



## **Leicester Health and Wellbeing Board**

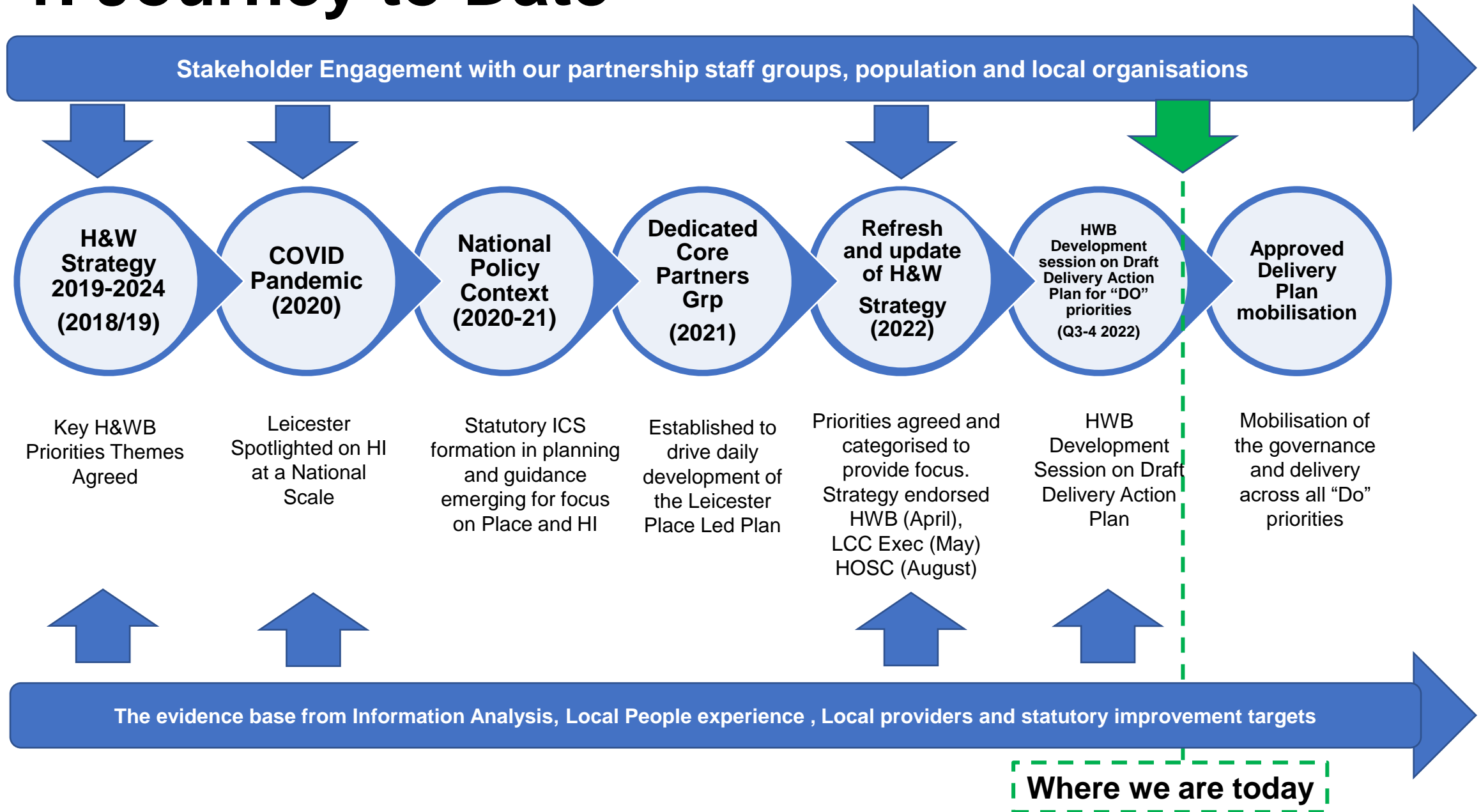
# **Leicester Health Care and Wellbeing Strategy Delivery Plan (2023-2025)**

**December 2022**

# Overview

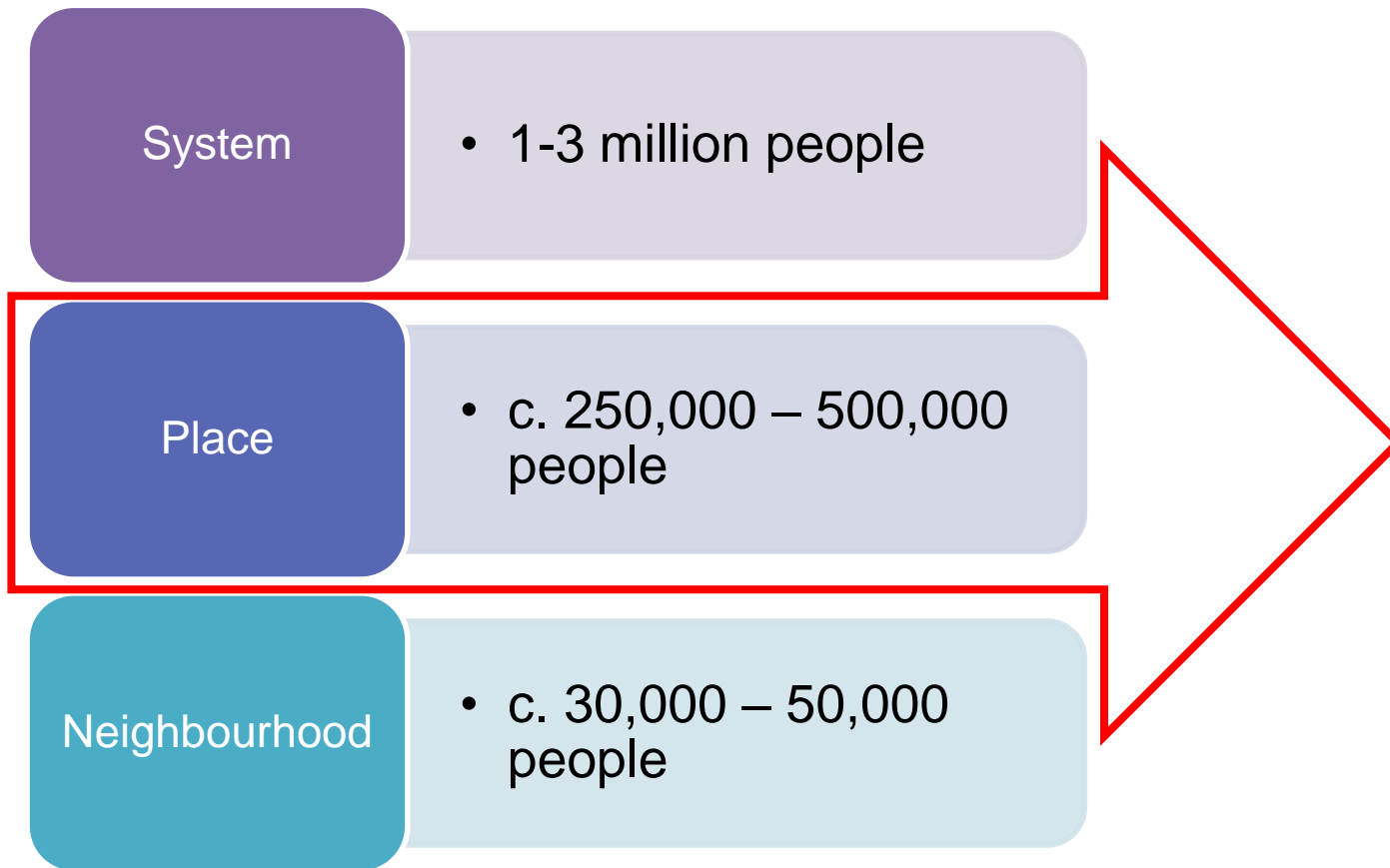
1. Journey to date
2. 171122 HWB Development Day Feedback/Actions
3. Priorities and Guiding Principles
4. Plus Groups Recommendations
5. Structure of Delivery Plan
6. Summary of Key Actions (Ongoing Development)

# 1. Journey to Date



# 1. Journey to Date: Leicester Place Led Plan

## Integrated Care Systems



The cover of the Leicester Health, Care and Wellbeing Strategy 2022-27 features the NHS logo, a circular diagram with 'Healthy' at the top and 'Leicester' at the bottom, and the Leicester City Council logo. The text reads: Leicester Health, Care and Wellbeing Strategy, 2022-27, Version 10.

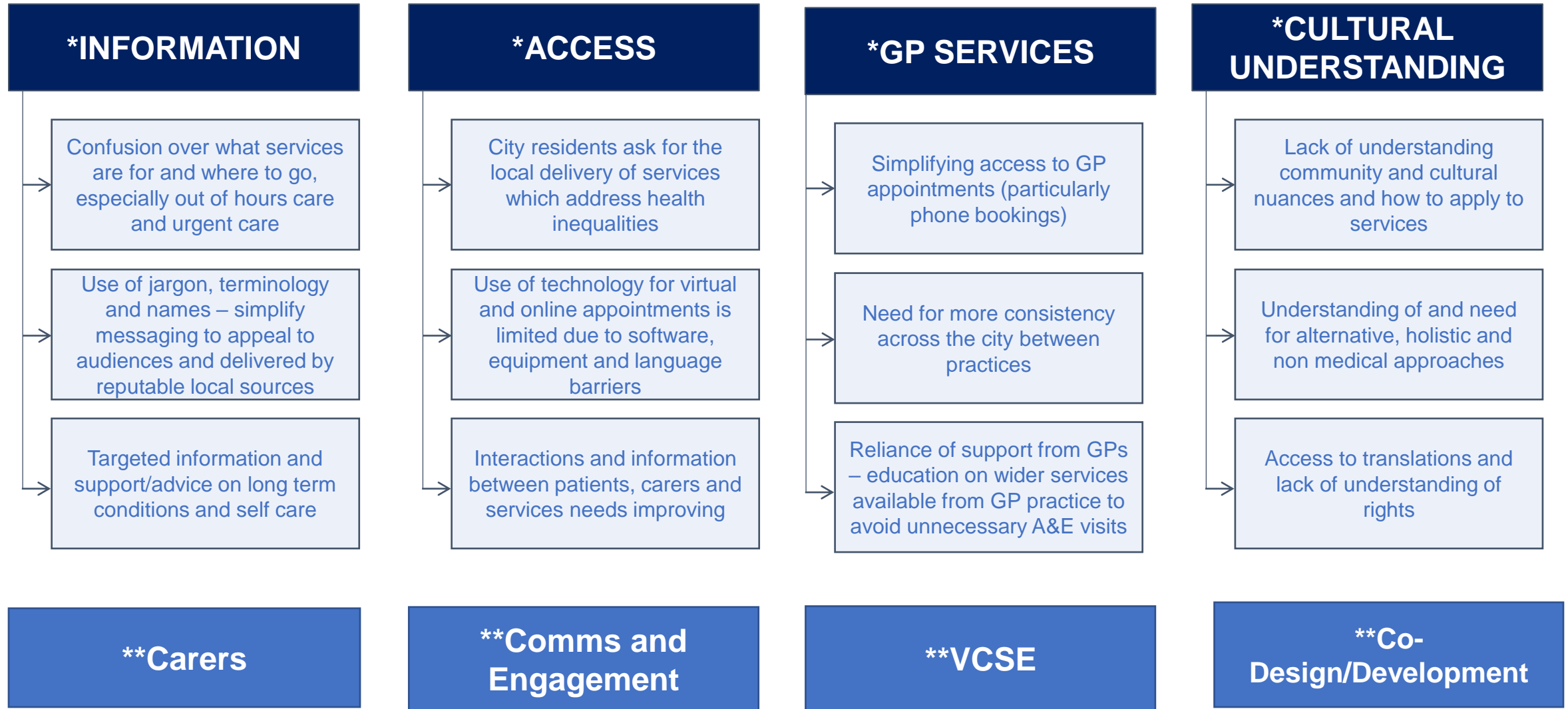
# 1. Journey To Date: Core Group Membership

<b>Katherine Packham</b>	Leicester City Council
<b>Kate Galoppi</b>	
<b>Jane Pierce</b>	
<b>Nicola Cawrey</b>	
<b>Alex Barker</b>	
<b>Shivan Thakrar</b>	
<b>Amy Endacott</b>	
<b>Prof. Fahad Rizvi</b>	LLR Integrated Care Board
<b>Dr Avi Prasad</b>	
<b>Amit Sammi</b>	
<b>Yasmin Sidyot</b>	
<b>Mayur Patel</b>	
<b>Sarah Ferrin</b>	
<b>Mark Pierce</b>	
<b>Adhvait Sheth</b>	
<b>Jit Parekh</b>	
<b>Jo Ryder</b>	
<b>Melanie Barnes</b>	Leicestershire Partnership Trust
<b>Shelpa Chauhan</b>	
<b>Sarah Morley</b>	Healthwatch Leicester
<b>Harsha Kotecha</b>	
<b>Gemma Barrow</b>	

# 1. Journey To Date: Partnership Approach

- **Collaborative working** to develop a Delivery Action Plan in line with HWB ambitions and our Guiding Principles for Leicester
- **Driven by dedicated core working group made up of partners:** PH managerial and registrar leads, LA Adults and CYP leads, LPT leads, Place Clinical leads, ICB cross directorate managerial leads including those involved in LLR wide NHS transformation
- **Engagement with local stakeholders** - Leicester Community Well Being Champions, Patient and Staff groups, plus range of local organisations given opportunity to feed in
- This is **not a plan of individual organisations** delivery
- **Strategically aligned umbrella portfolio** of integrated work – existing/new
- **Golden thread** of addressing Health Inequalities throughout
- **Ongoing** partnership development and refinement

# 1. Journey To Date: Engagement Insights



*\*Toplines findings from analysis of multiple sources of data collected around urgent care services, including clinical navigation and NHS 111, acute maternity reconfiguration, Covid-19 report, feedback from family carers, care home and domiciliary care, support at the end-of life, mental health services, planned care, experiences of those with long term conditions and with delivering digitally enabled care across the NHS*

**\*\*Leicester Community Wellbeing Champions 2022**

# 1. Journey To Date: Stakeholders

Local organisations that have had opportunity to feed in views

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- System Design Groups
- staff Communication – City Council, CCG, LPT and UHL. Newsletters – Primary Care, Your Leicester
- LLR Citizens Panel.
- Carers Got Talent
- Mental Health Partnership Board
- "Leicester Loudspeaker Advocacy Group / Forum Supporting those with lived experience (MH)"
- Dementia Programme Board
- LLR Autism Partnership Board
- Learning Disability Partnership Board
- We Think (learning disability advocacy group)
- Parent Carer Forum
- Big Mouth Forum (CYP with Disabilities)
- CLASS – City of Leicester
- Early Years Network
- South Asian Health Action (Leicester City)"
- "Ashioma Consults (African Caribbean Community)"
- "Carers Centre"
- "Council of Faiths"
- "Equality Action (Leicestershire)"
- "Duale Consultancy - Hashim Duale MBE"
- "British Deaf Association"
- "LGBT Centre "
- "Project Polska"
- "Shama Women's Centre"
- "Somali Development Services"
- VAL
- Adhar Project
- The Race Equality Centre
- "YMCA"
- Youth Education Project Ltd
- Leicester Centre for Integrated Living
- Parent Carer Forum Support
- Healthwatch Leicester & Leicestershire
- ENRYCH
- RNIB
- Turning Point
- Richmond Fellowship
- ADHD Solution
- Age UK
- Inclusion Healthcare
- Centre Project



# 2. HWB Development Day 171122

## The HWB Said

- Develop outcomes narrative linked to the Delivery Priorities to inform sponsorship
- Reflect Communications and Engagement as a standalone priority
- Suggest plus groups focus for Leicester including indication of actions where this group could be supported
- Consider reporting going forward
- Continue to develop DAP

## What we are doing

- Outcome Statements developed for priorities and Comms and Engagement included on its own
- ICB Comms/Engagement leads working on Strategic narrative/actions focus for Leicester
- Initial focus on SMI, LD and Homelessness due to life expectancy and high degree of intersectionality and fundamental inequality across all these groups
- Mapping of existing reporting
- Engage with stakeholders / further refine DAP

# 2. HWB Development Day 171122 – Follow Up

## Communications and Engagement

- Extensive communications and engagement activity in Leicester City has taken place across the ICS over the years.
- This information has been mapped across each priority in the delivery plan (currently for the ICB and Healthwatch)
- Ongoing communication and engagement with communities across the city is an ongoing key priority for LLR ICS (particularly in health) and there is a lot of activity already in progress
- However, not all areas are covered that will need to be to achieve what is in the delivery plan.

# 2. HWB Development Day 171122 – Follow Up

## Communications and Engagement

### Actions

1. Research existing communications and engagement projects, campaigns and insights across the ICS
  - *ICB/CCGs and Healthwatch has already been completed*
2. Examine gaps against the Leicester City Delivery Plan priorities:
  - Where are the gaps in our insight?
  - What communications and/or engagement needs to be done?
3. Agree our approach:
  - Can we use existing mechanisms?
  - What is the purpose/what can be influenced and what is the timeline?
  - Who is best placed to conduct the communication/engagement?
  - Map stakeholders across the ICS
  - Can we utilise the Voluntary, community and social enterprise sector through the VCSE Alliance?
  - Agree evaluation and analysis process
  - Record and capture new insights

# 3. All Priorities

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

# 3. “Do” Priorities

Added Following HWB Development Day 171122

Theme	Delivery Priorities		Outcome Statements	
<b>HEALTHY PLACES</b> Making Leicester the healthiest possible environment in which to live & work	We will improve access to primary and community health/ care services	<b>INVOLVE OUR PEOPLE</b> We will co-ordinate partnership communications and engagement to include appropriate opportunities for Co-Design/ Co-Production through harnessing local populations and using community assets with support from the local VCSE	Clearly understood local services and multi-disciplinary staff teams working closely to focus on need in their neighbourhood	All people to receive consistent messages about planned transformation and have appropriate opportunities for local communities and/or populations to contribute to delivery of actions that affect them
<b>HEALTHY MINDS</b> Promoting positive mental health within Leicester across the life course	We will improve access for children & young people to Mental Health & emotional wellbeing services.		A whole person CYP approach with closer collaboration with schools, social services, family hubs etc with a focus on prevention	
	We will improve access to primary & neighbourhood level Mental Health services for adults.		Increased and expanded Mental Health resources at a Neighbourhood level reflective of local need with people getting support that builds on their strengths, wishes and personalities.	
<b>HEALTHY START</b> Giving Leicester’s children the best start in life.	We will mitigate against the impacts of poverty on children and young people.		Provide funding opportunities to ensure services and support are available for those who need it most	
<b>HEALTHY LIVES</b> Encouraging people to make sustainable and healthy lifestyle choices	We will increase early detection of heart & lung diseases and Cancer in adults.		Reduced premature mortality, with an average increase in Life Expectancy at age 65 in the top 20% deprived areas in Leicester	
<b>HEALTHY AGEING</b> Enabling Leicester’s residents to age comfortably & confidently	We will enable Leicester’s residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.		An increase in the number of older people who are able to remain living independently in their own homes, with a reduction in the numbers of people requiring long term residential care	

# 3. Guiding Principles (all of equal importance and to be applied where possible/appropriate when developing delivery plan)

<p><b>1. Help reduce health inequalities (key focus on Core20Plus5)</b></p>	<p><b>1a. Multi-agency/partnership working</b></p>	<p><b>1b. Strengthen collaborative/ integrated working between organisations/services</b></p>	<p><b>1c. Proportionate universalism</b></p>
<p><i>Building upon LLR HI framework with <b>targeted interventions for the most deprived 20%</b> noting deprivation prevalence in the City. Early intervention on the primary determinants of ill health – not necessarily starting with services by default.</i></p>	<p><i>Continue <b>Strategic</b> partnership approach to collectively plan and commission care and services across the City Place</i></p>	<p><i>Ensure continued cohesive and coordinated approach at an <b>Operational</b> level</i></p>	<p><i>Allocate healthcare resources on a sliding scale; based on deprivation and need, with those with the <b>greatest need provided with a greater share of resources.</b></i></p>
<p><b>2. Improve equity of access (and experience) to services</b></p>	<p><b>3. Address unwarranted variation within the city and/or against the England average</b></p>	<p><b>4. Communicating and Engaging with people on the actions</b></p>	<p><b>5. Involvement of the voluntary community sectors and communities</b></p>
<p><i>Actions will be grounded in our collective efforts to address the <b>inverse care law</b>. “Peddle fastest for those in greatest need.”</i></p>	<p><i>Key to driving change and demonstrating <b>tangible improvements in outcomes.</b></i></p>	<p><i>Building upon success of vaccination programme, harnessing community power and supporting <b>citizen empowerment</b> and education (health literacy). Exploring elements of plan which could be co-designed and re-reviewed where possible and appropriate.</i></p>	<p><i>Drawing upon <b>expertise and experience of VCSE</b> to support principle 4, utilising co-design and co-production methodology.</i></p>

# 4. Plus Groups - Recommendation

## Objectives:

- 1) Identify populations experiencing inequality in health and care provision and/or outcomes
- 2) Implement actions to tackle the unmet needs of chosen focus populations through flexing our universal offers we have in place and developing a structured programme of actions to reflect these populations unmet needs (**in the context of Delivery Priorities**)

# 4. Plus Groups - Recommendation

Existing PLUS Groups for consideration

Learning Disabilities

Homelessness

Severe Mental Illness (SMI)

Asylum Seekers

Ethnic Minorities

Traveller Communities

Intersectionality

Limited English-speaking populations



Revised PLUS Groups for Focus in Initial Years (Subject to Review)

Learning Disabilities

Homelessness

Severe Mental Illness (SMI)

Asylum Seekers

*Communications and Engagement needs of this group would need to be captured. We can review the focus of this group in future using insights from local updated health needs assessments and in the meantime there are some basic things like registration with GP would be impactful*

Ethnic Minorities

*This group is captured to a degree given the focus on deprivation/ wider determinants and other targeted actions planned with communities of Leicester. In addition the Census has highlighted that this group is now the majority and therefore further supports that these groups **should already be captured** through delivery actions.*

Intersectionality

*Importance considered in everything that we do, meaning some individuals will be more likely to have poorer health outcomes due to their unique circumstances.*

Limited English Speaking Population

*As part of our broad communications and engagement plan we will need to take into account the needs of this group across all priorities*



# 4. Plus Groups - Rational

- The rationale is that **Learning Disabilities, Homelessness and Severe Mental Illness (SMI)** groups have the largest gap (and therefore the worst) in Life Expectancy against the LLR and England averages
- These groups are all fundamentally disadvantaged through inequalities in Leicester
- In addition to the Health Inequalities these groups suffer, these groups all also suffer Health Inequities around – Access, Experience and Outcomes
- These groups have the poorest health outcomes of the groups identified and intersectionality is likely to be a key added factor within this
- Work is underway to engage stakeholders and to review the current priority actions to understand where these groups have unmet needs to inform specific focus

# 4. Plus Groups – Other Groups

Work continues across the partnership with these other identified groups as part of our daily work:

## Asylum Seekers

*Communications and Engagement needs of this group would need to be captured. We can review the focus of this group in future using insights from local updated health needs assessments and in the meantime there are some basic things like registration with GP would be impactful*

## Ethnic Minorities

*This group is captured to a degree given the focus on deprivation/ wider determinants and other targeted actions planned with communities of Leicester. In addition the Census has highlighted that this group is now the majority and therefore further supports that these groups **should already be captured** through delivery actions.*

## Intersectionality

*Importance considered in everything that we do, meaning some individuals will be more likely to have poorer health outcomes due to their unique circumstances.*

## Limited English Speaking Population

*As part of our broad communications and engagement plan we will need to take into account the needs of this group across all priorities*

# 5. Structure of Delivery Plan

Theme: Healthy Places

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

Ref	WE WILL	Delivery Stage	How will this demonstrate improvement ?	No	Key Activities / Deliverables / Milestones	Will activities improve/increase equity at a local level? (Y/N)	Resources Y/N (Source)	Planned Engagement	Delivery Governance	Timescale	Lead Contacts	Overall RAG Status	Status Change from Last Period	Risk /Issue RAG	Improvement Trajectory RAG
Ref	We will statement of key actions identified to progress priority	Where is the action in relation to:  Started, Feasibility Delivery, Evaluation Complete	As per guiding principle 1 and 2, how does this action enable improvement in equity	Activity Ref	What are the key partnership activities that enable and underpin implementation of the action and by when	As per guiding principle 1 and 2, does this action enable improvement in equity – initial assurance for ongoing monitoring	Are there any identified resources that underpin delivery of the action	As per guiding principle 4 and 5, how are we engaging with our communities in order to support implementation and delivery of actions.	Where does overall governance for delivery of this action sit, will be different for different actions	To ensure actions are SMART	To know which key officers are leading across partners	Overall Status of Action to deliver against plan	Overall Status of Action previous reporting period	Highest rated risk/issue RAG	Is there evidence of improvement against planned trajectory  RAG

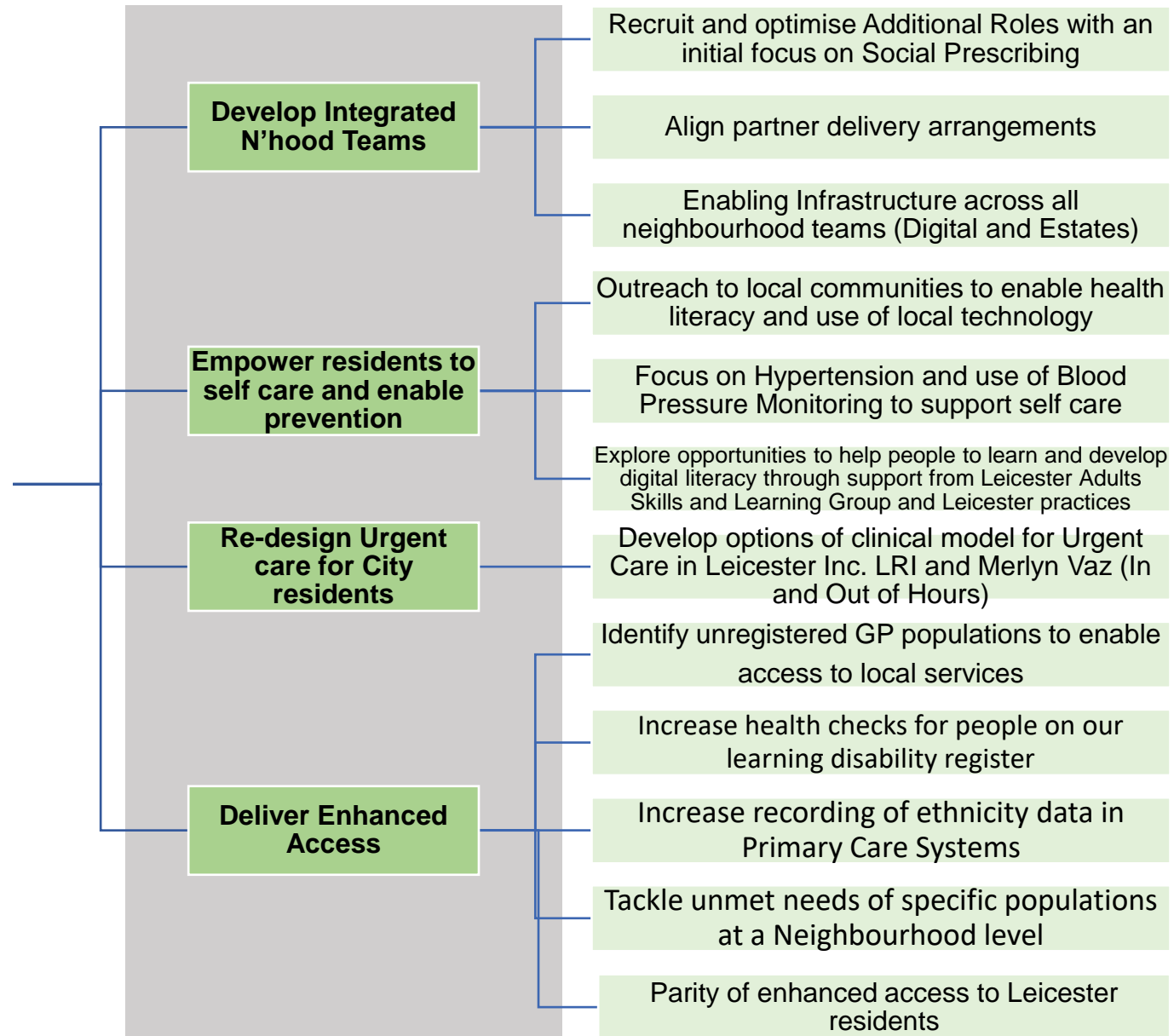
# 5. Structure of Delivery Plan (Public Microsite)

Healthy Places: We will improve access to primary and community health and care services

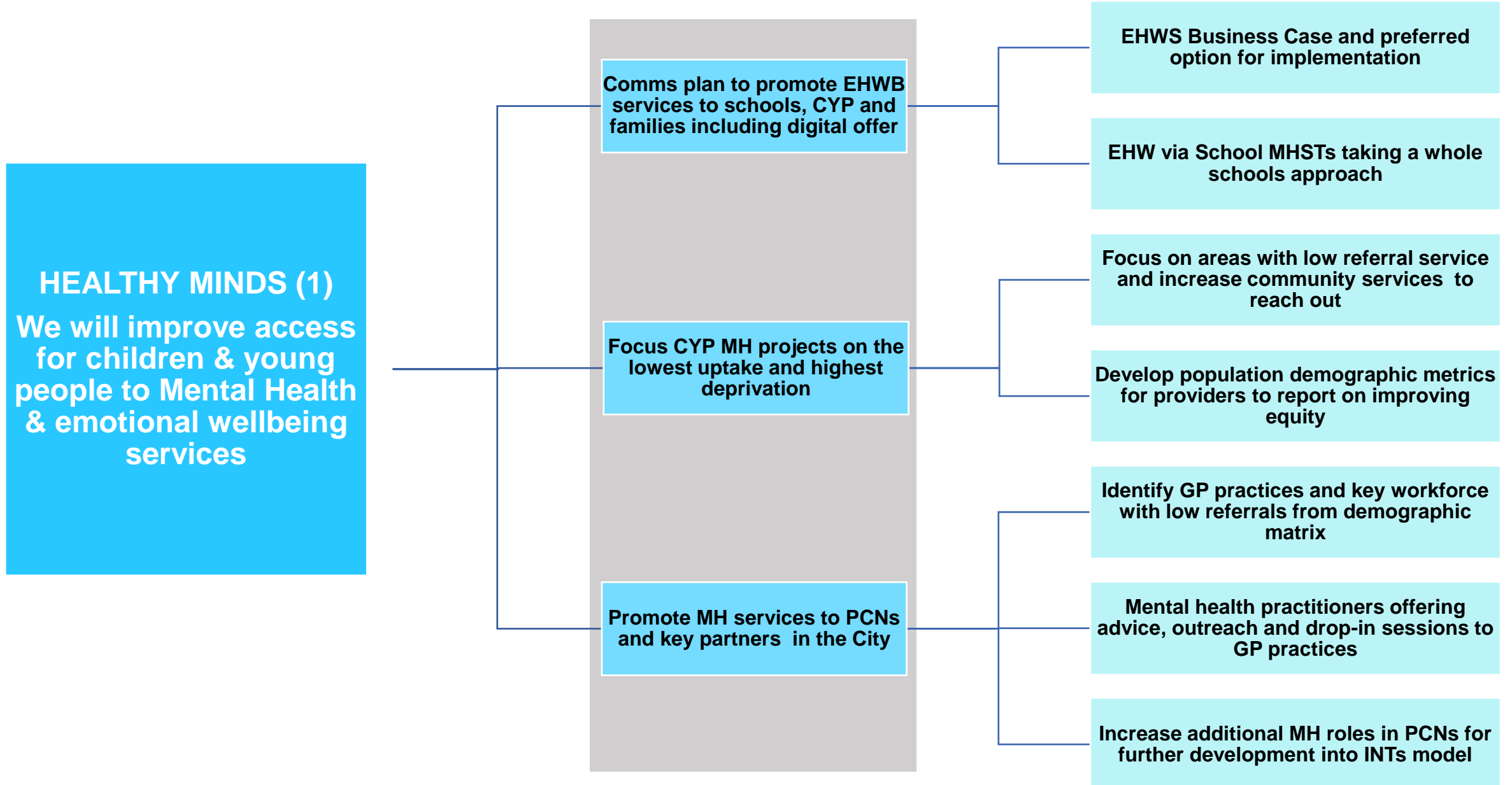
AMBITION	WE WILL	BY	I WILL
<b>HEALTHY PLACES</b> To make Leicester the healthiest possible environment in which to live and work	<b>1. Develop integrated neighbourhood teams that work in a coordinated way with partners at a local level improving Primary Care</b>	Develop an agreed approach with our partners to align local integrated delivery models (INTs) with Primary Care in the community	I will receive the right support at the right time, at the right place from the right professional (s) to meet my health and care needs
		Recruit Additional Roles in Primary Care and develop these to optimise access for people in most need	
		Develop and optimise the use of Social Prescribing and other ARRS workforce in Leicester	
		Put in place the appropriate infrastructure and support for all neighbourhood teams through clinical and estate strategies for each PCN in Leicester and availability of Digital kit and digital services	
		Roll out carer awareness training to staff working in INT's to ensure carers are identified, registered with GP's and signposted to sources of support	
	<b>2. Enabling people to improve their literacy of local technology solutions</b>	Explore and scope future opportunities to help people to learn and develop digital literacy through support from Leicester Adults Skills and Learning Group and Leicester practices	I will have the opportunity to use Digital technology equipment and services that are being locally offered to enable me to stay healthy and well
		Develop an Outreach approach to local communities to enable Digital Fluency/Literacy and Health literacy in using Health Technology (BPM for Hypertension)	
		Develop resources inc. Short videos in various languages to educate patient's around active sign posting and one stop shop approach	
		Run workshops/seminars to train communities such as the VCSE, community champions, social prescribers and Carers to learn about pathways and associated technology (Focus on Hypertension, Blood Pressure Monitoring and NHS App)	
	<b>3. Deliver enhanced access in Primary Care</b>	Increase health checks for people on our learning disability register	I will have the opportunity to receive the Health and Care that I need when I need it so that I can stay healthy and well
		Increase recording of ethnicity data in Primary Care Systems	
		Tackle unmet needs of specific populations at a Neighbourhood level	
		Identify further cohorts of unregistered residents (Inc. family Carers) of Leicester and enable their registration with local GPs (Is there any localities) - Belgrave and Highfields	
	<b>4. Undertake a review of our current urgent care services for people in Leicester with minor injuries and illnesses</b>	Ensure parity of access to services 6:30pm – 8:30pm and 9-5 Sat through each PCN delivering, we will feedback the findings of this into the development of INTs	I will have access to the Urgent Care services I need to enable me to stay out of hospital and remain in the community
		Review and define options of clinical model of Urgent Care at LRI and Merlyn Vaz (In and Out of Hours)	
		Develop and seek agreement of Business Case with options for all LLR UTCs	
	Agreed Operational commissioning of LLR UEC services including offer at Merlyn Vaz and Leicester Royal Infirmary		

# 6. Summary of Key Actions

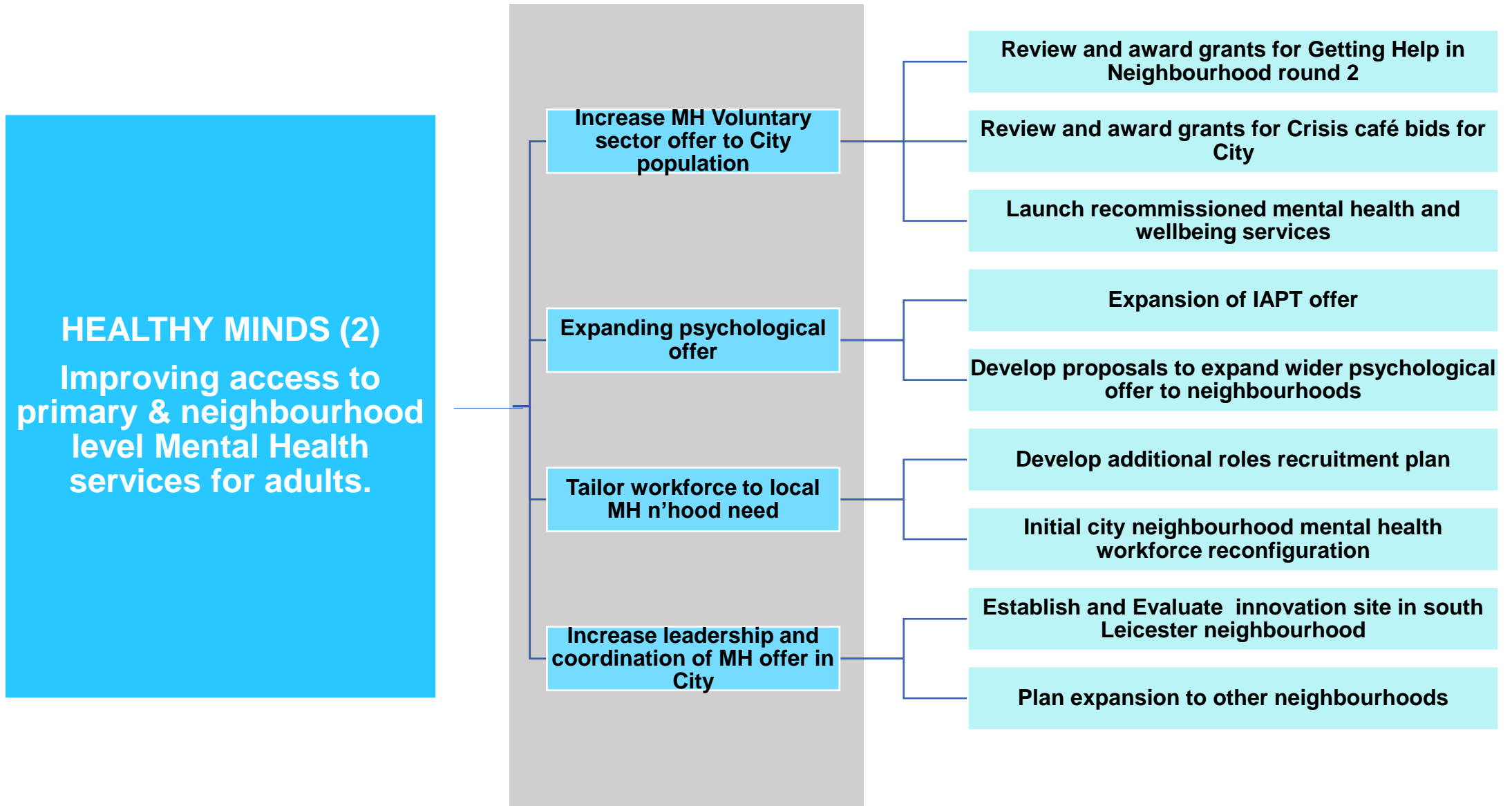
**HEALTHY PLACES**  
We will improve access to primary and community health/ care services



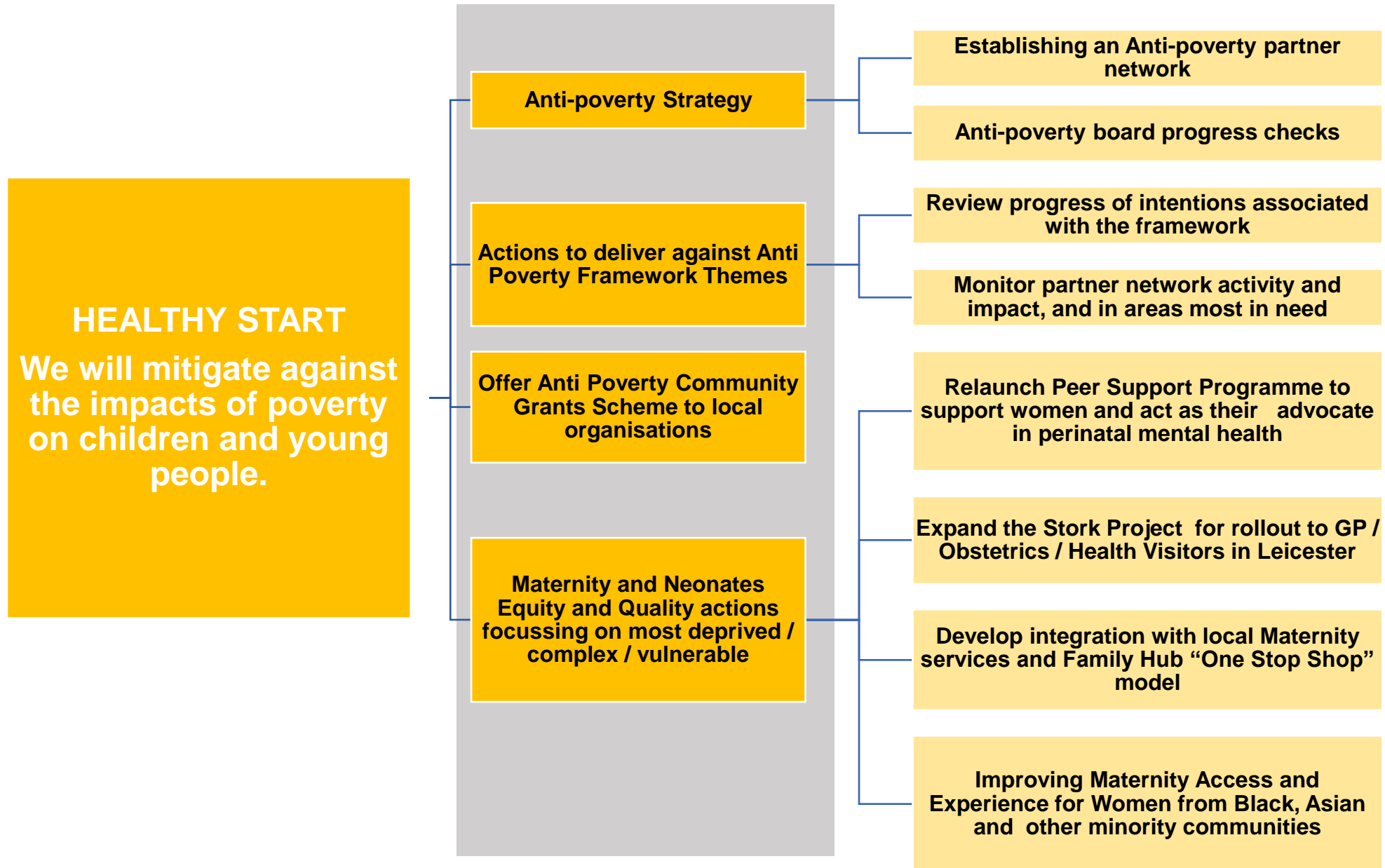
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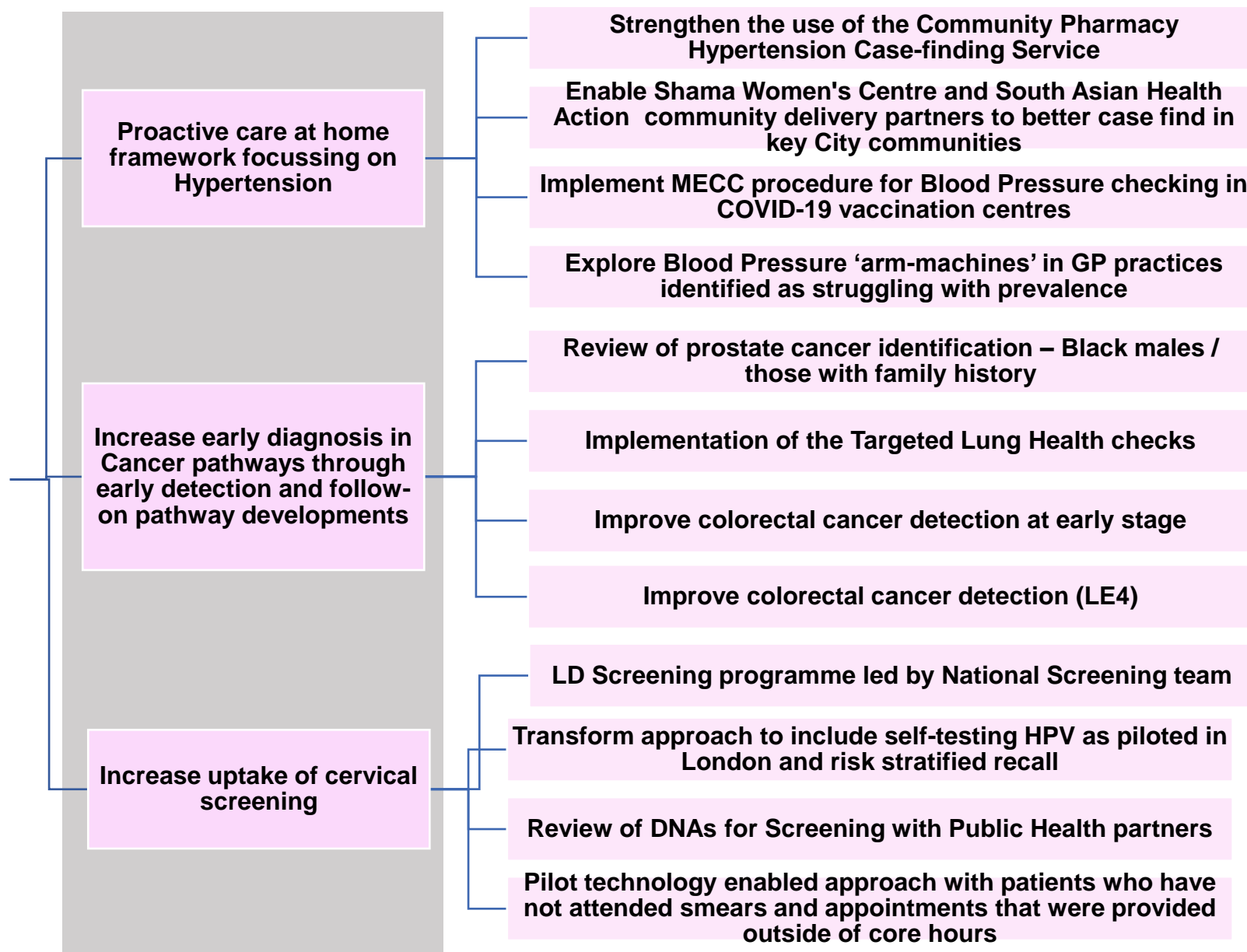
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**HEALTHY LIVES**  
We will increase early detection of heart & lung diseases and Cancer in adults



# 6. Summary of Key Actions

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

