



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



Leicester, Leicestershire  
and Rutland



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



Preventing illness



Keeping People well



Right care, right time, right place



Health and Wellbeing Hubs



Pledge 1

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

Pledge 2

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

Pledge 3

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

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

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

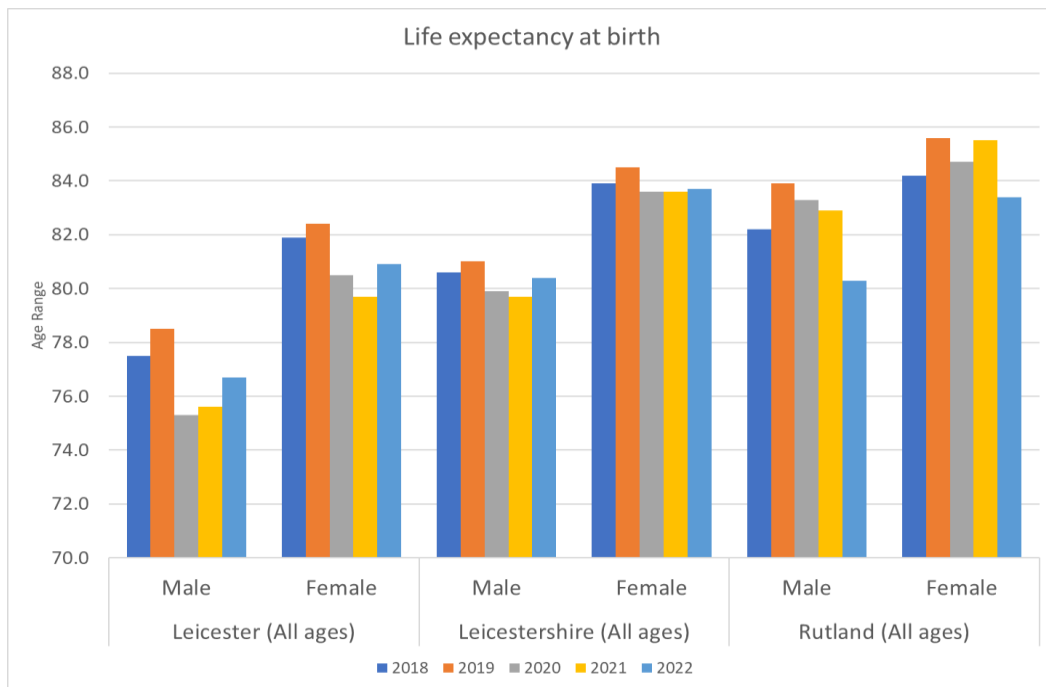
### Pledge 12

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.

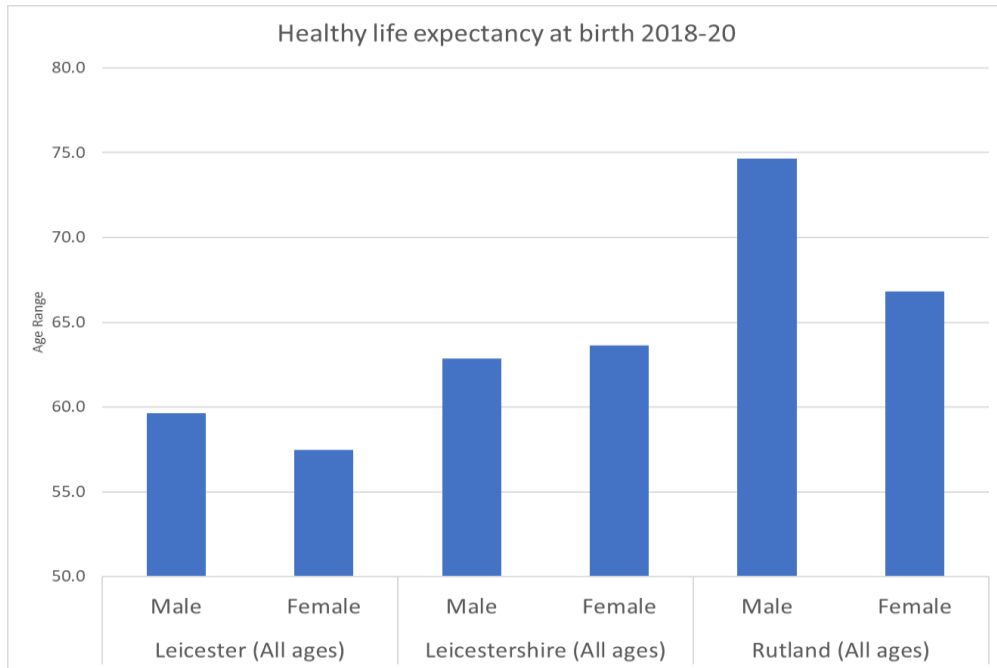
# Pledge 1 - Improve the health of our most deprived communities and narrow the gap between those who have the best and the worst health



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.	<ul style="list-style-type: none"> <li>Strategic focus on primary and secondary prevention of causes of avoidable U75 mortality (see next slide) including also vaccination,</li> <li>Working with LAs and VCS on mitigating the impact of the wider determinants of health including homelessness, fuel poverty, digital inclusion</li> </ul>

# 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.	<ul style="list-style-type: none"> <li>• Focus with Public Health on the Best Start in life – vaccination, breast feeding, maternal smoking</li> <li>• Work with Public Health and VCSE on national programmes on healthy weight, smoking elimination of TB, HIV and Hepatitis C.</li> <li>• Work with Public Health and VCSE on wider determinants of health as above</li> <li>• Adult MH Transformation programme</li> </ul>

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

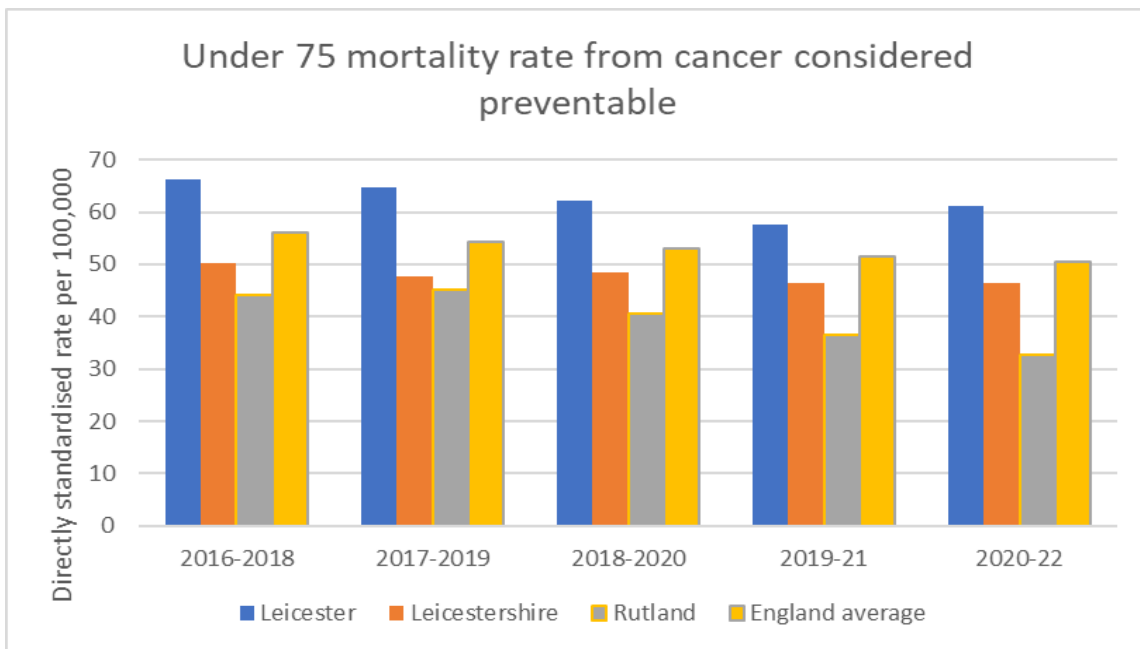


Inequality in life expectancy at birth - This is a key high level health inequalities outcome showing inequalities for Leicester and Leicestershire.

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.	<ul style="list-style-type: none"> <li>• Primary Care Health Equity investment.</li> <li>• Fuel poverty programme in Leicester and other wider determinants projects</li> <li>• LLR maternal and neonate health equity plan</li> <li>• Women’s health strategy</li> <li>• Adults and Children’s Core20Plus5 work</li> </ul>

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

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

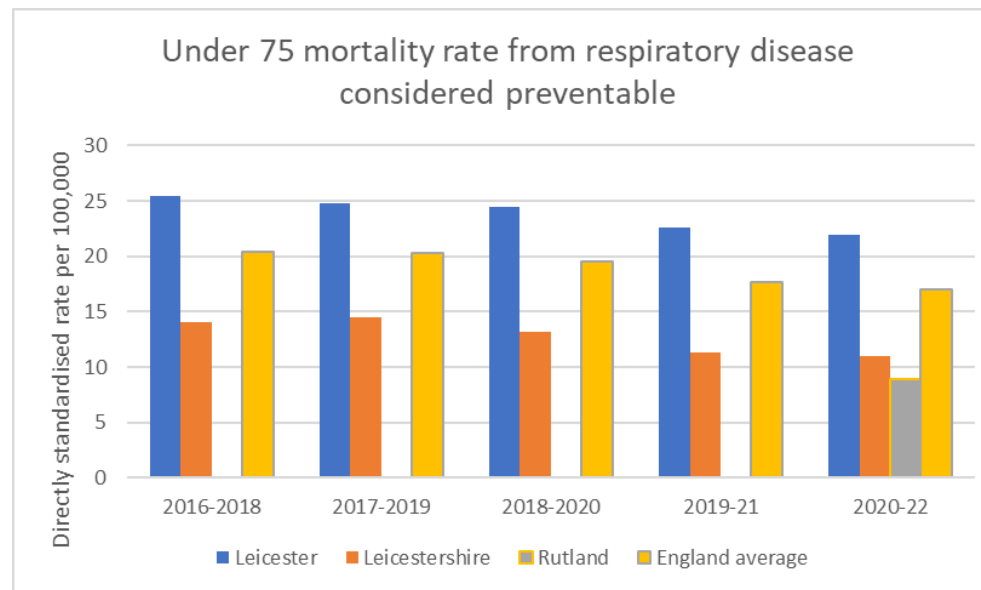
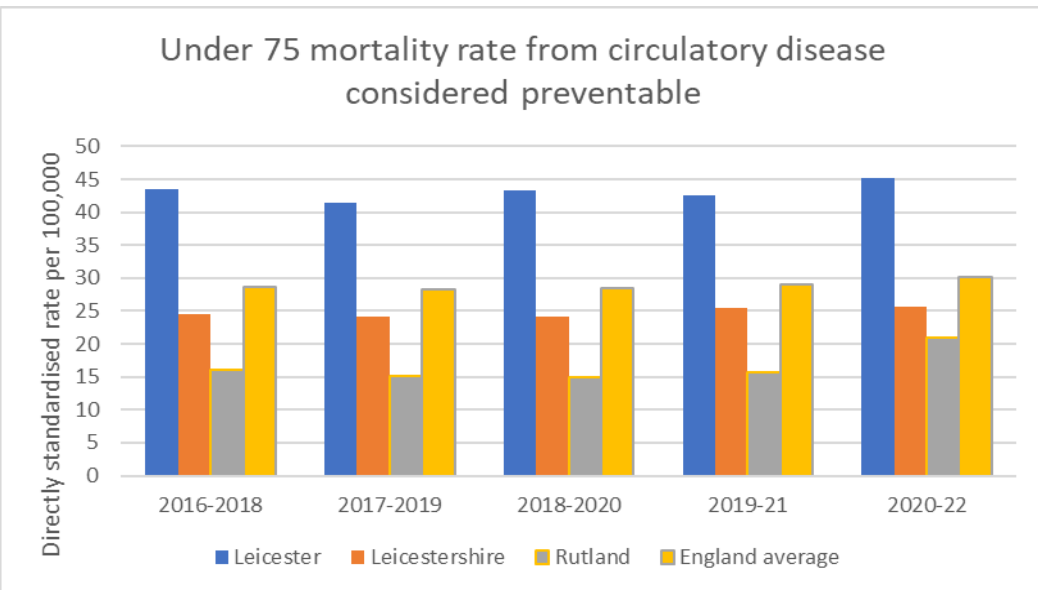


Premature mortality is a good high-level indicator of the overall health of a population, being correlated with many other measures of population health. There are differences between the premature death rates for Leicester, Leicestershire and Rutland based per 100,000 population. To ensure that there 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.	<ul style="list-style-type: none"> <li>• Community Engagement via CORE20 Connectors.</li> <li>• Further investment to reduce risk factors such as smoking, overweight</li> <li>• LD and SMI Annual Health Checks</li> <li>• Improved primary care access via CAIP/extended hours</li> <li>• Specific projects on Cervical cancer (inc HPV vaccine), prostate, bowel, and lung screening and awareness.</li> </ul>

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.	<ul style="list-style-type: none"> <li>PCN DES plans to tackle CVD</li> <li>Hypertension projects in areas of low ascertainment</li> <li>FH treatment</li> <li>Lipid management as part of NHSE LTC prevention programme</li> </ul>
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.	<ul style="list-style-type: none"> <li>Continuation of the NHSE-funded CURE programme in hospitals</li> <li>Lung Health Check programme</li> <li>Additional NHSE funding for Smoke-free Generation work in community</li> <li>Clean air programmes</li> </ul>