core20' population is the most deprived 20% of areas of England as defined by the Index of Multiple Deprivation, while PLUS groups are other groups who may experience poorer than average access to, experiences of, or outcomes from NHS services.

Inclusion health groups are therefore a priority group, and we are calling for all parts of the LLR system to drive efforts to improve healthcare provision for this group in our ambition to improve health equity. People in inclusion health groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery

- Sex workers
- Other marginalised groups.

In LLR, we will adopt the national framework for action on inclusion health to plan, develop and improve services to meet the needs of people in inclusion health groups. This framework focuses on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the voluntary and community sector play a key role in addressing wider determinants of health.

The framework is based on five principles for action on inclusion health (Figure 3). It is focused on actions to address issues which are common across inclusion health groups.

Figure 4: *Principles for action on inclusion health*

Action to improve health equity happens on a number of levels, system, place and neighbourhood. We work with our local authority partners to support the delivery of health equity improvements highlighted within their Joint Health and Wellbeing Strategies (Place) and Community Health and Wellbeing Plans (Neighbourhood).

Key system-wide interventions are led by the LLR Health and Wellbeing Partnership, with the ICB as a core partner. These interventions are set out below, with more information available in the LLR Health and Wellbeing Partnership Integrated Care Strategy.

LLR System-wide Interventions to improve health equity		
Intervention [From the LLR Integrated Care Strategy]	**Delivery aim**	**Timeline**
Apply our Health Inequalities Framework principles across our three Places	Improved health equity An increase in healthy life expectancy A reduction in premature mortality A workforce that is representative of the local population	As part of continuous Improvement Cycle for the lifetime of this plan
Make investment decisions across LLR that reflect the needs of different communities		Commenced in 2021 with LLR Primary Care Funding model. Reviewed in 2023 and embedded in ICB funding and investment plans for 2024/25
Establish a defined resource to review health inequalities across LLR		Health Inequalities Support Unit established in January 2023 – mature by 2025/26
Ensure people making decisions have expertise of health inequity and how to reduce it		First wave of LLR Health Inequalities Champions training programme March 2023. Recurrent programme in place by April 2025.
Improve data quality and use to enable a better understanding of and reduce health inequity		LLR Business Intelligence function to be established. This will define and improve data quality and completeness.
Health equity audits will inform all commissioning or service design decisions		Governance requirement during the life of this programme.
Staff will be trained to understand and champion approaches to reducing health inequalities.		Via Health Inequalities Champions Training programme & mandatory train8ing (Oliver McGowan Training)

As we enter 2024/25, we have already made significant progress and there is much to be proud of. For example, some recent key highlights include;

- LLR ICB approved the continuation of £2.9m additional discretionary investment in LLR Primary Care addressing historical underfunding of practices serving the most deprived populations
- Additional health inequality focussed investments (ACT, Health Inequalities Hub) are currently under consideration as per 2024/25 planning
- Successful bid by Leicestershire Public Health for £5m for health inequalities research
- Launch of the UHL Prevention Strategy
- Health Inequalities Support Unit (HISU) has completed a deep dive into patients diagnosed with SMI and Cancer, resulting in key actions to improve health equity for these patients
- Leicestershire Partnership Trust (LPT) Healthcare Group launched the Together Against Racism programme which sees both organisations (LPT and NHFT) focus on 3 distinct areas: Patients and carers; communities and our workforce. A copy of the Together Against Racism document can be found here:Together-against-Racism-A4-Booklet_digital.pdf (leicspart.nhs.uk)

- UHL Health Equality Partnership launched Feb 2024 - working with c40 community organisations across a range of protected characteristics to join up action on health inequalities in UHL and ensure that change and improvement are co-designed and co-delivered
- Production of the ICBs EDI Annual Report (compliance with the Equality Act 2010, Public Sector Equality Duty and NHS Mandated Standards) demonstrating how we address health inequalities in everyday work with communities, staff and stakeholders. Published April 2024
- Workstreams established to tackle health inequalities in CYP as per Core20Plus5 CYP framework – Q1 2024/25 focus will be on Oral Health
- A system wide Women's Partnership and Operational Delivery Group has been set up to drive the work from the Women's Health Strategy. This includes the delivery of women's health hubs across LLR in 2024/25
- The publication of our LLR Digital Strategy and specific actions to mitigate against digital exclusion
- Work has commenced in partnership with our Commissioning Support Unit (CSU) colleagues to ensure we can collect, analyse, report and publish health inequalities data as per the requirements of NHSEs statement on information on health inequalities
- Investment through the Leicester City Better Care Fund (BCF) to address health inequalities, in areas such as, mental health, interventions for hoarding, services for homelessness, population case mix adjustment, to enable proportionate allocation of NHS funds and services for those with hearing loss and sight loss

The LLR ICS/ICB is aligned to the national vision of 'exceptional quality healthcare for all, through equitable access, excellent experience, and optimal outcomes. Health inequalities exist on a gradient throughout populations, and we are committed to using a proportionately universal approach to reduce inequity wherever it exists across LLR.

Pledge 2 – The NHS Long Term Plan for prevention highlights some key areas of focus to include reducing smoking, obesity, alcohol intake, tuberculosis (TB) and air quality.

Tobacco control/smoking cessation

Smoking is a leading cause of preventable ill health and premature death and, with around 56,000 smokers in Leicester and around 60,000 smokers in Leicestershire, the need to make smoke-free the norm is as great as ever. Whilst the negative impacts of smoking on our health and wellbeing are well known, and the reasons why people take up smoking and continue to smoke are complex, tobacco use continues to be a fundamental factor of the deep-rooted health inequalities that we want to tackle.

Whilst tobacco use is declining both nationally and locally, the proportion of the adult population using e-cigarettes has increased. Smoking is increasingly confined to the poorest communities, thus widening health inequalities. The difference in life expectancy between smokers and non-smokers (irrespective of wealth) is approximately 10 years. The poorest in our society, and therefore the least able to afford to smoke, represent the greatest proportion of the smoking population.

To achieve the vision of a smoke-free Leicester/shire by 2030, we know we will need to be innovative and ambitious in our approach to ensure we deliver meaningful change. However, we are not starting from the beginning; we have made significant progress that

has seen our smoking prevalence drop year on year. It is now about how we can continue to build on the strong foundations we already have in place.

There is plenty to be proud of. Smoking rates have significantly dropped below the regional average for both Leicester and Leicestershire. In Leicester, smoking prevalence has decreased by 2.3% since 2020. Leicestershire smoking prevalence is 11% and also on the decline. LLR have launched our in-patient tobacco dependency service across three UHL hospital sites. We continue to excel in the field of smoking cessation through our integrated lifestyle services, Live Well and Quite Ready, and recognise the importance of providing remote support as a response to COVID-19.

The joint city/county Tobacco Control Alliance exists to ensure that no opportunity to reduce tobacco-related harm in LLR is missed. The Tobacco Control Alliance will also oversee performance and regularly monitor progress.

Our work will be delivered to the regional East Midlands Tobacco Control Group to ensure local ambitions align with the regional vision and opportunities for joint working are explored. This will involve working with a range of key partners including but not limited to: Leicester City Council, Leicestershire County Council, Rutland County Council, University Hospitals Leicester (UHL), Leicestershire Partnership NHS Trust (LPT), Leicestershire Fire and Rescue Service, Leicestershire Police, Office of Health Improvement and Disparities (OHID), Trading Standards, public safety team, housing departments, corporate parenting partnerships, the University of Leicester, De Montfort University, children, young people and family centres, family hubs, the voluntary sector, local businesses, schools, and local media.

Whilst many positive achievements have contributed to year-on-year reductions in prevalence, there is still a long journey ahead to achieve national ambitions. Across LLR, we will need to be ambitious, innovative and unified in our approach. The key priorities locally will therefore be:

- Partnership working to address tobacco control across LLR
- Achieving a smoke-free generation – when the number of smokers in the population reaches 5% or less
- Smoke-free pregnancy for all
- Reducing the inequality gap for those with mental ill health
- Deliver consistent messaging on the harms of tobacco across the system
- Continue to improve the quality of our services and understand impact through data collection.

Obesity/Weight Management

Overweight and obesity is not evenly distributed across the population, it is more prevalent in the least advantaged areas for reasons of lower income, poorer health literacy, reduced access to healthy foods and an obesogenic environment.

Overweight and obesity is arguably the key medium-to-long-term prevention challenge for LLR ICB. 64% of Leicestershire residents, 55% of Leicester residents and 65% of Rutland residents are either overweight or obese. Obesity significantly increases the risk of developing one or more of a range of other illnesses from diabetes to cancer and various forms of cardiovascular disease. In 2023/24 half of LLR PCNs named support for weight management as one of their priorities.

In March 2024, the ICB, in partnership with UHL, The Leicester Diabetes Centre, Public Health, and LPT Dietetics Service, completed phase one of an ICB-funded project to test a system-wide Tier 3 weight management model with the recruitment of 580 patients in total and 186 from Leicester (29%). In 2024/25 these patients will access a multi-disciplinary assessment and referral to a range of possible interventions including psychological support, a supervised Very Low Energy Diet (VLED), injectable therapy, medical management of co-morbidities, and a structured exercise programme. The Tier 3 Steering Group is going to lead a system-wide review in 2024/25 of the range of commissioned offers across all Tiers with a view to reporting to the newly-formed System Professional Senate, and the LLR Health and Wellbeing Partnership on the challenges in the system and proposing ways in which the collective LLR pound can be most effectively invested to give the most equitable outcomes in overweight and obesity at neighbourhood, place, and system level.

For those with morbid obesity, the Medicines Optimisation Team will be working with practices to ensure equitable access to new injectable therapies, but also to ensure that these patients are able to access, at locations closest to home, the multi-disciplinary support required as essential adjuncts to pharmaceutical therapy.

We will continue to work with the VCSE sector through our VCSE Framework to ensure that culturally competent relationships between NHS services and lower Tier weight management offers are developed so that more people from the CORE20 and PLUS groups are offered access to support that works for them.

In 2023/24 LLR delivered 122% of its target of eligible referrals to the Digital Weight management programme, whilst meeting its target of referrals from more deprived deciles of the IMD. This was the best performance of any Midlands ICB and the fourth best in the country. In 2024/25, we have been allocated an increased number of referrals by NHSE. We will use this allowance to the full as part of a mixed medium suite of offers across all Tiers. We are conscious that digital exclusion is a danger and will be working with practices to ensure that pathways to accessing face-to-face culturally competent support remain at the centre of our approach in more deprived neighbourhoods for the moment.

The National Diabetes Prevention Programme, and the NHS Type 2 Diabetes Path to Remission will continue to offer structured support for those eligible patients. The main challenge facing the system will be how to resource a Tier 3 offer at some scale. We will be working with NHSE on how best to equitably phase in access to the latest pharmaceutical therapies as part of such an offer.

Alcohol Care Team (ACT)

Alcohol-related harm is a one of the key components of LLR ICB's implementation of the NHS's prevention programme as laid out in the NHS Long Term Plan in 2019. The ICB works with Local Authority Public Health system partners and with partners in the VCSE and NHS providers on primary prevention/health promotion on alcohol misuse – hosting and links to resources on staff wellbeing platforms, and facilitating health promotion offers for PCNs, and community events.

Alcohol-related harm is also a key health inequalities issue in LLR. Alcohol harm affects deprived communities more. There are substantial differences in the health consequences of alcohol use between affluent and deprived communities, despite similar levels of

consumption, this is known as the 'Alcohol Harm Paradox'. Less affluent moderate drinkers have been found to be at a higher risk of harm than more affluent heavy drinkers.

In England the most deprived suffer twice the mortality due to alcohol-specific causes; and are up to twice as likely to be to be admitted to hospital because of alcohol or alcohol-related conditions than people from the most affluent areas. (See for example drinking-behaviours-and-the-alcohol-harm-paradox.pdf (Drinkware.co.uk).

The main component of the ICB's work on the alcohol agenda is via the commissioning of the Alcohol Care Team (ACT) at the University Hospitals of Leicester. This is achieved with the financial support of the NHSE Programme funding which has been available from 2021 to the present to establish such a service. In LLR the service is a partnership between the ICB, Public Health, UHL, and Turning Point. The service is now fully recruited – a skill-mixed team comprising of nurses, Turning Point Alcohol Practitioners, Specialist Medical support. The ACT is integrated within the Emergency Department (ED) at Leicester Royal Infirmary and sees patients both in the ED, and those admitted to inpatient settings.

There is an effective referral pathway between ACT and the community-based recovery programmes such as those offered by Turning Point. During 2023/24, referrals into the ACT increased from approximately 100/month to approximately 350/month. The service moved to a seven-day offer in March 2024. Data suggests that there are between 450 and 600 alcohol-related admissions per month to UHL. The main goals for the ACT service in 2024/25 are:

- Securing ICB funding to continue the service as NHSE funding is reduced. A business case for funding has recently been approved by the ICB
- Working more closely with Inclusion Healthcare (providers of specialist primary care for those who are homeless), with the Changing Futures Team at Leicester City Council who case manages small numbers of people with multiple disadvantages including homelessness, and with The Falcon Centre in Loughborough (also providing support to homeless people in that area)
- Ensure that the ACT plays a promotional role in the national campaign work to eliminate Hepatitis C by 2030 and TB by 2025 by creating links between the ACT and the Hepatitis C Trust, and the Latent TB screening programme
- Driving up referrals from ACT to tobacco dependency offers both in the hospital and in the community and support for other commonly co-occurring needs such as debt, housing, relationship issues, justice system navigation (harnessing the power of Making Every Contact Count)
- Ensuring our ACT service is culturally competent. Anecdotally there is hidden drinking within Leicester with some communities hiding their drinking as it is not seen as culturally or religiously acceptable. We will be working with ACT colleagues to ensure they are capable of raising the issues in a sensitive way and creating pathways where people can feel safe and accepted.

Tuberculosis (TB)

The ICB is fully committed to playing its part in delivering the UK's commitment to the WHO to eliminate TB by 2035. Although Leicestershire has always had a lower than England and Midlands average rate of TB (a recent rate of 4.5 per 100,000 population, against a national average rate of 7.7 per 100,000 for example), Leicester has always had a much higher than England and Midlands rate. This reflects Leicester's very different demographics.

The rate in Leicester ranges over recent years around 40 per 100,000 population. The ICB, Public Health departments, and the UKHSA will be intensifying their joint work to reduce the rates of TB, especially in the city, in 2024/25. A joint workshop with participation from the UKHSA, Public Health, the ICB, clinical experts from UHL, LPT CHS, took place in April 2024 to review the current position and agree an approach to reduce the rates, improve effective treatment uptake and prevent future disease. The workshop drew upon the structured approach laid out in the Governments TB Action Plan for England - https://www.gov.uk/government/publications/tuberculosis-tb-action-plan-for-england and using the following headers;

- **Prevent:** including returning travelers, LTBI screening, BCG vaccination.
- **Detect:** including addressing patient delay in treatment, monitoring and reducing transmission.
- **Control:** including treatment and care.
- **Workforce:** including developing and maintaining the TB workforce, reviewing current services against national specification, safe workloads.

The approach will be developed in collaboration with key stakeholders from the high-risk and at-risk populations, and with other partners such as the voluntary and community sector, primary care, and employers in high-prevalence parts of the city.

Run rates for reductions in infections, more timely access to treatments, an increase in successful completion of treatment, the numbers accessing screening etc, will be agreed in the follow-up to the workshop and a multi-component action plan implemented and monitored over 2024/25 and beyond by a joint group in which the ICB will play a central role alongside Public Health, and NHS providers. We intend to make the strongest possible impact from the start of the delivery period and recognise that it is likely to take several years before substantial improvements are seen and sustained.

Governance

The LLR ICB Health Equity Committee has been established to provide the ICB with assurance that it is delivering its statutory functions in relation to reducing healthcare inequalities and making decisions to enable inclusion, improve overall health outcomes for patients and service users, and reduce unwarranted health inequity.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of monitoring our progress in reducing health inequalities that supports effective delivery of the ICB's strategic objectives and provides sustainable, high-quality care. The Committee is chaired by a Non-Executive Member and meet at agreed intervals during the year. The Committee provides regular assurance updates to the ICB Board in relation to activities and items within its remit.

The Public Health and Health Integration Scrutiny Commission are invited to:

- Receive for information and discussion

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

4.1 Financial Implications

N/A

4.2 Legal Implications

N/A

4.3 Equalities Implications

N/A

4.4 Climate Emergency Implications

N/A

4.5 Other Implications

N/A

5. Background information and other papers:
See hyperlinks within the body of the main report

6. Summary of appendices:
PowerPoint slide – Our pledges to the local people – Five year forward plan: Pledges 1 & 2

Our pledges to the local people - Five year forward plan: Pledges 1 and 2

NHS
Leicester, Leicestershire and Rutland

NHS
Midlands and Lancashire
Commissioning Support Unit

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Improving health equity

Pledge 1

Improve the health of our most deprived communities and **narrow the gap** between those who have the best and the worst health

Preventing illness

Pledge 2

Spend more money on **preventing people becoming ill** in the first place

Keeping People well

Pledge 3

Identify the **frailest in our communities** and wrap care and support around them

Right care, right time, right place

Pledge 4

Improve and maintain access to **routine general practice appointments**

Pledge 5

Reduce Category 2 (emergency calls such as stroke patients) **ambulance response times**

Pledge 6

Reduce and maintain waiting times in the **Accident & Emergency** department

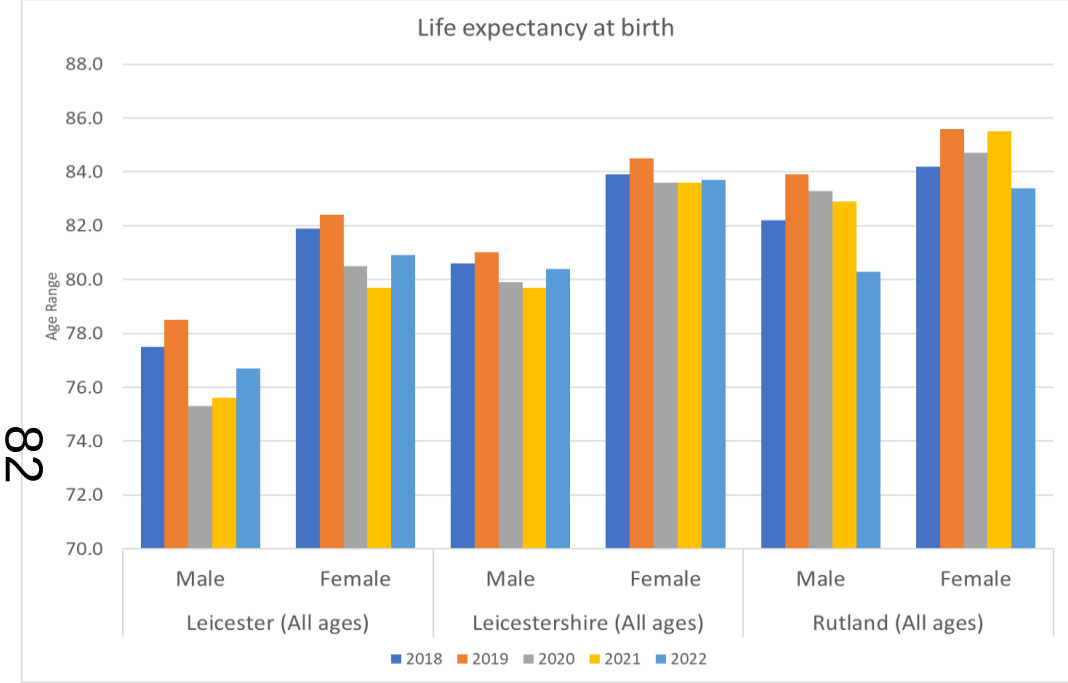
Health and Wellbeing Hubs

Pledge 7

Provide more joined up, holistic and person-centred care, **delivered closer to home**

Elective care	Learning Disability & Autism	Mental Health	Children & Young People	Women's Health, including Maternity	Our People
					
Pledge 8 Reduce **waiting times for consultant-led hospital treatment**	**Pledge 9** Increase the percentage of people on GP **learning disability** registers who receive an annual health check and health action plan	**Pledge 10** Reduce **inequity in access to mental health services** across each of our neighbourhoods	**Pledge 11** Improve access to, experience of, and outcomes of care for **children and young people** - with a special focus on driving up health equity	**Pledge 12** We will engage with, listen to, **empower and co-produce services with women and girls**	**Pledge 13** We will shape **our people** and services around the needs of our population by **improving workforce retention, reducing agency usage and growing our workforce** to ensure we are fit for the future.

Pledge 1 - Improve the health of our most deprived communities and narrow the gap between those who have the best and the worst health

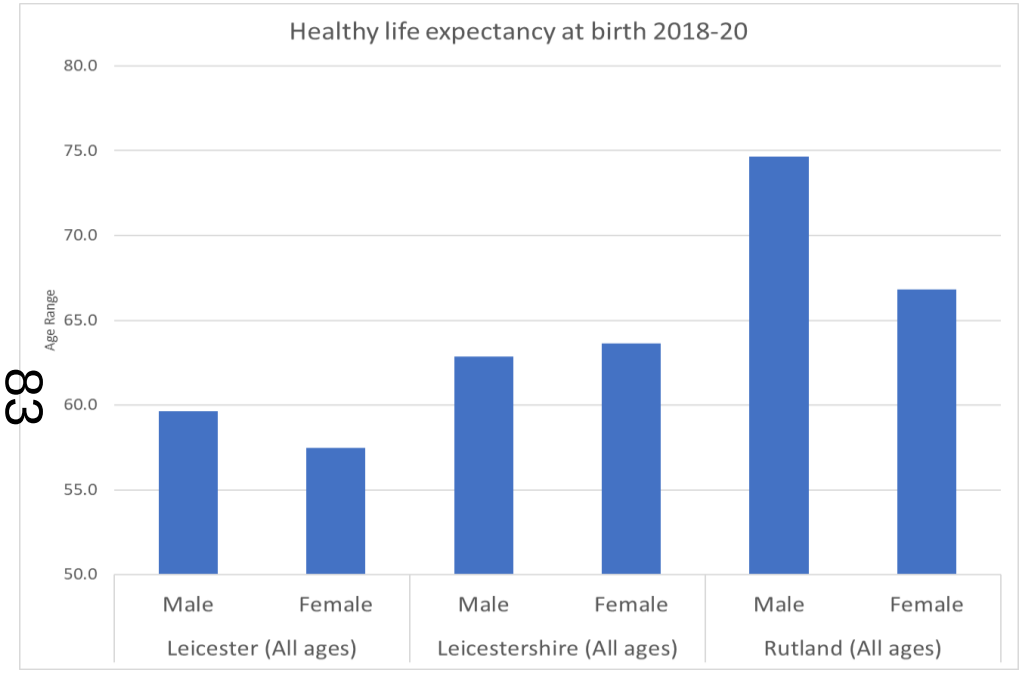


Life Expectancy - The estimated average number of years a person would expect to live based on contemporary mortality rates. This measure predominately shows Leicester life expectancy as an outlier.

Measure	What is the key issue?	Mitigations
Life expectancy at birth	While Life Expectancy is rising in all 3 places, Leicester City's gap with Leics and Rutland is widening dramatically following the pandemic showing the significance of underlying deprivation and poorer health when the pandemic occurred.	• Strategic focus on primary and secondary prevention of causes of avoidable U75 mortality (see next slide) including also vaccination, • Working with LAs and VCS on mitigating the impact of the wider determinants of health including homelessness, fuel poverty, digital inclusion

Data Source:- https://fingertips.phe.org.uk/search/Life%20expectancy

Pledge 1 - Improve the health of our most deprived communities and narrow the gap between those who have the best and the worst health



Healthy Life Expectancy – The chart shows the years a person can expect to live in good health based on an annual health population survey, data is presented from 2018-20.

Measure	What is the key issue?	Mitigations
Healthy life expectancy at birth	Healthy life expectancy in all three places has stalled or is falling – reflecting rising impact of inequalities, the cost of living crisis and the impact of the pandemic on health services.	• Focus with Public Health on the Best Start in life – vaccination, breast feeding, maternal smoking • Work with Public Health and VCSE on national programmes on healthy weight, smoking elimination of TB, HIV and Hepatitis C. • Work with Public Health and VCSE on wider determinants of health as above • Adult MH Transformation programme

https://fingertips.phe.org.uk/search/Healthy%20life%20expectancy

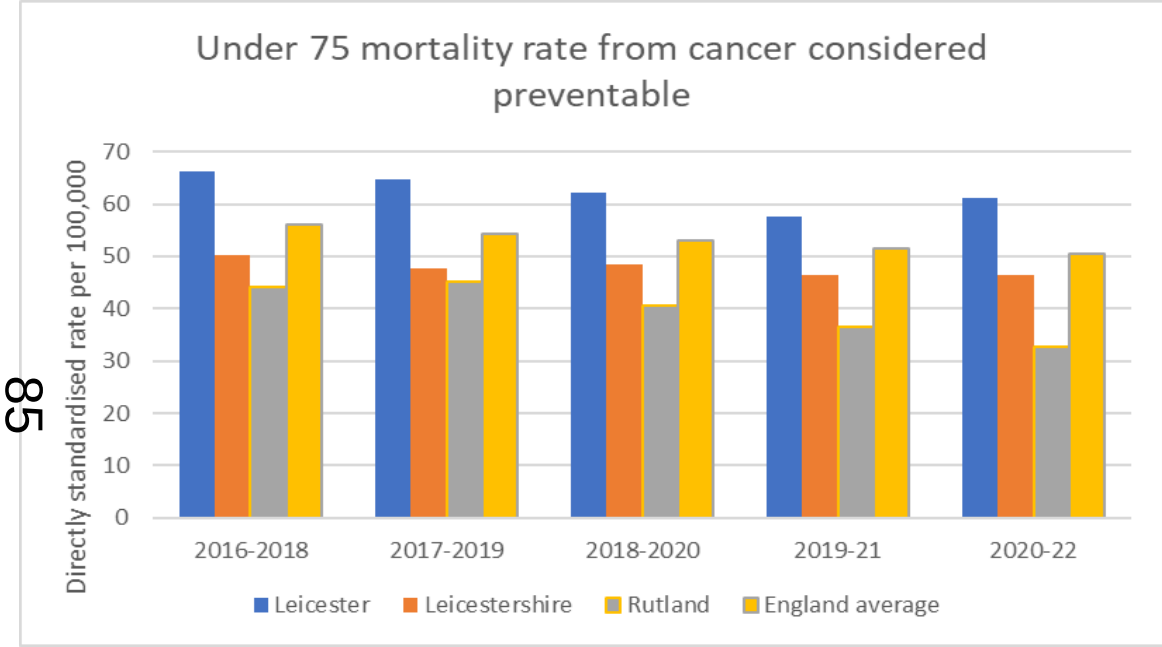
Pledge 1 - Improve the health of our most deprived communities and narrow the gap between those who have the best and the worst health

Inequality in life expectancy at birth - This is a key high level health inequalities outcome showing inequalities for Leicester and Leicestershire.

Measure	What is the key issue?	Mitigations
Inequality in life expectancy at birth	Life expectancy at birth in Leicester is far lower than in the rest of LLR or than the England average. Pockets of such inequality are also seen between parts of Leics, and parts of Rutland – though to a much lesser extent.	• Primary Care Health Equity investment. • Fuel poverty programme in Leicester and other wider determinants projects • LLR maternal and neonate health equity plan • Women's health strategy • Adults and Children's Core20PLus5 work

Data Source:- https://fingertips.phe.org.uk/search/Life%20expectancy

Pledge 2 - Spend more money on preventing people becoming ill in the first place

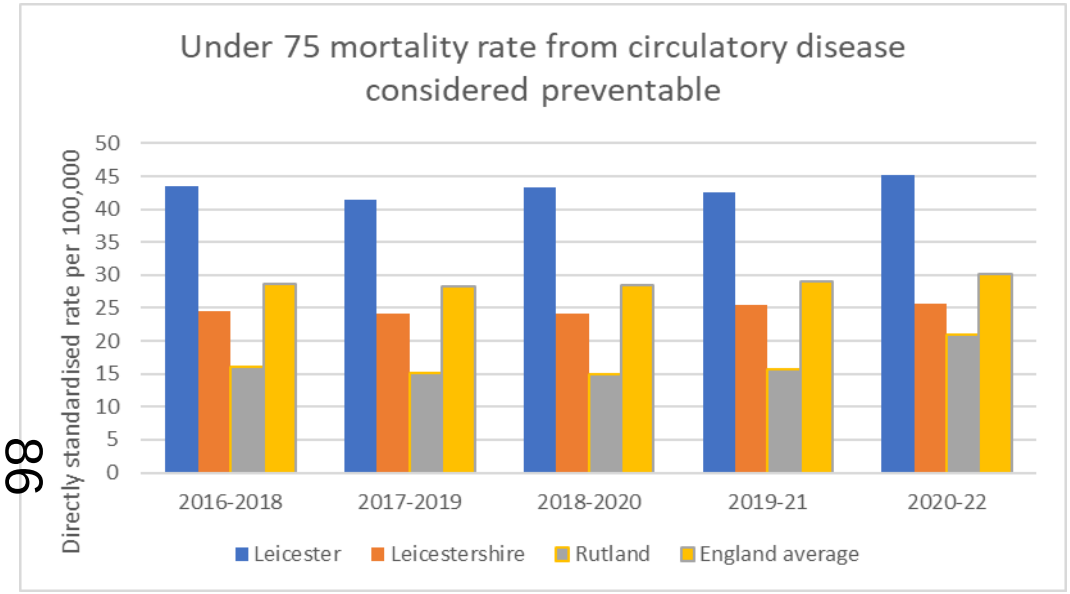


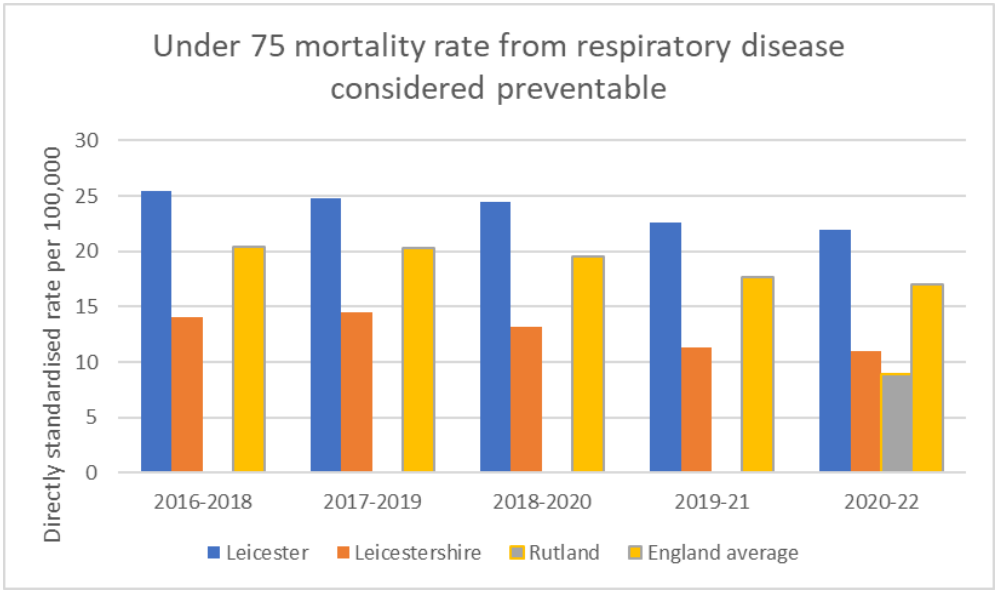
Premature mortality is a good high-level indicator of the overall health of a population, being correlated with many other measures of population health. There are differences between the premature death rates for Leicester, Leicestershire and Rutland based per 100,000 population. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, circulatory disease and respiratory disease there needs to be concerted action in both prevention and treatment.

Measure	What is the key issue?	Mitigations
Under 75 mortality rate from causes considered preventable, targeting: Cancer	Under 75 mortality in Leicester is significantly higher than the England average and than both Leics. And Rutland. Reflecting higher rates of risk factors and higher deprivation in Leicester.	• Community Engagement via CORE20 Connectors. • Further investment to reduce risk factors such as smoking, overweight • LD and SMI Annual Health Checks • Improved primary care access via CAIP/extended hours • Specific projects on Cervical cancer (inc HPV vaccine), prostate, bowel, and lung screening and awareness.

Data Source:- https://fingertips.phe.org.uk/search/mortality

Pledge 2 - Spend more money on preventing people becoming ill in the first place





Rutland data is not reported as the numbers are recorded too low for publication.

Measure	What is the key issue?	Mitigations
Under 75 mortality rate from causes considered preventable, targeting: Cardiovascular disease	Rising rates in all 3 places may reflect worsening health inequalities and effects of pandemic on QOF and screening work, and on exercise and diet.	• PCN DES plans to tackle CVD • Hypertension projects in areas of low ascertainment • FH treatment • Lipid management as part of NHSE LTC prevention programme
Under 75 mortality rate from causes considered preventable, targeting: Respiratory disease	Rates are falling in all three places thanks to declines in smoking. Rates in Leicester remain much higher than in England or the rest of the ICS.	• Continuation of the NHSE-funded CURE programme in hospitals • Lung Health Check programme • Additional NHSE funding for Smoke-free Generation work in community • Clean air programmes

Data Source:- https://fingertips.phe.org.uk/search/mortality

Public Health & Health Integration Scrutiny Committee

Work Programme 2024 – 2025

Meeting Date	Item	Recommendations / Actions	Progress
9 July 2024	Health Protection Update Health Overview ICB 5-Year Forward Plan: Pledge 1 – Improving Health Equity & Pledge 2 Preventing Illness		
10 September 2024	*Suggested items tbc:* *Health Protection Update* *Winter Planning*		
5 November 2024	*Suggested items tbc:* *Health Protection Update* *Health Research* *Women's Health* *LLR Suicide Strategy*		

Meeting Date	Item	Recommendations / Actions	Progress
21 January 2025	*Suggested items tbc:* *Health Protection Update* *Vaccinations & Screening* *GP Access* *Smoking & Vaping*		
4 March 2025	*Suggested items tbc:* *Health Protection Update* *Long Term Conditions* *Health & Wellbeing Strategy* *Health & Wellbeing Survey*		
29 April 2025	*Suggested items tbc:* *Health Protection Update* *Oral Health* *Sexual Health*		

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.	
Death by Suicide **Public Health & LPT**	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. Leicestershire County Council leading suicide strategy to be shared with commission.	

Workforce – Health Apprenticeships **ICB**	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. Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee requested a briefing note.	
Local Patient Satisfaction Survey **ICB**	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. Information to be provided to Leicester, Leicestershire & Rutland Health Scrutiny Committee – July.	
Virtual Wards **UHL**	Agreed at the meeting on 6 February that the item be added to the work programme. Agreed at the meeting on 16 April that health partners would host a briefing session for Members.	
Elective Care **UHL**	Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists. The Chair has requested a briefing note.	
CYP Mental Health **ICB**	Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting in the new municipal year.	

GP Access **ICB**	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. Update to be provided to Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee – July 2024. Commission requested further update and targeted discussion, January 2025.	
A&E **ICB / UHL**	The Commission requested at the meeting on 16 April 2024 item to discuss processes and targets in A&E to better understand experience for patients.	
Corporate Complaints	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – November 2024.	
Transforming Care – Learning Disabilities and Autism Update	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.	
Pharmaceutical Issues	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.	