

Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: THURSDAY, 11 AUGUST 2022

TIME: 5:30 pm

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

Members of the Commission

Councillor Pantling (Chair)
Councillor O'Donnell (Vice-Chair)

Councillors Aldred, Khan, Pandya, Dr Sangster, and Westley
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:

Sazeda Yasmin (Scrutiny Support Officer)
Tel: 0116 454 0696; Email: sazeda.yasmin@leicester.gov.uk

Jason Tyler (Democratic Support Officer)
Tel: 0116 454 6359; Email: jason.tyler@leicester.gov.uk

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

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes.

However, on occasion, meetings may, for reasons set out in law, need to consider some items in private. Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance. A guide to attending public meetings can be found here on the Decisions, meetings, and minutes page of the Council website. Members of the public can follow a live stream of the meeting on the Council's website at this link: <http://www.leicester.public-i.tv/core/portal/webcasts>

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk or by contacting us using the details below. To hold this meeting in as Covid-safe a way as possible, all attendees are asked to follow current Government guidance and:

- Make use of the hand sanitiser available.
- When moving about the building to follow signs about traffic flows, lift capacities etc.
- If you are displaying Coronavirus symptoms: a high temperature; a new, continuous cough; or a loss or change to your sense of smell or taste, you should NOT attend the meeting, please stay at home and get a PCR test.

Making meetings accessible to all

- Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right-hand side of the door to open the door automatically.
- Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.
- If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc. The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:
 - ✓ to respect the right of others to view and hear debates without interruption
 - ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided
 - ✓ where filming, to only focus on those people actively participating in the meeting
 - ✓ 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 Officer):

Tel: 0116 454 6359

E-mail: Jason.Tyler@leicester.gov.uk

For Press Enquiries - please phone the Communications Unit on 0116 454 4151.

**USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION**

Acronym	Meaning
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

NOTE:

Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance.

Separate guidance on attending the meeting is available for officers. Officers attending the meeting are asked to contact the Democratic Support Officer in advance to confirm their arrangements for attendance.

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

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
(Pages 1 - 4)**

The Minutes of the meeting held on 21 June 2022 are attached and the Commission will be asked to confirm them as a correct record.

4. UPDATE ON PROGRESS ON ACTIONS FROM PREVIOUS MEETINGS

5. CHAIR'S ANNOUNCEMENTS

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.

8. COVID-19, VACCINATION PROGRAMME, AND EMERGING HEALTH ISSUES

There will be a verbal update and a presentation from the Public Health Team on the latest figures for Covid-19 infections and the vaccination programme, along with recent health trends.

9. CQC INSPECTION OF URGENT/EMERGENCY CARE **Appendix B
(Pages 5 - 12)**

The ICB and UHL submit a report, which advises the Commission on the findings of the CQC inspection of the Urgent and Emergency Care System.

10. LEICESTER HEALTH, CARE AND WELLBEING STRATEGY 2022-2027 **Appendix C
(Pages 13 - 74)**

The Director of Public Health submits a report, which advises the Commission of the statutory duty to produce a Health and Wellbeing Strategy jointly between the Clinical Commissioning Group and the Council, with engagement with other partners. The Commission is asked to consider and comment on the Leicester Health, Care and Wellbeing Strategy 2022-2027.

11. SEXUAL HEALTH SERVICES - UPDATE **Appendix D
(Pages 75 - 92)**

The Director of Public Health will give a presentation to update the Commission on sexual health services, contraception, and PREP (pre-exposure to HIV). The presentation slides are attached.

12. 0-19 COMMISSIONING - UPDATE

**Appendix E
(Pages 93 - 98)**

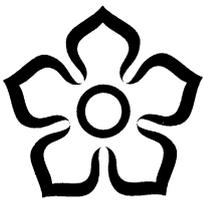
The Director of Public Health submits a report, which outlines the post covid-19 restoration and recovery work and the work undertaken to restore the Healthy Together services, including the recommissioning of the 0-19 Healthy Child Programme. The Commission is asked to consider and comment on the recommendations as set out in paragraph 2 of the report.

13. WORK PROGRAMME

**Appendix F
(Pages 99 - 102)**

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

14. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 21 JUNE 2022 at 5:30 pm

P R E S E N T :

Councillor Pantling (Chair)
Councillor O'Donnell (Vice-Chair)

Councillor Aldred
Councillor Pandya
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

* * * * *

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

3. MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Commission held on 22 March 2022 be confirmed as a correct record.

4. TERMS OF REFERENCE

AGREED:

To note the Terms of Reference for Scrutiny Commissions as set out in the Council's Constitution.

5. MEMBERSHIP OF THE COMMISSION 2022-23

AGREED:

To note the membership of the Commission for 2022/23 as follows:

Councillor Pantling (Chair)
Councillor O'Donnell (Vice Chair)
Councillor Aldred
Councillor Khan
Councillor Pandya
Councillor Sangster
Councillor Westley
(1 unallocated non-group place)

6. MEETING DATES 2022-23

AGREED:

To note meeting dates of the Commission for 202/23 as follows:

21 June 2022
11 August 2022
6 October 2022
1 December 2022
17 January 2023
16 March 2023

7. CHAIR'S ANNOUNCEMENTS

The Chair referred to the issues concerning the Rough Sleepers Drug and Alcohol Treatment Grant, and a report was circulated.

The report was submitted under urgent business which outlined a new programme to support individuals who were rough sleeping or at risk of rough sleeping to engage into drug and alcohol treatment.

It was noted that the programme was delivered collaboratively across Leicester and was supported through a new central government grant the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG).

Councillor Westley commented on his experience as the Chair of the Housing Scrutiny Commission and clarified that the requirement to assist the homeless and people seeking assistance and the need to ensure that funding continued was essential.

The Director of Public Health advised of the complexity of the 'entrenched' behaviours and commented that it was difficult to manage for a long-term solution, given the uncertainty of continued funding which did not allow for strategies being set.

The Assistant City Mayor (Health) updated the Commission on the joint work with Adult Social Care and Housing and referred to the support offered by partner organisations. A close collaboration and debate between Scrutiny Chairs and the sharing of information was encouraged. The current cost of living crisis was also mentioned as a key aspect where there was an expected need to assist the vulnerable.

AGREED:

To support the development of the RSDATG and provide an update to a future meeting in due course.

8. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

9. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations, and statements of case had been submitted in accordance with the Council's procedures.

10. COVID 19 VACCINATION PROGRAMME AND VACCINATION CHAMPIONS UPDATE

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

In terms of the current Covid data, it was reported that although significant work and progress had been made, it was confirmed that the weekly updates being submitted to Commission Members would be continued.

In relation to the vaccination programmes, the issues concerning the take-up of vaccinations and particularly boosters were reiterated, as highlighted in previous discussions.

In conclusion the Director of Public Health expressed his concerns relating to the current situation, which still caused anxiety.

AGREED:

That the update be noted.

11. EMERGING TRENDS AND HEALTH RELATED ISSUES

The Director of Public Health gave a presentation to advise the Commission of the UK Health Security Agency (UKHSA) which had recently replaced Public Health England (PHE).

It was reported that the Agency now led on work concerning infectious disease outbreaks & other chemical/radiation incidents and regional health protection teams (HPT), which now provided specialist support to local authorities, the NHS, and other agencies.

Members expressed concern with the ongoing problems that were reported to them with the difficulties in gaining GP appointments. It was suggested that a special meeting be convened to address that issue as a single item, and that members of the Adult Social Care Scrutiny Commission be invited.

AGREED:

That the update be noted, and consideration be given to a Special Meeting of the Commission to consider the issues concerning access to GP services.

12. WORK PROGRAMME

The Commission's Work Programme was submitted and noted.

13. CLOSE OF MEETING

The meeting closed at 7.45 pm.

Leicester City Health and Wellbeing Scrutiny Commission

CQC Inspection of the Urgent and Emergency Care System

Introduction

1. The CQC undertook system reviews of urgent and emergency care services across England in spring 2022, as services had been and continue to be under sustained pressure. During these visits the CQC carried out a series of coordinated inspections to a range of acute, community, primary and social care services. During these they monitored calls, observed services in action and analysed data to identify how services in a local area work together to ensure patients receive safe, effective, and timely care.
2. The CQC inspected the Leicester Leicestershire and Rutland urgent and emergency care services in April 2022 and the summary of findings report is attached as appendix 1. In summary, the report identified that the provision of urgent and emergency care in Leicester, Leicestershire and Rutland was supported by services, stakeholders, commissioners and the local authority. It recognised that staff are working very hard under difficult circumstances. However, it also noted issues around access, demand, staffing and a high volume of admission avoidance pilot schemes may be exacerbating challenges. More details on these are included later in this report.
3. In addition, the inspection of the Emergency Department (ED) at the Leicester Royal Infirmary resulted in a Warning Notice being served, under Section 29A of the Health and Social Care Act 2008 to the University Hospitals of Leicester NHS Trust (UHL). This specific action was in relation to the care they observed for the regulated activity of 'Treatment of Disease, Disorder or Injury' in Urgent and Emergency Services.

Summary of findings and system response to the report

4. Overall, the inspection did not identify anything that system partners were not already aware of or were not already proactively trying to respond to. Health and care partners across Leicester, Leicestershire and Rutland welcomed the review by the CQC and fully accepted its findings.
5. The report acknowledges the challenges we face and recognises the hard work of health and care staff and those in care homes and other services in response to significantly increased levels of demand faced by urgent and emergency care services. Importantly it emphasises the need for a system response with all organisations involved in urgent and emergency needing to play their part to make the necessary improvements.
6. One area of note was the provision of psychiatric liaison services which were found to be well run and designed to meet people's needs. Staff demonstrated effective partnership working with a person-centred approach and good use of alternative pathways to avoid admission into acute or social care services.

7. Specific feedback included:
 - a. Staff reported that they had seen an increase in people coming to their services for care and/or treatment;
 - b. Some people reported difficulties when trying to see or speak to their GP;
 - c. Poor patient flow across health and social care has increased the significant pressure in the emergency department, resulting in long delays in care and treatment;
 - d. High number of patients remain in hospital who are medically fit for discharge but remained in acute services;
 - e. Long delays in ambulance handovers and the impact this has to services further increased the significant pressure on the emergency department;
 - f. Staff with advance skills didn't always feel empowered, or able to make referrals to alternative pathways;
 - g. Some staff raised concerns about having enough time to maintain their knowledge and skills.
8. The warning notice issued to UHL indicated that significant improvement was required in the emergency department and across the Trust to ensure service users receive safe and timely care. It specifically set out that improvements were needed in the following areas:
 - a. medical in-reach and clarity about specialities responsibilities;
 - b. bed availability;
 - c. triage;
 - d. privacy and dignity;
 - e. staffing levels.
9. Again, whilst undoubtedly disappointed, UHL accepted the warning notice as a fair assessment of a hospital which has been caring for patients with Covid for two years, has very high levels of emergency activity for this time of year, has high waits for elective care and colleagues who are tired.
10. UHL will respond to the CQC directly about some of the points they have raised – particularly in regard to the relationship between safe timely patient discharge from UHL and the Trust's ability to provide timely care to patients in the Clinical Decisions Unit (CDU) at Glenfield and the Emergency Department at the Leicester Royal Infirmary.
11. All partners have an action plan in place which focuses on reducing unnecessary attendances; improving patient flow across the system; and enabling patients to be seen in the right place first time, which we have further strengthened to address the recommendations in the CQC report.
12. Patients rightly expect high standards and quality of care and we, as a system, are fully aware of the need to drive the necessary improvements for patients. Our priority is that local people should be confident that their journey through the services should be as smooth as possible from the moment they access them.

Assurance and actions being taken in response to the report

13. System partners continue to work together to improve the urgent and emergency care pathway, and leaders are driving the change at both executive and operational meetings.

14. In addition, Leicester Leicestershire and Rutland is being supported by national leaders and regional teams who have undertaken visits and continue to provide guidance on the work underway. These visits have acknowledged the challenge the system faces and the steps being taken to address difficult and complex issues, whilst at the same time identifying areas that require further focus to improve the pathway for patients that access them.
15. Some of the multi-agency improvement work underway will:
- a. provide a more consistent care offer of short-term support for people in the community;
 - b. establish criteria-led-discharge to enable more timely discharges from the wards;
 - c. enable more co-ordinated discharge teams, to include, adult social care;
 - d. facilitate adult social care and specialist nurses to support appropriate discharge of people that need a step-down placement.
16. UHL has undertaken additional specific actions in response to the warning notice. These include:
- a. an increase in medical in reach provision to the emergency department
 - b. refresh and relaunch of the UHL Interprofessional standards, with training on e-referrals;
 - c. clarification of medical responsibility for patients accepted by a speciality but awaiting a bed;
 - d. revised triage process with simple streaming to the onsite Minor Injuries and Minor Illnesses (MIaMI) unit.
17. Specific examples of actions being taken across the system include:
- We have opened Urgent Treatment Centres (UTCs) across LLR, some with walk-in access. UTCs are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for. UTCs help ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases.
 - Initiatives to reduce, where medically appropriate, ambulance conveyance to the emergency department. EMAS has a clinical assessment team in the 999-control room consisting of nurses, mental health professionals and paramedics who conduct further clinical assessments of patients over the phone to help identify the best place for them to receive medical help, without requiring an ambulance
 - Maximise the use of community-based alternatives where these are the right place for patients. The Integrated Care Response service is an innovative partnership between health and social care partners which is dramatically reducing the level of unscheduled hospital admissions amongst frail and older people, many of whom have suffered a fall at home. The service offers a 24/7, 365-day solution that responds to patients within two hours of a call from a home or referral by a GP.
 - Expansion of the Pre-transfer Clinical Discussion and assessment scheme (PTCDA): Led by geriatricians and GPs, a discussion takes place between all relevant parties when a care home resident is at risk of hospitalisation to explore safer alternatives and a package of support

- Detailed focus on improvements to discharge processes to ensure all support is in place to support safe and timely discharge for patients. This includes the use of integrated discharge teams which bring together people from different services to plan and manage the discharge of individual patients.
- Same Day Emergency Care (SDEC) is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions are rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Quality and Safety monitoring

18. The impact of poor experience and/or harm to people who access the urgent and emergency care pathway is monitored through clinical incidents, complaints and harm reviews alongside performance data.
19. One of the biggest, most immediate and most visible indicators of an urgent and emergency care system in distress is long delays for ambulance handovers. Partners in the Leicester, Leicestershire and Rutland system continue to work to achieve improved ambulance handover times and stop people waiting on the backs of ambulances with an agreed objective of zero handovers over 30 minutes by 1st September 2022. This is deemed an important step in decreasing unacceptable risks across the pathway.
20. During periods when the system is under greatest pressure the Clinical Executive meet to provide oversight and consideration of the level of clinical risk. In doing so it risk assesses solutions put forward to mitigate patient flow issues and patient harm, and the group considers and takes responsibility for supporting less palatable solutions and positive risk taking when required.
21. A multi-agency Patient Safety Risk Summit is planned for September 2022 will provide clinicians and professionals a chance to look again for the greatest opportunities to improve the services for local people.

Conclusion

22. System partners continue to work together to improve the urgent and emergency care pathway for the people of Leicester Leicestershire and Rutland. The impact of the changes continues to be monitored closely by the System Flow Partnership and Integrated Care Board.
23. The UEC pathway and the system has support and oversight at a local, regional, and national level, and finding solutions remains a key priority. The next steps include
 - Focus on practical actions that will have most impact;
 - The UEC Pathway Patient Safety and Risk Summit in September 2022;
 - Updating and aligning pathway improvement UEC plans;
 - Continue to work with and accept support from NHS England.

A summary of CQC findings on urgent and emergency care services in Leicester, Leicestershire and Rutland.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Leicester, Leicestershire and Rutland below:

Leicester, Leicestershire and Rutland

Provision of urgent and emergency care in Leicester, Leicestershire and Rutland was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute care, mental health services, ambulance services and adult social care. Staff had worked very hard under sustained pressure across health and social care services.

People reported difficulties when trying to see or speak to their GP. Some GP practices had invested in new technology to improve telephone access. Staff working in GP practices signposted patients to extended and out of hours services to prevent people attending emergency department whenever possible.

Staff working in urgent care reported an increase in demand and an increase in acuity of patients presenting to their services. Some staff reported frustrations in relation to urgent care pathways; staff working in advanced clinical practice were not always empowered to make referrals into alternative pathways.

Staff working in urgent care services reported challenges due to the volume of pilots focused on admissions avoidance running across Leicester, Leicestershire and Rutland. Many pilots ran for relatively short periods of time and were often impacted by staffing issues. This made it difficult to maintain oversight of pathways available to avoid acute services. However, some pilots had proved successful and prevented ambulance responses and hospital admissions.

Staff working across urgent and emergency care services raised concerns about their skills set. Some ambulance staff feared the shift from dealing with multiple emergencies to providing longer term care for one patient in a shift, in combination with having less time for training, impacted on their competency. Some staff in urgent care services felt they needed additional training to meet the needs of patients presenting with higher acuity.

Patients seeking advice from NHS111 in Leicester, Leicestershire and Rutland experienced some delays getting through to the service, when compared against national targets. However, at the time of our inspection, performance was better than England averages for key indicators including the percentage of calls answered within 60 seconds, and call abandonment rates. Staffing continued to be a challenge across NHS111, however recruitment was on-going.

Out of hours care had been challenging throughout the pandemic as staff were redeployed to other key services, this had particularly impacted on home visiting services.

The emergency department serving Leicester, Leicestershire and Rutland is within a large, city centre hospital. and poor patient flow across health and social care has further increased the significant pressure on the emergency department. This pressure has resulted in long delays in care and treatment. Long delays in ambulance handovers have, in turn, resulted in a high number of hours lost to the ambulance service whilst their crews wait outside hospital. This causes further delays in responding to 999 calls to patients in the community with serious conditions.

Ambulance crews reported an increase in the volume of patients calling 999 who told them they had been unable to see their GP and crews often signposted patients back into primary care.

We found psychiatric liaison services at the city centre hospital were well run and designed to meet people's needs. Staff demonstrated effective partnership working with a person-centred approach and good use of alternative pathways to avoid admission into acute or social care services.

We found that staff working across specialisms in acute services did not always provide sufficient in-reach into the emergency department to improve patient flow and the care received. This was particularly apparent at night. Beds were not allocated to patients until they had been accepted by specialists, this meant some patients spent additional time waiting in ED. During our inspection, between 45 and 60 beds were needed for new patients waiting in ED. Some patient transfers to other hospitals in Leicester, Leicestershire and Rutland stopped at 8pm, this restricted patient flow out of the city centre hospital.

Some staff reported frustrations with escalation processes across health and social care in Leicester, Leicestershire and Rutland. At times when the city centre hospital and the ambulance service was under significant pressure, staff felt there was a lack of divers available to other sites or services and that system partners were slow to respond. There was a rapid ambulance handover process when services were in escalation; however, staff reported these were not effective.

There was a high number of patients in hospital who were medically fit for discharge but remained in acute services. System stakeholders worked together to consider discharge pathways; however, at the time of our inspections the number of patients awaiting discharge remained very high. Delays were still commonplace and capacity in community and social care services impacted on the ability of staff to safely discharge patients. Communication about discharge and discharge processes were impacting on the quality of transfers of care to social care services.

People living in social care setting experienced long delays, particularly when accessing 111 or 999 services. Although advice was provided, this had resulted in significant waits and poor outcome, especially for people who had fallen and

remained on the floor. Staff working in social care services told us they had limited access to support and advice and relied on GPs, 111 or 999.

System wide collaboration, accountability and risk sharing needs to improve to alleviate pressure on key services in Leicester, Leicestershire and Rutland.



Leicester Health, Care and Wellbeing Strategy

Health and Wellbeing Scrutiny Commission

Date: 11 August 2022

Lead Director: Ivan Browne

Useful information

- Ward(s) affected: all
- Report author: Dr Katherine Packham, Consultant in Public Health
- Author contact details: Katherine.packham@leicester.gov.uk or 0116 454 2052
- Report version number: 1 (final)

1. Summary

The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy jointly between the Clinical Commissioning Group and Leicester City Council, with engagement with other partners. The previous Health and Wellbeing Strategy was published in 2019.

In this paper, the refreshed Leicester Health, Care and Wellbeing Strategy 2022-2027 is presented to Health Scrutiny Commission for comment and approval. This strategy has been developed based on a wide range of engagement exercises with stakeholders, including residents and health and care professionals. The Health, Care and Wellbeing Strategy has a broad focus on improving health and wellbeing in the people of Leicester as well as reducing health and wellbeing inequalities.

The Health and Wellbeing Board approved this strategy at their meeting on 28th April 2022. The strategy was also presented to City Mayor Briefing on 9th June 2022. The strategy (same version presented to Scrutiny) was approved at City Mayor Briefing subject to some minor amendments to the Healthy Ageing priorities. The changes requested were to increase the holistic nature of the wording of the Healthy Ageing priorities. These changes have not yet been made to the strategy, but will be made subsequent to the strategy being presented to Scrutiny commission.

An action and delivery plan to support the delivery and implementation of the strategy is in development.

The strategy will be published on the Council website in due course.

2. Recommended actions/decision

Health and Wellbeing Scrutiny Commission is asked to approve, support and endorse the Leicester Health, Care and Wellbeing Strategy 2022-2027.

3. Scrutiny / stakeholder engagement

Presented to Scrutiny on 11th August 2022.

Stakeholder and public engagement through a range of different engagement activities including an online public engagement exercise for 8 weeks from November 2021 to January 2022 on the priorities in the strategy.

4. Background and options with supporting evidence

The action and delivery plan will be developed over the next few months; this will initially cover 2022-2024. In 2024 there will be a review of progress and an updated action and

delivery plan written. The Health and Wellbeing Board will monitor delivery against the 19 priorities listed in the strategy.

5. Detailed report

See full strategy which follows.

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

6.1 Financial implications

6.1.1 There are no direct financial implications arising from this report.

6.1.2 This partnership strategy between the Council and NHS, provides direction and the vision to reshape services to improve health equity within the existing budgets by prioritising and reallocating resources to match needs required.

6.1.3 Delivery plan is being developed which will identify the main priorities to focus on and will ensure that any re-commissioning of services is done within the existing financial envelope.

Rohit Rughani, Principal Accountant, Ext. 37 4003

6.2 Legal implications

Development (and publication) of a Joint Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act (2012), which is shared by the Local Authority and Clinical Commissioning groups and is overseen by the Health and Wellbeing Board.

Mannah Begum, Principal Solicitor, Commercial Legal, Ext 1423

6.3 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.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Whilst the Leicester Health, Care and Wellbeing strategy is a strategic overarching document setting out a broad focus on improving health and wellbeing in the people of

Leicester as well as reducing health and wellbeing inequalities. The key priorities identified across the five overarching strategy themes will be used to monitor delivery and track progress, and equality considerations should be embedded throughout these. It is recommended that Equality Impact Assessments (EIAs) are carried out as appropriate on identified areas, to ensure any impacts are identified and addressed, and mitigating actions put in place.

The equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/engagement as appropriate.

Sukhi Biring, Equalities Officer, 454 4175

6.4 Climate Emergency implications

There are limited climate emergency implications directly related to the adoption of the strategy itself. However, with regards to future delivery of actions, as service delivery generally contributes to the council's carbon emissions, any potential impacts can be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as appropriate and applicable to the service.

In addition, as referenced in the report, there are various links between the council's health and wellbeing priorities and Leicester City Council's work to tackle the climate emergency and address environmental sustainability. This includes work to promote active travel, encourage healthy eating, limit air pollution, provide access to green space and reduce fuel poverty. As such, opportunities to deliver co-benefits for health & wellbeing and sustainability through future work should be considered wherever possible.

Aidan Davis, Sustainability Officer, Ext 37 2284

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

7. Background information and other papers:

The papers presented to Health and Wellbeing Board on Leicester’s Health, Care and Wellbeing Strategy showing the development process:

ITEM 34: [Agenda for Health and Wellbeing Board on Thursday, 29 July 2021, 9:30 am \(leicester.gov.uk\)](#)

ITEM 42: [Agenda for Health and Wellbeing Board on Thursday, 28 October 2021, 9:30 am \(leicester.gov.uk\)](#)

ITEM 5: [Agenda for Health and Wellbeing Board on Thursday, 28 April 2022, 9:30 am \(leicester.gov.uk\)](#)

8. Summary of appendices:

Appendix 1: Leicester Health and Wellbeing Strategy

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

10. Is this a “key decision”? If so, why?

No



Leicester Health, Care and Wellbeing Strategy

2022-27

Version 9

Foreword

I am pleased to introduce our Joint Health and Wellbeing Strategy for Leicester, which reflects the ambitions and priorities of the city's Health and Wellbeing Board.

Leicester is a vibrant and diverse city in which to live and work, but there are complex health challenges that need addressing. We aim to reduce health inequalities and improve the quality of life and life expectancy of residents, particularly those who are from lower socio-economic groups, and seldom heard communities.

The previous version of this strategy was originally published in late 2019, before any of us had heard of COVID-19. Leicester has been hit particularly hard, being the first place in the country to go into local lockdown in summer 2020 and having relatively high levels of coronavirus infection throughout. The coronavirus pandemic has affected people differently, with those with lower socio-economic status linked to housing and lower-paid jobs or unemployment showing higher rates of coronavirus infection, hospitalisation and deaths than the general population. These differences have been seen in levels of coronavirus infections, numbers of hospitalisations, and deaths as well as other impacts such as the economic effects. School bubbles having to close and children missing schooling has affected all children to an extent, but again children from more deprived areas have missed more school due to higher levels of coronavirus infection in the community and more frequent school bubble closures.

Many people in the city will have been personally affected by the grief of losing loved ones to coronavirus and we offer you our sincere condolences for your losses. We acknowledge that many people's lives will have been changed forever by the pandemic.

This strategy looks beyond the remit of healthcare alone and focusses on improving the health and wellbeing of Leicester's residents over the next five years. We are also looking to reduce the impact of unfair differences in health and wellbeing, known as health inequalities. These were already present in our city, as they are nationally and around the world. However the coronavirus pandemic has made many of these health inequalities more visible, and in some cases will have made these inequalities worse. In this strategy, we will set out our intention to use our local assets such as parks, waterways, leisure centres and museums and theatres to support health and wellbeing and reduce health inequalities. We will also work to make the city environment, including buildings and open spaces, as advantageous to good health and wellbeing as possible.

When the previous strategy was initially developed it was a time of financial pressure which was being felt across all sectors and organisations. We are now faced with the complex nature of a city and country trying to recover from the effects of a pandemic as well as restoring services in the face of continuing financial pressures alongside the rising cost of living for us all.

Delivering this ambitious strategy will depend on a co-ordinated and collaborative approach between all partners, including the local authority, health and social care, local businesses and the voluntary and community sector. This approach may not be without its challenges, but we believe that working together is the best way to have a long-lasting, positive impact on the health of our city's residents as we all work

to move into a recovery phase whilst the pandemic remains a reality. During the pandemic, the people of Leicester demonstrated enormous community spirit to support one other. It is this drive and determination that will contribute to the delivery and success of the strategy.

I would like to thank everyone who has contributed to this strategy, a strategy which represents an important step in improving the health and wellbeing of Leicester's residents. Together, we can continue to make this city a great place to live, work and socialise as we continue the recovery from the coronavirus pandemic.

Councillor Vi Dempster, Assistant City Mayor - Health

1. What is the purpose of this strategy?

The purpose of this strategy is to set out key priorities for the health and wellbeing of the people of Leicester over the next five years.

Our overall purpose and ambition is:

Working together to enable everyone in Leicester to have opportunities for good health and wellbeing

For everyone in Leicester to have the same opportunities for good health and wellbeing, support and services need to be tailored to the needs of the different groups and communities in our city. For example, people with long-term conditions living in more deprived areas need higher levels of support and different services to obtain the same level of control of their long-term conditions as someone living in a less deprived area. To effectively tackle health inequalities and address unequal opportunities for good health and wellbeing, universal services need to be resourced and delivered at a scale and intensity that is proportionate to need and disadvantage. This is called proportionate universalism¹, and we are committed to this principle as the Health and Wellbeing Board.

We also want to tackle the Inverse Care Law. This means that the people who most need health care are least likely to receive it. Unfortunately, this can also apply to other services and support. It is unfair and unjust. We recognise this will require greater collective partnership action to address the wider determinants of health and require targeted action to improve the lives of people in the city currently that are at risk of poor health outcomes. Leicester's Health and Wellbeing Board consists of a range of organisations working in partnership to improve the health and wellbeing of the people of Leicester. The board includes representatives from Leicester City Council (both elected members and officers), the NHS, a representative of the city's sports community, the Police, the universities, and Healthwatch. This strategy sets out the priorities of the Health and Wellbeing Board, and its member organisations, for the next five years, working in conjunction with a whole range of organisations, boards, groups and communities.

Further, this strategy is part of wider work to support of the Leicester, Leicestershire, and Rutland Integrated Care System (ICS) to create an offer to the local population of each place, to ensure that in that place everyone can:

- access clear advice on staying well.
- access a range of preventative services.
- access simple, joined-up care and treatment when they need it.
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care.
- access proactive support to keep as well as possible, where they are vulnerable or at high risk; and to

¹ Fair Society, Healthy Lives. The Marmot Review. 2010. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

- through employment, training, procurement and volunteering activities, anchor institutions such as the NHS and local authorities, play a full part in social and economic development and environmental sustainability.²

2. Background

When the previous strategy was published in 2019, none of us knew that the world was about to change dramatically. The coronavirus (COVID-19) pandemic was to affect our lives in ways that we could not have imagined.

Leicester and its people have been subject to some form of coronavirus related restrictions since March 2020. Leicester was the first place in the country to be placed into a local lockdown in summer 2020 to try and curb coronavirus infection levels in the summer of 2020. The pandemic has affected people unequally, with differences seen in levels of infection, serious illness and death based on people's ethnicity, and living and working conditions. For example, some people with lower paid jobs were unable to work from home and therefore at greater risk of acquiring and dying from the infection. Another example of those disproportionately affected include those living in overcrowded and poor-quality housing. These factors are beyond people's individual control, and the COVID-19 pandemic has further exacerbated the struggles that people face due to them.

The issues identified as important by the people of Leicester in 2019 have not gone away. There will have been differences in people's experiences of life during the coronavirus pandemic. This updated strategy is a 'call to action' to tackle the origins of ill health in our city alongside our recovery from the coronavirus pandemic, by fostering a shared approach to protecting residents' health and wellbeing with local organisations and communities.

We know that improving access to services when people need them is important to the people of Leicester. Evidence shows that simply increasing access to health, care and wellbeing services will not adequately address health needs or improve the wellbeing of Leicester's residents. Improvements in access in services will need to happen alongside a more rounded approach to addressing health challenges. We need to consider the broad factors that determine a person's health and wellbeing, such as people's unique characteristics, their environment, communities and relationships. The image below illustrates how general socio-economic, cultural and environmental factors can interact to determine a person's health and wellbeing.

² <https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf>

Figure 1: The wider determinants of health, Dahlgren and Whitehead



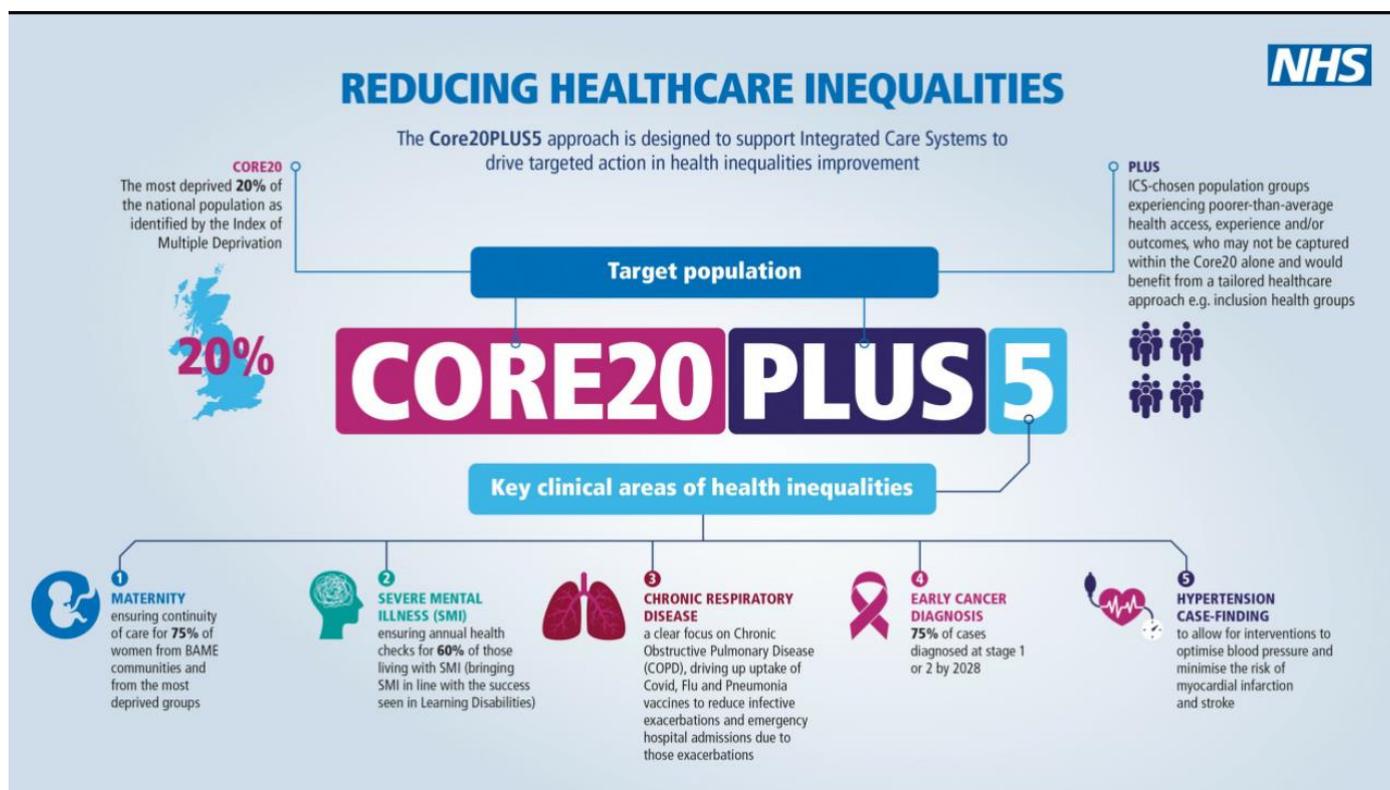
A range of community and faith groups have been integral parts of Leicester’s response to the pandemic, supporting local residents with practical support such as delivering food or medicines, and working to support vaccination pop-up clinics in community venues. By drawing on the existing resources of partners and communities and building on the relationships that have developed over the course of the pandemic, we can work together to provide innovative and wide-ranging solutions to the city’s complex health and wellbeing needs.

Local organisations are working together on these solutions. We have a new Health Inequalities Framework, which sets out the ways that the NHS, local government and community and voluntary sector organisations will work together to reduce unfair and avoidable differences in wellbeing experienced by people in Leicester. We will look to develop a new action plan together with different communities across Leicester to come up with local solutions for issues that affect the physical, emotional and mental wellbeing of our residents.

NHS England also have a national framework for addressing health inequalities. This is called CORE20PLUS5. This approach defines target populations and 5 focus clinical areas. CORE20 is the people living in the 20% most deprived areas; PLUS incorporates groups that experience poorer than average access to services/experience of services and/or outcomes and inclusion groups; 5 includes specific targets within maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension. The

CORE20PLUS5 approach is being used in Leicester and Health and Wellbeing board partners are working on reducing health inequalities in these groups alongside other initiatives.

Figure 2: CORE20PLUS5 www.england.nhs.uk/about/equality/equality-hub/core20plus5/



3. Why do we need a strategy?

There are significant health inequalities between different areas within Leicester, as well as many health and wellbeing outcomes in Leicester being significantly worse than the England average. The city has many areas of deprivation, and the difference in health outcomes between the most and least deprived areas of the city is stark. These differences have also been seen in the levels of coronavirus infection and deaths in different areas, as well as the wider impacts of the coronavirus pandemic.

There is a seven-year difference in life expectancy between men living in the most and least deprived areas of the city. Those living in the most deprived areas of Leicester will live more years in poor health than those in the least deprived. Reducing this inequality within our city can only be achieved by focusing on those in greatest need and working with them to reduce the many different factors that may have a negative influence on their health and wellbeing.

The coronavirus (COVID-19) pandemic has and continues to have a major impact on people. Food poverty increased in 2020. People in lower paid roles or with zero hours contracts were facing greater financial instability. Those whose employers could not fund time off work for self-isolation or those who were not eligible for financial support to isolate may have found themselves having to work regardless to be able to feed their family. Children from disadvantaged families, and children of black and minority ethnicities lost

more learning time due to lockdowns and self-isolation than those from wealthier areas. Carers of all ages will have found themselves under greater strain as a result of lockdowns. The cost of living is rising, with major increases in the cost of energy bills likely to increase the number of people living in fuel poverty over the coming months.

One of the main aims of this strategy is to reduce health inequalities. These are unfair and avoidable differences in health due to a range of factors as set out in the diagram on The Determinants of Health. No matter where we live, our health behaviours are influenced by our wider environment. Behaviours such as smoking, excessive drinking, drug use, poor diet and inactivity are greater in many parts of our city than they should be. This leads to a poorer quality of life, a shorter life expectancy overall and to an increase in rates of heart disease, cancer and respiratory disease, the leading causes of death in the city.

Around 48,500 people in Leicester are living with more than one long term physical or mental health condition. In Leicester, 25% of people living with diabetes have five or more additional health conditions, and 35% of those living with depression have three or more additional health conditions.

There is a clear link between people's mental and physical health. When a person is struggling with poor mental health, their physical health is likely to suffer too, and vice versa. People with poor mental health are more likely to engage with unhealthy behaviours and poor lifestyle choices, contributing to premature death. In Leicester it is estimated that between 34,000 and 38,000 people live with a common mental health problem such as depression or anxiety, and around 3,400 people live with an enduring mental health condition, such as schizophrenia or bi-polar disorder.

Approximately 30,000 people are socially isolated in the city. Social isolation and loneliness have a direct negative impact on mental and physical health and can make existing health problems worse. This impacts on people of all ages, particularly older people, but this is becoming increasingly common amongst younger people aged 16 -24 years.

These key issues affecting the health of people in Leicester are the core themes of this strategy.

4. Themes for action

Our ambitions for Leicester are grouped under five themes, which are shown in the diagram below.



THEME 1: HEALTHY PLACES

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

A healthy Leicester promotes good health and alleviates and prevents health inequalities. It has green and open spaces, leisure facilities, libraries and museums. The air is clean, fit to breathe, there are low levels of unemployment and insecure work, and homes are of a decent standard. There are good choices with easy access to healthy food and opportunities to exercise regularly and travel by bike or on foot. A healthy place offers a sense of community, safety and inclusiveness. Leicester has a number of parks and open spaces; work is going on to regenerate areas of the city and make these more pedestrian friendly; people continue to use our leisure centres, libraries and museums. However, these facilities are not necessarily equally accessible to all communities throughout the city.

Our environment has an impact on our quality of life, our health and our life expectancy. People living in environments with increased air and noise pollution with little to no green space, or who are working in low-paid, insecure occupations with few opportunities for social mobility, are those who generally have poorer health and lower than average life expectancy.

Key issues that we know affect the local environment in Leicester with examples of what we are doing to improve people's opportunities of living a health life

Area	What we know about the City	Examples of work we are doing
Air quality and transport	Half of Leicester's residents are concerned about air quality. Motor vehicles are the greatest contributor to air pollution in the city. With less people driving during the pandemic, the air quality in Leicester improved.	We are promoting the health benefits of sustainable transport, such as cycling and walking, and improving air quality by working with transport sectors to reduce their impact on the environment. We are endeavouring to keep the clean air levels that were reached when fewer vehicles on the road during the pandemic, through supporting work towards our city being carbon neutral.
Health and Care Services	Leicester's people often have to tell their story more than once to different health and care agencies. COVID-19 has impacted access to health and care services and waiting lists for diagnosis and treatment have increased.	We are improving digital access to care and optimising function through new models of integrated care. We are also working in new partnership ways at a Neighbourhood Level to provide a seamless experience when residents are talking to partners
Housing and the built environment	One in five households in Leicester are overcrowded, rising to two in five if they have children. With people spending more time working from home, it is even more important that housing is of good quality. Further, the fuel poverty rate in Leicester is among the highest in England.	We are ensuring all local authority housing meets decent home standards. By maintaining and improving housing in the public and private sectors we are helping to ensure all properties are safe, healthy places to live in.
Mental Health	It is estimated that between 34,000-38,000 people in Leicester live with a common mental health problem such as depression or anxiety. COVID-19 has further exacerbated mental health and wellbeing problems in our population.	We are offering facilities where communities can come together to take part in a wide range of social and cultural activities to benefit their mental and physical wellbeing.

THEME 2: HEALTHY MINDS

Ambition: To promote positive mental health within Leicester across the life course

Good mental health and wellbeing is vital for quality of life and life expectancy. Many people in Leicester experience mental health problems which can contribute to problems loneliness, isolation, and poor physical health. Adverse life experiences such as relationship problems, debt, or bereavement can contribute to poor mental health.

Our mental wellbeing is shaped by childhood experiences. Learning to cope with problems from an early age can prevent mental health problems in later life. It's important to ensure children have emotional support at home and school.

People with poor mental health report the stigma they face from others can exacerbate their problems. In Leicester, we need to tackle mental health stigma and discrimination and work to ensure that mental health is viewed with the same importance as physical health.

Suicide is sometimes linked to poor mental health. It is for us to acknowledge and prevent suicide whenever possible. Deaths by suicide can trigger complex emotions in people who have been bereaved. Offering timely support to those who have been affected is key to our approach. Mental health services in Leicester are widely used. Sometimes people have difficulty accessing timely treatment. Our aim is to ensure wider approaches can be used to support the resilience of people in need.

Key issues affecting mental health in Leicester with examples of what we are doing to improve people's opportunities to live a healthy life:

Area	What we know about the City	Examples of work we are doing
Preventing deaths by suicide	Around 30 people die by suicide in Leicester each year. Suicide can be influenced by a complex mix of adverse life experiences, such as relationship breakdown, bereavement, debt, or unemployment	We are working to prevent death by suicide and supporting people affected by suicide with our Start a Conversation: Suicide is Preventable campaign which focusses on how small actions can save lives.
Mental health of children and young people	One in ten children report having a mental health problem; many more say they feel stressed or overwhelmed. Promoting resilience to the stresses of daily life is key to improving children's mental health, as well as having more honest conversations about mental health and wellbeing, free of stigma.	We are supporting the mental health of children and young people in the city by providing emotional resilience training in Leicester.
Engagement with the local	People experiencing poor mental health are less satisfied with their local area and the green space in the city.	We are encouraging people to use our parks, open spaces, leisure centres and waterways and supporting their mental

environment of residents	This impacts on social isolation and happiness.	wellbeing, by promoting outdoor gyms and encouraging walking and cycling. We are encouraging a wider awareness of mental health by encouraging people to speak out about their experiences of mental health problems.
---------------------------------	---	--

THEME 3: HEALTHY START

Ambition: To give Leicester’s children the best start for life

Having the healthiest possible start in life increases the prospects of positive mental and physical health in the future. There are many factors that influence the health and wellbeing of our children and young people, from the health and lifestyle choices of mothers during pregnancy, the environment in which a child grows up and the education that child receives.

For the best start for life for Leicester’s children, we need to support the mother to breastfeed, ensuring the child is immunised, and supporting the child to develop good communication skills and healthy behaviours such as practising good oral hygiene and exercising regularly. Activities that instil confidence and resilience in children are the key to supporting positive mental health. We also recognise the possible impact of emerging issues such as new technologies, including social media, on the mental health and wellbeing of children and young people.

Key issues affecting children and young people in Leicester with examples of what we are doing to improve people’s opportunities to living a healthy life:

Area	What we know about the City	Examples of work we are doing
Early years health	Infant mortality in Leicester is higher than the national average. Risk factors include poor maternal/family lifestyle choices, including smoking in pregnancy and in the house with babies and children, not breastfeeding and not immunising infants.	We are reducing the risk factors of infant mortality in the city by providing new mothers and families with information and support.
Mental health	One in ten children between five and 15 years suffers from poor mental health. This rate has increased through the COVID-19 pandemic. One in four children has a parent at risk of developing a common mental health problem.	Supporting families to improve early communication and use of home language. We are enabling professionals across the wider workforce and the community to promote good communication skills from 0-25.

Healthy eating and exercise	Childhood obesity in Leicester is higher than it is nationally, due to a number of different reasons.	We are encouraging more school-age children to be physically active by encouraging each school in Leicester to take part in the Daily Mile initiative.
Communication	Many children across Leicester have poor communication skills compared to other areas of the country.	We are working with education settings and workplaces to raise awareness and encourage early identification and support for mental health. This approach will support children to remain included within their education setting. Programmes from universal to specialist actively engage children and young people and those who work with them.
Oral health	Leicester has one of the worst rates of children's oral health in the country. This is particularly the case amongst under fives.	We are supporting children and families to develop good oral hygiene from an early age by signing up nurseries and other early year settings to the Healthy Teeth, Happy Smiles programme.

THEME 4: HEALTHY LIVES

Ambition: To encourage people to make sustainable and healthy lifestyle choices

A healthy lifestyle reduces the risk factors linked to developing long term mental and physical health conditions. People with chronic health conditions can manage these risks and prevent their health from becoming worse by making healthy choices.

Some people experience unfair and unjust differences in health and wellbeing due to factors such as ethnicity, poverty, employment. People with a learning disability experience worse health than people without learning disabilities. People with mental health problems also tend to experience worse physical health. Many of these differences in health are avoidable, or things can be done to reduce the impact of these differences; this is something that we wish to work on together for the people of Leicester.

Lifestyle choices such as smoking, excess drinking of alcohol, poor diet and a lack of exercise contribute to around 40% of premature deaths in the city. Poor health choices made in adulthood may also have a negative impact on health in later life.

Environmental factors such as secure employment, a sense of purpose and having meaningful social connections also contribute towards positive health.

Having access to cultural activities, such as museums and theatre and opportunities for learning outside of work, helps overall health and wellbeing throughout our lives, as does feeling part of the local community by having strong relationships with friends, family and faith groups.

Key issues affecting people in Leicester with examples of what we are doing to improve people's opportunities to live a healthy life:

Area	What we know about the City	Examples of work we are doing
Long-term conditions	Rates of diabetes are significantly higher in Leicester compared to England, with an estimated 31,000 adults living with diabetes in the city. The number of people living with more than one chronic condition is increasing.	<p>We are encouraging more people to take up or increase their levels of physical activity through initiatives like Active Leicester and we are supporting people to walk and cycle more. We are encouraging people to eat more healthily through the delivery of the Food Plan and are supporting people to reduce smoking and alcohol consumption.</p> <p>We are raising awareness of the condition and the importance of early diagnosis, and improving care and timely access to diagnosis, by working as part of Cities Changing Diabetes.</p>
Lifestyle choices	Half of adults in Leicester are overweight or obese. One in ten adults drinks alcohol above the recommended weekly units. One in five adults in Leicester eats the recommended five fruit and vegetables a day and two in five do less than the recommended 150 minutes of exercise a week. Our most vulnerable groups, such as those living in the most deprived areas, are at risk of making poor lifestyle choices.	
Mental and physical health	There is a clear link between mental and physical health. People with poor mental health may neglect their physical health and people who are physically unwell may develop poor mental health.	

THEME 5: HEALTHY AGEING

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

In modern society ‘age’ can be less about years lived and more to do with subjective health and wellbeing - how we feel inside. With people living longer, supporting people in retirement is even more important. Protecting our residents’ continued health and wellbeing into older age requires them to have a continued sense of purpose. This may be through sharing their expertise, trying something new or giving back to society. Older residents at risk of poverty and those who are frail may need more practical support with healthcare and housing. Part of healthy ageing is about dying well. We will work to ensure people have a personalised, comfortable, and supported end of life with personalised support for carers and families.

Healthy ageing is also about equality. As we age, discrimination can increase. Many older people in Leicester also suffer multiple discrimination, for example being both older and a woman, or older and a person from a minority group.

About 40% of people aged over 65 have a limiting long-term health condition and have a higher risk of developing sensory impairments such as loss of vision. There needs to be early diagnosis of, and effective support for, people with dementia. Older people need appropriate, timely access to the support they need to stay independent for as long as possible.

Supporting older people to manage their wellbeing can involve promoting good lifestyle choices such as a healthy diet, fluid intake exercise, oral health, flu (and other) vaccinations and regular NHS, or other, health checks. Maintaining good mental health in older age is also of key importance, particularly in helping people to cope with social isolation and loneliness.

Key Issues affecting older people in Leicester with examples of what we are doing to improve people’s opportunities to experience healthy ageing:

Area	What we know about the City	Examples of work we are doing
Lifestyle factors	The onset or progress of some health-related conditions can be influenced by lifestyle factors, with those aged 65+ being less likely to undertake the recommended amount of exercise, and more likely to be overweight or obese, and drink above recommendations.	<p>We are creating ‘dementia friendly’ public spaces throughout the city by working with public, private and voluntary sector age-friendly partners</p> <p>We are encouraging people to make positive changes that will improve their mental and physical health by working with partners to signpost and refer people to relevant lifestyle services.</p>

Environmental factors	For some older people living in Leicester it is more difficult to travel independently and/ or access facilities. They are more likely to experience social isolation and loneliness, and may find online communication more difficult.	We are encouraging older people to practice self-care and independence and improve their own wellbeing by working with partners to implement a model of support.
Mental health	An increasing number of people aged 65+ feel socially isolated and lonely. However, those aged 65+ generally report a higher state of mental wellbeing than people under 65.	We are working to reduce social isolation and loneliness through a range of programmes and services in the city.

5. What are the key priorities?

We have identified a number of key priorities across the five overarching themes that we are and will continue to progress through an even more collaborative approach between health organisations, the local authority, voluntary and community sector organisations and with local communities:

Theme	Proposed Priority
A. HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work	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.
B. HEALTHY START Giving Leicester’s children the best start in life.	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.
C. HEALTHY LIVES	9. We will take action to reduce levels of unhealthy weight across all ages.

Encouraging people to make sustainable and healthy lifestyle choices	
	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.
D. HEALTHY MINDS Promoting positive mental health within Leicester across the life course	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.
E. HEALTHY AGEING Enabling Leicester's residents to age comfortably & confidently	17. We will enable Leicester's residents to age comfortably and confidently through a through a person-centred programme of frailty prevention.
	18. We will promote independent living for frail older people.
	19. We will reduce the number of falls for people aged 65+ in Leicester.

6. What will this mean for a resident of Leicester?

Progressing these key priorities should mean the following for a resident of Leicester:

I can access support and services when I need to, services will work together, and me and my family's needs will be the at the centre of the support that I receive.
I will live in a city with better air quality and a built environment that supports my health and wellbeing.
I will have more information of how to look after myself and my family's health.
I will have better and different ways (e.g. online) ways of accessing primary & community health services.

If I have children, I will get information, advice, and support to help them grow and develop.
I will get information, advice, and support on the importance of maintaining a healthy weight for myself and my family.
I will have better understanding of the early signs of health & lung diseases and cancers through more information advice and support.
If I have a long-term condition or illness, I will be supported to live as independently as possible.
If I am an unpaid carer I will get information, advice and support to help me manage this work.
If I am older person, I will get information advice and support to age comfortably and confidently as possible.
If I live in an area of the city or neighbourhood with poorer health outcomes, I will get targeted information, advice and support to improve my health & wellbeing.

7. How will work on these priorities be progressed?

The Health and Wellbeing Board recognises that we cannot focus the same level of resource and effort across all priorities simultaneously. For this reason we have therefore adopted a ‘Do, Sponsor, Watch’ approach as summarised below.

Approach	Supporting expectations	Number of priorities within each theme
DO	<ul style="list-style-type: none"> ▪ Agreed by the Health and Wellbeing Board as the most important priorities to progress in initial years. ▪ Underpinned by detailed reference to plans & supporting metrics within an Action Plan. ▪ A member of the HWB will act as champion for each DO priority. ▪ Quarterly progress reporting to the Health and Wellbeing Board. 	1-2
SPONSOR	<ul style="list-style-type: none"> ▪ Plans & supporting metrics outlined within an Action Plan. ▪ Any risk to progress escalated through reporting to Place based groups. 	1-2

WATCH	<ul style="list-style-type: none"> ▪ Plans outlined within an Action Plan 22/24. ▪ Any risk to progress escalated through reporting to Place based groups. 	1-2
--------------	--	-----

The benefit of this approach is it gives focus on a small number of ‘Do’ priorities in initial years, whilst ensuring some level of focus on all priorities identified. The Health and Wellbeing Board can also review where each priority goes within the framework and regular intervals.

We also expect work on all priorities to be progressed using the guiding principles:

- Health and wellbeing equity in all we do, with support and services being provided and available at a scale and intensity that is proportionate to need.
- Using co-design and co-production of services and support with the people using the services, as well as using feedback we have already received from the people of Leicester on what is important to them on health and care services being delivered.
- Takes a strengths-based approach building on existing community and voluntary sector resources/ services in place.
- Look at new ways of building our local health and social care workforce.
- Are supported by clear measures of progress.

8. Engagement

A variety of partnership groups and boards, community organisations and groups, and other sources have informed our ambitions for Leicester’s Joint Health and Wellbeing Strategy. Initial engagement, consultation and research for the strategy took place in 2019 when the previous version of the strategy was published. We have also incorporated what people have told us about their health and wellbeing in other engagement and consultation exercises such as: Building Better Hospitals, Step Up to Great Mental Health, primary care engagement and a range of COVID-19 pandemic and vaccination engagement and insights work.

More recently and to compliment what people have told us already, the strategy has also been the focus of an engagement process to ensure that our existing strategy and new priorities are aligned and continue to reflect views of the people of Leicester. The priorities were considered in a series of engagement events and opportunities in 2021 to 2022 including a public engagement event which collected views online from November 2021 to January 2022.

9. What are the next steps?

A series of action plans will support the strategy from 2022 to 2027. The initial action plan will run from 2022 to 2024, and will consider practical steps to convert the priorities into actions that can be implemented to achieve improvement and will include taking further some of the work that we have already started. Progress on these actions will be driven by and reported to a range of partnership groups as well as the Health and Wellbeing Board.

10. Acknowledgements

The Health and Wellbeing Board would like to thank the Leicester Place-led Plan core working group and all those who have worked in partnership to produce this strategy.



Leicester Health and Wellbeing Scrutiny Commission

11th August 2022

Update on the development of the
Leicester Health, Care and Wellbeing Strategy
2022-2027 / Place Led Plan

“Place”: an important building block for health and care integration

The stated ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

- access clear advice on **staying well**;
- access a range of **preventative services**;
- access **simple, joined-up care and treatment** when they need it;
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
- access proactive support to keep as well as possible, where they are **vulnerable or at high risk**; and 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**.

(Integrating care: Next steps to building strong and effective integrated care systems across England report Nov. 2020)

<https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>

****Not sure slide needed****

Local context

- The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy jointly between the Clinical Commissioning Group and Leicester City Council
- Existing Joint Health and Wellbeing Strategy (2019 – 2024)
- Pandemic and Health Inequalities
- Health and Wellbeing Board July 2021 – Agreement to undertake a refresh of Strategy and development delivery plan to mobilise action
- Leicester Health, Care and Wellbeing Strategy 2022-27
- Working group

43

H E A L T H Y L E I C E S T E R

THE
Joint Health and
Wellbeing Strategy
2019 - 2024



Summary of proposed priorities:

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

ENGAGEMENT FEEDBACK - HEADLINES

Engagement approach

Online engagement ran from 8th November 2021 to 9th January 2022 (8 weeks).

It was supported by:

- An Easy read version
- Social media campaign
- Radio Promotion
- Promotion of link and feedback from a wide range of stakeholder groups meetings

**KEY
QUESTIONS
WE
REQUESTED
FEEDBACK
ON:**

Question 1:

Do you think we have got these high-level priorities about right?

Question 2:

Of these priorities which five do you think are the most important to progress in the next couple of years?

Question 3:

Are there any important issues that we have missed, which from your experience you think need addressing?



Engagement feedback headlines (1)

Response numbers:

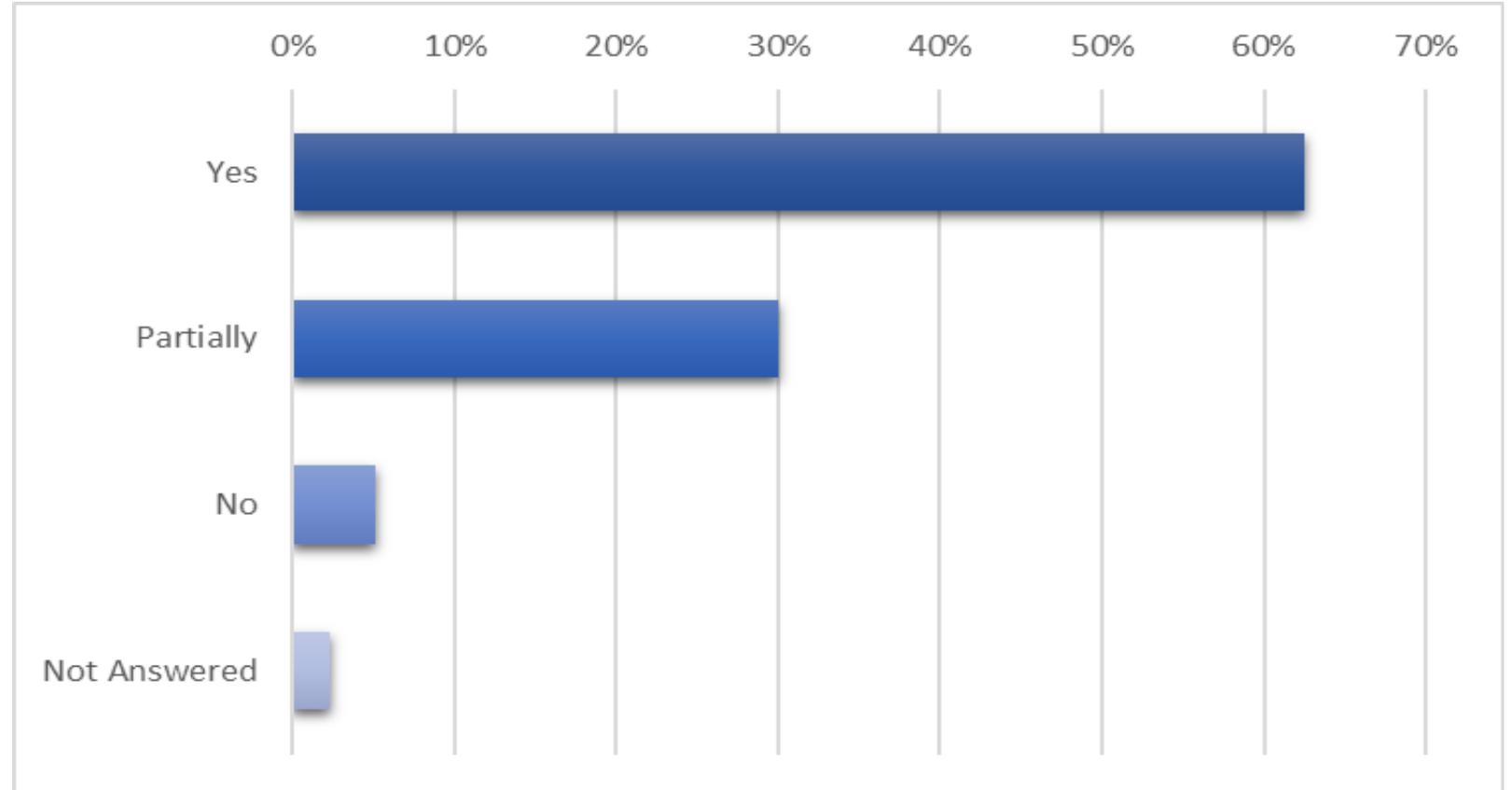
- 213 responses received following wide promotion of engagement.
- 66% responses from members of public or representatives of community organisations

Demographics:

- 84% of respondents lived in Leicester City
- 60% of respondents were female
- Majority of respondents aged 55 plus.
- 65% of respondents White British/European, 29% from BAME communities and 6% preferred not say/not answered.
- 23% of respondents declared a disability.

Q1 Do you think we have got these high-level priorities about right?

There were 208 responses to this part of the question.



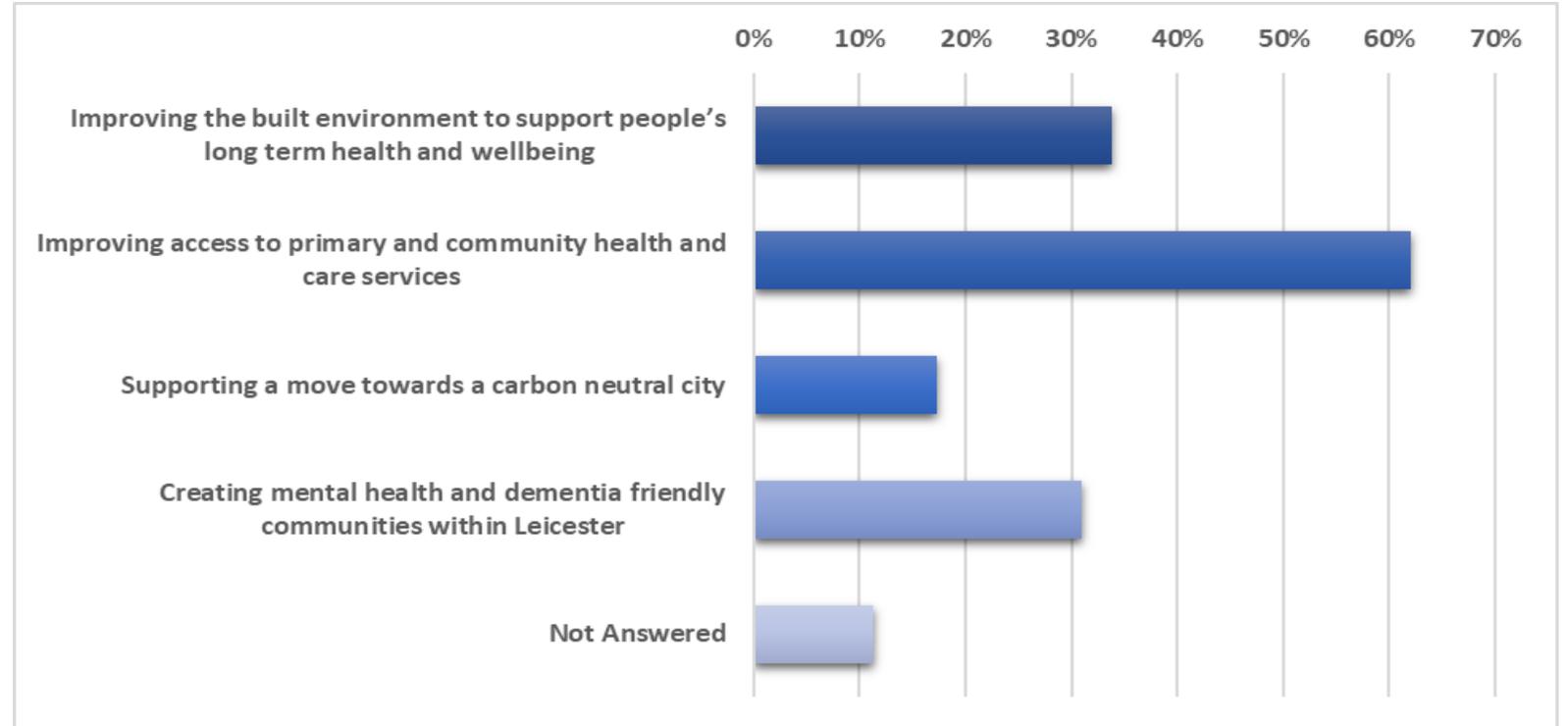
Option	Total	Percent
Yes	133	62.44%
Partially	64	30.05%
No	11	5.16%
Not Answered	5	2.35%

Q2. Which of these priorities do you think are the most important to progress in the next couple of years?

- We asked for the top 5 priorities
- We did not ask for the top priority within each theme, but feedback from a number of forums considered this best approach.
- The feedback has therefore been collated on a theme by theme basis:

Healthy Places

There were 189 responses to this part of the question.

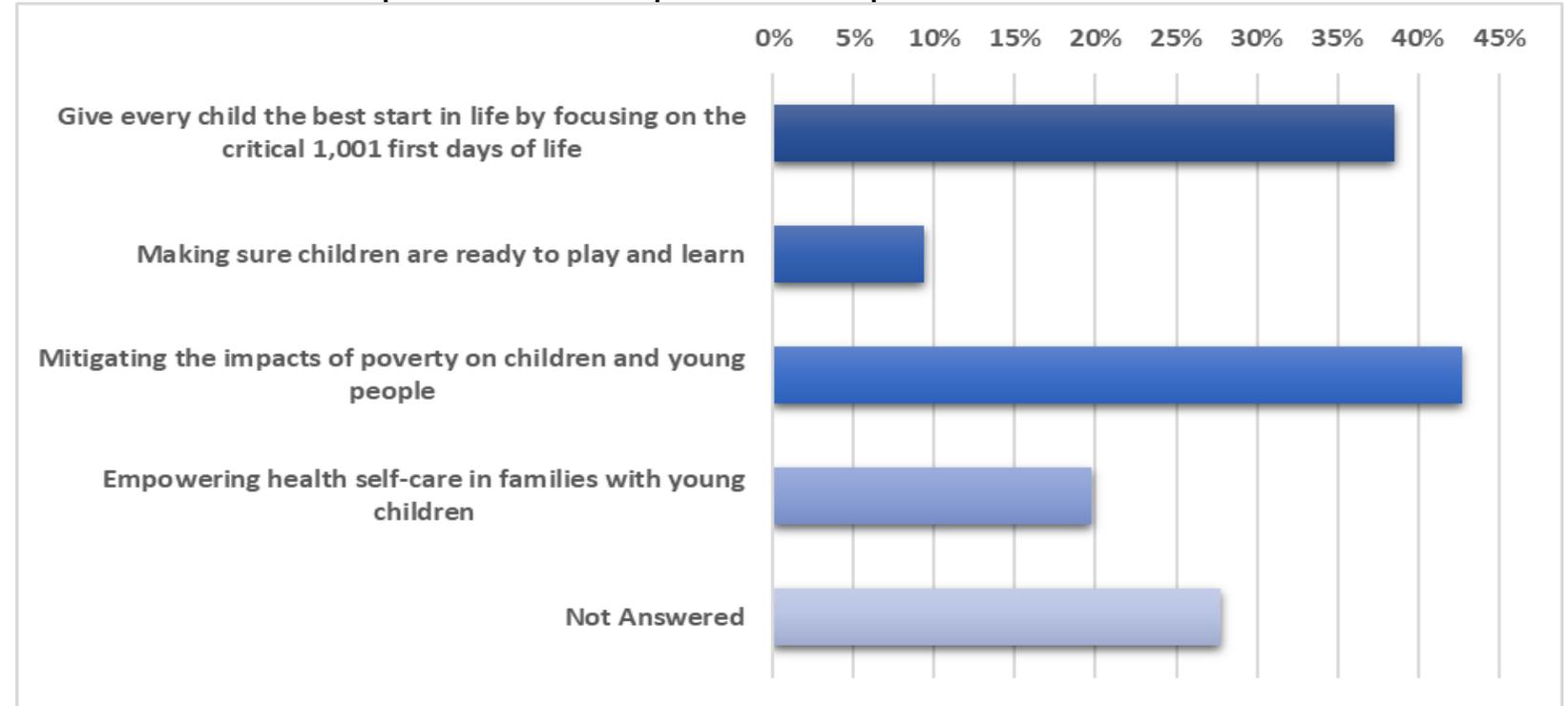


Option	Total	Percent
Improving the built environment to support people's long term health and wellbeing	72	33.80%
Improving access to primary and community health and care services	132	61.97%
Supporting a move towards a carbon neutral city	37	17.37%
Creating mental health and dementia friendly communities within Leicester	66	30.99%
Not Answered	24	11.27%

Healthy Start

52

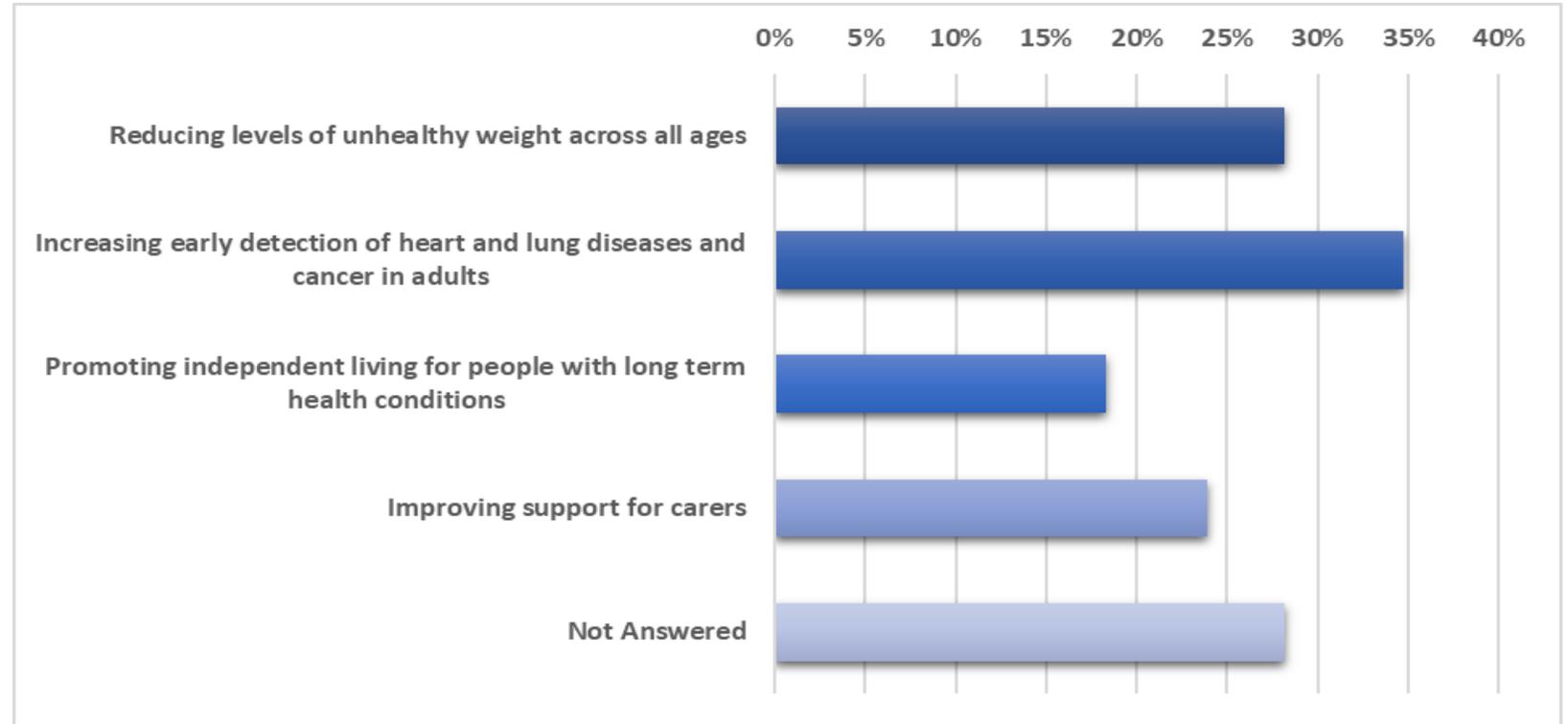
There were 154 responses to this part of the question.



Option	Total	Percent
Give every child the best start in life by focusing on the critical 1,001 first days of life	82	38.50%
Making sure children are ready to play and learn	20	9.39%
Mitigating the impacts of poverty on children and young people	91	42.72%
Empowering health self-care in families with young children	42	19.72%
Not Answered	59	27.70%

Healthy Lives

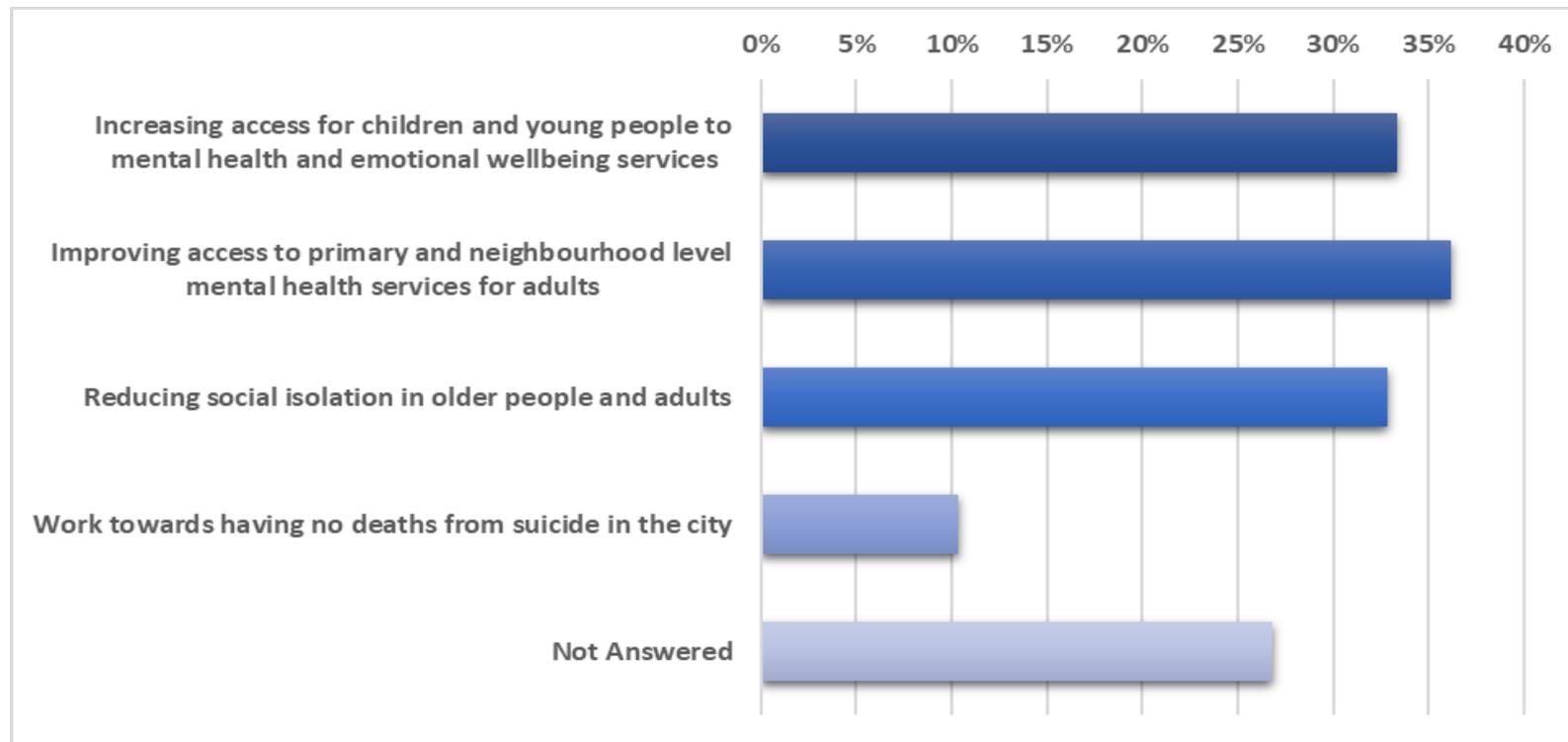
There were 153 responses to this part of the question.



Option	Total	Percent
Reducing levels of unhealthy weight across all ages	60	28.17%
Increasing early detection of heart and lung diseases and cancer in adults	74	34.74%
Promoting independent living for people with long term health conditions	39	18.31%
Improving support for carers	51	23.94%
Not Answered	60	28.17%

Healthy Minds

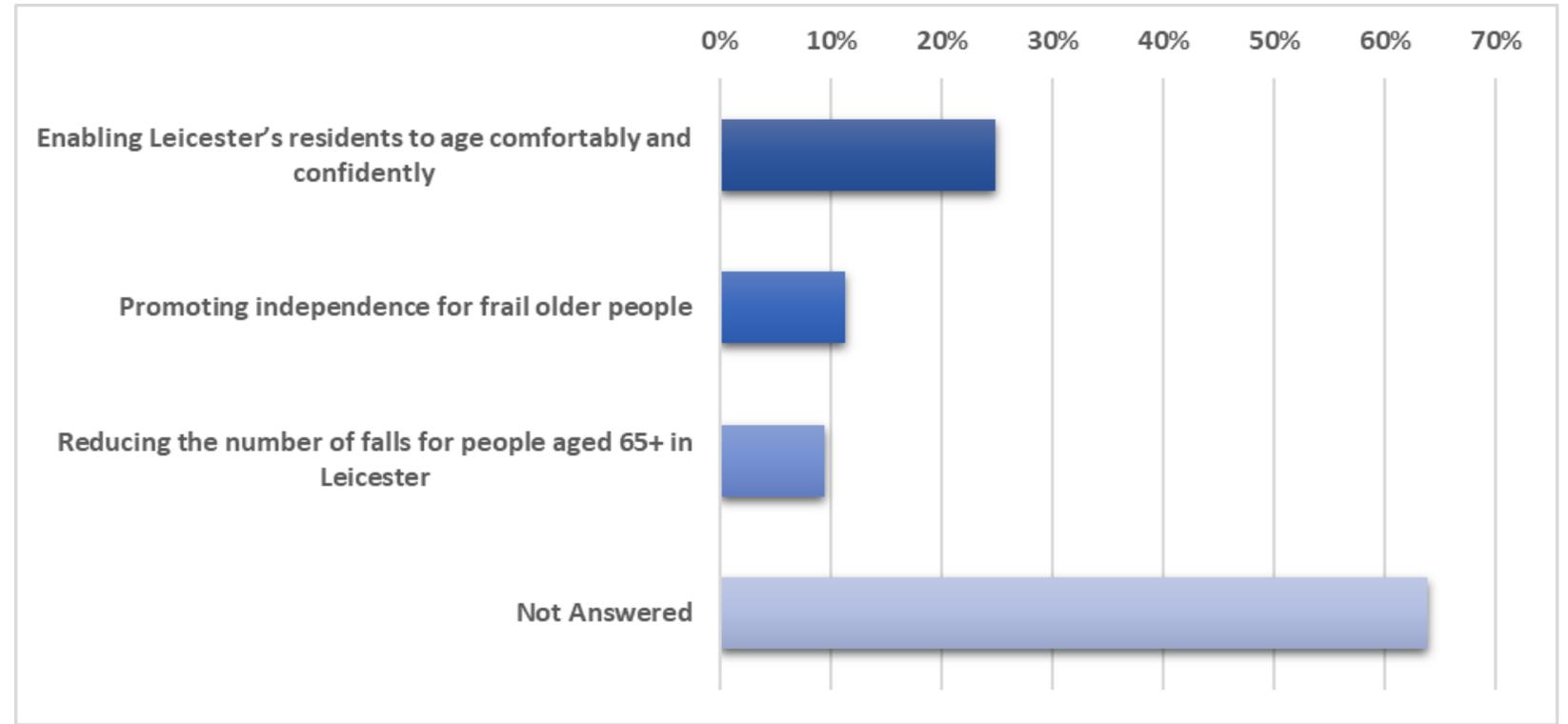
There were 156 responses to this part of the question.



Option	Total	Percent
Increasing access for children and young people to mental health and emotional wellbeing services	71	33.33%
Improving access to primary and neighbourhood level mental health services for adults	77	36.15%
Reducing social isolation in older people and adults	70	32.86%
Work towards having no deaths from suicide in the city	22	10.33%
Not Answered	57	26.76%

Healthy Ageing

There were 77 responses to this part of the question.



Option	Total	Percent
Enabling Leicester's residents to age comfortably and confidently	53	24.88%
Promoting independence for frail older people	24	11.27%
Reducing the number of falls for people aged 65+ in Leicester	20	9.39%
Not Answered	136	63.85%

PROPOSED APPROACH TO SUPPORTING & MONITORING PROGRESS OF PRIORITIES

Proposed ‘Do, Sponsor, Watch’ approach

We are proposing a ‘Do, Sponsor, Watch’ approach to give initial focus to one or two priorities within each theme:

Approach	Supporting expectations	No. in each theme
57 DO	<ul style="list-style-type: none"> ▪ Agreed by HWB as the most important priorities to progress in initial years. ▪ Underpinned by detailed reference to plans & supporting metrics within the Health, Care & Wellbeing Joint Delivery Plan 22/24. ▪ Proposal: A member of the HWB designated to champion each DO priority. ▪ An expectation of regular progress reporting to Place based groups. 	1-2
SPONSOR	<ul style="list-style-type: none"> ▪ Plans & supporting metrics outlined within the Joint Delivery Plan 22/24. ▪ Any risk to progress escalated through reporting to Place based groups. 	1-2
WATCH	<ul style="list-style-type: none"> ▪ Plans outlined within the Joint Delivery Plan 22/24. ▪ Any risk to progress escalated through reporting to Place based groups. 	1-2

Benefits of approach

58

- Will help ensure some level of focus on all priorities identified.
- The 'Do', Sponsor & Watch' list can be published for transparency and reviewed at an agreed frequency by the HWB.
- Support consistently across the LLR ICS, as similar approach is being adapted by Leicestershire County & Rutland County Council.

Determining where priorities should go within the Do, Sponsor, Watch framework?

In considering which category each priority should be within, the core working group have considered the following factors:

- Engagement feedback
- Current level of Place/ System Partnership working on priority.
- Importance of priority to the health of the city (e.g. influence on other outcomes).
- Potential to directly reduce Health inequalities

Proposed DO priorities (6)

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

Proposed SPONSOR priorities (7)

Theme	Priority
Health Places	<ul style="list-style-type: none"> Improving the built environment to support people's long-term health and wellbeing Creating Mental Health & Dementia friendly communities within Leicester
Healthy Start	<ul style="list-style-type: none"> Give every child the best start in life by focusing on the critical 1001 first days of life
Healthy Lives	<ul style="list-style-type: none"> Reducing levels of unhealthy weight across all ages Improving support for Carers
Healthy Minds	<ul style="list-style-type: none"> Reducing social isolation in older people and adults.
Healthy Ageing	<ul style="list-style-type: none"> Reducing the number of falls for people aged 65+ in Leicester City

Proposed WATCH priorities (6)

Theme	Priority
Health Places	<ul style="list-style-type: none"> Supporting a move towards a carbon neutral city
Healthy Start	<ul style="list-style-type: none"> Making sure children are able to Play and Learn Empowering health self-care in families with young children
Healthy Lives	<ul style="list-style-type: none"> Promoting independent living for people with long term health conditions
Healthy Minds	<ul style="list-style-type: none"> Work towards having no deaths from suicide in the city.
Healthy Ageing	<ul style="list-style-type: none"> Promoting independence for frail older people.

**Leicester City
Joint Health
and
Wellbeing Strategy
(JHWS) 2022-2027**

Sets to vision for improving the health and wellbeing of Leicester’s residents through the themes of: Healthy Places, Health Minds, Healthy Start, Healthy Lives & Healthy Ageing.

**‘Leicester City Health, Care & Wellbeing Joint Delivery Plan’
(2022-24)**

This is the delivery arm of the JHWS, setting out key citywide & neighbourhood level priorities across partner organisations to:

- **Strengthening self care & prevention services**
- **Address the wider determinants of health**
 - **Improve health equity**
- **Improve access to and integration of health and care services**
 - **Respond to expected demographic & housing growth**

Leicester Health, Care and Wellbeing Delivery Plan 2022-24

Linked to the delivery of Leicester Health, Care and Wellbeing Strategy 2022-27

Strategy journey

April 2022 – Leic City HWBB

Formally supported and approved (with minor wording edits)

June 2022 – Leic City Council City Mayor Briefing

Formally supported and approved (with minor wording edits)

Aug 2022 – Presentation to Leicester Health and Wellbeing Scrutiny Commission

Autumn 2022 – Planned presentation of strategy to ICB

Summer/Autumn 2022 – Ongoing development of the delivery plan

Delivery plan development

- Focus on six 'Do' priorities initially
- Development in partnership/collaboration
- Development co-ordinated through Core Working Group
 - Linking in to other partnership groups and boards to develop the plan
- Delivery plan will be based upon outcome focused actions with clear measures/KPIs in place so progress can be tracked and reported to Health and Wellbeing Board and other related groups/boards (Integrated Systems of Care/Joint Integrated Commissioning Board).
- Timeline: summer to autumn 2022



Priorities for 2022 - 2024

67

Theme	Priority
<p>HEALTHY PLACES Making Leicester the healthiest possible environment in which to live & work</p>	<p>We will improve access to primary and community health/care services</p>
<p>HEALTHY START Giving Leicester's children the best start in life.</p>	<p>We will mitigate against the impacts of poverty on children and young people.</p>
<p>HEALTHY LIVES Encouraging people to make sustainable and healthy lifestyle choices</p>	<p>We will increase early detection of heart & lung diseases and Cancer in adults.</p>
<p>HEALTHY MINDS Promoting positive mental health within Leicester across the life course</p>	<p>We will improve access for children & young people to Mental Health & emotional wellbeing services.</p>
	<p>We will improve access to primary & neighbourhood level Mental Health services for adults.</p>
<p>HEALTHY AGEING Enabling Leicester's residents to age comfortably & confidently</p>	<p>We will enable Leicester's residents to age comfortably and confidently through a through a person-centred programme of frailty prevention.</p>

Supporting Evidence/Background to Priorities for 22-24 Delivery Plan

Priority : Improving access to primary & community Health and Care services

Healthy Places

Level: City wide

Why a Priority?

- Insights from recent local NHS engagement and consultations indicate accessibility, mobility and parking issues need to be addressed to enable wider service access.
- Insights also indicate shared assessments/ information between health and social care service ("joined-up working") is important and people don't want to keep telling their story to different agencies, given over a 185 languages are spoken in the city.
- Local people think digital access and improved IT systems are important too but this need to ensure no groups are digitally excluded.
- Significant housing growth planned over next 15 years & there is a recognised lack of available space to meet growing demand and/or poor quality premisses across the City. In LLR city practices makes up half of those in greatest need of support due to unsuitable premises and insufficient space to meet current and projected demand.

Key Partners: LA Planning Department, Primary Care/ PCNs , LA Adult Social care, CCG's, LPT, UHL

Current improvement plans include:

- New models of care should focus in integrated health and care services to support quality and continuity of care. In particular:
 - Developing shared records across health and social care providers
 - Maximising opportunities for colocation of health and care services
- Maximising access to S106 development grants from housing developers
- Partnership work to inform local joint planning policy and support greater care integration and neighbourhood developments.
- Health Inequalities Grant allocation 2021-24 (£165k) to address the digital divide- Investment in programme of education and training, infrastructure development, and devices. This project plans to link closely with community connectors to recruit and train a network of digital champions across the city.

Measuring progress:

tbc

Priority: Mitigating the impacts of poverty on children and young people

Healthy Start

Level: Citywide but in particular in central, South & NW neighbourhoods

Why a Priority?

- Leicester has a higher than average number of low incomes families than the England average.
- Key stage 4 attainment score for Leicester is lower than national average. South and NW HNN are significant city outliers.
- ⁷⁰ South, NW and Central HNN's have a higher % of wards in the most deprived quintile in the UK. Poverty is recognised to impact negatively on all aspects of children's lives and their ability to thrive and achieve later in life. Health inequalities are exacerbated when poverty is also present.

Key Partners : All LA Departments, Health commissioners/ Providers, Schools, VCSE sector, Community organisations
Private businesses

Current improvement plans include

- The city council is currently developing an anti-poverty strategy which will bring together up-to-date data on poverty trends across the city, with data at a neighbourhood level where it is available. It will also present the information obtained through extensive engagement across services which offers insight into the lived experience of poverty in the city.
- The strategy will enable council services and external partners to better understand the nature and impact of poverty on the people that use their services, thereby providing opportunities to make changes to services or develop new ones.

Measuring progress:

- Improvement in Leicester city and neighbourhood level Indices of Multiple Deprivation over the coming years.
- Additional local indicators to including employment levels, income levels, benefits claimed, etc.

priority : Increasing early detection of heart & lung diseases and Cancer in adults

Healthy Lives

Level: Through City wide and neighbourhood level initiatives

Why a Priority?

- Cancers are the main cause of premature deaths (in the under 75s) in Leicester, accounting for over a third of early deaths, followed by heart disease and respiratory diseases.
- NHS 'RightCare Pack' indicates Leicester has the lowest colorectal cancers detected at any early stage compared to peer authorities.
- Leicester is a significant regional and England outlier for under 75 years or age death from CVD.
- Rates of diabetes are significantly higher in Leicester compared to England. Central and NE HNN are outliers in city for CHD and Diabetes Prevalence.
- Leicester is a significant regional and England outlier for under 75 years or age death from CVD.
- Central HNN-Outliner for CVD under 75 mortality.
- NW and South HNN outliner for early death from cancer and respiratory diseases

Key Partners :

Public Health, Primary care/PCN's, local authority, Community and secondary care health services, VCSE sector, Local community organisation

Current improvement plans include:

- Promote national cancer screening programmes on a city wide level and through work in neighbourhoods, particularly in NW and South HNN's
- Implementing high blood pressure through community pharmacies, in line with national guidelines
- Promote physical health checks for eligible adults under existing criteria and seek to expand provision
- Promoting Learning Disabilities and SMI annual physical Health checks
- Promote pre-diabetes checks particularly in in Central and NE HNN's
- Health Inequalities Grant allocation 2021-24 (£330k) to develop culturally competent comms strategy/ peer educators/ support to community groups in order to Promoting uptake of cancer and cardiac screening, health checks, and vaccinations in groups with lower uptake e.g.. some BAME and disadvantaged groups..

Measuring progress:

- Improvements in health screening rates for adults including learning disabilities and SMI annual health checks rates.
- Reduction in early death from cancer and respiratory diseases, in particular in NW and South HNN's
- Reduction in under 75 years or age death from CVD
- Reduction in prevalence of diabetes

Priority : Improving access for CYP to MH & emotional wellbeing services

Healthy Minds

Level: City wide

Why a Priority?

- In Leicester one in ten children aged 5-16 years has a mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.
- Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.
- National target that 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service- In Leicester City current rates is 21% compared to 38% in Leicestershire County and a midland average of 33%. This lower access rate is indicated to be due to a combination of services capacity, need to promote services and ensuring data recording of people seen.

Key Partners :

LPT CYP services, LA children services, CCG's, Primary care/PCN's., VCSE & Third sector, Community organisations

Current improvement plans include:

CCG's /LPT/ City Council are working together to:

- Raise awareness of CYP MH services across the city
- Developing new and enhanced services including;
 - The City Early Intervention Psychology Support (CEIPS)- additional resources to deliver new 'Calm Clinics'.
 - Additional two mental health support teams in Leicester City schools
 - Community Chill Out Zone - 140 pop up Community Chill Out Zones covering more areas in Leicester City, including targeting faith.
 - Family Action Post Sexual Abuse Counselling Service – Additional resources allocated to increase referrals
 - Triage and Navigation Service – Additional resources to receive more referrals, including self-referral.
- Improving flow of data from services provided by the City Council and Third sector.

Measuring progress:

Improvement in NHSE national target that 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service. In 2021/22 this equates to 3,087 CYP in Leicester City.

Priority : Improving access to primary & neighbourhood mental health services for adults

Healthy Minds

Level: Delivered through Integrated Neighbourhood working

Why a Priority?

- Poor mental health is the most common condition affecting people in the UK. Local survey data shows 17% of Leicester's 16+ population report a poor mental wellbeing score. The unemployed, long term sick/disabled and social renters are all more likely to report poor mental health
- In Leicester it is estimated that between 34,000 and 38,000 people live with a common mental health problems & 3,400 people live with an enduring mental health condition, such as schizophrenia or bipolar disorder.
- Difficulty accessing support when needed can lead to poor outcomes. Further people with poor mental health are more likely to engage with unhealthy behaviours and poor lifestyle choices, contributing to premature death.
- Delivering community mental health services at a primary and neighbourhood level is a key NHSE transformation priority

Key Partners :

LPT, LA ASC Mental Health services, CCG's Primary care/PCN's , VCSE sector, Housing

Current improvement plans include:

- Increasing the number of primary care based mental health roles
- Transforming existing LPT Community Mental Health Teams to be integrated teams working alongside GP's to support people with a Severe Mental Illness.
- Strengthening VCS mental health and wellbeing support services in neighbourhood and local communities
- Improving mental health support services for vulnerable group (homeless, offenders).
- Adopt, embrace and deliver through all services in system to be focused on individual 'recovery' and individuals to live well with their mental health

Measuring progress:

- Delivery of planned 4 week waiting time standards for CMHT's
- Increase in SMI health checks towards national 60.0% target
- Feedback from annual LPT community mental health surveys from patients.
- Feedback from independent evaluations of community mental health transformations
- Increasing number of individuals with SMI supported into employment

Priority: Enabling Leicester's residents to age comfortably and confidently

Healthy Ageing

Level: City wide

Why a Priority?

- We have an ageing population: in the UK there are now half a million people in their 90s, more than two and half times the number in 1985.
- National evidence indicates years in poor health (the difference between life expectancy and healthy life expectancy) increased from 18.1 years to 19.1 year Having more than one condition increases with age.
- Healthy life expectancy in Leicester is around 60 years for men and 59 years for women in 2015 to 2017. This means men have on average 17 years and women have 22 years of their overall life expectancy where their health is not good. Compared with peer areas, Leicester men and women have the 3rd and 4th lowest rate of healthy life expectancy

Key Partners : Public Health, Primary care, LA ASC Older Persons services, LPT, UHL, VCSE sector, Housing

Current improvement plans include:

The Joint Health and Wellbeing Strategy recognises the need:

- Support older people to manage their wellbeing can involve promoting good lifestyle choices such as a healthy diet, fluid intake, exercise, oral health, flu (and other) vaccinations and regular NHS, or other, health checks.
- Making positive changes that will improve their mental and physical health by working with partners to signpost and refer people to relevant lifestyle services.
- Work with partners to make sure that older people feel safe and confident in their own homes and around the city
- Encourage older people to access leisure and cultural spaces in their local communities to improve mental and physical health.

Work will be supported by Health Inequalities Grant allocation 2021-24 (£330k) and Public Health funding (£120k) to employ six 'community connector's to help reducing social isolation & improving health

Measuring progress:

- Improvement the number of years Leicester city males and females spend in living in 'poor health'
- Qualitative feedback from older persons forums

Sexual health services during COVID 19

Ivan Browne
Director of Public Health
September 2022



Leicester
City Council

Sexual Health Services in Leicester

- Leicester City Council receives an annual Public Health grant that includes the requirement to commission :
 - Open access sexual health services
 - Provision of Pre-Exposure Prophylaxis (PrEP) for Sexual Exposure to HIV



Leicester City Council Commissions:

- An **open access clinical service** that provides contraception and testing and treatment for sexually transmitted infections – this is commissioned in collaboration with Leicestershire County and Rutland County Councils
- Intrauterine Devices and Systems (IUS/Ds)and Subdermal Implants (SDIs) are provided **by GPs**- These are collectively called long-acting reversible contraception(LARC)
- Emergency Hormonal Contraception (EHC) is available from **community pharmacies** for under 25s
- Some non-clinical services are also provided provided for certain groups:
 - Sex and relationships education (SRE) support for schools
 - Outreach work with men who have sex with men (MSM), sex workers and young people under 25.
 - A project engaging with different BAME communities across Leicester

77



Leicester
City Council

Who uses sexual health services ?

The service saw:

- 29,015 people between April 2019 – March 2020
 - (17,489 women and 11,629 men)
- 20,395 people between April 2021 - March 2022
 - 9,068 of which were in person (6,201 women and 2,865 men)
 - 11,327 were online (6,396 women and 4,563 men)
- Most attendees under age 40 and majority under 30 year of age



Who uses sexual health services?

- Mix of ethnicities: rates highest in those who define as of black or mixed ethnicity
- Men and women with new partners having a check up
- Some high-risk individuals with multiple partners
- *No typical user*, although women more likely to attend for contraception

Changes during the pandemic:

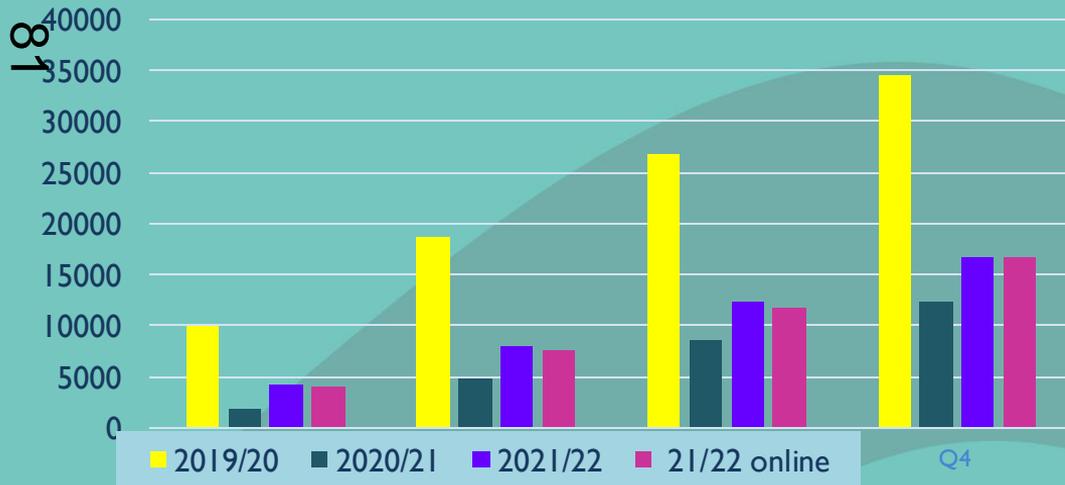


- Sexual Health and Contraceptive services were still needed during the pandemic despite restrictions in social mixing and inability to provide all face-to-face clinical services.
- Therefore the following changes were made:
 - Increased provision of online services :
 - Ordering of STI testing kits – results texted to the individual
 - Ability to safely post treatment for simple STIs to patients
 - Online provision of oral contraception and EHC
 - Provision of telephone consultations
 - Maintenance of face-to-face appointments for emergency care e.g. pelvic pain
 - National clinical adaptations followed e.g. extension in length of time IUDs can be retained, longer repeat prescriptions for oral contraceptives

80

What happened to activity

Activity in Sexual Health Service across three years



-28% overall fall in activity between 2019/20 and 2020/21 .

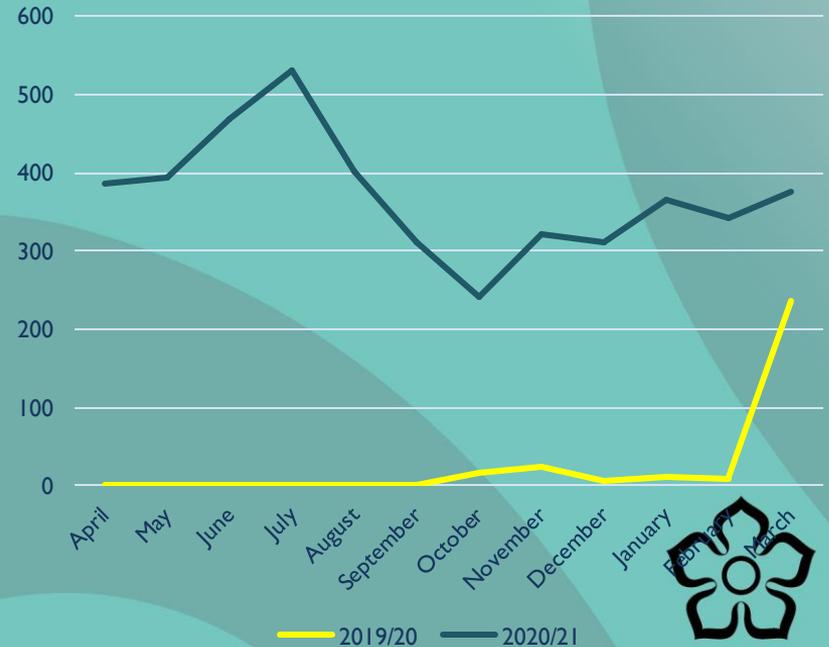
The face-to-face and online activity (pink bar and purple bar) are nearly equal and show good restoration in activity in Q3 and 4

Massive increase in online activity and reduction in face to face activity

Monthly online services, SH24 & Prevent X by financial year

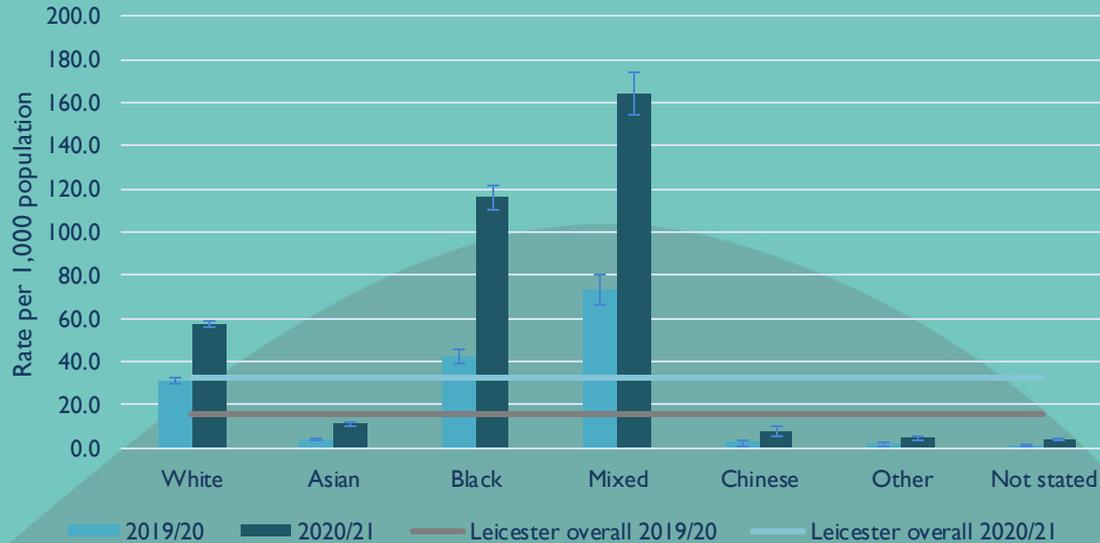


Monthly Telephone consultations by financial year



How were different groups using the service?

Online services, SH24 and Prevent X per 1,000 population age 16-64 by broad ethnic group and financial year

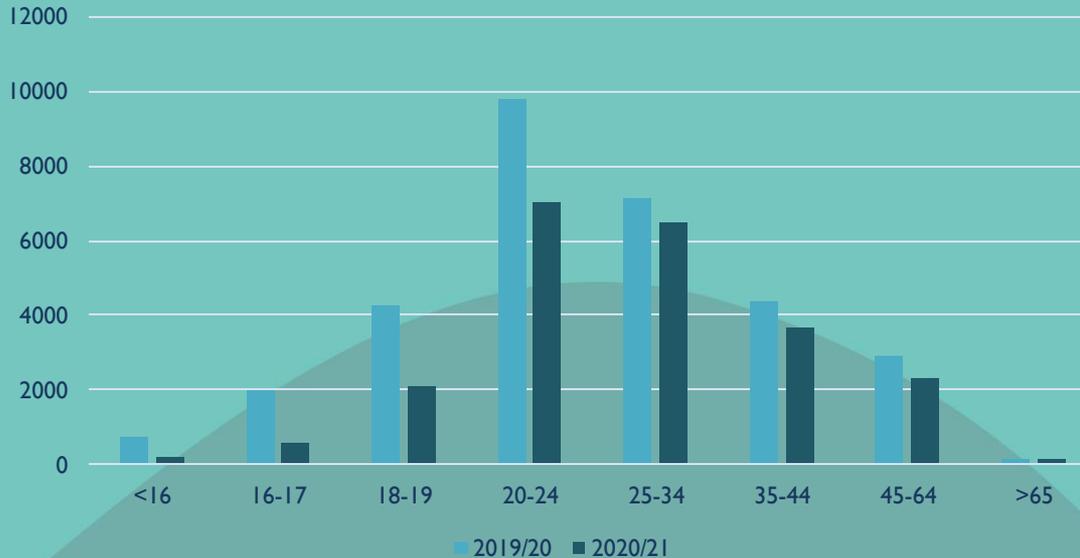


83

Increased use of online services by people of black and mixed ethnicity

How were different groups using the service?

Total activity by age group and financial year by age group



84

Reduction in activity in 2020/21 within the under 25's this may in part be explained by reduced social mixing and less students being in the city during lockdown.

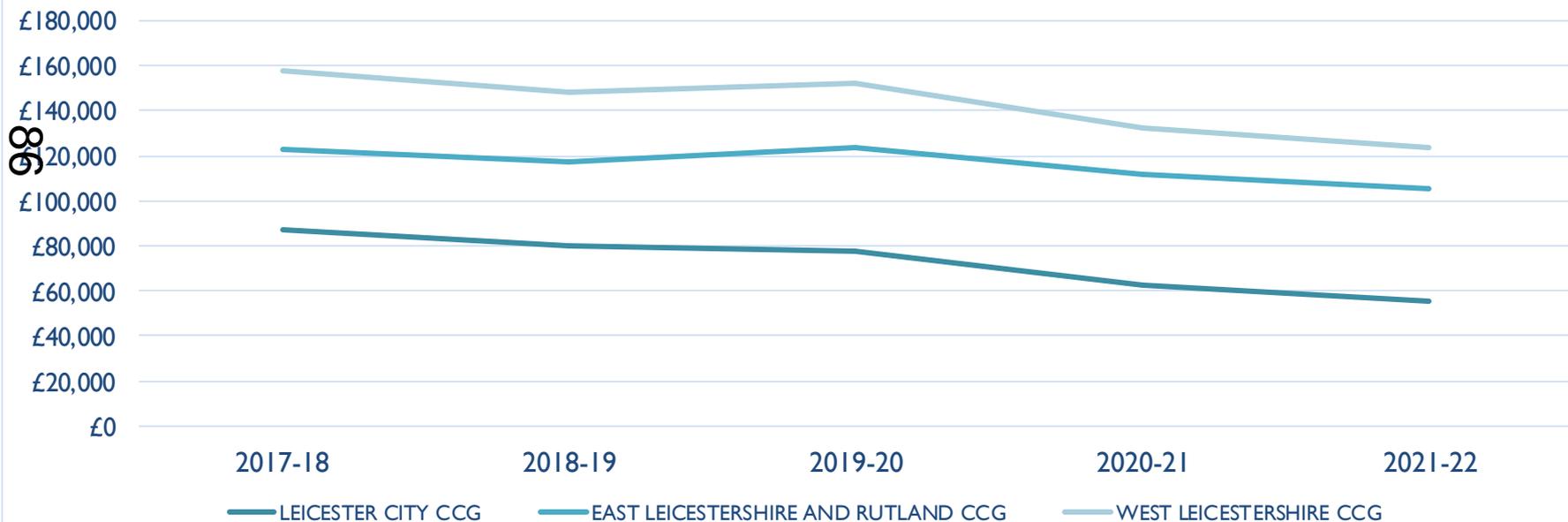
Contraception provided by GPs

- As part of core provision GPs provide EHC and oral contraception to their patients .This is commissioned by NHS England .
- The graphs below show that there has been a reduction in contraceptive prescription costs and activity .
- Some of this activity will have moved to LA Commissioned sexual services

85

Costs of oral contraception prescribed by GPs

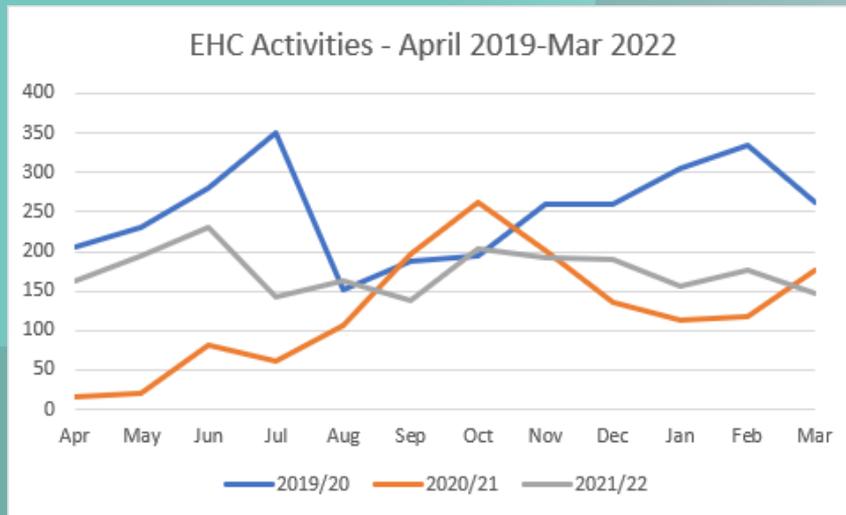
Cost of prescribed Oral Contraception in LLR CCGs, 2017-18 to 2020-21 (E Pact data)



GP and Pharmacy provided services (commissioned by LCC)

Summary of IUD/S		
Totals Year / quarter	The number of IUD/s fitted	The Number of Implants
87		
2019/20	727	772
2020/21	1,061	552
21/22	2,355	1,569

LARC provided via GP practices had been showing some dramatic improvement in provision pre-covid and this has continued over the COVID period.



The trend follows the level of social COVID 19 restrictions that were in place in Leicester (i.e. much lower When there was no social mixing)

EHC service review

- We are currently reviewing the provision of EHC (Emergency Hormonal Contraception) across Leicester to determine whether the current provision meets the need of the population accessing this service
- The covid 19 pandemic has had an impact on the number of people accessing provision locally and the route by which they access EHC e.g. online, directly through sexual health clinic, GP and pharmacies
- There is need to have both online and in-person provision of EHC for service users to access, ensuring this is an equitable service for all
- The review of this service aims to address the balance shift that has taken place towards more online access, and to identify the best ways to address this within the current service model



EHC public consultation

- A public survey was developed to understand the views of those likely to be using the service. A sample of the responses are:
- “The stigma that surrounds taking the pill can sometimes conflict with members of the community if they see you with it. That being said, the closer it is to accessing it the better for those who need it most, which I think is most important.”
- “I think there should be more education/awareness of EHC as many people do not even know what it is. I think it is important to make sure that people can access EHC discreetly too so everyone can feel safe and comfortable - ideally maybe you could order it online but collect it at a pharmacy?”
- “Improved awareness about availability of EHC and where its easiest to access”
- “Not everyone can order it online, some of us have strict parents who look through our mail.”



Lessons learnt and considerations for future

- Online services and telephone consultations are well used and safe , it is proposed that they will continue
- Some communities and age groups still prefer face to face services – more investigation required about times and days of week
- GP services commissioned by LA have been successful and the model put in place will be expanded
- Clinicians have worked hard to maintain services and quality despite issues with workforce and restrictions to delivery
- There are concerns about reduced prescribing in general practice that may be part of the cause of increases in contraceptive demand online
- Concerns about the decrease in young people accessing the service. It anticipated this will change when schools, colleges and universities return and communications are put in place to promote the services.
- The BAME project is ongoing looking at the specific needs of this community and working to improve access

Emerging issues

- HIV Pre-Exposure Prophylaxis (PrEP) – this is being provided by the SH service via face-to-face and online consultation. The PrEP offer is relatively new to the service (around a year) and uptake has been good. Numbers are still increasing.
- Monkeypox- see next slide

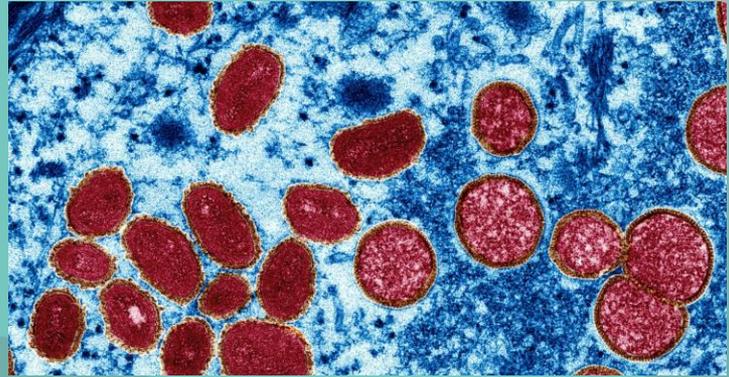
91



Leicester
City Council

Monkeypox

- Viral infection endemic to central and western Africa
- Previously only the odd imported case in the UK but there is currently a large worldwide outbreak involving 17 countries and counting
- There are now over 1000 cases in the UK but the overall risk to the public remains low
- Generally a mild illness and there have been no deaths associated with this outbreak
- 92 Transmission of the virus is via direct or close physical contact with an infected person, close contact with the coughs or sneezes of a person with monkeypox, or contact with used clothing, bedding or towels from someone with monkeypox infection
- It is NOT a sexually transmitted infection, but can be transmitted during sex because of close contact
- Sexual Health Services have been at the forefront of managing this outbreak as many of the UK cases have been in bisexual men or men who have sex with men and transmitting via sexual networks



- The UKHSA is now recommending vaccination (using the smallpox vaccine) to certain at-risk groups and these are being delivered by our sexual health services.
- The Leicester Sexual Health Services have an effective telephone triage system in place to appropriately identify and treat possible cases



0-19 Commissioning Update

Health and Wellbeing Scrutiny Commission

Date: 11 August 2022

Lead Director: Ivan Browne

1. Summary

Post-COVID restoration and Recovery work

- Work to recover and restore Healthy Together services is now completed with all services being fully delivered from April 2022. This has included a move to a skill mix model due to a national shortage of Public Health Nurses (Health Visitors)

Recommissioning of 0-19 Healthy Child Programme (Healthy Together)

- The current contract has been extending to 30th September 2023
- We continue to progress the Section 75 route to re-commissioning and are not exploring any other commissioning options
- The contract will be for 7 years (till 30th Sept 2030) and the proposed starting budget is £7,965,000 (current budget of £8,165,000 – delayed savings of £200,000)
- A small working group from LCC and LPT has been established, this group meets monthly are working to a project timetable. Work is currently on track. Key activity to date includes: Equality Impact Assessment on current service provision; listening and engagement events with LPT staff, services users and young people beginning in October.

2. Recommendations

Post-COVID restoration and recovery work

- 1) Recognise and acknowledge the hard work that Healthy Together staff undertook during the pandemic in order to support some of the most isolated and vulnerable children and families in the City.
- 2) Recognise that the Healthy Together workforce remain stretched, tired, and under considerable pressure. High recent levels of Covid-19 infection rates has continued to put pressure on staff due to sickness absence.
- 3) Recognise that full post-COVID-19 recovery is compromised because of a national shortage of Public Health Nurses (Health Visitors) meaning that vacancies remain unfilled and the team have had to move to a skill mix model to deliver the restoration of key mandated contacts. Risks associated with this move have been added to the corporate risk register.

Recommissioning of 0-19 Healthy Child Programme (Healthy Together)

- 1) Note progress to date
- 2) Continue to support the use of Section 75

3. Supporting information including options considered (please include the contribution this work makes to physical and mental health):

Back ground and context

0-19HCP is the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. In Leicester this

service is called Healthy Together and comprises of:

- **Public Health Nursing (Health Visiting)** a universal service delivering 5 mandated contacts and additional packages of evidence based Public Health interventions. More intensive support can be accessed via Universal Plus and Universal Partnership Plus, and Safeguarding. There is a digital offer via www.healthforunder5s.org.uk and a parents free and confidential text service (Chat Health)
- **Public Health Nursing (School Nursing)** a universal service accessed by children via referral, or self-referral, the team offer up to 4 packages of evidence based public health interventions. Public Health Nurses (School Nursing) work in 2 teams; one focusing on the Public Health offer in schools, and the other focusing on Safeguarding. Schools are invited to participate in a Digital Health Contact at year 7,9,11 and there is a digital offer via www.healthforkids.org.uk and www.healthforteens.org.uk and a young persons free and confidential text service (Chat Health)
- **Breastfeeding peer support and Infant feeding Support**
- **Early Start** Intensive evidence-based support for vulnerable pregnant women
- **National Child Measurement Programme (NCMP)** This is the recording of heights and weights of school children in reception and year 6, and is a mandated contact carried out by the Public Health (School nursing) team.
- **Oral health promotion** including the co-ordination and distribution of resources
- **Healthy Settings Programme** for Early Years
- **Healthy Start vitamins** Healthy Together organise the co-ordination and distribution of vitamins
- **Child Weight Management Service**, Known locally as FLiC – Family Lifestyle Club, predominantly accessed via NCMP

The original contract begun on 1st July 2017, and was intended as a 2 year +1 +1 contract. The impact of COVID-19 has meant the contract has been extended to 30th Sept 2023.

Post-COVID restoration and Recovery work

During the pandemic the Government guidance around mandated contacts meant that many children and their families missed out on key contacts, or were sign posted to a website and/or chat health for support, rather than receiving a face to face contact. During this period Public Health Nurses (Health Visiting and School Nursing) worked tirelessly to ensure that those who needed support were able to access it. Prioritising the most vulnerable and isolated children and their families and all safeguarding cases.

In order to manage restoration and recovery LCC and LPT set up monthly meetings where LPT's plans, and timelines were shared, as was a Quality Impact Assessment (a risk register tool). Restoration of services focused first on the 2 – 2 ½ year check, and then the 1 year check, beginning with families in areas 1 and 2 on the Index of Deprivation, and now moving to decile 3.

The service has fully recovered and is fully operation (from April 2022).

Because of the high level of assurance and oversight Healthy Together leaders were able to provide, these meetings have now ended and the agenda item added to the standard 6 weekly contract meeting.

Healthy Together staff have formally flagged the workforce is tired, and they are continuing to manage sickness levels. There is concern that enduring levels of

COVID-19 transmission and possible high levels of 'flu will impact negatively on the workforce over the coming winter. To attempt to manage and mitigate for this, Healthy Together and the Commissioner will regularly reviewing the staffing levels and have mitigation plans ready to be stepped up if necessary.

As part of the Recover and Restoration meetings it was flagged by Healthy Together that full post-COVID-19 recovery is compromised because of a national shortage of Public Health Nurses (Health Visitors) meaning that vacancies remain unfilled and the team have had to move to a skill mix model to deliver the restoration of key mandated contacts.

Healthy Together are not unique in moving to a skill mix model and this is deemed to be the most feasible and safest option available currently and has therefore been endorsed by the commissioners, but all contacts that should be carried out by Public Health Nurses (Health Visitors) and are carried out by a less skilled member of staff carry a risk. This risk had been added to the corporate risk register. Long term Healthy Together are looking at 'grow your own; models to increase Public Health Nursing (Health Visiting) capacity.

Recommissioning of 0-19 Healthy Child Programme (Healthy Together)

Use of Section 75

The preferred re-commissioning route is Section 75. This is Section 75 of the of National Health Services Act 2006. The intention of Section 75 Agreements is to improve services for users through **either** 'pooled budgets' (where two organisations bring together resources) **and/or** 'delegated functions' (where one organisation exercises an agreed function on behalf of another) **if it could be reasonably expected that this would lead to an improvement in health as a result of the way those functions are exercised.** It has previously been agreed that the delegated function route would be suitable rational for exploring the use of a Section 75.

A section 75 is a contractual partnership, it is legally binding, for a specific length of time (but partners are able to leave/terminate early), with clear outcomes that partners are accountable for achieving (these are decided via collaboration and co-design).

In November 2019 we held a Market test event, where we spoke to prospective Providers about our the re-commissioning routes we were exploring, we identified that we might use a Section 75 agreement. Since then 2 organisations (Virgin and Cambridgeshire Community Services NHS Trust) have been back in touch to ask how re-commissioning plans are progressing, with support for Legal Services and the Procurement team we replied explaining our intention to use a Section 75 with the current provider. There was no further enquiry. Therefore we feel the risk of challenge to the use of a Section 75 remains possible but low.

Budget

The contract will be for 7 years (till 30th Sept 2030) and the proposed starting budget is £7,965,000 (current budget of £8,165,000 – delayed savings of £200,000).

Work to date

A joint working group between LCC and LPT has been established and meets monthly. Key tasks to date include:

- Establish a RAG rated timeline for the re-commissioning process
- Begin an Equality Impact Assessment on current service provision. This work is being lead by Claire Mellon. This work will help us understand the impact to vulnerable groups that any changes to the service specification might have – these changes could be both positive and negative.
- Listening and Engagement events with LPT staff, services users and young people beginning in October. This work is being lead by Colin Cross (Family Services manage at LPT) and Clare Mills. This work will help inform the draft service specification, which will be shared for Public Consultation in early 2022.

Health and Wellbeing Scrutiny Commission

Work Programme 2022-23

Date	Topic	Actions arising	Progress
21 Jun 22	<ol style="list-style-type: none"> 1. COVID19 Vaccination Progress & Vaccination Champions Update 2. Emerging Trends & Ongoing Health Issues 3. Rough Sleepers Drug and Alcohol treatment Programme 	<p>Note: the UHL accounts will be taken as a verbal update at Joint Health on 27 June 2022</p> <ol style="list-style-type: none"> 1. Information on current infection rates and the £485k Vaccinations Champions funding was requested by the Commission. 2. Suggested item to cover updates on health-related issues 3. Request for Members of Housing Scrutiny to be invited for this item. 	
11 Aug 22	<ol style="list-style-type: none"> 1. Update on COVID19/Vaccination Programme & Emerging Health Issues 2. CQC Report: Urgent/Emergency Care across LLR (UHL) 3. Leicester Health, Care and Wellbeing Strategy 2022-2027 (ICS Place Led Plan) 4. Update on Sexual Health Services / Contraception and PrEP (Pre-exposure to HIV) service 5. 0-19 Commissioning Update 	<ol style="list-style-type: none"> 3. Following the approval from the HWB Board. 4. Update report expected on an annual basis. 5. Item deferred from the previous year due to COVID. 	

Date	Topic	Actions arising	Progress
6 Oct 22	1. Access to GP services and Community Pharmacy Services Update 2. Long COVID Update 3. Results of 'How are you, Leicester?' (Potential Joint Meeting with ASC)	1. Comprehensive update following the collection of more data (last update was received by the Commission in January 2022). 2. Update requested by the Commission following previous information in Jan 2022. 3. Survey was conducted by the Council over the summer, with the consultation ending in June.	
1 Dec 22	1. Colour Dyers Ltd – Update 2. School Nursing Provision 3. Alcohol Strategy Update and link to Obesity 4. Autumn/Winter Flu Vaccinations 5. Review Report – BLM and NHS Workforce	1. Updated report with comparative figures relating to referrals pre and post COVID was requested. 2. A report detailing links to obesity was requested. 3. Information on the seasonal flu programme from CCGs. 4. Findings and recommendations of the Health Scrutiny's Task Group to be presented before going to OSC for endorsement.	
17 Jan 23	1. Oral Health Services 2. Draft General Fund Revenue Budget & Draft Capital Programme 2023-24	1. Future item to be presented on the broader issues of oral health, with a focus on the issue of NHS vs private practices. 2. Standard item to be taken to all Commissions.	
16 Mar 23	1. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population) 2. Tobacco Control (Public Health)	Annual updates requested for both items.	

Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - No decisions due to be taken under this heading for the current period (on or after 1 May 2022)		
COVID19 Update and Vaccinations Update	Was previously a standing item on the agenda in the last civic year. Commission to request updates where appropriate.	June 2022
Alcohol Strategy	Update given in December 2021, with a further update expected in a year with information on links to obesity.	December 2022
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	August 2022
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, with pre-COVID information and pregnancy data.	Completed in Sept 2021; tbc August 2022
Review Report – BLM and NHS Workforce: progress update	Anticipated that the completed report will come to the Commission this year.	August 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Late 2022
Updates on Obesity (whole systems approach)	Completed in Dec 2021, an update requested in the next cycle of meetings.	Winter 2022
Consultation Response to UHL Reconfiguration; now Updates on Reconfiguration Proposals	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.	March 2022

Topic	Detail	Proposed Date
UHL Financial Adjustment - Update	Information on the Development Programme from Deloitte and involvement in board selection processes – audit reports delayed from 2021 to Summer 2022.	JHOSC (June 2022)
Long COVID	Updates given in July 2021 and Jan 2022, with a view for a further update to return this year.	October 2022
Integrated Care Services (ICS)	In January 2022, the Commission requested a diagram explaining the structure of the ICS and sharing the draft constitution, once ready.	June 2022, with further updates expected later.
Draft Revenue Budget and Draft Capital Programme	Standard report to go to all Commissions	January 2023
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPE Scrutiny. Initially taken in Nov 2021	December 2022.
Community Pharmacy Service	Initial update given in Sept 2021 with follow up information in Nov 2021 and Jan 2022.	October 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; relating to ICS Place Led Plans	Leicester health, care, and wellbeing delivery plan - to improve future health outcomes of the people of Leicester.	Summer 2022
Tobacco Control	Report from the Public Health team	March 2023
Oral Health	Following the 3-year-old oral health survey, Commission requested report on broader issues around oral health.	January 2023
Local Plan	Upcoming item for all Commissions to consider	August 2022 tbc
Rough Sleepers Drug and Alcohol treatment Programme	Requested to be added to the work programme, with Commission Members from Housing Scrutiny to be invited.	June 2022
Results of 'How are you, Leicester?'	Consultation conducted by Public Health in Summer 2022.	October 2022