



Leicester  
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY  
COMMISSION**

**DATE: TUESDAY, 14 DECEMBER 2021**

**TIME: 5:30 pm**

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

**Members of the Commission**

Councillor Kitterick (Chair)  
Councillor Fonseca (Vice-Chair)

Councillors Aldred, March, Pantling, Dr Sangster and Whittle

1 unallocated Non-Group place.

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

**Standing Invitee (Non-voting)**

Representative of Healthwatch Leicester

For Monitoring Officer

**Officer contacts:**

**Jason Tyler (Democratic Support Officer):**

Tel: 0116 454 6359, e-mail: [Jason.Tyler@leicester.gov.uk](mailto:Jason.Tyler@leicester.gov.uk)  
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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- where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### **Further information**

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler, Democratic Support on (0116) 454 6359 or email [jason.tyler@leicester.gov.uk](mailto:jason.tyler@leicester.gov.uk)

For Press Enquiries - please phone the Communications Unit on 454 4151

## USEFUL ACRONYMS RELATING TO HEALTH AND WELLBEING SCRUTINY COMMISSION

<b>Acronym</b>	<b>Meaning</b>
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer

HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

## **PUBLIC SESSION**

### **AGENDA**

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#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have in the business on the agenda.

#### **3. MINUTES OF PREVIOUS MEETING**

#### **Appendix A**

The minutes of the meeting held on 2 November 2021 are attached and the Commission will be asked to confirm them as a correct record.

#### **4. CHAIR'S ANNOUNCEMENTS**

#### **5. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING**

To receive updates on matters that were considered at the previous meeting of the Commission, including:

- a) Dyeworks Limited - Petition – Environment Agency Response
- b) CCG response to GP Lists Exercise

#### **6. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

## 7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

The following Questions have been received:

A) From Sally Ruane :-

1. *Has a decision yet been made as to which of the three options submitted by UHL to the New Hospital Programme Teams in the summer has been selected by the Treasury/Dept of Health and Social Care/New Hospital Programme Team? If so, which is it?*
2. *Has the Treasury/DHSC confirmed how much funding will be allocated to the scheme? If so, what will this be?*
3. *Will UHL be required to produce one outline business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer?*
4. *Will UHL be required to produce one full business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer?  
When will the (a) outline business case(s) and (b) full business case(s) be produced?*
5. *Does the zero net carbon goal remain integral to the scheme as described in the Decision Making Business Case?*
6. *In response to a question posed by a member of the public at UHL's last governing body meeting, a UHL spokesperson stated that the Leicester scheme was now identified and referenced as a phase three scheme (out of five phases in the New Hospital Programme Team), rather than a pathfinder scheme. In the list of projects published by the Health Service Journal on 17 September, phase three and pathfinder schemes were identified as one and the same thing. Please could UHL (a) confirm that the Building Better Hospitals for the Future scheme is in phase three, (b) clarify what this means in terms of priority and timing and (c) clarify what the implications of no longer being a pathfinder scheme are.*

B) From Jean Burbridge :-

1. *How many level 3 and level 2 intensive care beds are there at the Leicester General Hospital?*
2. *Have any of the departments dependent upon the presence of level 3 intensive care beds been moved out of the Leicester General Hospital since 2019? If so, which departments?*

**8. UHL FINANCIAL ADJUSTMENT UPDATE**

Partners from UHL will provide a verbal update on the current situation and when audited accounts can be released.

**9. COVID19 UPDATE & VACCINATION PROGRESS UPDATE**

There will be a presentation to provide an update on the progress concerning Covid-19 and the vaccination programme.

**10. UPDATES ON OBESITY (INCLUDING CHILDHOOD OBESITY) - DIETARY ADVICE OPTIONS AND CO-ORDINATION WITH THE FOOD PLAN**

**Appendix B**

a) The Director of Health submits a report, which provides an update on the proposed whole systems approach to healthy weight.

b) The UHL Trust submits a paper, which provides information on the CEW Obesity Service.

**11. ALCOHOL STRATEGY**

There will a presentation to provide an updated position in respect of the Alcohol Strategy.

**12. WORK PROGRAMME**

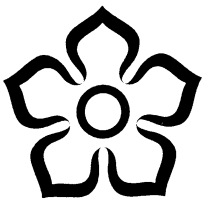
**Appendix C**

The Commission's Work Programme is submitted for information and comment.

There will be an update on the proposed Special meeting to discuss mental health strategies.

**13. ANY OTHER URGENT BUSINESS**





Leicester  
City Council

# Appendix A

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 2 NOVEMBER 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)  
Councillor Fonseca (Vice-Chair)

Councillor Aldred  
Councillor March  
Councillor Whittle

In Attendance:

Councillor Dempster - Assistant City Mayor (Health)

\* \* \* \* \*

**28. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Pantling and Dr Sangster.

**29. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

**30. MINUTES OF PREVIOUS MEETING**

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 1 September 2021 be confirmed as a correct record.

### **31. CHAIR'S ANNOUNCEMENTS**

The Chair indicated that he was minded to consider items not in the agenda order as published, due to the public interest in the Petition, and Questions to be asked as relevant to the subsequent agenda items.

### **32. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING**

The Chair indicated that progress on matters considered at previous meetings would be reported at the relevant subsequent agenda items.

### **33. PETITIONS**

The Monitoring Officer reported that a Petitions had been submitted in accordance with the Council's procedures, in the following terms:

*"To stop discharges of odious fumes from Colour Dyers UK Ltd.*

*We, the undersigned, are very concerned about the discharge of odious fumes from the factory operated by Colour Dyers (UK) Ltd at Riverside Dyeworks, Greenhithe Road, Leicester LE2 7PU.*

*As a neighbourhood, we are frequently forced to stay indoors and close our windows, as smelly blue fumes are often blown from the factory chimney down to street level.*

*We ask that the Leicester Health & Wellbeing Scrutiny Commission requires the Council's Noise and Pollution Department to:*

*1. seek confirmation from the Environment Agency that the licensed discharge of odious blue fumes from Colour Dyers factory is not a risk to children's and adults health.*

*2. request that the Environment Agency rescinds the factory's operating permit unless they install a filter system that eliminates the smell and colour of the discharged fumes.*

*All we ask is to be able to enjoy our houses and gardens and safely walk the streets of our neighbourhood."*

The Monitoring Officer confirmed that the petition had 103 validated signatures.

Mr Robert Ball was invited to speak in support of the text of the petition and was cautioned by the Chair as additional information was submitted, to which there was no opportunity of a reply.

As stated in the Chair's announcements, the Monitoring Officer reported on the receipt of a question submitted in accordance with the Council's procedures with relevance to the petition, from Mr Raimondo Barraco, in the following terms:

*"The chimney's on the Colour Dyers' factory on Greenhithe Road are pumping out a stench into the air, in the streets near where I live which maybe a hazard to public health.*

*Will the Health & Wellbeing Scrutiny Commission ask for a health impact assessment on the air quality to be carried out by Public Health Leicester City Council and if necessary, with support of Public Health England?"*

Mr Barraco was present and was invited to read his question.

In response to the Petition and Question, the Director of Health commented on the need to assess whether there was a statutory nuisance and advised of liaison which would be required with the Environmental Hazards Team. It was expected that a health impact assessment could be undertaken without undue delay and a report on the situation would be forthcoming.

The Commission recognised the need for the matter to be properly considered before a detailed statement on initial findings could be made.

AGREED:

That the petition be received and noted and that the Director of Health be asked to begin an initial assessment in liaison with the Environmental Hazards Team.

#### **34. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported on the receipt of further Questions submitted in accordance with the Council's procedures with relevance to subsequent agenda items. As stated in the Chair's announcements, the Questions would be considered at the relevant stage in the meeting proceedings.

#### **35. SCHOOL NURSING PROVISION**

The Leicester Partnership NHS Trust gave a presentation to inform the Commission of the work of the school nursing teams, including the impact of Covid 19 on the service and the current provision.

The presentation provided details of the 5-19 school nursing team, the Primary and secondary school offer, reasons for assessments and referrals, and digital support services. In conclusion details of the future of the service and what was next for school nursing in Leicester were confirmed, including:

- enhanced engagement with children, young people and parents to co-design future provision
- Continence offer review to ensure sustainable and easily accessible provision
- A research project with Bristol and Sheffield Universities to evidence the public health impacts of digital health questionnaires
- A launch of a healthy together people plan, to support workforce development and sustainability
- Development of a joint clinical pathway with the Mental Health Support Team to strengthen partnership working.

In response to questions it was confirmed that referrals had reduced since the Covid-19 pandemic and it was confirmed that detailed comparative figures could be circulated separately, as these were currently unknown. It was also considered that enhanced data concerning the recruitment and career development of school nurses could be provided in due course. It was confirmed that the recruitment initiatives provided support and covered the training costs of the nurses education.

The Assistant City Mayor (Health) commented on further uncertainties concerning the future procurement of the services and the codesign ambitions. It was suggested that a further update be brought back to the Commission and in this regard, it was suggested that enhanced information could be made available to a future Joint Health Scrutiny meeting.

In conclusion, the LPT commented on the future opportunities to scrutinise services through the CQC report findings and results of inspections being published where improvements had been recognised.

AGREED :

That the presentation and update be noted and a further report be brought to the Commission in due course.

### **36. ACCESS TO GP SERVICES AND UPDATE ON COMMUNITY PHARMACY SCHEME**

The CCGs submitted a paper, which provided an overview of the current activities and work relating to improving access to general practices.

The paper submitted demonstrated the challenges faced by general practices and acknowledged the impact on patients of the significant increase in workload faced by primary care in the post pandemic period.

A presentation was given to support the paper, which summarised the key finding as aligned with national GP practice surveys as considered against resilience baseline data. Detailed data was provided summarising types, numbers of appointments and the significant number of missed appointments.

In response to questions it was suggested that an update be provided in due course on the implications of the statistics concerning accident and emergency visits where appointments could not be made, which had received national media attention. Comment was also made on the need to better explain the data as although the phrasing was positive, there still appeared to be low satisfaction rate.

The data concerning self-care and proactive caring at home programmes was debated, as it was considered that this may be manipulated to improve patient statistics. In response the data in the graphs showing patient satisfaction were reiterated and reassurance was provided that self-care programmes were appropriate and adequate.

Some concern remained that the inadequacies of booking appointments with surgeries and referrals to the 111 service were not effective, with members commenting on examples of significant case work numbers. The restriction of the use of social media through necessary political governance was explained.

Concern was also raised at the data showing importance of services and satisfaction rates from the survey information, which appeared to show anomalies and inconsistencies.

The need to increase recruitment of general practitioners in the city area, rather than the wider county was discussed, as it was accepted that opportunities to work in rural practices was often more attractive. Ideas and initiatives on how to address the situation and its challenges were encouraged.

In conclusion and in response to questions concerning GPs patient lists and their accuracy, it was acknowledged that many patients may be on lists who had moved away. An exercise to determine the extent of the problem was suggested and accepted.

It was suggested that a further report be submitted to address the concerns raised by members.

AGREED:

1. To note the paper and data arising from the presentations and surveys, and a further focussed report be submitted in due course.
2. To undertake an exercise to determine the extent of the potential inaccuracies of GP patient lists.

### 37. INTEGRATED CARE SERVICE - UPDATE

As reported in the Chairs announcements and recorded at the “questions” item previously on the meeting. The Chair invited public questioners to ask their questions as published in the agenda papers.

The following Questions were put by members of the public:

1. From Brenda Worrall

*How does the Place Led Plan reflect the ambition, set out in Building Better Hospitals for the Future, that as much care as possible will be transferred out of hospital and added to the work of agencies and providers in the community?*

2. From Peter Worrall

*With regard to the Integrated Care Systems, what is the legal basis for data sharing and how are you collecting patient consent?*

3. From Jennifer Foxton (read by Sally Ruane in her absence)

*Can Healthwatch Leicester and Leicestershire confirm that it will not be a co-signatory of the final Place Led Plan and will remain independent of it in order to better collect and reflect public views?*

4. From Jean Burbridge

*The Developing Place Led Plan states that there will be wide stakeholder engagement on the initial plan – how is this taking place, who or what organisations are involved and when and how are the public being engaged. Will it involve engagement with the local NHS Citizens’ Panel?*

*Where is the connection between the Integrated Care System priorities (as set out to the Health and Wellbeing Board in July 2021) and the needs of local people? Where is the implementation of the Joint Strategic Needs Assessment and is this up to date?”*

5. From Sally Ruane

*In the Integrated Care system, why do patients get only access to ‘simple’ treatment and preventive or digital services? Why is there no reference to patients accessing the health services which meet their needs?*

*What does “[The] aim is to create an offer to the local population of each place, to ensure that in that place everyone is able to: expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability” mean? (p6 of Developing a Leicester City Place Led Plan, presented at the Health and Wellbeing Board 29 July 2021)*

The Chair commented that the representatives of Healthwatch were not in attendance and concern was raised that previous regular presence at the meetings had reduced in recent months.

The Director of health and NHS partners commented on the themes of the questions and referred to further guidance due. It was suggested that full answers be supplied once that guidance had been confirmed.

In response, Sally Ruane asked a supplementary question, commenting that although reassurances were provided concerning due diligence and planning, the need to avoid a distortion in the use of resources and the need to support local economies should be emphasised. This view was supported.

The LLR CCGs then submitted a paper, which provide an overview of the Integrated Care System considering initial guidance issued by NHS England. The Report submitted included links to relevant documents concerning the development of the Integrated Care System. The focus of the proposals on Leicester were explained, with the emphasis on a 'place strategy' being highlighted.

To support the paper, a presentation was given to explain the key aspects and future focus, setting out the current proposed governance arrangements. It was accepted and noted that future legislative changes were due.

The Director of Public Health provided a verbal update on the expected improvements to services which would be enabled by the revised Integrated Care System proposals. It was noted that a progress report could be submitted to the Commission in due course.

AGREED:

That the paper and presentation be noted and that an update be submitted at the appropriate time.

### **38. COVID19 UPDATE & VACCINATION PROGRESS UPDATE**

The Director of Public Health gave a presentation to update members on the current position in respect of Covid and the vaccination programme.

It was noted that some concern had been raised with the growing numbers of infections, particularly in the over 60s cohort. The low numbers of vaccinations in the school leaving age group had also been recognised and it was considered that had been due to significant misinformation recently voiced, including fears of reduced fertility due to the vaccination programme.

Further comment was raised at the low vaccination rates in the city generally, compared to other local authority areas. It was considered that the data reported could be affected by differing reporting timings and methods.

In conclusion and in respect of regular updates, the Director of Health confirmed that weekly data could be forwarded to Commission members.

AGREED:

That the presentation and update be noted.

**39. WORK PROGRAMME**

The Commission's Work Programme was submitted for information and was noted.

**40. CLOSE OF MEETING**

The meeting closed at 8.35pm.



# **Whole Systems Approach to Healthy Weight**

For consideration by: Health Scrutiny Commission

Date: 14/12/2021

Lead director: Ivan Browne

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## Useful information

- Ward(s) affected: All
- Report author: Amy Hathway / Etain McDermott
- Author contact details: [amy.hathway@leicester.gov.uk](mailto:amy.hathway@leicester.gov.uk) / [etain.mcdermott@leicester.gov.uk](mailto:etain.mcdermott@leicester.gov.uk)
- Report version number: 2

### 1. Summary

Excess weight has multiple causes, and significant implications for individual's health, services and beyond. There is no one solution to tackle such an ingrained and complex problem, and the disproportionate impact on individuals and families living in more deprived areas means that the status quo is no longer acceptable. In Leicester we have a range of services working towards combatting healthy weight, but the simple truth is that it is not enough.

Whole systems working allows us to respond to the complexity of excess weight through a different and dynamic way of working. The approach will enable the Local Authority to lead communities, stakeholders and partners to prioritise and tackle obesity across the life course through collective, empowered and strategic action. The approach allows us to work as a system, identify gaps and reflect honestly on existing provision. Building upon existing strengths a whole systems approach is long term, with shared ownership, collaboration, and the opportunity for innovation at its core.

Excess weight disproportionately affects parts of our communities that are at greater risk through existing inequalities. Mental, emotional, and physical health are negatively impacted on by excess weight, along with the impact they have on services, population productivity and the economy. We must prioritise healthy weight.

### 2. Recommended actions/decision

The health scrutiny commission is asked to:

- Endorse the proposed whole systems approach to healthy weight.
- Engage in the approach, contributing and advocating during stakeholder engagement workshops and wider conversations.

### 3. Detailed report

#### The picture in Leicester

19% of Leicester residents aged 16+ are obese, with a further 31% classed as overweight. You are more likely to have excess weight if you are aged 44-64 years, have low levels of education, poor mental health, limiting long term illness or with a disability. Those with excess weight are more likely to develop a range of conditions including diabetes, cancer, hypertension, and stroke. Leicester has a significantly higher prevalence of diabetes than England.

Leicester experiences high levels of deprivation and health inequalities which have an impact on the health and wellbeing of its residents. Its communities are diverse, and members of these communities are at an increased risk of experiencing a number of life-limiting long-term conditions at a lower Body Mass Index (BMI) including diabetes and cancer.

The prevalence of excess weight in adults is predicted to reach around 70% by 2034. Crude estimates using current obesity rates suggest that by 2030 there will be around 4000 more adults with obesity in Leicester, with the majority (2500) of those being over 65 years old, and by 2040 there will be over 7000 additional adults with obesity. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. Excess weight impacts on the whole life course and therefore impacts on all services, but disproportionately on social care.

The COVID-19 pandemic highlighted the poorer health outcomes faced by individuals with excess weight when contracting the virus. Particularly in the context of Leicester and the extended lockdowns, it has given extra emphasis on the importance of maintaining a healthy weight to reduce the severity of coronavirus and aid recovery.

The scale and complexity of the problem means that Local Government and the NHS alone will be insufficient in solving the problem. It is vital to engage with all aspects of society including communities, private companies, voluntary organisations, and other departments to better understand and develop how we can collectively help the people of Leicester achieve and maintain a healthy weight.

### **Excess weight**

Having excess weight (defined as overweight or obese) is a complex problem influenced by many different factors including excessive food intake and physical inactivity. There are a wide range of biological, psychological, environmental and economic determinants that add to the complexity. The obesogenic environment, influences from family members, changes in lifestyle and the relationship we have with food contribute to excess weight being recognised by many as a global epidemic.

### **Biological influences**

Biological influences can impact unfairly on our ability to maintain a healthy weight. We cannot change where we are born, our age, our ethnicity or if we are born with a disability. Genetics play a role in excess weight, with specific genes increasing the likelihood of weight gain in some individuals. However, genes do not always predict future health.

Hormonal changes during life, and the impact of stress upon our bodies can impact on weight gain. During the life course metabolic rates slow and the experience of excess weight increases as we age due to lifestyle changes.

### **Psychological influences**

Depression, sleep issues, eating disorders, anxiety, substance misuse, mental health treatments, body image and experience of abuse can all contribute to weight gain. Excess

weight can lead to many of these psychological burdens, but psychological illnesses can also cause excess weight.

The relationship between psychological influences and excess weight will be a priority area in the whole systems approach to healthy weight in Leicester.

### **Environmental influences**

The streets we walk down, the transport we use, the marketing we are exposed to, the food outlets we live near, our housing situation, our employment, the air we breathe, the access we have to services and green spaces all impact on the choices that are made by individuals and populations. The presence of inequalities that exist within the environment in Leicester sees disparities in people's ability to access good food, exercise opportunities and services.

### **Economic influences**

For women, excess weight increases with increasing levels of deprivation and there is a significant difference between the prevalence of excess weight in those in the highest and lowest income and socioeconomic groups. In men, excess weight prevalence is affected by qualification and occupation-based measures. Leicester is a young and diverse city with many residents experiencing deprivation and poverty. Over two thirds of the population live in the most deprived 40% of areas nationally. With an evidenced link between deprivation and excess weight, the high experience of deprivation in the city can account for some of the excess weight issues experienced.

### **COVID-19**

COVID-19 has caused the collision of two issues, excess weight and the virus itself. Poorer outcomes upon contracting the virus have occurred in patients with existing health conditions, often attributable to excess weight. The pandemic has impacted on activity levels nationally but has been most acute in disadvantaged groups and areas of high deprivation. The most recent Sport England Active Lives survey (covering May 2020-May 2021) shows that compared to 12 months earlier there were 700,000 fewer active adults, and 1 million more inactive adults in this timeframe.

It is acknowledged that the COVID-19 pandemic has negatively impacted on some behaviours and provided a chance for inequalities to widen, and we are not yet fully aware of the extent of the impact. The 2020/21 National Childhood Measurement Programme (measuring children in Reception and Year 6 using BMI) shows that obesity prevalence in Reception has increased from 9.9% in 2019/20 to 14.4% in 2020/21, and in year 6 has increased from 21.0% in 2019/20 to 25.5% in 2020/21. Although taken from a smaller sample due to the pandemic, the figures highlight an increase childhood obesity that may be reflected in obesity levels across the population.

Having said this, the COVID-19 pandemic has provided a shared experience to move forwards from and provided the opportunity for some individuals to focus on their health and wellbeing in ways they have been unable to before.

## **Whole Systems Approach to Healthy Weight**

Whole systems approach allows us to respond to the complexity through taking a different and dynamic way of working. We can bring together stakeholders and communities and create a shared vision where everyone has a defined part to play. The approach allows us to work as a system, identify gaps and reflect honestly on existing provision. Building upon existing strengths a whole systems approach is long term, with shared ownership, collaboration, and the opportunity for innovation at its core.

Excess weight has multiple causes, and significant implications for individual's health, services and beyond. There is no one solution to tackle such an ingrained and complex problem, and the disproportionate impact on individuals and families living in more deprived areas means that the status quo is no longer acceptable. In Leicester we have a range of services working towards combatting healthy weight, but the simple truth is that it is not enough.

A whole systems approach will enable the Local Authority to lead communities, stakeholders and partners to prioritise and tackle obesity through collective, empowered and strategic action.

As outlined in the Public Health England (PHE) 'Whole Systems Approach to Obesity: A guide to support local approaches' guidance there are 6 key phases to support the implementation of the approach. These phases are outlined in Appendix 1 with a summary of key actions to be completed during the timeframe.

## **Benefits of a whole systems approach to healthy weight**

The benefits of a whole systems approach are numerous and are summarised below.

- Reflects the leadership role of Local Authorities and enables reach into local places through an extensive range of stakeholders, including communities.
- The system comes together to work as one which provides the opportunity for networking, streamlining, and exploring opportunities for collaboration beyond the approach.
- Higher levels of body fat are associated with or cause various long-term conditions and create an increased risk of several cancers including liver, kidney, colorectal, gallbladder, breast and pancreatic cancer. A whole systems approach provides opportunity to impact upon cancer management in the NHS.
- Impact upon wider health inequalities and reduce NHS burdens and future demand on services through systems changes that provide benefits at a population and life course level.
- Creates a focus on prevention and health in all policies, resulting in increased longer-term return on investment.
- The preventative lens moves away from a traditional weight management service perspective of treating the issue, to an approach which aims to equip our communities to live healthier for longer and provides referrals to services when required. This reduces the need for commissioning of additional wider weight management services and provides the opportunity for gaps in the local weight management system to be addressed.
- Provides excellent opportunity to engage with key stakeholders and communities to influence positive system, lifestyle, and policy changes.

- Raises the awareness of departments and organisations role in weight and ensures that healthy weight is a priority.
- Helps to align priorities across the system and aid understanding of the benefits of health in all policies.
- Ensures that responsibility for systems change is shared across a variety of stakeholders, making it a system responsibility to make healthy choices easier.
- The long-term nature of the approach ensures that it remains on the agenda of a variety of departments.
- Existing assets within the community can be maximised and utilised more effectively to benefit the community.
- It provides a community centred way of tackling health inequalities. Involving local communities, particularly disadvantaged groups better reflects the local realities and helps to improve health and wellbeing, whilst reducing inequalities.
- Employability, productivity and days lost to sick leave can all be positively impacted upon in long-term whole systems approaches if excess weight decreases.
- Supports the recovery from the COVID-19 pandemic through positive, system wide changes that create an opportunity to move forwards in a healthier way.
- Potential reduction in demand on children and adult social care.

Other potential benefits include benefits to mental health, physical health, reduction in falls, raised awareness of the impact of excess weight, shared ownership in a variety of workforces, increased use of community assets and reduction in inequalities of groups experiencing disproportionate impact of excess weight. The positive impacts on different departments could be vast and spread through Housing, Neighbourhood and Environmental Services, Adult Social Care, Children's Social Care, Public Health, Tourism and Inward Investment and Sports Services.

### **Other areas implementing whole system approaches**

Many areas have already implemented whole systems approaches to obesity. Public Health have met with East Hertfordshire District Council, Hertfordshire County Council, City of Bradford Metropolitan District Council, Halton Borough Council, Blackburn with Darwen Borough Council and Suffolk County Council to discuss how they developed and implemented WSA in their area, share good practice and identify potential barriers and risks in order to effectively shape our proposals. We have met with areas who were successful in receiving Childhood Obesity Trailblazer funding to discuss their projects and priorities in more detail. Each areas approach does vary but the 6 phases outlined by PHE are used as a guide throughout.

Summary of key points from other area conversations below:

- Senior staff engagement from the start is key to ensure that the approach is given resource, time and endorsement from a variety of departments.
- Test and learn pilot approach taken in some areas to trial the way of working on a particular area of the system or with specific group within the population.
- Campaigns have been implemented to support the whole system approach with some focussing on stigma reducing messaging and informing the population of causes and risks associated with excess weight.
- All campaigns have been insight and behavioural science led.

- Community involvement from the beginning is vital to ensure that they are a key stakeholder.
- Actions must be allocated to individual stakeholders in a timely manner to ensure momentum is not lost.
- Understanding department and stakeholder priorities and aligning them to the approach, whilst considering opportunities for quick successes in the system is key to ensure that there are short, medium and long term aims and objectives.

### **Proposed Whole System Approach in Leicester**

Leicester will build upon the collective experience of COVID-19 to bring together key stakeholders to create a system that aims to make the healthy choice the easy choice. Guided by community consultation and driven by the Leicester Together movement, the approach will work to promote collaboration, innovation and systems change in both smaller areas of the system, and wider. We will strive to endorse an approach that promotes our City as a place where everyone has access to the education, tools and services they need to help them reach and maintain a healthy weight. The approach will align with existing strategy and policy, as well as challenge the system to explore opportunities for reflection and improvement.

Many strengths, policies and interventions already exist in Leicester ([see Obesity JSNA for overview of weight management services](#)), and these will be built upon by focussing on what is strong within the system to help make the healthy choice the easy choice for everyone. Previous work on weight has supported our understanding of what is important to support someone to change their behaviour and reach or maintain a healthier weight. Many services exist to support those who wish to reach a healthy weight, but gaps in the system still exist. Initial conversations with partners suggest actions that can be taken forward in the short term to try and address some of these gaps.

The previously mentioned complexity of excess weight means that the city's food growing offer, mental health services, sexual health services, housing teams, planning, community centres, neighbourhood centres, outdoor gyms, fast food outlets, disability services, social care, weight management services, libraries amongst others all have a role to play within the approach.

The whole systems approach to healthy weight in Leicester will consider the existing priorities and policies. It will be underpinned and supported by the Leicester Food Plan, Joint Health and Wellbeing Strategy, Active Leicester Strategy, Integrated Care System Priorities, Children Young People and Families Healthy Weight Strategy and the NHS Long Term Plan.

Diversity, literacy levels, deprivation, existing inequalities and barriers out of individuals control such as access to good food, services and open spaces will be considered throughout the approach in Leicester. Understanding of information, terminology used, barriers and enablers for weight will all be explored. Various cultures perceive weight and define health in different ways. To ensure that the approach is tailored to Leicester and understands our communities, Public Health will prioritise consultation and engagement.

## **Community engagement**

The community engagement process for the whole systems approach to healthy weight will build upon existing insight and relationships. We will utilise the Asset Based Community Development (ABCD) approach to focus on skills, experience, talent and enthusiasm of local individuals and communities to help us build a healthier Leicester, by recognising, celebrating and harnessing the community assets that are already there. The community will be represented throughout the approach and will be consulted with on specific elements. It is proposed that the below steps will be taken initially to ensure that the community is considered throughout the approach:

- Existing insight and relationships collated.
- Existing networks utilised to inform of approach and ask for input (faith groups, community groups, community wellbeing champions, community connectors, care leavers, youth council).
- Focused consultation with diverse communities, mental health and learning disabilities will take place through existing forums (such as Learning Disability Partnership Board).
- Invitation to stakeholder workshops sent to a variety of community representatives and leaders.
- Wider public consultation carried out on behaviours, strengths of system and potential gaps.
- Wider public consultation carried out on campaign.
- Public facing group set up for open conversation regarding the approach. Themes from these meetings to feed into system network and core working group.
- System network group inclusive of any who want to attend from wider communities and provides opportunities for the sharing of best practice and challenges to overcome.

## **Senior leadership engagement**

Based on insight from other areas implementing whole systems approaches, senior leadership endorsement has been identified as the item of highest priority. This forms a key component of the approach with support, buy in and understanding from senior leaders required to allow release of staff and input into the work where appropriate. It is proposed a tailored letter/email to each Director of internal departments, Health and Wellbeing Board members and Executive Officers outlining the approach will be drafted and sent.

## **Outline of approach**

The approach will align with the 6 phases of the 'Whole Systems Approach to Obesity: A guide to support local approaches' PHE guidance but will consider the specific needs of Leicester. Community engagement, stakeholder conversation and empowerment, and challenging the narrative around weight will be a golden thread throughout the approach. There will be a mixture of yet to be defined short term and medium term aims, with an overarching vision for the approach. The approach will combine enabling individual behaviour change by identifying gaps in the existing system, with the wider system level changes to impact on population health.



The key elements and proposed timescales of Leicester's whole systems approach to healthy weight are outlined below.

#### **Leicester Phase 1 – Set up (September 2021-March 2022)**

- Core working team established.
- Public Health team engagement.
- Health Needs Assessment carried out.
- Other WSA areas conversed with and learnt from.
- Campaign planning to support approach commences.
- Induction meetings had with priority departments and areas (Transport, Active Travel, Leicestershire Nutrition and Dietetics Service, Leicestershire Partnership Trust, CCG, Environmental Health, Neighbourhood Services, Housing, Planning, diet related, Sports Services, Adult and Childrens Social Care, Primary Care Networks and representatives of any additional key stakeholders).
- Divisional Management Team and Lead Member Briefing attended.
- Personalised email/letter sent to all Leicester City Council Directors, Chief Executive officers and members of the Health and Wellbeing Board outlining approach proposed and how it is beneficial to their workstream. Include detail of workshops in all letters and ask for release of staff to attend.
- Project planning documentation and resource defined.
- Workshop dates are set.

#### **Leicester Phase 2 – Building the local picture (April 2022)**

- Map local policy, partners, assets, and interventions that exist.
- Development and implementation of stakeholder engagement workshop.
- Understand community interest and capacity (formal community consultation commences).

#### **Leicester Phase 3 – Stakeholders come together (June 2022)**

- Workshop 1 is hosted with the intention of bringing stakeholders together, starting to map the system more comprehensively and to enable the core working team to develop a shared vision after the workshop is complete.

#### **Leicester Phase 4 – Action (July 2022-December 2022)**

- Workshop 2 is hosted 4 weeks after workshop 1. The draft vision is presented at the workshop, and further system mapping carried out in workshop. The draft whole systems action plan and priority areas are identified during this workshop.
- Launch communication and marketing campaign at workshop 2.
- After the workshop a final shared vision is created, actions are allocated and the shared action plan, system maps and vision are shared with all stakeholders for their comment.
- Public facing vision and action plan are created and published.

#### **Leicester Phase 5 – Managing the network (August 2022-ongoing)**

- System network members are defined, and the first meeting held shortly after workshop 2.
- Format of meetings (likely a larger network and smaller task and finish group) established and relevant parties invited.
- Ongoing review of action plan and progress.

### **Leicester Phase 6 – Reflecting and refreshing**

- Progress monitored, new partners or stakeholders identified and identify any areas for strengthening.
- System is continually monitored for progress on the approach, and any changes that require system adaptation.

### **Changing and challenging the narrative through a communication and marketing approach**

A campaign will be developed as the brand behind the whole systems approach work. The aim is for the campaign to be a recognisable brand in the city and bring together information on various topics into one place.

Narratives around excess weight often attribute blame to individuals and highlight a lack of awareness of understanding for the many factors that impact health and wellbeing. Alongside implementing a whole systems approach to healthy weight, Leicester Public Health will work collaboratively with the Communication and Marketing team or an externally commissioned social marketing firm to create an insight led campaign to:

- Raise profile and awareness of key healthy living messages relating to behaviours and influences impacting on physical activity, weight and the wider determinants of health.
- Raise awareness of the negative consequences of weight stigma.
- Challenge preconceptions around weight.
- Ensure people are well informed on causes of excess weight.
- Promote a narrative that ensures people are aware of risks of excess weight.
- Provide opportunity to explain and explore myths associated with excess weight.
- Share personal stories of Leicester residents where appropriate.

The campaign will be launched during the second stakeholder workshop as an opportunity for promotion, endorsement, and celebration by those present.

It is proposed that this campaign builds upon the Live Well Leicester brand, raising awareness of the existing service and omitting the need to introduce a new brand to the City. Timelines and key messaging for the campaign will be discussed with the Live Well Lifestyle Service to ensure that any increase in referrals is prepared for. Other whole system approach areas have implemented campaigns to run alongside their work and have used them as a platform to engage stakeholders and the communities in their approach by having a recognisable and trustworthy brand (see other area campaign information below).

Bradford Council: [mylivingwell.co.uk](http://mylivingwell.co.uk)

### **Monitoring and evaluation**

Evaluation will be built into the whole systems approach to healthy weight from commencement. To effectively evaluate the approach a series of short, medium, and long-term objectives will be defined after the stakeholder engagement workshops in Spring 2022. These will be outcome focussed and be collective to monitor the wider system

impact of the approach, along with the use of national data sets to monitor the levels of excess weight over time.

An evaluation partnership with a local University will be explored to facilitate effective evaluation of the programme. De Montfort University Local are carrying out a healthy weight project to align with the proposed whole systems approach to healthy weight which will be explored for its capacity to support and assist in the creation of an effective evaluation. Other areas that have implemented whole systems approaches have carried out such partnerships successfully and will be conversed with further to assist in these conversations with the Universities.

### **Project governance**

The proposed project governance will consist of the below pathway.

- Oversight and high-level governance provided by Health and Wellbeing Board.
- Whole Systems Approach Board initiated consisting of Public Health Consultant and officers working on approach.
- Healthy Weight Alliance and Stakeholder Group to ensure momentum and communication upheld.
- Public facing group to facilitate ongoing community engagement and accountability.
- Core Working Group carry out day to day duties.

Attendance to the Chief Executive and City Mayors Briefings will be appropriate during the senior leadership engagement of the approach. It is not anticipated that this will form part of the ongoing project governance, but other appropriate boards, steering groups and partnership meetings will be attended to ensure that the systems values of stakeholder engagement and transparency of the approach are upheld.

### **Budget**

The project is supported by a £40,000 recurrent budget. These funds will be allocated during the action planning stages. It is anticipated that the budget will be split between communication and marketing, community engagement and stakeholder engagement.

It is acknowledged that resources and support from other departments will form part of the approach and cannot be accounted for at this time.

## **Appendix 1: Overview of the 6 phases of the whole systems approach to healthy weight**

### **Phase 1: set-up**

This phase aims to secure senior level support and establish necessary governance and resource structure to implement approach.

- Health Needs Assessment
- Project Initiation Document
- Community consultation
- Healthy weight social marketing campaign planning
- Induction meetings and initial conversations hosted with key stakeholders
- Engagement with senior leaders to gain support
- Core working team set up
- Resource for project established
- Accountability and governance pathways established

### **Phase 2: Building the Local Picture**

Phase 2 builds a compelling narrative explaining the importance of a whole systems approach locally and aims to create shared understanding of how to address excess weight at a local level.

- Collate key information on obesity locally
- Understand local assets including community interests and capacity
- Establish a comprehensive overview of current actions and identify the departments, local organisations and individuals currently engaged in supporting work around obesity.

### **Phase 3: Mapping the local system**

Bring stakeholders together to create a comprehensive map of local system that is understood to cause obesity.

- Workshop 1 is hosted, and activities carried out help empower individuals to understand their, and their organisations role, in a whole systems approach
- Core working team develop a shared vision after the workshop
- Core working team formulate system maps after the workshop and draft priorities to be discussed in workshop 2
- Gaps in provision that we can impact on quickly are identified and action taken

### **Phase 4: Action**

Stakeholders come together to identify priority interventions in the local system and propose collaborative and aligned actions

- Workshop 2 takes place where draft vision and system maps are shared.
- New healthy weight campaign is launched.

### **Phase 5: Managing the System Network**

Momentum is maintained in phase 5 by developing a stakeholder network and an agreed action plan.

- Draft action plan is shared with wider stakeholders

- Actions are accountable to individuals within organisations
- First system meeting takes place
- Which new stakeholders should be engaged are determined.

### **Phase 6: Reflect and refresh**

Stakeholders critically reflect on the process and consider opportunities for strengthening the process.

- Actions are monitored and evaluated
- Momentum maintained through regular meetings
- Areas for strengthening identified
- Process monitored and adapted to reflect changes in system over time

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

### 4.1 Financial implications

### 4.2 Legal implications

There are no direct legal implications for the recommendations in this report.

Where the project moves on to stakeholder engagement and working with partners, the legal commercial team should be engaged if there are contractual requirements to consider in the case of engaging stakeholders or partners to deliver services to the public.

Legal and procurement teams should also be engaged if a decision is made to include further services in current service provider contracts, where applicable and there is a change in charges being paid to them.

Shireen Elias  
Qualified Lawyer  
Ext 4479

### 4.3 Equalities implications

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

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Tackling obesity and helping people achieve or maintain a healthier weight is complex.

The city experiences high levels of deprivation and health inequalities which have an impact on the health and wellbeing of its residents. Its communities are diverse, and members of these communities are at an increased risk of experiencing a number of life-limiting long-term conditions. A number of equalities considerations are outlined within the report, including the current health inequalities in communities in the city.

It is accepted that the COVID-19 pandemic has negatively impacted on some behaviours and provided a chance for inequalities to widen.

The whole systems approach should support the authority to think about and act on how we can connect and align, to strengthen action to tackle and prevent obesity. It can facilitate a community centred approach to tackling health inequalities – involving local communities, in particular disadvantaged groups, and can better reflect the local realities, help improve health and wellbeing and reduce health inequalities.

Gaining a better understanding of how to collectively help people achieve and maintain a healthy weight should lead to positive outcomes for people from across all protected characteristics and help to narrow some health inequalities.

As part of consultation and engagement, equality monitoring may be useful to identify whether there are certain issues or barriers which may be more likely to affect certain protected characteristic groups and whether there are differing experiences between different groups. This may also help to ensure that the consultation and engagement is representative of the population or whether there are any gaps which need to be addressed.

Collecting data on local obesity prevalence and trends and understanding the connections between obesity and health inequalities and other local priorities, is essential to ensure robust foundations are in place to strengthen the approach. Understanding the viewpoint of local communities will prove helpful when engaging with them.

Equality Officer, Surinder Singh, Ext 37 4148

#### 4.4 Climate Emergency implications

Following the council's declaration of a climate emergency and ambition to reach carbon neutrality in the city, the council has a vital role to play in addressing carbon emissions relating to the delivery of its services, and those of its partners. Carbon emissions service delivery should be managed through considering opportunities for the use of low carbon travel, efficient use of buildings and facilities and sustainable procurement practices as relevant.

It should also be noted that work which promotes healthy lifestyles can have co-benefits for tackling the climate emergency, for example through encouraging sustainable behaviours such as walking and cycling, local food growing and lower-carbon dietary choices among residents.

Aidan Davis, Sustainability Officer, Ext 37 2284

4.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

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**5. Is this a private report? No**

**6. Is this a “key decision”? No**





## **Agenda Item – Updates on Obesity (including Childhood Obesity)**

### **CEW Obesity Service**

*University Hospitals of Leicester NHS Trust and Nottingham University Hospitals NHS Trust*

14<sup>th</sup> December 2021

### **Context**

This paper provides members of with an overview of the new CEW Obesity Service that has recently been mobilised and work supporting patients across the East Midlands.

### **East Midlands CEW Clinic**

As part of the NHS's commitment in the Long-Term Plan to improving care for children and young people (CYP) with obesity, NHS England have commissioned specialist pilot Complications related to Excess Weight (CEW) clinics across the country to start to develop a systematic approach to gathering evidence and optimising treatment for this cohort. This is a Tier 3 obesity service and will focus on children with severe obesity with associated complications or morbid obesity (>3.5 SDS).

In the East Midlands, the clinic will be based in Leicester and Nottingham with a plan to establish regional spokes soon. The multi-disciplinary team will comprise of consultant paediatric endocrinologists, a specialist nurse, dietitians, physiotherapists, social workers, and clinical support workers. The CEW Clinic programme runs typically for duration of 12 months and will involve 4 monthly MDT clinics and monthly contacts by one of the MDT members. This should be discussed and agreed with the CYP and their family at the time of referral. On successful completion of the CEW Clinic programme, the patient will be discharged back to the referrer or his/her GP as appropriate.

Under the terms of this pilot scheme, and to ensure a high-quality and effective service, places in the clinic will be limited and there will, therefore, be a need to triage referrals and we expect a waiting list to need to be maintained. Referrals will currently only be from secondary care paediatricians (including hospital and community paediatricians) and tertiary care paediatric specialists with a plan to accept referrals from general practitioners later.

### **Referral criteria:**

All Children and Young People aged between their 1<sup>st</sup> and 18<sup>th</sup> birthdays, living in Leicestershire or Nottinghamshire fulfilling the criteria below can be referred to this clinic.

(1) Patients with a body mass index (BMI) greater than or equal to 3.5 standard deviations above the mean for age and sex.

**OR**

2) Patients with a BMI above the 99.6th percentile for age and sex **AND** at least one of:

(a) One or more co-morbidity (hypertension, joint or mobility problems, abnormal glucose metabolism (e.g. HbA1C 40-47 mmol / 5.7-6.5%)\*, idiopathic intracranial hypertension, non-alcoholic fatty liver disease, sleep apnoea requiring active intervention, polycystic ovarian syndrome, dyslipidaemia, significant psychological co-morbidity).

(b) Confirmed genetic cause for obesity (if suspected e.g. due to short stature, dysmorphic features, living with learning disability or a physical disability, please do panel to confirm prior to referral).

(c) Secondary cause of obesity such as pituitary surgery.

(d) On a child protection plan due to their severe obesity.

(e) Patients considering referral for bariatric surgery.

### **Aim to Reduce Inequalities across the Wider Region:**

According to National Child Measurement Programme 2019/20 data, 9.2% of children in Reception and 20.8% of children in year 6 are obese in the East Midlands a prevalence which is significantly higher compared to the average in England and only 3 regions being higher.

Nottingham has been ranked as one of the most deprived local authorities in the country with lowest average income and employment rates of all major UK cities (English Indices of Deprivation 2019). Only 57% of 16-64 year olds are in work. Obese children and adults of Asian ethnic background are much more likely to develop co-morbidities secondary to obesity such as Type 2 Diabetes Mellitus (T2DM) compared to their Caucasian counterparts and at lower BMI centiles. Incidence of T2DM in young people of Asian background is four times higher – a

significant level given that a third of the population in Leicester are Asian or have mixed backgrounds. The East Midlands region also covers a large geographical area which includes areas of rurality.

As a result of these factors our model will aim to address health inequalities in our region by using culturally sensitive family based approaches with a mix of virtual and face-to-face consultations based on clinical needs and linking with existing local support services. The Family Support Worker will help with lifestyle support and access to local services, will liaise with schools/colleges and play a significant role in supporting disadvantaged children and their families.

To further ensure equity of access to the service, we will use interpreters, ensure that structured educational resources are translated to support CYP and their families and provide easy readability options to meet the needs of CYP and their families with autism and learning difficulties. We will establish contacts with BAME link workers to further support engagement with the clinical team.



## Health and Wellbeing Scrutiny Commission

### Work Programme 2021-22

Meeting Date	Topic	Actions arising	Progress
13 <sup>rd</sup> July 2021	<ol style="list-style-type: none"> <li>1. COVID19 Update &amp; Vaccination Progress Update</li> <li>2. Consultation Response to UHL Reconfiguration</li> <li>3. Strategy on how to deal with the effects of Long COVID</li> </ol>	<ol style="list-style-type: none"> <li>1. Standing item as required for this cycle.</li> <li>2. Latest update from CCGs is that a response will be ready by July. Likely that this will be discussed in detail at Joint Health (Committee administration has passed to City)</li> <li>3. Item requested following information on hospital readmissions – Long COVID paper expected from UHL and an ASC perspective of Long COVID in City care homes.</li> </ol>	<ol style="list-style-type: none"> <li>3. Update to be received in 6 months.</li> </ol>
1 <sup>st</sup> September 2021	<ol style="list-style-type: none"> <li>1. Community Pharmacy Service</li> <li>2. Update from Chair of ICS Board</li> <li>3. COVID19 Update &amp; Vaccination Progress Update</li> <li>4. Update on Sexual Health Services / Contraception</li> </ol>	<ol style="list-style-type: none"> <li>1. Verbal update from CCGs on the launch of this service.</li> <li>3. CCGs to investigate the GP lists numbers/shortfall and focus on trends in the city centre area.</li> <li>4. Update report expected on an annual basis, which will also include a service update on the Pre-exposure to HIV (PrEP) service</li> </ol>	<ol style="list-style-type: none"> <li>1. Update requested for Jan 2022 once quarterly data has been collected.</li> </ol>
2 <sup>nd</sup> November 2021	<ol style="list-style-type: none"> <li>1. School Nursing Provision</li> <li>2. Access to GP services and Community Pharmacy Services Update</li> <li>3. ICS Update – Locality Based Plans</li> <li>4. COVID19 Update &amp; Vaccination Progress Update</li> </ol>	<p>Item 1 is a proposed joint item with CYPE</p> <p>Item 2 was deferred from the Sept meeting following engagement conducted by CCGs in May.</p> <p>Item 3 will consider the locality-based provision for the city.</p>	

Meeting Date	Topic	Actions arising	Progress
14 <sup>th</sup> December 2021	1. UHL Financial Adjustment Update 2. COVID19 Update & Vaccination Progress Update 3. Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan 4. Alcohol Strategy Matters Arising: GP lists/CCG exercise	UHL accounts may be considered at this meeting via an initial verbal update depending on when the audit reports are released in December.  Item 3 will bring a greater focus on the link between food and health.  Item 5 is based on the update given at the previous meeting, where it was agreed this would be looked at in further detail.	
Additional Meeting Proposed	1. Mental Health Services <ul style="list-style-type: none"> <li>• Mental Health Services Update</li> <li>• LPT CQC Inspection (late 2021)</li> </ul>	This additional meeting was proposed between Sept-Oct 21 but the report of findings for the Step up to Great Mental Health consultation has been published in early December; the prospective date will be in early 2022.	
25 <sup>th</sup> January 2022	1. UHL Financial Adjustment Update 2. 3-year-old oral health survey 3. Community Pharmacy Service 4. Long COVID Update 5. ICS Update 6. COVID19 Update & Vaccination Progress Update 7. Draft General Fund Revenue Budget & Draft Capital Programme 2022-23	Please note – the UHL financial adjustment update item may need to be placed here due to audit reports being published in December 2021.  Item 2 will have further information with quarterly data included, following September's initial update on the service.  Item 4 will include information on the ICS constitution.	

Meeting Date	Topic	Actions arising	Progress
23 <sup>rd</sup> March 2022	<ol style="list-style-type: none"> <li>1. COVID19 Update &amp; Vaccination Progress Update</li> <li>2. 0-19 Commissioning Update</li> <li>3. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)</li> <li>4. Final Review Report – BLM and NHS Workforce</li> <li>5. Results of the survey on the health, care, and wellbeing plan</li> <li>6. Local Plan</li> </ol>		

### Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - <b>No decisions</b> due to be taken under this heading for the current period (on or after 1 Dec 2021)		
COVID19 Update and Vaccinations Update	Standing item on the agenda. Regular information requested in between meetings to show trends.	All meetings
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	March 2022

Topic	Detail	Proposed Date
Update on Sexual Health Services / Contraception and PrEP (Pre-exposure to HIV) service	Initial sexual health services presentation given in Sept 2021. Commission requested an annual report on both items going forward.	Completed in Sept 2021; tbc Sept 2022
Final Review Report – BLM and Health	First Task Group meeting in March 2021. Second meeting tbc in June 2021.	march 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Early 2022
Mental Health Update (and)	Requested that an update be given in 6 months after the March 2021 update	Dec 2021 or Jan 2022
LPT Improvement Plan Update (or)		
Mental Health Services Update	A single meeting on mental health services Step Up to Great Mental Health – Consultation Findings to be released at the end of Nov 21	Earlier in cycle and possibly through an extra meeting
Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Completed in April 2021, an update requested in the next cycle of meetings, to include a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.	Earlier in the cycle – late 2021
Consultation Response to UHL Reconfiguration; now <b>Updates on Reconfiguration Proposals</b>	Consultation response covered at both HWB and JHOSC in July 2021. Updates expected on; birthing unit, budget changes for the reconfiguration, backlog of repairs, primary urgent care locations.	Covered in July 2021, with progress updates expected at future meetings.
Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)	Mentioned in the January 2021 minutes, following the LLR health inequalities item. Followed up with a LLR Framework and Action Plan Update in April 2021, with a request for a further update in 2022 regarding; implementation, statement of intent and action plan.	Spring 2022
UHL Financial Adjustment - Update	Further information on the Development Programme from Deloitte and involvement in board selection processes – tbc December 2021 for reports.	On or around Dec 2021



Topic	Detail	Proposed Date
Review of contracts for vending machines and other food services at the Council's Leisure Centres	Requested as an item in the January 2021 meeting and discussed as part of April 2021's Obesity Item with agreement that the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.	December 2021 – co-ordinating with Obesity items
COVID Hospital Readmissions – now Long COVID	Was initially a standing item on hospital readmission data, which has now been directed into a wider focus on Long COVID (UHL to lead on this)	Completed in July 2021; update report in 6 months
Integrated Care Services (ICS)	Item based on the recent changes in March 2021	November 2021
Draft Revenue Budget	Standard report to go to all Commissions	January 2022
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPE Scrutiny	November 2021
Community Pharmacy Service	Initial update given in September 2021 with an update on evaluation data requested in three months' time.	November 2021 January 2022
Health and Wellbeing Strategy	Progress update since it was launched in 2019	TBC
Results of the survey on the health, care, and wellbeing plan	<a href="#">Leicester health, care, and wellbeing delivery plan</a> - to improve future health outcomes of the people of Leicester.	March 2022

