
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 26 SEPTEMBER 2024

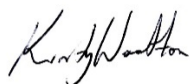
Time: 9:30 am

Location:

MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

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City Mayor



Leicestershire
Police
Protecting our communities



University Hospitals of Leicester 

Caring at its best



Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

MEMBERS OF THE BOARD

Councillors:

Councillor Sarah Russell, Deputy City Mayor, Social Care, Health and Community Safety (Chair)

Councillor Elaine Pantling, Assistant City Mayor, Education

Councillor Geoff Whittle, Assistant City Mayor, Environment and Transport

2 Vacancies

City Council Officers:

Rob Howard, Director Public Health

Laurence Jones, Strategic Director of Social Care and Education

Dr Katherine Packham, Public Health Consultant

1 Vacancy

NHS Representatives:

Caroline Trevithick, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Rachna Vyas, Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Helen Mather, Associate Director of Elective Care, Cancer and Diagnostics, Leicester, Leicestershire and Rutland Integrated Care Board

Dr Avi Prasad, Place Board Clinical Lead, Integrated Care Board

Dr Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust

Jean Knight, Deputy Chief Executive, Leicestershire Partnership NHS Trust

Pauline Tagg, Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System

Healthwatch / Other Representatives:

Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Kevin Routledge, Strategic Sports Alliance Group

[To be advised], Leicester, Leicestershire Enterprise Partnership

Barney Thorne, Mental Health Manager, Local Policing Directorate, Leicestershire Police

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University

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- ✓ 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 Kirsty Wootton, Governance Services Officer, Kirsty.Wootton@leicester.gov.uk.

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

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Governance 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 to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 12)**

The minutes of the previous meeting of the Health and Wellbeing Board held on 27 June 2024 are attached and the Board is asked to confirm them as a correct record.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair is to invite questions from members of the public.

5. BCF 24-25 PLANNING

**Appendix B
(Pages 13 - 16)**

The Board is asked to acknowledge the engagement and governance processes to date, as well as to review all three final submission BCF templates that detail the breakdown the allocation and are reviewed by the JICB members and recommended for the approval of the submission to the Board.

The BCF planning template 24-25 will be circulated to members separately.

6. MENTAL HEALTH PROGRAMME BOARD UPDATE

**Appendix C
(Pages 17 - 40)**

An overview of the Mental Health Partnership Board (MHPB) will be provided. The Board brings together various partners, along with those who have lived experience of mental illness and carers.

7. HEALTHWATCH - END OF YEAR REVIEW OF PRIORITIES & FUTURE PLANS

**Appendix D
(Pages 41 - 68)**

The Healthwatch Leicester and Healthwatch Leicestershire's (HWLL) Annual Report for 2023-24 will be presented which provides a summary of the activity it has undertaken this year as a jointly commissioned contract.

8. PREVENTION & HEALTH INEQUALITIES STEERING GROUP

**Appendix E
(Pages 69 - 96)**

An update will be presented on the outcomes of a recent workshop and the development of the priorities for the strategic group which has been established to provide direction and alignment on prevention priorities to address health inequalities in the City.

9. HEALTH AND WELLBEING BOARD PRIORITY LOGIC MODELS

**Appendix F
(Pages 97 - 114)**

The priority leads will present their logic models for their new priority areas following the replacement of the 'six' do priorities, along with a verbal update of the newly established subgroup of the Health and Wellbeing Board that is a merge of the JICB and ISOC.

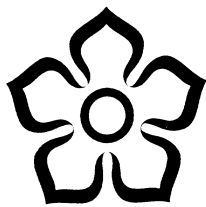
10. DATES OF FUTURE MEETINGS

The Board will be asked to note the remaining meetings for 2024/25:

Thursday 12 December 2024 – 9.30am
Thursday 6 March 2025 – 9.30am

Meetings of the Board are scheduled to be held in Meeting Rooms G.01 at City Hall unless stated otherwise on the agenda for the meeting.

11. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: THURSDAY, 27 JUNE 2024 at 9:30 am

Present:

Councillor Sarah Russell (Chair)	– Deputy City Mayor, Social Care, Health, and Community Safety, Leicester City Council
Rob Howard	– Director of Public Health, Leicester City Council.
Jean Knight	– Deputy Chief Executive, Leicestershire Partnership NHS Trust.
Kash Bhayani	– Healthwatch Advisory Board, Leicester and Leicestershire.
Kevin Allen-Khimani	– Chief Executive, Voluntary Action Leicester.
Dr Ruw Abeyratne	– Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Mary Hall	– Public Health Consultant, Leicester City Council.
Dr Avi Prasad	– Co-Chair, Leicester City Clinical Commissioning Group.
Barney Thorne	– Mental Health Manager, Leicestershire Police.
Councillor Geoff Whittle	– Assistant City Mayor, Environment and Transport, Leicester City Council.
Councillor Elaine Pantling	- Assistant City Mayor, Education, Leicester City Council
Rachna Vyas	- Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board

In Attendance

Laura French	Public Health Consultant, Leicester City Council
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Amy Endicott	Programme Manager, Leicester City Council
Mark Wheatley	Programme Manager, Leicester City Council
Diana Humphries	Programme Manager, Leicester City Council
Georgia Humby	Governance Services, Leicester City Council
Kirsty Wootton	Governance Services, Leicester City Council
Amanda Toussaint	African Heritage Alliance
Lucy Baxter	Observer

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71. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Caroline Trevithick - LLR ICB Chief Nursing Officer & LLR ICB Deputy Chief Executive
- Dr Kath Packham - Consultant in Public Health (PH), Leicester City Council
- Helen Mather - City Place Lead - Leicester, Leicestershire, and Rutland Integrated Care Board (LLR ICB)
- Harsha Kotecha - Chair of Healthwatch Leicester and Leicestershire
- Kevin Routledge – Strategic Sports Alliance Group
- Benjamin Bee - Area Manager Community Risk, Leicestershire Fire & Rescue Service
- Bertha Ochieng – Professor of Integrated Health and Social Care at De Montfort University.

72. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

73. MEMBERSHIP OF THE BOARD

The membership of the Health and Wellbeing Board for 2024/25 was noted.

74. TERMS OF REFERENCE

The Terms of Reference were noted.

75. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 18 April 2024 were agreed to be a correct record.

76. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that no questions from members of the public had been received.

77. HEALTH NEEDS ASSESSMENT

The Public Health Consultant presented the findings of the Sexual Health Needs Assessment highlighting that all local authorities accessing the Public Health Grant must provide open access, integrated sexual services. As part of the presentation, it was noted that:

- The needs assessment is a systematic approach to ensure procurement secures the services that meet the needs of the population.
- The methodology involved considering comparable areas to see what they are doing, and looking at data from ONS, Public Health, sexual health providers and UHL.
- Opinions were sought from experts and local providers and a public consultation was ran simultaneously.

The assessment found that:

- Leicester was ranked 58th of 154 upper tier local authorities for new STI diagnoses in 2023 (excluding chlamydia). This rate was slightly lower than the national average.
- Diagnoses in young people (aged 15-24) of new STI's was higher than the national average.
- Chlamydia was still the most diagnosed STI (measured separately).
- The rates of gonorrhoea had increased, this was a trend reflected nationally.
- Leicester has a high prevalence rate of HIV and whilst testing has been good there is a high prevalence of late diagnoses resulting in worse outcomes.
- The uptake of long term and reversible contraceptives was lower than

the national average, with noticeable variations between different communities.

- GP surgeries have been decreasing their spending and prescribing of contraception year on year as there has been a shift in where contraception has been accessed.
- Provision of postnatal contraception needed to be improved.
- Leicester had higher than national rates for termination of pregnancy and this had increased, which was an area of focus nationally by health teams.
- Under 18 conception rates have fallen significantly – 80% since 1999. Leicester rates overall are comparable to the national average, yet there is significant variation across different City wards with more deprived areas having higher rates of conception than the national average.
- Leicester had demographic features which have created challenges such as:
 - a younger than average population which has been the group accessing services the most;
 - areas of severe deprivation which has correlated to poorer sexual health outcomes;
 - diversity which has impacted how services have been accessed;
 - vulnerable communities whose specific needs have to be accounted for.

The Sexual Health Needs Assessment makes over 30 recommendations with the 12 identified in the Executive Summary. The key themes of the recommendations include:

- Access – range of methods including telephone and online
- Service user led services
- Better integration across the system

The key challenges identified in meeting recommendations was the funding, staffing and changes to ways of working that have occurred, alongside the rise in some STI's, abortion rates and the challenges identified in impacting on HIV. The Chair thanked the Public Health Consultant for a very thorough summary that encompassed an extensive amount of work. As part of discussions the Chair queried whether the low STI diagnoses rate was due to an unmet need or whether a good job was being done. Members also queried what could be done to encourage repeat testing around HIV. It was noted that too many options can be detrimental to people accessing services and a simpler route may be better, for example a 'one stop' telephone or website to prevent confusion.

AGREED:

- The Board thanked Officers for the presentation.
- The audit for the HIV action plan be brought to the Board when completed.

78. SEXUAL HEALTH SERVICES CONSULTATION

The Public Health Consultant presented the findings of the Sexual Health Services Consultation and it was noted that:

- The previous contract ended on 31 March 2024 having been extended through the pandemic.
- The new contract started on 1 April 2024 and has been awarded to the same provider– The Midlands Partnership Foundation Trust.
- The major difference was that the City have procured this independently of Leicestershire or Rutland due to the service requirements needed by the populations in each area.
- There is a national specification framework for sexual health services, but the consultation was to ensure that services met the needs of communities in the City. The aim was not to make substantive changes to the model as it was well thought of by service users and staff, but input was needed about how services could be delivered and how needs could be met of specific communities.
- This process involved a comprehensive engagement process between January and March 2023 to inform the specification for services.
- Health inequalities are varied across different stages of the life course and are impacted by various factors – sexual health is part of the health inequalities.
- Systematic differences in sexual health – Those living with deprivation will be more likely to be living with poor sexual health. Certain demographic groups and areas are also more vulnerable to poor sexual health.
- The main hub in the Haymarket was well thought of by users, however some clinics have become less used with no apparent reason.

There were 5 key themes identified in responses to the consultation:

1. Education and training
2. Beliefs and perceptions around sexual health
3. Barriers to accessing services

4. The important of age-appropriate services

5. Information sharing and signposting.

Following a summary of the consultation responses, it was noted that:

- There was a keenness for booking appointments online.
- Most people favour a mix of appointments, including face-to-face services pre-bookable and drop in. It was found that generally older people prefer booking whereas younger people prefer drop ins.
- The walk-in clinic has been reinstated after being suspended during the pandemic.
- Further consideration is needed to work with communities.
- The single point of access is taking longer than hoped due to the procurement process.
- There has been ongoing work implementing the national women's health strategy and HIV action plan.
- A gap was identified in young people representation so a consultation is being devised to feed their views in.

The Chair and members commented that it was an excellent presentation and large amounts of work has occurred to produce it all. As part of discussions, it was suggested that the move to more online services may put off people accessing longer working contraceptives. It was noted that midwives are now being trained to fit contraception to aid in uptake, along with funding for red boxes to educate people in different community and education settings to choose different contraception options. As other ways to reach into communities, it was arranged for a link worker to take some people to walk-in centre as people weren't aware of where to go for access. Following on from this, a more systematic approach is being considered for accessing communities and community champions have been brought in.

AGREED:

- The Board thanked Officers for the presentation.

79. TUBERCULOSIS IN LEICESTER

- The Public Health Consultant presented an update on Tuberculosis in the City following a development session that looked more closely at the recent increase in TB cases and how to address this. As part of the presentation it was noted that:
- TB is an infection that mainly affects the lungs. Symptoms are dependent on where in the body is infected but is only infectious when in the lungs.

- TB can be latent; 5-10% of individuals who have had latent TB will develop active TB.
- The treatment for TB is very long (6 months) and uncomfortable.
- Incidence of TB vary across the country but new notifications in Leicester are the second highest in the country.
- 80% of active TB cases in 2022 were in people born outside of the UK. One quarter of those born in the UK with TB have at least one social risk factor.
- The highest number of cases in the UK born population was found in those from a white background. The most common countries of birth for non-UK born residents are India, Pakistan, Romania, Bangladesh and Eritrea.
- Rates of TB have increased since 2018, the largest increase was in 2023.
- Over 50% cases have been in UK for over 6 years, this means a missed opportunity in the screening programme. Individuals could be screened for inactive TB when they have entered the UK.
- Latent screening programming uptake has reduced since 2019 and there has been large variation in uptake across the City. Many more cases of latent TB could be identified.
- The increased rates of TB could be due to changing patterns of migration, delayed diagnosis, lack of uptake of the screening programme, access to the treatment and the treatment itself, stigma within and without communities and social risk factors such homelessness, prison, alcohol and drug use.

To address the rising cases in Leicester, it was noted that:

- There has been a GIRFT review of which they are awaiting the report.
- There is also an LLR TB strategy and an audit of the latent TB strategy is being developed as part of an action plan.
- There is a need to lobby for funding and raising awareness. It needs collective action and the targeting of resources where the greatest need is.

As part of discussions the current contact tracing method was outlined and it was noted that if someone has spent time with someone who had an active case of TB letters were being issued but it was highlighted that treatment is optional. Health partners enquired about what more can be done in their remit to help, and the Public Health Consultant advised this would be addressed in the strategy but suggested more visibility about signs and symptoms, the pathways of treatment and working with GP practises would be beneficial, but

the resource constraints faced by the sector was noted. The issue of residential status was also raised as something that may hold people back from seeking treatment in this country.

AGREED:

- Public Health and ICB Chief Operating Officer to follow up on a more in-depth analysis of communities and ethnicities.
- An update to be brought to the Board in future.

80. HEALTH & WELLBEING BOARD ANNUAL REPORT

The Programme Manager in Public Health presented the Health and Wellbeing Annual Report and gave an overview of the key points. It was noted that:

- The Terms of Reference of the board require a report to go to the Council Executive and ICB annually to ensure public accountability.
- The feedback from the Executive and ICB was favourable on the amount of progress and work during the period and the partnership working approaches.
- The report had been compiled with multiple partners, so the Programme Manager expressed thanks for the contributions and comprehensiveness.
- There was no report during the pandemic, so this report covered an 18-month period to bridge the gap until the 2023/24 report is due later this year.
- Since the reporting period ended, there had been revision of staffing and format of the plan to allow for a greater detail of outcomes and actions, so it has meant data gathering took longer, but it had allowed a clearer view of how the plan has progressed.

The report gave an overview of the Board and its key purpose, including:

- How the Board operates, the statutory duties, and how they are enacted and the progress in delivering the action plan of the HWB strategy.
- There was a summary of the work of the partnership boards such as the Joint Integrated Commissioning Board, the Disability Partnership Board and the Mental Health Partnership Board.
- The key communications and engagement activity with stakeholders and local people and how this has shaped the work of the Board.
- Outlines the key challenges and achievements in the reporting period.

The report for 2023/24 was being drafted. This has a different format to allow for the priorities outlined in the strategy. Any comments would be welcomed for further elements that could be included.

As part of the discussion following the report it was noted that the Board has had a large number of achievements. It was also noted that a development day was recently held and a new reporting approach of focusing on four key priorities was agreed as a possibility. A further development session will be held with the Board to implement this.

AGREED:

- The Board noted the report.
- The Board will continue to monitor priorities, actions and progress.

81. ADDRESSING RACIAL DISPARITIES IN MATERNAL OUTCOMES FOR THE POPULATION OF LEICESTER, LEICESTERSHIRE AND RUTLAND - DRAFT

The Chair agreed to alter the order of the agenda and bring this item forward.

The Director of Health Equality and Inclusion at the University Hospitals of Leicester, presented the item and it was noted that:

- The Director thanked everyone for their involvement and work on the report.
- The aim of the report was to specifically answer what is happening in Leicester to address the race related disparities in maternal experiences and outcomes experienced by women during pregnancy and childbirth.
- The report was requested as data shows Black and Asian women are more likely to experience adverse care or die during their maternity journey and this has been reflected locally. In recent years, all maternal deaths have been women of colour.
- A group of stakeholders and experts were convened, and they explored existing work that addressed racial disparities This was an ongoing process for 18 months as every time something was investigated, it became apparent there was more going on which would need to be included in the report.
- The report had been aligned to a national report called 5 times more which outlines 3 key areas for action which are knowledge, attitude and assumptions.
- 6 themes within the report were highlighted that should happen in any work to improve outcomes in maternal care through the lens in equity The intention is to move to proactive approach moving forward in how to deliver services.
- Mental health is focused on as exemplar of how integrated services should be done and the Director recommends that the themes identified

should be applied to all clinical areas.

The Board recognised the huge amount of work and participation of a range of organisations involved in this and thanked the Director of Health Equality and Inclusion at the University Hospitals of Leicester. The Chair also requested that this work inform the women's health strategy.

AGREED:

- The report to come back to the Board and progress be monitored.

82. BLACK MENTAL HEALTH AND ME REPORT

The Programme Manager for Mental Health in Public Health and a representative from the African Heritage Alliance presented the Black Mental Health and Me Report. The report considered how Black/Black British individuals experience the mental health in Leicester in which it was noted that:

- Past initiatives from the last 20 years show people from ethnic minorities are more likely to be compulsorily detained, to be treated in hospital, to be subject to measures like seclusion and to encounter health services through the criminal justice system.
- This has been found to be still the same case now and there has been an overrepresentation of Black/ Black British individuals in the mental health system.
- There is a lack of understanding of the nuances of Black mental health, meaning individuals have waited until crisis point to access system.
- The key themes that were found in the report that have prevented access of the mental health system in the early stages of illness are previous experiences of the system, challenges with the mental health system and the effectiveness of handling issues of diversity and inclusion.
- The recommendations are suggested as route map for addressing the issues mentioned and included identifying individuals before they reach a critical point and providing education and training for practitioners around nuances of Black mental health.
- It was highlighted that the African Caribbean Centre offers an opportunity in the City for outreach work, a liaison point and a voice for the community. It will require time to implement – 5 years was suggested – to measure and evaluate to see that things have moved in the right direction.
- The representative from the African Heritage Alliance asked that no

more data or reports are requested but action occurs.

As part of discussions, it was noted that:

- Recommendations contained within the report are clear.
- Leicestershire Police have been trying to engage more with communities following unrest in the City.
- It is not only mental health, this issue intersects with health overall. A conversation about the experience of the Black community in health settings would be useful. UHL will embark on a process of having those conversations at a senior lead level to facilitate actual change in the system.
- It would be good to have a conversation of how to make the organisations aware of the nuances. It was suggested there is a lack of awareness of nuances in the 'English' language used by the Black community. There could be more education about symptoms of Black mental health and on the language used in health care settings. Leicestershire Police requested data from the African Heritage Alliance to assess the proportionality of detainment under the mental health act in line with the demography of the city.
- LPT suggested to take the report to the Mental Health Collaborative to help design services moving forward.
- VAL offered to link in with African Heritage Alliance to discuss where more mental health cafes could be set up and how to ensure appropriate training.

AGREED:

- The Mental Health Collaborative to bring a report back to the Board to update on progress with the recommendations in 6 months.

83. DATES OF FUTURE MEETINGS

It was noted that the Board would now operate under the new Terms of Reference with a move to four board meetings per municipal year and the next meeting would take place on 26 September.

84. ANY OTHER URGENT BUSINESS

There being no other urgent business, the meeting closed at 11.28.



LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

Subject:	Leicester City BCF 2024/25 Planning Template
Presented to the Health and Wellbeing Board by:	Ruth Lake, Director of Adult Social Care and Safeguarding, Leicester City Council
Author:	Mayur Patel, Head of Integration & Transformation, LLR ICB

EXECUTIVE SUMMARY:

Purpose and Summary of the report:

1. Areas were required to submit a completed BCF 2024-25 update template to their Better Care Manager copied in by **10 June 2024**.
2. There is no requirement for a separate narrative plan submission, as the 2023-25 narrative plan will still apply. Some specific questions requiring narrative answers are included in the template. These will be used to help with assurance of the updates.
3. The Leicester City plan was developed in consultation with the city place based groups (Integrated Systems of Care Group / Joint integrated Commissioning Board), submitted by the deadline and has subsequently received national approval.
4. Health and Wellbeing Board members are asked to acknowledge engagement and governance process to date and formally endorse the plan.

Briefing paper - BCF Planning 2024-2025

Context

1. Better Care Fund (BCF) Planning Requirements and subsequent documents for the financial year 2024-2025 have a submission deadline of:
 - a. **10th June 2024**
2. Each BCF Plan needs to be approved by the relevant HWB (or its chair), CEO of Council and Accountable Officer of ICB prior to submission as per previous years, and as per the national governance requirements.
3. As we were already in M3 of 2024 we have commenced partnership working with our system partners as outlined in our BCF Framework 2023 - 25 to ensure these deadlines are met across each place, with a clear understanding that narrative will be written where system programmes are referenced, with localisation for each section of the plan where required.

BCF contribution

4. LLR ICB has complied with the requirement to make the minimum BCF contribution to the local authority.

Local Authority	23/24 ICB Contribution to BCF	24/25 ICB Contribution to BCF
	£'000	£'000
Leicester City Council	29,727	31,410

5. LLR ICB Discharge Grant – LLR ICB received discharge grant which require to be pooled in BCF. ICB has been liaising with the 3 local authorities on the plan ensuring criteria and deliverables are being met.

	23/24 ICB Discharge Grant	24/25 ICB Discharge Grant
	£'000	£'000
Leicester, Leicestershire and Rutland ICB	4,749	8,732

Requirement Snapshot

6. Each year, each BCF plan and template must demonstrate compliance against a set of national conditions. The BCF Policy Framework sets out the four national conditions that all BCF plans must meet to be approved. These are:
 - **National Condition 1:** Plans to be jointly agreed
 - **National Condition 2:** Enabling people to stay well, safe and independent at home for longer
 - **National Condition 3:** Provide the right care in the right place at the right time
 - **National Condition 4:** Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

7. NHS England has published allocations from the national ringfenced NHS contribution for each ICB and Health and Wellbeing Board (HWB) area for 2023-24 and 2024-25. As with 2022-23, the allocations of the NHS contribution to the BCF have been increased by **5.66%** for each HWB area.
8. The grant determination for the iBCF in 2023-24 was issued on 4th April 2023. Since 2020-21, funding that was previously paid as a separate grant for managing winter pressures has been included as part of the iBCF grant but is not ringfenced for use in winter.
9. The ringfenced Disabled Facilities Grant (DFG) funding continues to be allocated through the BCF and will continue to be paid to upper-tier local councils. The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities. Therefore, each area must ensure that sufficient funding is allocated from the DFG monies to enable housing authorities to continue to meet their statutory duty to provide adaptations to the homes of eligible people of all ages.
10. In 2023-24, the Government is providing £600 million (£300 million for ICBs, £300 million for local councils) to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in 2022-23 the ICB will agree with relevant local HWBs how the ICB element of funding will be allocated rather than being set as part of overall BCF allocations, and this should be based on allocations proportionate to local area need.
11. Spending related conditions: In each HWB area, the minimum expected expenditure on social care spending and spending on NHS commissioned out of hospital services from the NHS minimum contribution is maintained in line with the percentage uplift in the NHS minimum contribution to the BCF. The NHS minimum contributions for social care and NHS commissioned out of hospital spend for all HWB areas in both 2023-24 and 2024-25 has been uplifted by 5.66%.
12. The 2023-25 BCF Policy Framework sets national metrics (performance objectives) that must be included in BCF plans.

Approach across health and care

13. Given the strength of our BCF submissions in previous years, our approach remains largely the same - where possible, system level narrative through each programme lead will be provided, with localisation where required.
14. This year, once again, the system has the opportunity to learn from each of the 3 LLR place based BCF programmes, taking the strength of each to continuously improve their work to support people to remain independent and safe in their own homes and to access Reablement, Recovery and Rehabilitation programmes either on step up or step down criteria.

Governance process to date

15. Each place is still operating under slightly different governance arrangements; where possible, we have standardised the engagement with stakeholders such as

our PCN Clinical Directors and Clinical Leads and elected members in each place, as well formal approval routes.

16. Table below outlines the governance process for Leicester City.

Governance arrangements	Leicester City
<p>Draft Plan 24-25</p> <p>Placed based updated plan to receive for information</p>	<p>ISOC:</p> <ul style="list-style-type: none"> • 21st May • 18th June <p>JICB:</p> <ul style="list-style-type: none"> • 23rd May • 27th June
HWBB approval (virtual or retrospective where applicable)	26 th September
Exec/Lead notifications and sign off (ICB and HWBB – virtual where applicable)	<p>Caroline Trevithick (ICB)</p> <p>Rachna Vyas (ICB)</p> <p>Laurence Jones (LCC)</p> <p>Cllr Sarah Russell (LCC)</p>

Appendices:	<ul style="list-style-type: none"> • Appendix A - City BCF 2024/25 Planning Document
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LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

Subject:	Mental Health Partnership Board update
Presented to the Health and Wellbeing Board by:	Natasha Bednall – Lead Commissioner in Adult Social Care
Author:	Natasha Bednall

EXECUTIVE SUMMARY:

The Mental Health Partnership Board brings together various partners including health, social care, the voluntary sector, employment services, housing and the police. The board is also attended by people with lived experience of mental illness and by carers.

The Board has drives forward actions on the [Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25](#) (delivery plan at Appendix A). The strategy has three key priorities:

- Prevention: ensuring that a range of preventative services are available to help people from all communities manage their mental health and increase their resilience and wellbeing. Initiatives to reduce mental health stigma will be supported and we will continue to support work to prevent suicide. We will increase physical health checks for people with a serious mental illness.
- Accommodation: mental health needs will be considered equal to physical health needs in the allocation of housing. People will have a choice of housing to allow them to maintain contact with friends and family and to maximise their independence.
- Education, Employment & Volunteering: We will support people with mental ill health to maintain and retain meaningful employment. Education and training opportunities for people experiencing mental ill health will be identified and supported. We will identify and promote volunteering opportunities for people with mental ill health.

The Board continues to embed in its role as the place-based board for mental health in Leicester City, including taking ownership of the Healthy Minds priority under the Care, Health and Wellbeing Strategy. As part of the refresh of the strategy, the Board reviewed what should be a key focus under the Healthy Minds priority and supported mental health and wellbeing related to social inclusion and supportive networks.

Agendas for the board are set in co-production with Tania Shah (co-chair for the board who is a person with lived experience) so that in addition to reviewing and shaping work ongoing under the Commissioning Strategy and the Healthy Minds priority, it can also respond to issues and queries raised by the Leicester

Loudspeaker Group (a self-advocacy group for people with lived experience of mental ill health).

Over the coming year, the Board will review progress against the Commissioning Strategy

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the work of the Mental Health Partnership Board.
- Note progress against the delivery plan of the Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25

Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health - Delivery Plan							
	Action Step <i>What needs to be done?</i>	Allocated to	Key performance indicators / outputs <i>How will we know this is having an impact?</i>	Status <i>Where are we now?</i>	Timescale	RAG rating - progress	RAG rating - on track
Prevention							
1	Commissioning review of the Mental Health Wellbeing Recovery Support Service to ensure that all of Leicester's communities benefit from the preventative mental health service.	Adult Social Care	Outcomes as outlined in the specification for the MHWRS – measured through quarterly reporting and regular meetings with the provider.	This service went live on 3rd October 2022. People Potential Possibilities (P3) are now delivering this service in Leicester City. From Spring 2023 - January 2024, the service has: - Had 426 people attend peer support groups - Supported 498 people with Community Recovery Support - Supported over 1,000 people with Advice & Navigation	2021 / 22		

2	Provision of a programme of mental health awareness training to faith groups and community leaders.	Public Health	Details are available of faith groups and community leaders and whether training has been offered/delivered	<p>Mental Health First Aid Training has been delivered to community groups since the start of this strategy. In 2023 alone, 183 people received training.</p> <p>As of October 2023, this piece of work has evolved into the 'Mental Health Friendly Places' initiative, which includes a tiered training offer allowing organisations to work towards accreditation as a <i>Mental Health Friendly Place</i>.</p>	2021/22		
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3	Support the work of the Leicester, Leicestershire and Rutland Suicide Prevention Group to continue to reduce the suicide rate in Leicester.	Public Health	Progress on this strategy is measured against an action plan overseen by the LLR Suicide Audit and Prevention Group	<p>[1] Bereavement support in LLR continues to be delivered by the Tomorrow Project.</p> <p>[2] Men's Mental Health: The <i>Get the Ball Rolling</i> campaign was undertaken to promote mental wellbeing through participation in sports. A webinar on Men's Mental Health was delivered in February 2024 with 250 people signing up.</p> <p>[3] Mental health promotion concerning managing adversity [e.g. people who use foodbanks] Locally, the Suicide Prevention Strategy is being refreshed in conjunction with partners.</p>	2021-25		
4	Ensure that people with a registered serious mental illness (SMI) receive regular physical health checks.	Integrated Care Board	60% of people registered as having SMI getting an annual physical health check	The percentage of people registered as having a SMI is reported on quarterly. In the quarter ending March 2024, the percentage for Leicester City was at 72.7%	2022 / 23		

5	Engage with voluntary, community and social enterprise (VCSE) groups and Primary Care Networks (PCNs) to identify community-based offers in Leicester that will reduce isolation and build mental health resilience in all of Leicester's communities with a focus on those communities with the poorest reported mental health outcomes.	Leicestershire Partnership NHS Trust	<p>:- Infrastructure in place for two-way engagement with the Voluntary Sector</p> <ul style="list-style-type: none"> - Voluntary Sector projects that support mental wellbeing are supported - Comms resources around mental health offers available 	<p>The Getting Help in Neighbourhoods Pathfinder is being rolled out across LLR with three neighbourhood leads appointed in Leicester City. The Better Mental Health For All VCS network was launched to promote collaborative working across partners. This allows the voluntary sector to represent themselves with partners supporting. A suite of communications resources have been developed to promote the range of voluntary and statutory offers available to support people experiencing poor mental health & wellbeing. Following feedback from the Voluntary Sector, the rollout of the Joy social prescribing platform is ongoing across Leicester and Leicestershire. Once launched, data from the platform can be used to</p>	2021 -23		
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				<p>gain insight into the offers that people search for and access</p> <p>Voluntary sector offers have also been identified and supported through grant funding, including:</p> <ul style="list-style-type: none">- Neighbourhood Mental Health cafes- Projects funded through the Getting Help in Neighbourhoods programme			
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6	Support transformational activity linked to Step Up to Great (SUTG) to improve all age mental health services in Leicester.	Leicestershire Partnership NHS Trust	Step up to Great will be measured by:- Delivery against a phased implementation plan- Measuring referrals, activity and response times- Patient and carer satisfaction surveys- Peer support workers will be visible in practice and feel capable and supported- Seeking the views of stakeholders who refer to the service- Staff survey and engagement score	Consultation closed. Transformation linked to consultation ongoing. Progress to date includes:- Introduction of a Central Access Point- Supporting people in a crisis in an emergency department setting- Introduction of Urgent Care Hub for Mental Health- Expanding the number of Neighbourhood Mental Health Cafes (formerly known as Crisis Cafes).- Improving and expanding crisis services- Expanding the hours of the police triage car- Introducing more support to help people to support themselves- Expand perinatal services- Introduce maternal outreach- Introduce enhanced recovery (community rehabilitation)	2021 / 22 (consultation) Transformational activity undertaken across duration of strategy		
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7	Support the <i>Future in Mind</i> Transformation Programme to improve children's mental health in Leicester, Leicestershire and Rutland.	Integrated Care Board	The Future in Mind Transformation Programme encompasses a number of C&YP MH Services delivered by a range of providers working together system wide to provide low, medium and high level emotional, mental health and wellbeing support. Each service provider submits access data to the National NHSE Mental Health Data Set. LLR have a target of 35%. Alongside access data, providers report routine outcome measures (ROMS). Each provider submits quarter monitoring reports including service user feedback and an annual self-evaluation report. A	Future in Mind Transformation Plan refresh 2022/23 completed. Areas for development include:- roll out of training for ARFID (Avoidant restrictive food intake disorder) across the CAMHS Eating Disorder Service and development of a pathway- Funding of programmes around health inequalities including Community Chill Out Zones			
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			proportionate number of providers also provide family and friends national reporting.The Future in Mind Transformation Programme National Service Specifications are monitored through the Monthly National NHSE/I Assurance meetings				
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8	<p>Deliver a programme of work to increase access to evidence-based specialist perinatal mental health services for women experiencing moderate / complex-severe mental health problems.</p>	<p>Leicestershire Partnership NHS Trust</p>	<p>Perinatal mental health services will be available from preconception to 24 months after birth. Access to evidence-based psychological therapies within specialist perinatal mental health services will be expanded so that they also include parent-infant, couple, co-parenting and family interventions. Fathers/partners (of women accessing specialist perinatal mental health services and maternity outreach clinics) will be offered an evidence-based assessment for their mental health and signposting to support as required.</p>	<p>12 – 24 months: where there is a clear perinatal need, women will be seen beyond 12 months, however no new referrals beyond 12 months taken at present. Currently work ongoing to upskill staff on the additional needs that these women have and how these can be met. Review taking place to see what other services in community women can be signposted to e.g. VCSE. Expanding psychological therapies: Work being undertaken on improving understanding of additional cohorts including working across Perinatal mental health and maternal mental health. Improving training for different cohort of staff to meet the needs of the women and to improve access rate. Partners assessments: liaising with mental health peer support team to look</p>	2021 - 24		
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				at how they can inform the approach for perinatal peer support. Further work to include working with VCSE teams to engage better with partners.				
Accommodation								

9	Roll out Leicester City Council's new arrangements for Supported Living, including Enablement and Recovery services.	Leicester City Council - Adult Social Care Commissioning	<p>:- Experiences of people supported inform and improve service development.- The service demonstrates its ability to actively promote and support strength-based approaches to the support provided that maximises health and wellbeing. The enablement service will also be measured based on these specific outcomes:-</p> <p>The service meets the personalised goals of the people it supports.</p> <p>(enablement)- The service demonstrates its ability to effectively support the journey of enablement by supporting a move to greater independence.</p>	Completed – these services are now operational with ongoing contract management.	2021		
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			<p>(enablement)- The service recognises the recovery model and meets the personalised goals of the people it supports. (recovery)- The service demonstrates its ability to effectively support the journey of recovery and enablement by supporting a move to greater independence. (recovery)</p>				
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10	We will improve our supported living and residential services by asking the people who use them how to make things better.	Leicester City Council	Services are designed based on engagement and co-production with people with people who draw on support.	Our new framework for supported living was developed based on what people had to say about how our supported living offer can be improved. We also launched our Supported Living and Extra Care Housing Strategy in March 2021. This outlines what accommodation is needed to support people with a variety of needs including mental health needs.	2021		
11	Work with housing providers, registered social landlords and housing associations to raise awareness of the risks to mental health and wellbeing associated with unsecure housing.	Leicester City Council	The market has access to a range of resources to support increased knowledge and understanding.	Engagement with supported living providers is ongoing via the Supported Living provider forum. Work ongoing to look at how information can be communicated more broadly with housing providers.	2023		

12	Work with Leicester City Council's housing services to raise the profile of mental health needs in housing allocations	Leicester City Council	Housing Allocations policy	<p>Leicester City Council's Housing Allocations' Policy includes 'people whose current housing conditions are having a seriously adverse effect on the physical or mental health' as part of its Band 1 criteria. This means that where someone's home is seriously impacting on their mental health, or where a traumatic event in the associated home or adjacent area is causing the applicant significant mental distress, they will be prioritised on the housing register.</p> <p>Its Band 2 criteria includes 'people whose current housing conditions are having a negative effect on the physical or mental health of the applicant or a member of their household.'</p> <p>This means that consideration is given where an applicant's</p>	2022/23		
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				current home is adversely impacting on the mental health of a household member.			
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13	Work with local authority, health and housing providers on the development of extra care and independent living schemes to provide stable housing options for people with mental ill health, in particular when they are being discharged from hospital.	Leicester City Council	Our Supported Living and Extra Care Strategy outlines plans to realise 396 new units of accommodation between 2021 and 2031	Our Supported Living and Extra Care Housing Strategy outlines what our needs are for accommodation. We have invited accommodation developers to express interest in providing accommodation Since 2021, 45 units of accommodation have been delivered. The demand forecast forming the basis of this strategy is being refreshed.	2021/22		
Employment, Education and Volunteering							

14	Increase the number of people with lived experience of mental health challenges being in paid employment or volunteering to support others with mental health challenges.	LPT	<ul style="list-style-type: none"> • Peer support workers are available to support individuals within neighbourhoods • An established, accredited training course for developing peer support workers (inc. volunteers) delivered by local practitioners • Patient and carer satisfaction surveys • Seeking the views of stakeholders who refer to the service • Staff survey and engagement score 	<p>To date, 38 peer support workers have been recruited.</p> <p>Peer support worker training courses are taking place on a termly basis. The courses are being delivered in partnership with ImROC, a leader in this field.</p>	2021/22		
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15	Engage with education agencies, volunteering organisations and employers to provide information on reasonable adjustments that can support people with a range of mental health conditions.	Department of Work & Pensions / Leicester Employment Hub	Education agencies, volunteering organisations and employers have access to a range of resources to support people with a mental health condition to access employment, education and volunteering.	DWP have a schools advisor who engages with organisations about reasonable adjustment. More broadly, DWP promote the health adjustment passport and the mental health function of Access to Work amongst employers. in 2023, the DWP carried out 136 health-related conversations with employers in Leicester City. 133 Disability Confident Employers in Leicester. Leicester Employment Hub works with employers to consider reasonable adjustments that could be put in place with local employers so that people with disabilities can access employment opportunities.	2021-23		
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16	Promote the work of Leicester Employment Hub and ensure that people with mental health conditions are able to access opportunities.	Leicester Employment Hub	All partners are aware of and can distribute the Leicester Employment Hub offer.	The Leicester Employment Hub promotes opportunities on an ongoing basis via its partner mailing list. The work of the Leicester Employment Hub has been promoted via the Mental Health Partnership Board so that a broad range of partners are aware of how they support people with mental ill health.	2021-23		
17	Work with people who use services and with carers to produce case studies demonstrating the positive impact that employment, education and volunteering can have for people experiencing mental health issues	Leicester City Council	People have a way of sharing their lived experience of the effect of employment, education and volunteering.	Work ongoing to look at how case studies are used across partners to promote the positive impact of employment on mental health	2022/23		

18	Double the employment support offer to for people with more severe mental illness through the Individual Placement and Support model, as recommended in the Five Year Forward View for Mental Health.	LPT	<p>This is nationally monitored through IPS Mental Health Data Set (1st April 2021)</p> <p>It is also monitored through feedback of people who use the service, Friends and Family Test</p>	<p>Work is ongoing – a representative from the Employment Support Service will attend a future meeting to provide information on the service and how it is evolving.</p>	2021/22	
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19	Seek external funding opportunities to meet gaps in provision in addressing employment, education and volunteering support.	Leicester City Council / DWP	We have made the best use of available funding to promote employment, education and volunteering opportunities for people experiencing mental ill health	The Supported Employment Programme is delivered jointly between Adult Social Care, Leicester Employment Hub and the Department of Work and Pensions to support people with a learning disability and/or autism into employment. Though people with mental health support needs are not the target group for this project, it is anticipated that there will be people with a dual diagnosis of mental illness and a learning disability and/or autism that will benefit from support. The Department of Work and Pensions is linked into the Mental Health Partnership Board so that any future opportunities can be identified and benefits realised.	2022/23		
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20	Work with colleagues from the Department for Work and Pension and Job Centre Plus to communicate issues raised by people who use services and carers relating to benefits and support to return to work.	Department of Work & Pensions	There is an effective feedback loop between people with lived experience and the Department of Work and Pensions and Job Centre Plus.	DWP are attendees at MHPB will use this as a vehicle for engagement where needed - Agreed regular updates from DWP at the MHPB to facilitate this.	2022/23		
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LEICESTER CITY HEALTH AND WELLBEING BOARD
26 September 2024

Subject:	The Value of Listening - Annual Report
Presented to the Health and Wellbeing Board by:	Healthwatch Leicester and Healthwatch Leicestershire
Author:	Gemma Barrow, Healthwatch Manager

EXECUTIVE SUMMARY:

The purpose of this report is to present Healthwatch Leicester and Healthwatch Leicestershire's (HWLL) Annual Report for 2023-24 which provides a summary of the activity it has undertaken this year as a jointly commissioned contract.

As an independent statutory body, we have the power to make sure NHS leaders and other decision-makers listen to local feedback and improve standards of care. The report gives examples of the work undertaken with statutory partners and illustrates how Healthwatch has worked to support the public in accessing information about Health and Social Care services.

The legal foundations of Healthwatch Leicester and Healthwatch Leicestershire are set out in the Health and Social Care Act 2012.

CONSULTATION/ PATIENT AND PUBLIC INVOLVEMENT:

Over 8000 people came to us last year to seek information or to share their experiences with us. Our annual report provides details about what we did this year and how we have helped improve services.

- We published 12 reports about the improvements people would like to see to health and social care services.
- We attended 248 events to listen to local people. People told us about the challenges of accessing GP Practices, NHS dentists and hospital waiting lists.
- We made a significant impact by actively listening to the voices of asylum seekers residing in hotels across the city and county.
- We invited 20 Bangladeshi women to a partnership event on 'Empowering NHS patients and resolving complaints' to hear their views and discuss their concerns with service providers.
- On World Mental Health Day, we revitalised the 'RU OK' campaign and provided information to the public at three local train stations. We engaged with over 1000 commuters.

- We conducted 17 Enter & View visits including two Enter & View visits to Community Diagnostic Centres, providing valuable insights and contributing to the enhancement of community health services.
- We hosted ten 'Chai, Coffee and Chat' events. These events provided us with opportunities for open discussions, networking opportunities and gathering feedback from diverse communities.
- During Pride History Month, we actively engaged with LGBTQ+ communities.

IMPACT:

We collaborate with other Healthwatch to ensure the experiences of people in Leicester and Leicestershire influence decisions made about services at the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) level.

Our report on 'Living with Dementia in Leicester, Leicestershire, and Rutland' identified inconsistencies in diagnostic pathways and services for dementia patients. Our findings and recommendations have fed directly into the LLR Dementia Programme Board's revised Dementia Strategy 2024-2029, ensuring that the needs and gaps identified will be addressed to improve care for dementia patients. Please refer to <https://www.healthandcareleicestershire.co.uk/living-well-with-dementia-strategy-2024-2028/>

Our joint visits to the Leicester Royal Infirmary Adult Emergency Department (ED) have led to improvements for patients. Acting on patient feedback, University Hospitals of Leicester NHS Trust (UHL) has removed the confusing electronic displays, improved wheelchair access and implemented better patient calling methods. Please refer to <https://healthwatchll.com/news/adults-emergency-department-at-leicester-royal-infirmary-one-year-on/>

Access to NHS Dentistry remains a high concern across LLR. We have engaged with the LLR Integrated Care Board (ICB) and regional commissioners to ensure the National Recovery Plan's ambitions lead to local improvements. We actively listened to local communities and have called for better access, participating in various activities to address this critical issue.

PRIORITIES FOR 2024-25:

Building on 10 years of Healthwatch this year 2024-25, we are focusing on the three areas that people and communities have highlighted to us that matter most to them. The priorities were approved with a split between County and City activities to enable a distinction between urban and rural issues. All priorities will overlap with social care:

- **GP Access** - Our data for 2023/24 indicates that GP access is the number one concern for individuals across Leicester and Leicestershire.
- **Dentistry** – People continue to report struggles in accessing NHS dental care. Our feedback highlights availability and affordability as key issues.
- **Young people's mental health** – Long waiting times for referrals and diagnosis are key issues shared with us alongside accessing support services.

A planned list of 34 Enter and View visits is scheduled for 2024-25 with built-in capacity to increase visits based on intelligence and critical issues. We have 12 trained volunteer Authorised Representatives. Enter and view schedules are decided

based on intelligence received and in consultation with council departments as well as other key stakeholders.

As part of our work plan, Healthwatch will be seeking views on the Children's Emergency Department at Leicester Royal Infirmary, Eye Care Services, Supported Living Services and gathering feedback from the deaf community about accessing local health and care services.

RECOMMENDATIONS:

It is recommended that the Health and Wellbeing Board note the report and presentation.

OFFICER TO CONTACT:

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LIST OF APPENDICES:

Healthwatch Leicester and Healthwatch Leicestershire's Annual Report 2023-24.

The value of listening

Healthwatch Leicester and
Healthwatch Leicestershire
Annual Report 2023–2024



healthwatch
Leicester

healthwatch
Leicestershire

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"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England



Message from our Chair

I am very pleased to present the Annual Report for Healthwatch Leicester and Healthwatch Leicestershire (HWLL) for the year 2023-2024.

In January we were sad to see Mark Farmer leave the board to take a position as a Non-Executive Director at Leicester Hospitals. We appointed Fiona Barber who has over 40 years of experience within the public and voluntary sector.

The past 12 months have been very busy for us and we have now settled in with our new contract holders Voluntary Action LeicesterShire (VAL), which enables HWLL to build deeper connections with the voluntary and community sector.

Our work around the experiences of Asylum Seekers highlighted some issues in accessing services. We worked alongside our colleagues in Public Health and Leicestershire Partnership Trust (LPT) to address these.

We revisited the Emergency Department at Leicester Royal Infirmary to follow up from our recommendations in September 2022. We were pleased to see some progress and continue to work with Leicester Hospitals to improve the experiences of people using the Emergency Department.

Our priorities for the next 12 months are:

GP Access

Difficulty in accessing a GP continues to be the area that we hear most about from our engagement and feedback. We are exploring the current experience and working with the local system to improve the patient experience.

Young people's mental health and Autism

Last year we reported on the experiences of young people who access mental health services. This year we intend to follow up from our recommendations and our focus will be the current experiences in referrals and wait times.

Access to Dentistry

Access to NHS dental services continues to be an area of concern with many struggling to get appointments. This area of work is a follow up to our project in 2022.

Members of the Healthwatch Advisory Board (HAB) continue to attend board meetings held by providers and commissioners across Leicester and Leicestershire to ensure that issues affecting patients and the public are a priority. We continue to build relationships with system leaders which allows us to raise concerns and highlight good practice outside formal structures. HWLL is one of a handful of Healthwatch organisations that have a seat on the Integrated Care Board (ICB).



"May I take this opportunity to thank all who have engaged with us at HWLL in the last twelve months, shared their experiences and those that have made changes as a result of our feedback."

Harsha Kotecha, Chair Healthwatch Leicester and Healthwatch Leicestershire



About us

Healthwatch Leicester and Healthwatch Leicestershire is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Year in review

Reaching out:

8040 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

8821 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.



Making a difference to care:

We published

12 reports

about the improvements people would like to see in health and social care services.

Our most popular report was

Accessing Health and Social Care Services: Asylum Seekers which highlighted the barriers people are experiencing when accessing care.



Health and social care that works for you:

We're lucky to have

19

outstanding volunteers who gave up **165 days** to make care better for our community.

We're funded by our local authority.
In 2023 - 24 we received

£299,428

which is 0.08% less than the previous year.









We currently employ

7 staff

who help us carry out our work.



How we've made a difference this year

Spring	 <p>The 'make a difference and feel the difference' volunteer campaign launched with local NHS leaders to call on people to volunteer to support local health services.</p>	 <p>The Dementia programme board responded positively to our 'Living with Dementia' report and will use our findings and recommendations in the Dementia Strategy refresh.</p>
Summer	 <p>We made a significant impact by actively listening to the voices of asylum seekers residing in hotels across the city and county.</p>	 <p>We invited 20 Bangladeshi women to a partnership event on 'Empowering NHS patients and resolving complaints' to hear their views and discuss their concerns with service providers.</p>
Autumn	 <p>On World Mental Health Day, we revitalised the 'RU Ok' campaign and provided information to the public at three local train stations.</p>	 <p>We conducted two Enter & View visits to Community Diagnostic Centres, providing valuable insights and contributing to the enhancement of community health services.</p>
Winter	 <p>We hosted ten 'Chai. Coffee and Chat' events. These events provided us with opportunities for open discussions, networking opportunities and gathering feedback from diverse communities.</p>	 <p>During Pride History Month, we actively engaged with LGBTQ+ communities.</p>

Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in Leicester and Leicestershire influence decisions made about services at the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) level.

We work closely with Healthwatch Rutland where we feel that the patient voice from across LLR can help drive change. We have a memorandum of understanding that sets out how we work together, we collaborate on work plans, conduct Enter & View visits to services and meet regularly with the health and care service providers and trusts. This year we've worked with Healthwatch Rutland to achieve:



Achievement one: Dementia

Our report on 'Living with Dementia in Leicester, Leicestershire, and Rutland' identified inconsistencies in diagnostic pathways and services for dementia patients. Our findings and recommendations have fed directly into the LLR Dementia Programme Board's revised Dementia Strategy 2024-2029, ensuring that the needs and gaps identified will be addressed to improve care for dementia patients.

Achievement two: Hospital services

Our joint visits to the Leicester Royal Infirmary Adult Emergency Department (ED) has led to improvements for patients. Acting on patient feedback, University Hospitals of Leicester NHS Trust (UHL) has removed the confusing electronic displays, improved wheelchair access and implemented better patient calling methods.



Achievement three: NHS Dentistry

Access to NHS Dentistry remains a high concern across LLR. We have engaged with the LLR Integrated Care Board (ICB) and regional commissioners to ensure the National Recovery Plan's ambitions lead to local improvements. We actively listened to local communities and have called for better access, participating in various activities to address this critical issue.



Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Enhancing Healthcare Access for Asylum Seekers

In response to the growing concerns regarding the accessibility of healthcare services for asylum seekers, Healthwatch Leicester and Healthwatch Leicestershire decided to visit all the hotels in Leicester and Leicestershire housing asylum seekers. We published two reports highlighting the experiences of asylum seekers with local health and care services.

The reports uncovered various barriers hindering asylum seekers' access to essential health and care services. These barriers include language barriers, lack of cultural competency among healthcare providers and inadequate awareness of available services. Asylum seekers told us that they struggle to navigate the complicated healthcare system, which worsens their health problems.

Asylum seekers commonly faced heightened mental health stress attributable to the uncertainties surrounding their legal status. Improving the mental health of asylum seekers is crucial for their overall well-being. The reports highlight the importance of tailored mental health support within our local healthcare systems.

Recommendations for improvements

- **Language Support:** The reports advocate for the implementation of language support services to bridge the communication gap between asylum seekers and healthcare providers.
- **Collaboration and Community Engagement:** Increased collaboration between service providers and community organisations was deemed essential for improving healthcare accessibility for asylum seekers. By forging partnerships with community-based organisations, healthcare services could better understand the unique needs and challenges faced by asylum seekers, thereby facilitating more tailored and effective support.

What difference did this make?

- The service provider (Serco) took our recommendations seriously, addressed the issues highlighted and made improvements to the services being provided.
- The LPT Neighbourhood Mental Health Teams meet regularly with Asylum seekers and provide mental health support to people at the hotels.
- Following this engagement, we supported the Leicester, Leicestershire & Rutland (LLR) Integrated Care Board (ICB) to gather patient views as part of their consultation on a new specialised GP service for asylum seekers. We were invited to support this because of our growing links with Asylum Seekers and our team has the skills to listen to people's experiences. We worked in partnership with ICB and LPT colleagues to deliver the focus group sessions.



“Without Healthwatch raising awareness about the challenges faced by people in the contingency hotels and mobilising a partnership team to start engagement work, asylum seekers living in Loughborough would not have the support they do now. Through the report produced by Healthwatch and issues highlighted, organisations have now come together. The Charnwood Asylum Seeker & Refugee Network has been developed leading to increased partnership working and new initiatives being developed.”

Sarah Jones, Mental Health Neighbourhood Lead – Charnwood, Leicestershire Partnership NHS Trust

Access to Emergency Care

Adults Emergency Department at Leicester Royal Infirmary – One year on

In September 2022, Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland visited the Leicester Royal Infirmary (LRI) Adults Emergency Department (ED) to observe the department and listen to patient experiences. These findings were presented to the University Hospitals of Leicester NHS Trust (UHL) to assist them with improving the patient experience at ED.

In September 2023, Healthwatch revisited this project and further engaged with people in the ED. Healthwatch conducted on-site observations and engaged with ED patients to gather first-hand experiences and insights. The findings from the 2022 visit were compiled into a report, which included 16 recommendations aimed at enhancing various aspects of patient care within the ED.

These recommendations served as a framework for evaluating the progress made during the revisit in 2023. The recommendations encompassed a wide range of areas including improving waiting area facilities, communication strategies, patient assistance protocols and accessibility measures.

What difference did this make?

- Our research led to a proactive response from UHL and significant efforts were made to improve patient flows and address identified issues. The 2023 revisit highlighted areas of progress while also identifying areas requiring continued attention and improvement.
- By actively engaging with patients and implementing targeted recommendations, significant steps have been made to improve the overall patient experience within the ED.

The UHL action plan showing progress updates on the Healthwatch recommendations is detailed in the full report.



"We appreciate recommendations for how we can improve the way we deliver care, and as a result have undertaken work to improve patients' experience of our Emergency Department... we would like to thank all patients and visitors to the Emergency Department for their patience and understanding, and apologise to anyone who has experienced a long wait over the busy winter months."

Richard Mitchell, Chief Executive, University Hospitals of Leicester NHS Trust (UHL)

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Young People's Mental Health

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

We presented a comprehensive report on young people's mental health to the county Health and Wellbeing Board (HWBB). Our report included six key recommendations, each with a specific action plan. These recommendations were shared with the Leicestershire Partnership NHS Trust (LPT), which provided a detailed response. The Children and Young People's Mental Health and Emotional Wellbeing Design Group reviewed and approved this response. Our collaborative efforts aim to enhance and improve mental health services for young people in the region.



Period Equity: Availability of sanitary products

We often work behind the scenes with services to consistently raise issues and bring about change.

During our visits to hotels to engage with asylum seekers, women expressed concerns about the suitability of the provided sanitary products. We found that the hotel only supplied regular-size products, which do not meet the diverse needs of all individuals, such as varying flow levels, night-time use and menopause. We raised this issue with the management teams, and as a result, a variety of sanitary products were immediately ordered to better accommodate residents' needs.



Diversity & Inclusion Health Network

Services need to understand the benefits of involving local people to help improve care for everyone.

Exclusion continues to impact some communities leading to access issues, negative experiences and more importantly, a higher prevalence of health inequalities. We aimed to develop a platform for marginalised voices to be heard and empower people through regular and ongoing engagement and involvement. We have held 10 Chai, Coffee and Chat sessions with ethnic communities in the city and county and an 'Empowering NHS patients and resolving complaints' event with 20 Bangladeshi women to ensure that their voices are being heard.





Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Reaching Sikh and Punjabi communities at local Gurdwara and Apnapan CIC group events.
- Collecting feedback from young people and parents at SEND Local Offer Roadshows.
- Attending Leicester Somali Cultural festival and Leicester Diwali festivals.
- Listening to parents at the local school events.
- Running a listening session with disabled allotment team employees.
- Actively interacting with LGBTQ+ communities during Pride History Month.
- Listening to older people and individuals with dementia and their carers.
- Listening to Refugees, Asylum seekers and homeless communities during Refugee Week, at the Leicester City of Sanctuary, Loughborough Town of Sanctuary, outside Home Office Reporting Centre in Loughborough and hotel visits.
- Conducting Coffee, chai and chat events to capture the voices of Bangladeshi men and individuals from ethnic communities.

Bangladeshi Men share their experiences

We collaborated with the Greater Sylhet Welfare Council UK (GSC) and the Diabetes Self-Help Group to deliver two focus group sessions to Bangladeshi men to raise awareness of Health and Social Care Services and gather feedback on what matters to them regarding these services, both positive and negative.

The participants in these sessions were primarily Bangladeshi men who had relocated from Italy to the UK. We identified several concerns and areas for improvement as most were unaware of the local NHS services available to them. This group faces multiple challenges, including low income and unemployment, poor housing conditions, social isolation and loneliness, mental health issues and language barriers.

As a result of what people shared, the focus group sessions have resulted in:

- Raising awareness among the men about the health and social care services available to them.
- The concerns and feedback collected are being shared with the local healthcare system to advocate for more inclusive and responsive services.
- The collaboration with GSC and the Self-Help Diabetic Group helped build trust within the community, encouraging more open and honest communication.



“The Chai, coffee and chat session gave our members a chance to voice their opinions and concerns about Health and Social Care Services. They were able to communicate confidently in their mother tongue and express their feelings. They felt that they were listened to while taking feedback. Diabetes Self-Help Group members found the session very useful and would like to stay in contact.”

Dr Sonal Bhavsar, Diabetes Self-Help Group

Listening to the views of the LGBTQ+ community

By working in partnership with Trade Sexual Health we have been able to gain an understanding of the issues currently being discussed with the community and find out people’s experiences of the local health and care services.

Progress to date

- We have highlighted the positive and negative interactions of local LGBTQ+ people with health and care services.
- We have been involved in the Leicester and Leicestershire Citizens Access to Healthcare campaign. Focusing on the issues that impact trans people in accessing healthcare locally.
- The partnership with Trade has enabled us to gather valuable insights to support the ongoing engagement to improve local services.





Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost-of-living crisis
- Holding information pop-up stands in libraries, leisure centres, work and public places.

Sharing mental health information

People must have clear, accurate communication about local services.

For World Mental Health Day, a collaborative approach was taken with the Leicestershire Partnership NHS Trust (LPT) and Voluntary Action LeicesterShire (VAL) to ensure a unified effort across the city and county. The plans included a series of activities organised by both statutory and voluntary sector organisations, widely promoted through partner channels. The goal was to support mental health and well-being, particularly during winter and amidst the cost of living crisis.

Key activities included:

- **Train Station Events:** Successful events were organised at Leicester, Loughborough and Market Harborough train stations in partnership with LPT. These aimed to raise awareness, reduce stigma and promote open discussions about mental health.
- **'RU OK' Campaign:** The focus was on promoting early help, urgent support options, and ensuring people received the right care at the right place and time. This initiative aimed to engage the public directly, providing crucial information on accessing mental health services.

On the day, we had some great conversations with people about their mental health and were able to promote awareness of local services and improve accessibility to mental health services in the community. We documented the day across our social media channels and distributed over 1000 leaflets to commuters.



Engaging with local businesses

Recognising the need to connect with working people who often have limited opportunities to participate in community feedback initiatives, we targeted key commercial hubs.

We set up information stands in the canteens of Samworth Brothers, a major employer in the area, to reach employees during their breaks. We chose Samworth Brothers locations at Beaumont Leys and Cobden Street due to their large workforce.

Information stands were set up in the canteens from 7am, ensuring accessibility for workers on various shifts. We spoke with 77 people at Beaumont Leys and 139 people at Cobden Street. Our team engaged with employees directly, discussing their experiences with local services. This allowed us to gather real-time feedback from people who might not otherwise participate in such discussions.

We wanted to make sure working people were aware of local services and opportunities to get involved

- We distributed informative leaflets and resources to staff members.
- We placed an advertisement on the canteen TV screens. We have raised awareness of local services and initiatives among working people and will continue with the initiative.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Attended community events, promoting their Local Healthwatch, listened to and gained the experiences shared by the people of the communities.
- Carried out enter and view visits to GP practices and care homes to help them improve.
- Conducted a follow-up visit to the LRI Emergency Department.
- Collected experiences and supported their communities to share their views.
- Participated in World Mental Health Day across three train stations in Leicester and Leicestershire.



"Healthwatch has broadened my horizons in a myriad of ways. Working in this organisation as a volunteer has not only made me gain confidence in the professional world but has also expanded my knowledge around healthcare.

I would like to express that, Healthwatch has been a rewarding experience for myself. For instance; getting the opportunity to build networks, interviewing people and discovering their views on healthcare is absolutely a priceless experience. Last but not least, I have enjoyed working for Healthwatch since I am deeply passionate in championing people's interests, becoming a voice to their concerns and making them feel valuable and heard."



Dervis –
Healthwatch
Leicester and
Healthwatch
Leicestershire



"I have always enjoyed volunteering my time for Enter and view. I have met some really interesting people and our team has become my very dear friends, both young and old."



Kim –
Healthwatch
Leicester and
Healthwatch
Leicestershire

Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchll.com



0116 257 4999



enquiries@healthwatchll.com



Dulna Shahid, Enter and View (Volunteer) Officer
dulna.s@healthwatchll.com

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£299,428	Staff costs	£214,567
Additional income	£1,458	Operational costs	£24,090
		Support and administration	£62,229
Total income	£300,886	Total expenditure	£300,886

Additional income is broken down by:

- £1,458 received from Healthwatch England for work on a project.

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. **GP Access** – Our data for 2023/24 indicates that GP access is the number one concern for individuals across Leicester and Leicestershire.
2. **NHS Dentistry** – People continue to report struggles in accessing NHS dental care. Our feedback highlights availability and affordability as key issues.
3. **Young people’s mental health and Autism** – Long waiting times for referrals and diagnosis are key issues shared with us alongside accessing support services.



Statutory statements

Voluntary Action LeicesterShire (VAL) is the contract holder for Healthwatch Leicester and Healthwatch Leicestershire.

The VAL corporate office is based at: 9 Newarke Street, Leicester LE1 5SN – www.val.co.uk

The local office is based at: 9 Newarke Street, Leicester, LE1 5SN

Healthwatch Leicester and Healthwatch Leicestershire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of five members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the board met six times and made decisions on where to carry out our enter and view visits, what our priorities should be and escalated issues about access to primary care services, waiting times, hospital services to the relevant service providers.

We ensure wider public involvement in deciding our work priorities. Through our priority survey and listening event, we invited public input. This, along with the public feedback received throughout the year, allowed us to focus on the health and care issues that matter most to local people and has informed our work plan moving forward.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website at www.healthwatchll.com and share it with relevant committees.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to Leicester Health and Wellbeing Board and the Leicestershire Health and Wellbeing Board.

We also take insight and experiences to decision-makers in the Leicester, Leicestershire and Rutland Integrated Care System. We do this by regular attendance at the Integrated Care Board, the Health and Care Partnership, System Engagement group, the Health Overview and Scrutiny Committees, quarterly meetings with local Trusts and design groups.

We collaborate with colleagues at Healthwatch Rutland to ensure that between us, Healthwatch is present at all major system decision making forums.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made 17 Enter and View visits. We made 54 recommendations or actions as a result of this activity.

Location	Reason for visit	What you did as a result
GP practice - Downing Drive Surgery	Intelligence gained by feedback	Wrote a report with recommendations – Some of the recommendations have been actioned by the service provider.
GP practice - Manor Park Medical Practice – Manor Medical	Intelligence gained by feedback	Wrote a report with recommendations.
GP practice - Hazelmere Medical Practice	Intelligence gained by feedback	Wrote a report with recommendations – Practice have taken into consideration the recommendations.
GP Practice - Glenfield Surgery	Revisit to practice	Wrote a report highlighting improvements and recommendations.
GP Practice - Asquith Surgery	Revisit to practice	Wrote a report highlighting improvements and recommendations. .
GP Practice - Beaumont Leys Health Centre	Revisit to practice	Wrote a report highlighting improvements and recommendations. .
GP practice - Springfield Road Surgery	Revisit to practice	Wrote a report highlighting improvements and recommendations. .
Care Home - Brockshill Woodlands	Intelligence and feedback.	Wrote a report with recommendations.
Care Home - Waring Close	Intelligence and feedback.	Wrote a report which reflected the good practice at the home.
Care Home - The Willows Nursing and Residential Home	Intelligence and feedback.	Wrote a report which reflected the good practice at the home.
Care Home - Hallaton Manor Limited	Intelligence and feedback.	Wrote a report which reflected the good practice at the home.
Care home - Aaron Court	Revisit to care home	Wrote a report which reflected the good practice at the home. Previous recommendations have been met.

Location	Reason for visit	What you did as a result
Care home – Rushey Mead Care Home	Revisit to care home	Wrote a report which reflected the good practice at the home. Previous recommendations have been met.
Care home – Hunters Lodge	Revisit to care home	Wrote a report which reflected the good practice at the home. Previous recommendations have been met.
Emergency Department – Leicester Royal Infirmary	Planned revisit – 12 months on	Wrote a report with recommendations. Service provider responded with an action plan and have taken on board the recommendations.
Community diagnostic Centres – Leicester and Hinckley	Healthwatch England funded two enter & view visits	Findings collated into national report.

Healthwatch representatives

Healthwatch Leicester and Healthwatch Leicestershire is represented on the Leicester Health and Wellbeing Board and Leicestershire Health and Wellbeing Board by Harsha Kotecha, Chair and Gemma Barrow, Healthwatch Manager.

During 2023/24 our representatives have effectively carried out this role by regularly attending Health and Wellbeing Board meetings and taking an active part in all discussions, representing public feedback about their experiences. We have representation at the Mental Health Collaborative and Partnership Boards, Learning Disabilities Partnership Board, LLR Adult Safeguarding Board, Local Maternity and Neonatal system meetings and the Oral Health Promotion Board.

We have represented the city and county voice in the Oral Health Joint Strategic Needs Assessment and at Health and Wellbeing Board workshops focusing on Mental Health and End of Life Care.


Healthwatch Leicester and Healthwatch Leicestershire is represented on the Leicester, Leicestershire and Rutland Integrated Care Board by Harsha Kotecha, Chair.

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 tiktok.com/@healthwatchll

 **VAL** Helping people change
their lives for the better

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LEICESTER CITY HEALTH AND WELLBEING BOARD 26 09 2024

Subject:	Leicester City Prevention and Health Inequalities Group Update
Presented to the Health and Wellbeing Board by:	Katherine Packham
Author:	Rob Howard

EXECUTIVE SUMMARY:

In June 2024 the Director of Public Health for Leicester City Council established the Leicester City Prevention and Health Inequalities Steering Group. Composed of senior officers from Leicester City Council (Public Health and Social Care), the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB), the University Hospitals of Leicester NHS Trust (UHL), and Leicestershire Partnership NHS Trust (LPT), this is a strategic group established to provide direction and alignment on prevention priorities to address health inequalities in the City. It reports to both the Leicester Integrated Health and Care Group (JICB/ISOC merger) and Leicester City Health and Wellbeing Board.

During a stakeholder workshop organised by the Steering Group potential priorities were identified. Breast cancer screening was most supported with 3 workshop groups choosing it as a priority. 6 prevention items were then supported equally, with 2 groups choosing them as a priority. This includes a new priority not on the list presented, increasing uptake of childhood vaccines.

The Steering Group will meet on the 10th of September to agree clear priorities and process for this group. A verbal update of the outcome of this meeting will be provided at the Health and Wellbeing Board meeting on the 26th of September.

RECOMMENDATIONS:

- To acknowledge and share views around the prevention priorities agreed by the Prevention Group.

Summary Report of the Leicester City Prevention and Health Inequalities Workshop – 5th August 2024

Introduction

In June 2024 the Director of Public Health for Leicester City Council established the Leicester City Prevention and Health Inequalities Steering Group. Composed of senior officers from Leicester City Council (Public Health and Social Care), the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB), the University Hospitals of Leicester NHS Trust (UHL), and Leicestershire Partnership NHS Trust (LPT), this is a strategic group established to provide direction and alignment on prevention priorities to address health inequalities in the City. It reports to both the Leicester Joint Integrated Care Board (JICB) and Leicester City Health and Wellbeing Board.

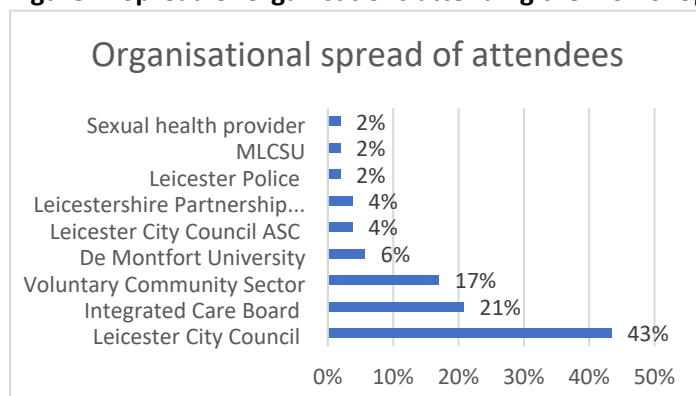
The primary purpose of the group is to:

- Ensure joined up working across the City Council, ICB and other organisations in relation to prevention (other groups include UHL, LPT and the VCSE sector)
- Ensure an approach to prevention that reduces health inequalities, ensuring existing resources are used where they are most needed to address preventable health inequalities
- Take a proportionate universal approach to the allocation of prevention resources across the system with a scale and intensity sufficient to tackle the inequalities faced by Leicester communities
- Use intelligence and evidence to identify a small number of prevention priorities where inequalities are greatest, the burden of disease and pressure on services is the highest, and prevention interventions have the greatest potential impact. A small number (4-6) areas will be chosen each year, for in depth review and focussed action
- Ensure that preventative activity is aligned with the Leicester Health, Care and Wellbeing Strategy and place led plans
- Identify opportunities to promote prevention throughout partner organisations, boards, and Collaboratives.

To develop this work, the Steering Group organised a half day workshop for key stakeholders held on August 5th 2024. (See Appendix 1 for Programme).

53 stakeholders attended the workshop from across Leicester, covering the ICB, Leicester City Council, voluntary and community sector, LLR ICB, LPT, Leicester Police, provider trusts and De Montfort University.

Figure 1: Spread of organisations attending the workshop



The workshop programme

Presentations were provided (See Appendix 2) outlining the social care prevention work – ‘Leading Better Lives; drivers of health inequalities in the city; access to and outcomes of prevention interventions in Leicester, and what works to address these health inequalities.

This intelligence and evidence had been analysed by Public Health who had drawn up a list of 13 potential primary and secondary prevention programmes that the attendees were asked to discuss and then choose their top 3 or 4 priorities from (Appendix 3).

The 13 were chosen following a review health inequalities data and evidence (as presented in the workshop) and by reviewing what works to prevent these inequalities. Discussion were also undertaken with relevant topic leads within the Division of Public Health to understand the current provision of prevention interventions and identify gaps and poor / inequitable coverage.

Priorities identified

There was a range of priorities chosen by the different groups on the day, following discussion and feedback.

Breast cancer screening was most supported with 3 groups choosing it as a priority. 6 prevention items were then supported equally, with 2 groups choosing them as a priority. This includes a new priority not on the list presented, increasing uptake of childhood vaccines.

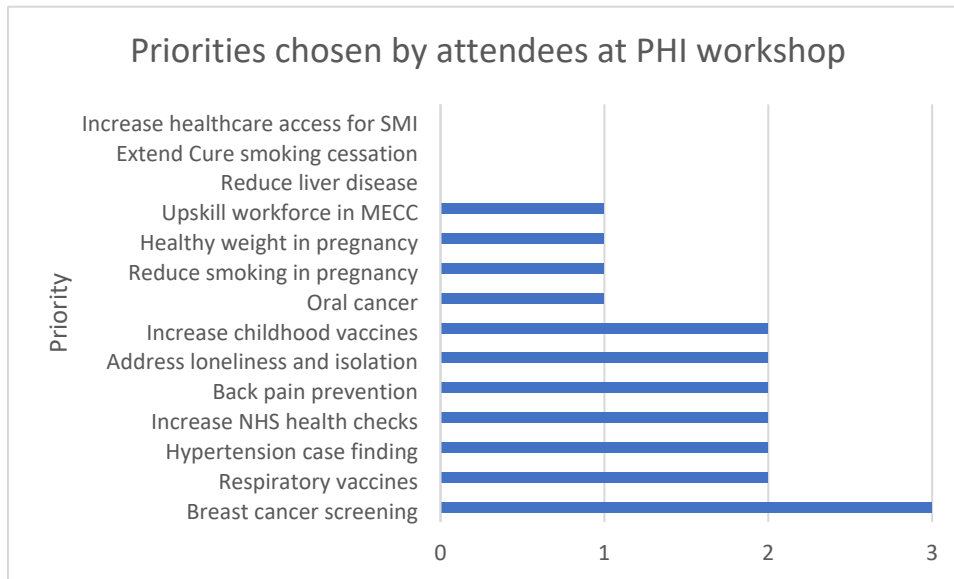
The most supported prevention items include:

- Breast cancer screening
- Increase uptake of childhood vaccines
- Address loneliness and isolation
- Back pain prevention
- Increase NHS health checks
- Hypertension case finding
- Increase uptake of respiratory vaccines

Whilst priorities were chosen, some groups felt:

- Anything that fits into the ‘Plus 5’ categories of the Core 20 plus 5 model is fine.
- Wider determinants are still the most important aspect of addressing health inequalities.
- Any of the options would result in a similar outcome, it is more about new and collaborative ways of working than anything else.

Figure 2: Prevention priorities chosen by groups at PHI workshop



Delivery approaches

Some priorities were given with advice on delivery; for example hypertension case finding was recommended to be merged with targeted increase of health check uptake.

Other advice around delivery included:

- Any approaches to prevention needs to be culturally sensitive.
- VCS are best placed to deliver some of this, but with adequate funding. Relationship needs to be bi-directional and asks should be made in a co-ordinated way so as not to overwhelm.
- Consider health and digital literacy in prevention – e.g. make responses to health invites as easy as possible – digital, phone, text.
- Reallocate existing resources.
- Engage the community including the Community Wellbeing Champions Network
- Create multiple points of entry to prevention interventions.
-

Principles

Many groups fed back that certain principles should be followed in the delivery of this work, as principles can help us operationalise our priorities.

1. Approach to prioritisation

- clear and significant inequalities in the priority looked at.
- data available to understand/monitor/measure progress on the priority.
- priority requires a whole system approach.
- identify where we can achieve the most.

2. Working together

Improved system working by taking more of a joined-up approach to messaging, delivery of programmes, finance and possibly co-location of services. Do not offer new programmes in isolation.

3. VCS engagement

Take the community with you on any project by engaging properly with those who know the communities best.

4. Efficacy of delivery

Any recommendations or actions should be solution-focussed, rather than just scoping out the issues, as communities feel they already know what the problems are and have articulated these often.

5. Resourcing

Use resources within system already (buildings, spaces with communities, stalls for screening).

6. Build on previous work

It is important to always find out what has been done before and has worked- there are programmes which have been successful in the past but stopped due to funding constraints for example. It's important for the system not to lose this learning.

Workshop Evaluation

Participants were asked to complete an evaluation form (Appendix 4) at the close of the workshop.

27 were completed of 53 stakeholders in attendance

- 100% found the workshop useful
- 93% thought the aims were clear
- Only 1 person (4%) said the workshop did not meet their expectations, with 70% saying it did and 26% partially/unsure
- Respondents thought the discussions and data presentations worked well (figure 1)
- Suggestions for improvement were that the session was quite data heavy and the presentations needed a break. Discussions with different groups on the priorities would have been good, lots of good options made it difficult to choose, and a list of attendees for attendees would have enabled networking.
- 52% are clear on the priorities for the Prevention and Health Inequalities Steering group going forward.
- 52% will you do something different as a result of the workshop

Comments on the workshop included:

'Enlightening!' 'Great session - more please!' 'A good start.' 'Follow up on table conversations'.

Figure 3: Word cloud of what worked well



Next steps

This report will now be taken to the next meeting of the Leicester Prevention and Health Inequalities Steering Group who will decide on the 3-5 priorities to take forward. Once this is agreed the Steering Group will suggest leads for each of the task and finish group and develop some guidance (terms of reference, principles, timescales and governance) for the T&F groups to consider. The groups will report back to the Steering Group before each meeting (bi-monthly).

Rob Howard, Director of Public Health, Leicester City Council

Grace Brough, Acting Consultant in Public Health, Leicester City Council

30th August 2024.

Appendix 1: Programme

Prevention and health inequalities workshop 5th August 2024

Attenborough Hall, Leicester.

Suggested agenda

12pm- 4.30pm

Time	Task	Presenter
12pm-12:30pm (30 mins)	Lunch	All
12:30pm- 12:40pm (10 mins)	Welcome and introduction to the afternoon	Cllr Russell
12:40pm-12:50pm (10 mins)	Importance of tackling health inequalities through prevention	Rob Howard
12:50pm-13:10pm (20mins)	Inequalities of outcomes and risk factors regarding key conditions. What contributes to health inequalities and inequalities in life expectancy.	Helen Reeve
13:10pm-13:30pm (20 mins)	Inequalities of access/uptake/delivery of public health and NHS primary and secondary prevention interventions in the city. Are some groups and communities under-represented?	Janine Dellar
13:30-13:40pm (10 mins)	Feedback from the group – any surprises or anything not shown in the data?	Grace Brough
13:40pm-14:00pm (20 mins)	Which prevention interventions would make the biggest difference to mortality and morbidity? We can use the evidence base for each intervention to help inform this.	Grace Brough
14:00pm- 14:10pm (10 mins)	Present list of primary and secondary prevention items to tackle. Inequalities can be framed both in comparison to LLR and England.	Rob Howard

14:10pm- 14:30pm (20 mins)	Tea/coffee	All
14:30pm- 15:10pm (40 mins)	Table activity- Each table go through 10-12 of these and whittle down what their top 4-5 are, identifying the interventions where we can make a difference.	Steering Gp Members to facilitate
15:10pm- 15:30pm (20 mins)	Feedback from groups	Grace Brough/Rob Howard
15.30 – 16:00pm (30 mins)	What would a task and finish group on your chosen areas look like and who would need to be involved?	Steering Gp Members to facilitate
16:00pm – 16:20pm (20 mins)	Feedback from groups	Grace Brough/Rob Howard
16:20pm – 16.30 (10 mins)	Summary	Rob Howard

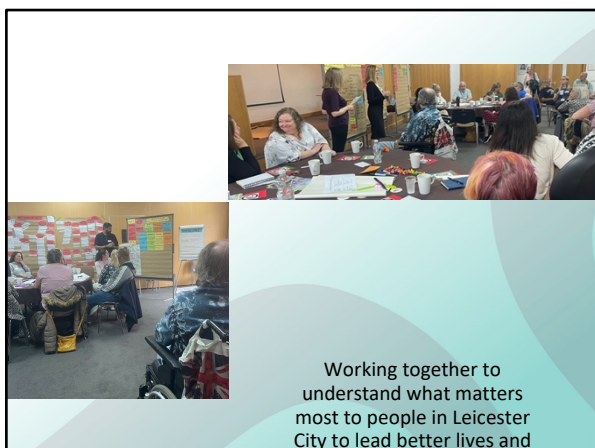
Appendix 2: Presentations



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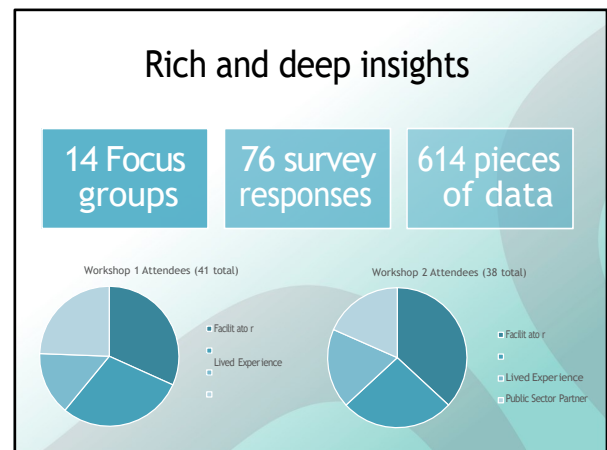
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4



5



6



7



8

Next steps: Priority themes and actions

Loneliness & Isolation	• Local area co-ordinator • 'Street Champions'
Struggling to access advice & support online	• Information and advice festival
Not knowing where to go for advice & support	• Multi-disciplinary meeting / drop-in held in community facilities
Not feeling listened to	• People based in community centres who know about community activities, information, advice & guidance and can link with the council.

More Quick

9

Life expectancy and health inequalities

10

Key headlines

- Deprivation is a major driver of inequality in life expectancy
- Deprived citizens experience more illness
- Illness and death occur earlier amongst deprived
- Certain conditions affect the deprived more
- Life expectancy gap across Leicester City show clear links with deprivation
- Leicester is more affected by inequality in health and life expectancy than the national average

11

Factors affecting life expectancy

Life expectancy is affected by many factors including

- Behavioural risks such as smoking and poor diet
- Wider socio-economic determinants of deprivation; income, education, housing and employment
- Access to and use of health care
- Geography
- Population characteristics such as ethnicity, disability

These factors can impact on an individual's physical and mental conditions resulting in experience of not being 'in good health'

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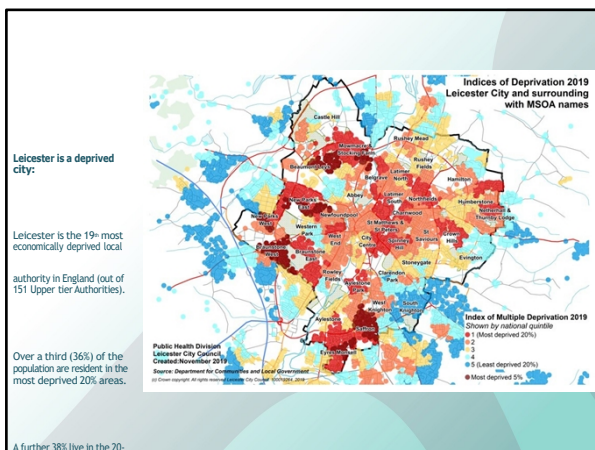
Deprivation is a major contributor to lower life expectancy

Findings from the Health Foundation Report:

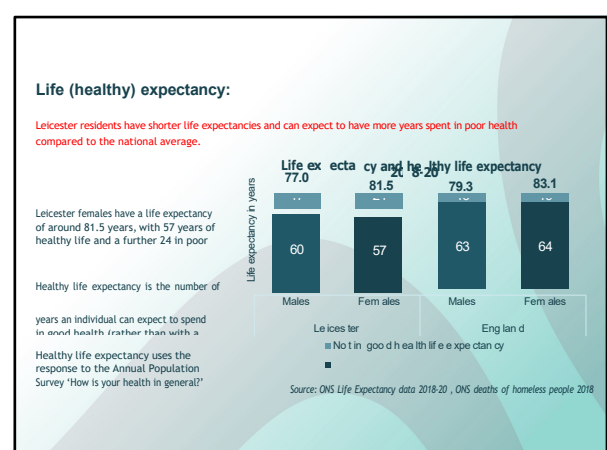
- People in the 10% most deprived areas can expect to develop a major illness 10 years earlier than people in the least deprived areas. They are 3 times more likely to die before the age of 70 years
- The projected number of working-age people with major illness is predicted to grow with 80% of illness in the 50% most deprived areas
- COPD is the condition with the highest relative inequality. Chronic pain, type 2 diabetes and anxiety and depression will increase at a faster rate in the most

Source: Health Foundation report: Health inequalities in 2040: current and projected patterns of illness and deprivation in England

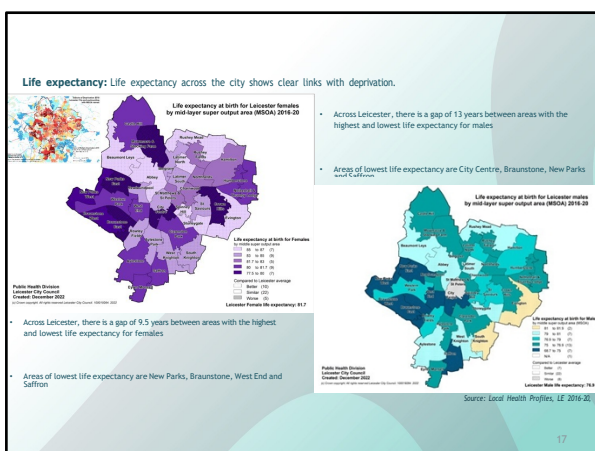
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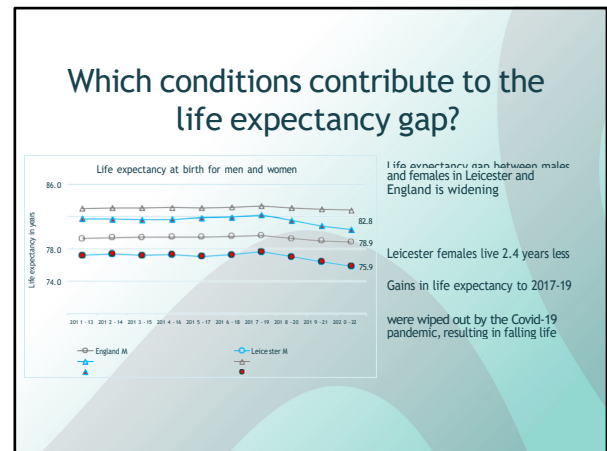
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Key headlines

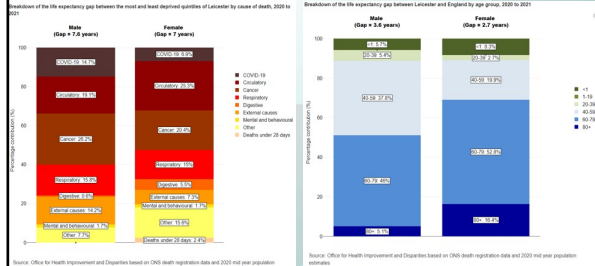
- Life expectancy gap driven by 3 main conditions, cancer, circulatory and respiratory (~60% of the gap)
- Men- Cancer (25%), circulatory (19%), respiratory (15%)
- Women - Circulatory (25%), cancer (20%), respiratory (15%)
- 60-79 year olds experience life expectancy gap the most
- Drivers of these conditions include health behaviours (e.g. smoking) and access to prevention interventions (e.g. screening/ hypertension management)

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Life expectancy gap

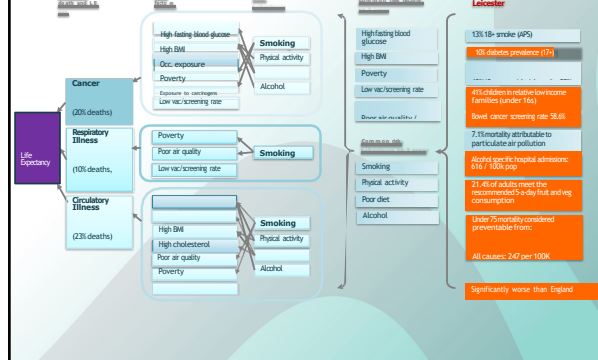
makes to the overall life expectancy gap between the least and most deprived areas in Leicester in 2020-21

the overall life expectancy gap between the least and most deprived areas in Leicester compared with England in 2020-21



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Driver diagram - to guide prioritisation of action



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How much of this is preventable?

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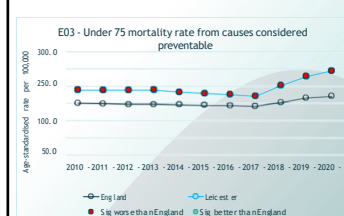
Key headlines

- A lot of deaths from conditions driving inequality in life expectancy are from causes considered preventable
- Leicester has more deaths from preventable causes than the England average
- In under 75's-
 - 41% of CVD deaths are preventable
 - 45% of cancer deaths are preventable
 - 53% of respiratory deaths are preventable
 - 90% of liver disease deaths are preventable

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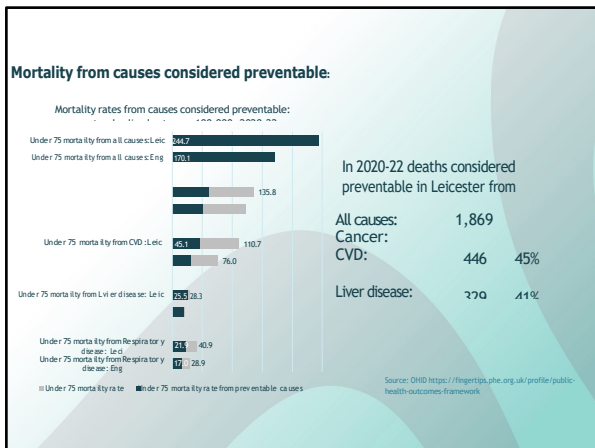
Mortality from causes considered preventable:

Preventable mortality includes causes of deaths that



- Preventable causes include
- Infectious diseases:** including Tetanus, Covid-19
 - Respiratory diseases:** pneumoconiosis assoc. with TB
 - Cancers of lip, oral cavity and pharynx, Liver, Trachea and Lung, Mesothelioma, Skin, Bladder, Cervix, Endometrium, Hypertension**
 - Cardiovascular:** ischaemic heart diseases, Cerebrovascular diseases, Atherosclerosis
 - Respiratory:** Influenza and pneumonia, COPD, Lung disease from external agents, Other respiratory diseases
 - Congenital malformations:** Anencephaly, Spina bifida, Fetal alcohol syndrome
 - Accidents/Transport accidents, Accidents/exposure to external forces**
 - Liver disease:** Hepatitis, Fibrosis and cirrhosis of

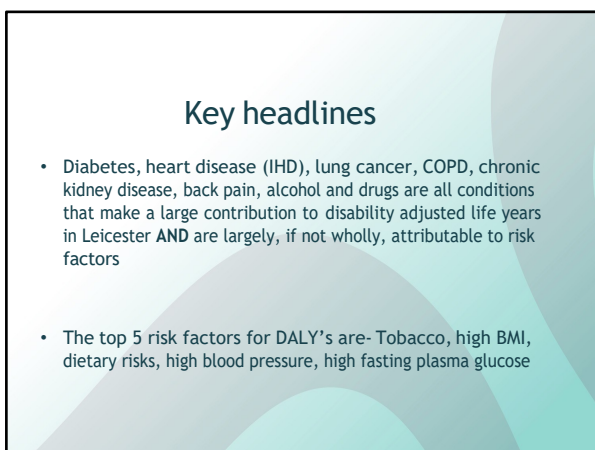
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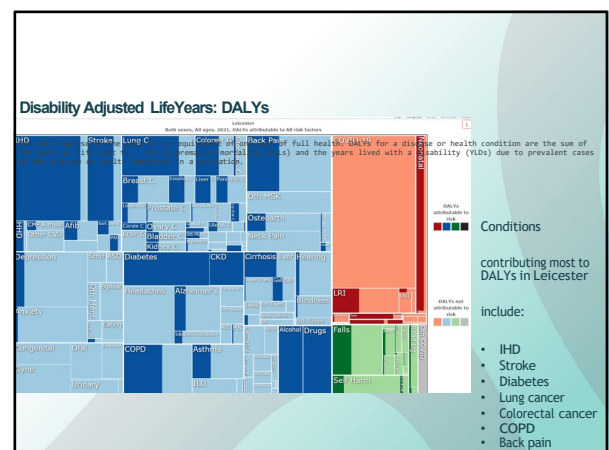
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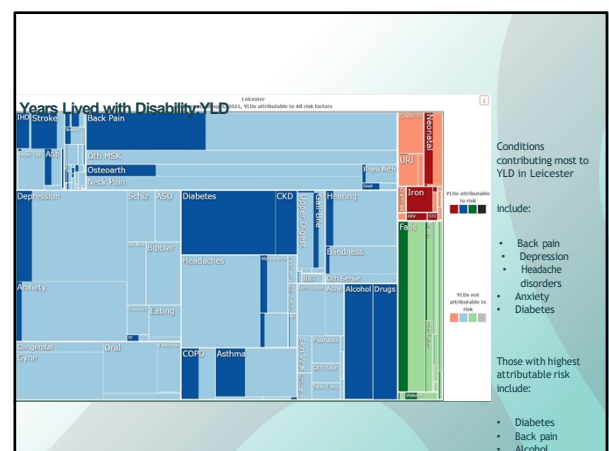
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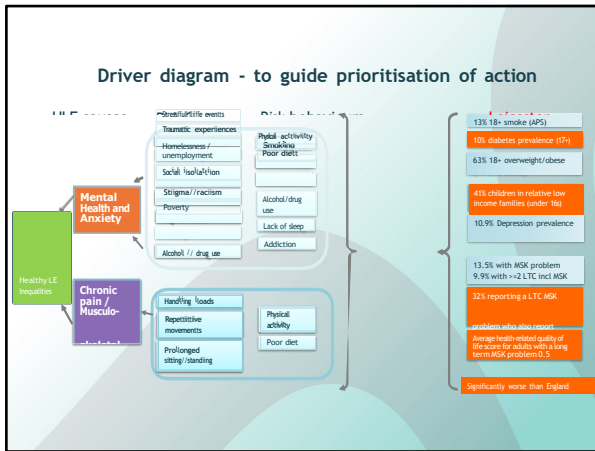
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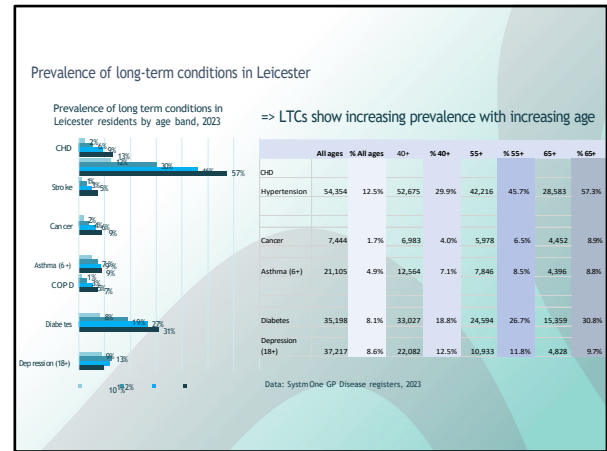
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Lifestyle factors

Indicator	Period	Leicester	England
Overweight (including obesity) prevalence in adults (18+ years)	2022/23	62.8%	64.0%
Physically inactive adults (19+ yrs)	2022/23	27.8%	22.6%
Smoking prevalence in adults (18+)	2022	13.1%	12.7%
Adults meeting the '5-a-day' fruit and veg consumption recommendation	2022/23	21.4%	31.0%
% Reporting a long-term MSK problem	2023	13.5%	28.4%
Estimated diabetes diagnosis rate	2018	83.0%	78.0%

Healthy lifestyle can be increased through

- Improving poor lifestyle habits before onset of long term conditions
- Interventions
 - Healthy lifestyle advice for individuals with high risk of long-term conditions (identified through health checks and screening programmes)

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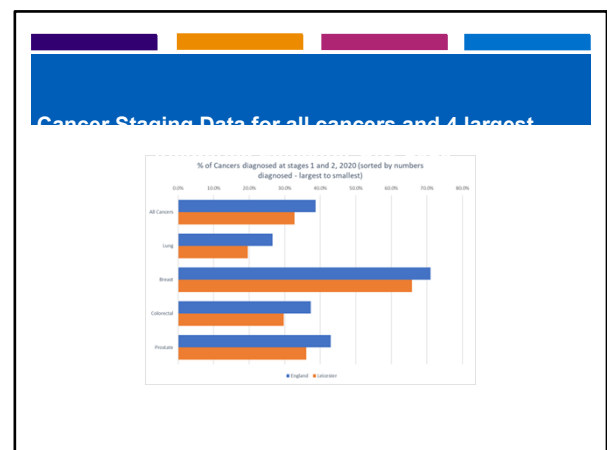


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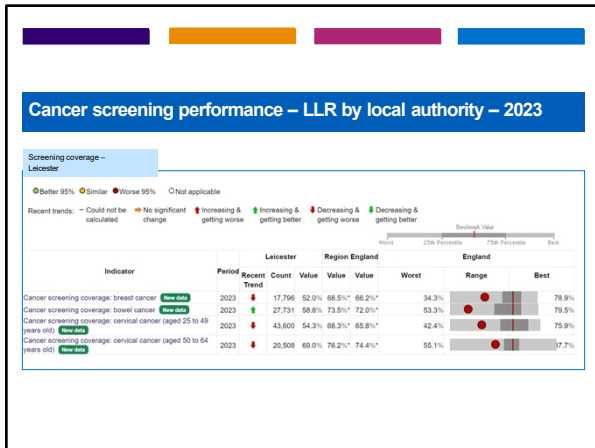
Cancer

- One of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier
- Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival
 - 75% of cases diagnosed at stage 1 or 2 by 2028
- Actions to improve diagnosis at stage 1 or 2 include:
 - greater awareness of symptoms of cancer
 - lower the threshold for referral by GPs
 - accelerate access to diagnosis and treatment
 - maximise the number of cancers that we identify through screening

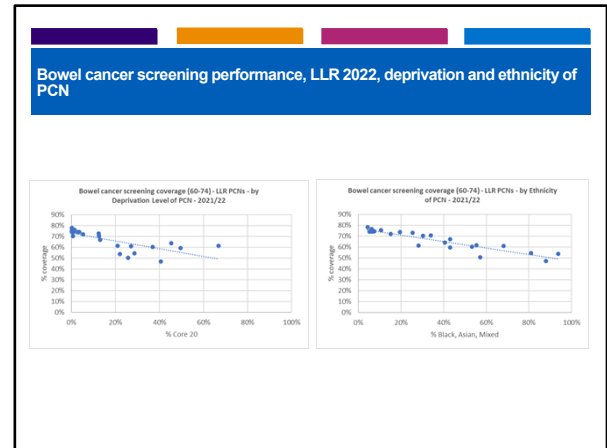
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CVD Prevention

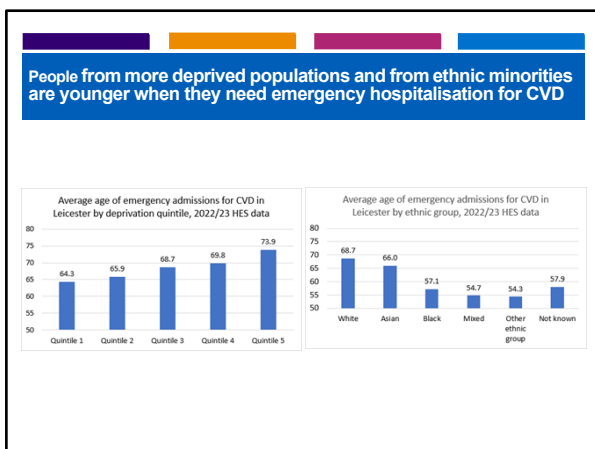
- High blood pressure is the largest single known risk factor for cardiovascular disease and related disability.
- High blood pressure increases the risk of:
 - heart failure
 - coronary artery disease
 - stroke

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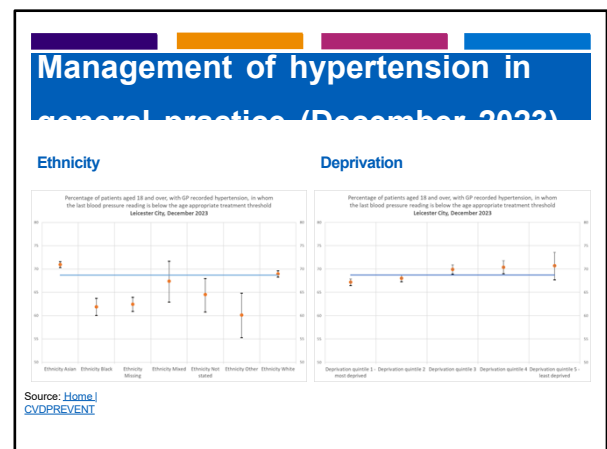
Years lived with disability for CVD, Leicester City, CVD 2021

- In **Leicester** in 2021, **GBD** estimated that **1480 years of life lived with disability were attributable to CVD**
- The top 3 risk factors associated with these YLDs were
 - High systolic blood pressure
 - High LDL cholesterol

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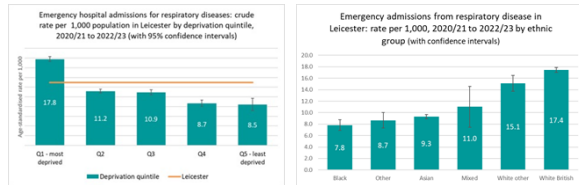
Respiratory disease – Core 20

Blue 5

- Increase uptake of COVID, flu and pneumonia vaccines
- To reduce infective exacerbations of COPD and emergency hospital admissions due to those exacerbations

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Respiratory Disease



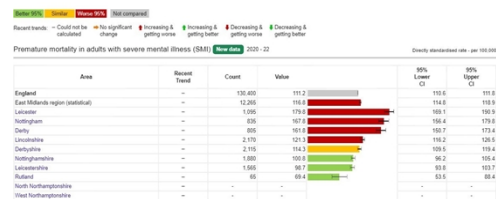
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Improving Physical Health for People with Serious Mental Illness (SMI)

- People with SMI die up to twenty years younger than the average population
- Preventable cardiovascular disease (CVD) is the major cause of death, along with endocrine disease and respiratory failure.
- Evidence also suggests that people with SMI receive a lesser standard of health promotion and physical health care
- Despite national awareness and guidelines early mortality rates have not improved

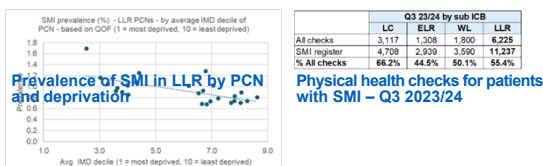
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Premature mortality in adults with SMI



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Prevalence and number with SMI in LLR – by PCN – by deprivation



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Childhood immunisations

- The World Health Organization (WHO) says:
 - The 2 public health interventions that have had the greatest impact on the world's health are clean water and vaccines
- Immunisation is a way of protecting against serious infectious diseases
- Once we have been immunised, our bodies are better able to fight those diseases if we come into contact with them

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Vaccination Uptake for 2022/23 (Q1-3), by Age, Local Authority and Vaccination

Age Group	Vaccination	County & R'tland	City	LLR Total
12 Months	12m DTap/IPV/Hib - primary %	96.3%	92.3%	94.3%
	12m PCV1 - 1 dose %	97.4%	95.0%	96.5%
	12m Rota - primary %	94.9%	86.7%	91.7%
	12m MenB - primary %	96.1%	91.7%	94.4%
24 Months	All 12 Months	96.2%	91.4%	94.3%
	24m DTap/IPV/Hib - primary %	96.4%	93.0%	95.0%
	24m PCV booster %	94.9%	87.9%	92.0%
	24m Hib/MenC - booster %	95.1%	88.8%	92.0%
5 Years	24m MMR1 - 1st dose %	95.0%	89.4%	92.3%
	24m MenB - Booster %	94.4%	86.5%	91.2%
	All 24 Months	95.2%	89.1%	92.7%
	5y DTap/IPV/Hib - primary %	97.1%	93.5%	95.7%
All 5 Years	5y MMR1 1st dose %	97.3%	93.7%	95.8%
	5y MMR1 2nd dose %	93.2%	80.0%	88.0%
	5y DTap/IPV - booster %	91.2%	77.1%	85.6%
	5y Hib/MenC - booster %	94.5%	87.1%	91.8%
All 5 Years		94.6%	86.3%	91.3%
All Vaccinations		95.2%	88.8%	92.6%

Uptake by ethnicity and deprivation in LLR

LLR Vaccination Uptake for 2020/21 to 2022/23 (Q1-3), by Practice Population Characteristics



Ethnicity Quintile	% Uptake	Core 10 Quintile	% Uptake
1 - Highest % Ethnic Minority	90.0%	1 - Lowest % Deprivation	89.6%
2		2	
3		3	
4		4	
5 - Lowest % Ethnic Minority	88.0%	5 - Highest % Deprivation	87.0%

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Summary

- Range of NHS prevention activities
- Examples included directly impact on the gap in life expectancy and healthy life expectancy
- Inequalities in access and outcomes across all case studies by deprivation and ethnicity
- Prevention programmes need to meet the needs of different populations and communities to target and reduce inequity

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Thank you for listening

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Which prevention interventions
would make the biggest difference
to mortality and morbidity?

Grace Brough



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Review of drivers of health inequalities

Mortality

- Cardiovascular diseases
- Respiratory diseases
- Cancers

In under 75's-

41% of CVD deaths are preventable

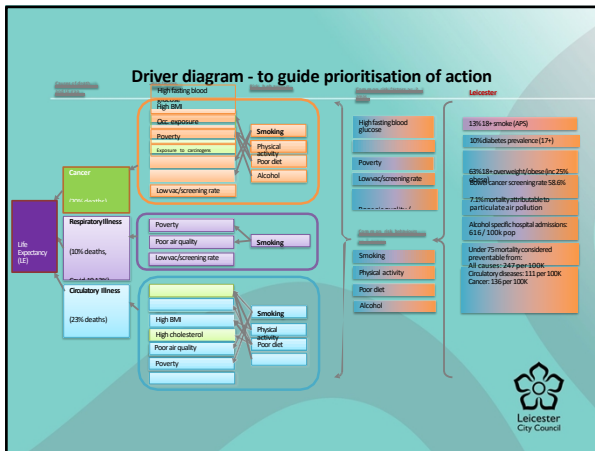
Morbidity

- Diabetes
- Heart disease
- Lung cancer
- COPD
- Chronic kidney disease
- Back pain

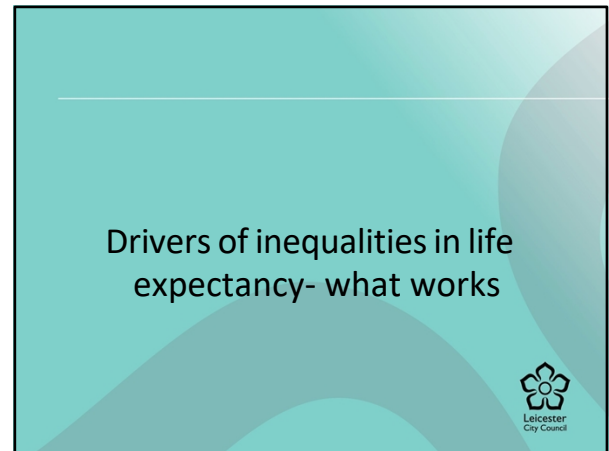
- Alcohol and drugs



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Cardiovascular diseases

Behaviour change prevention includes-

- Healthy diet
- Healthy weight

Healthcare prevention includes -

ABC approach

- **Atrial fibrillation-** increase detection and management
- **Blood pressure** – Identify and manage hypertension
- **Cholesterol-** increase numbers having a CVD risk assessment (NHS Health Check), lifestyle advice and

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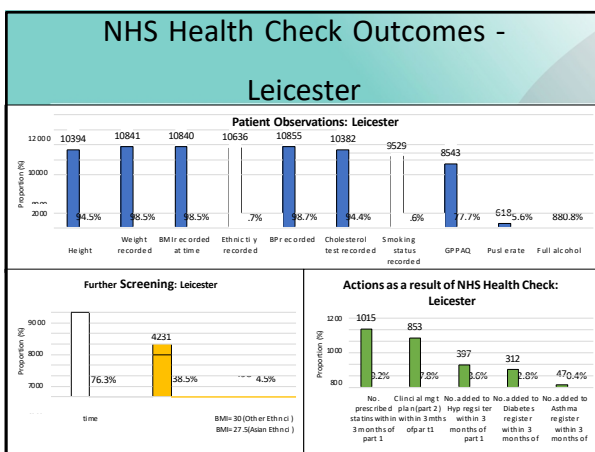
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NHS Health Checks Activity Data (2023/24)- Leicester

NHS Health Checks	Leicester
Invites	
Total Eligible Population (TEP)	92,394
Number of invites sent	21,835
Percentage invited of TEP	23.6%
Number of NHS Health Checks completed	12,220
Percentage uptake (of those invited)	56.0%
Number of people classified as high risk (Q-Risk >10%)	1,438
Percentage of high risk patients (of those completing a health check)	11.8%

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Respiratory diseases

Respiratory disease covers common conditions such as **asthma** and chronic obstructive pulmonary disease (**COPD**), **lung cancer**, infections such as **pneumonia** and **flu**, and less common diseases such as interstitial lung disease and mesothelioma.

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Respiratory diseases – flu vaccines (2)

- PPV vaccine shows 41% effectiveness against invasive pneumococcal disease (IPD).
- PCV vaccine has reduced incidence of IPD by more than 50%

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- | | | |
|-----------------------|------------------------------------|--|
| Flu Vaccination group | % Uptake in Leicester GP Practices | <ul style="list-style-type: none"> Up to 65% effective in children, 55% effective in adults |
|-----------------------|------------------------------------|--|

Flu Vaccination group (CYP)	% Uptake in Leicester GP Practices
All Aged 2 years	29.9
All Aged 3 years	28.7
All Aged 4 years	13.5
All Aged 6 years	13.2
All Aged 7 years	15.2
All Aged 8 years	13.6
All Aged 9 years	13.3
All Aged 10 years	13.4
All Aged 11 years	11.1
All Aged 13 years	9.5
All Aged 14 years	9.3
All Aged 15 years	8.8

Flu Vaccination group	% Uptake in Leicester GP Practices
65 plus	66.6
65 plus (at-risk only)	71.3
Under 65 (all patients)	10.3
Under 65 (at-risk only)	33.3
Pregnant and NOT in a clinical risk group	22.6
Pregnant and in a clinical risk group	30
All Pregnant Women	23.4



Respiratory diseases – smoking cessation

A combination of NRT and specialist smoking cessation services.

In the City, we have **CURE** – an inpatient hospital service focussed on smoking cessation and referral to the community.



Live Well – is our community smoking cessation

Cancer- prevention

Behaviour change prevention

- Smoking cessation
- Healthy weight
- Reduce alcohol consumption

Healthcare prevention

- HPV vaccine
- Early detection and identification e.g. oral cancer awareness
- Screening – breast, bowel,



Cancer – what works

Vaccines and immunisations

- Community based clinics have some positive results, but numbers have been small (engagement and promotion first does have an impact on vaccines delivered and enquiries too)
- GP text messages out to patients generally yields higher uptake
- School based mobile clinics (higher numbers when headteacher/school governors heavily promote and

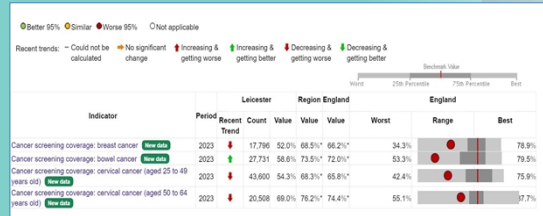
Screening

- Open appointments (drop-in sessions) have some success
- Option to book/rearrange appointments online/via the NHS app rather than having to ring
- Robust call and re-call system
- [No Fear Practices | Cervical screening](#)
| Screening Saves Lives – we don't

have this in Leicester, but I would like



Cancer- local capacity for benefit



Liver disease

Behavioural prevention

- Reduced alcohol intake
- Healthy weight

Healthcare prevention

- Liver function test/fibroscanning for identification of liver damage
- Blood pressure managed



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Liver disease- interventions

Alcohol reduction

- Leicester City Alcohol Harm Reduction Strategy
- Alcohol treatment services

Identification of harm

- Fibroscanning pilot – 30% identified as having liver stiffness, 9% had cirrhosis or fibrosis and 30% of patients subsequently entered structured

treatment for support from Turning Point.

- Opportunistic Liver Function Tests and behaviour



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Healthy weight

- Whole systems approach to obesity
- Tiered levels of weight management
- NICE recommends multi-component interventions for behaviour change
- Possible medical interventions for those at a certain BMI e.g. semaglutide
- MECC – brief advice and guidance



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Back pain

- Physical activity
- Education
- Working practices
- Pain management programmes, including physio, psychologist and occupational therapist

Pain management programmes

The Pain Management programmes at Leicester General Hospital
We hope this web page is helpful. If you would like further information or guidance, please contact one of the pain management team on 0116 255 4005.

Pain Management Programmes team:
Leicester General Hospital
Leicester
LE1 5RH

Pain management programmes have been running at Leicester General Hospital since 1987. We organise educational programmes with guidance and teaching from an experienced team of staff including physiotherapists, psychologists, occupational therapists, a nurse specialist and a medical consultant in pain management.

The courses are for people who live with chronic persistent pain. We accept referrals from Orthopaedics and Pain Consultants.

What is chronic pain?
By the time you are referred to a pain management programme you will probably have seen many doctors and tried many different types of treatment in an attempt to reduce your pain. Despite all the advice and medicine, doctors are not always able to reduce pain completely.

Chronic pain is long-term pain that has persisted for more than three months (1). About 11% of the British population experiences chronic pain (2) and it has many different causes. Unlike acute pain, chronic pain does not always indicate progressive tissue damage. Doctors now understand that in some people the nervous system can become hypersensitive and a response to the body's own pain.



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MECC

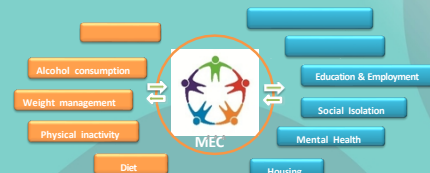
- Making Every Contact Count (MECC) is a low-cost intervention, underpinned by the evidence-base for behaviour change approaches to prevention.
- The wider Leicester workforce, VCSE and health workforce have a vital role in prevention and health. To achieve this, the workforce benefit from upskilling.



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Healthy conversation skills

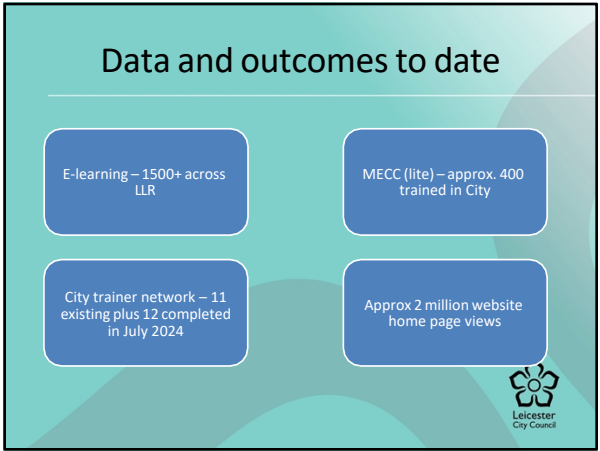
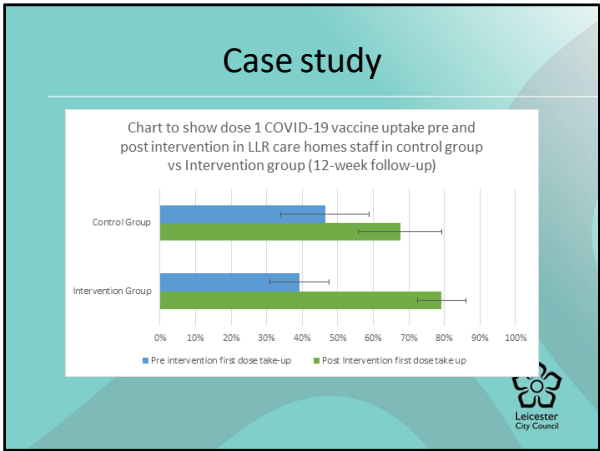
- 'Enabling the workforce to recognise the opportunity they have in facilitating people to have a greater awareness of their health and wellbeing'



'Empowering people to seek out their own solutions to support their own health and wellbeing'

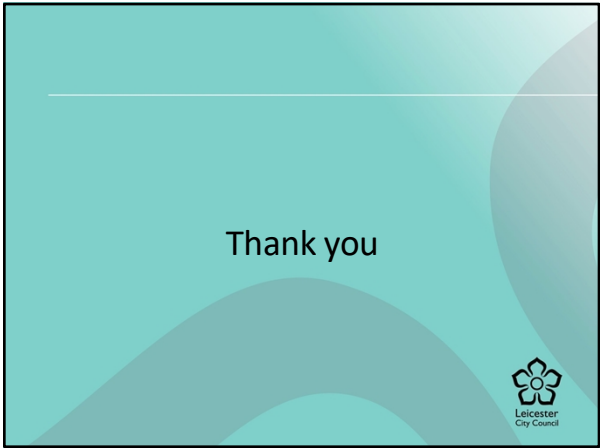


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List of primary and secondary prevention items to tackle

Cancer

1. Drive up breast cancer screening rates – using a data informed approach to target groups not attending e.g. those with Severe Mental Illness (SMI).
2. Oral cancer – strengthen focus on oral cancer and partnership delivery through the Oral Cancer Action Plan.

Respiratory

3. Increase uptake of flu vaccine in groups with low uptake e.g. pregnant women and under 65's at risk, and pneumococcal where uptake is low (24-month booster and over 65).

Cardiovascular disease and chronic kidney disease

4. Extend hypertension case finding to target where gaps are e.g. Black communities who typically present in ED at younger ages for cardio events, those with SMI, or deprived areas.
5. Increase NHS Health Checks amongst communities most at risk, or where people are attending/ less, e.g. through tailoring the invitation process, encouraging GP engagement, novel delivery model. Increase Annual Health Checks for people with Learning Disabilities.

CVD, respiratory, cancer, chronic kidney disease, diabetes

9. Undertake work to increase proportions of women who have a healthy weight in pregnancy – through healthy conversations with those preparing for pregnancy, and establishing and strengthening support and advice mechanisms for pregnant women using NICE guidelines.
10. Upskill the workforce to use MECC approaches to have effective preventative conversations which result in referrals and signposting to manage risk factors for conditions contributing to health inequalities. Target the workforce in touch with communities most at risk of conditions driving inequalities E.g. social prescribers, pharmacists, practice nurses, specialist midwives.

Musculoskeletal

11. Focus on high risk, persistent and disabling conditions

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Appendix 3: Prevention items

List of primary and secondary prevention items to tackle

Cancer

1. Drive up breast cancer screening rates – using a data informed approach to target groups not attending e.g. those with Severe Mental Illness (SMI).- 3 votes
2. Oral cancer – strengthen focus on oral cancer and partnership delivery through the Oral Cancer Action Plan. -

Respiratory

3. Increase uptake of flu vaccine in groups with low uptake e.g. pregnant women and under 65's at risk, and pneumococcal where uptake is low (24-month booster and over 65's).

Cardiovascular disease and chronic kidney disease

4. Extend hypertension case finding to target where gaps are e.g. Black communities who typically present in ED at younger ages for cardio events, those with SMI, or deprived areas.
5. Increase NHS Health Checks amongst communities most at risk, or where people are attending/ less, e.g. through tailoring the invitation process, encouraging GP engagement, novel delivery model. Increase Annual Health Checks for people with Learning Disabilities.

Liver disease

6. Targeted work to reduce alcohol harm – as 90% of liver disease are preventable. Work to identify Non-Alcoholic Fatty Liver Disease earlier – consider extending fibro scanning to areas most at risk.

CVD, respiratory and cancer

7. Targeted work to extend and improve the CURE offer. Cure is a programme identifying smokers in hospital, giving them nicotine replacement therapy and specialised support throughout their hospital stay and referring on to community support.
8. Targeted work to reduce smoking in pregnancy and smoking in the home with young babies.

CVD, respiratory, cancer, chronic kidney disease, diabetes

9. Undertake work to increase proportions of women who have a healthy weight in pregnancy – through healthy conversations with those preparing for pregnancy, and establishing and strengthening support and advice mechanisms for pregnant women using NICE guidelines.
10. Upskill the workforce to use MECC approaches to have effective preventative conversations which result in referrals and signposting to manage risk factors for conditions contributing to health inequalities. Target the workforce in touch with communities most at risk of conditions driving inequalities E.g. social prescribers, pharmacists, practice nurses, specialist midwives.

Musculoskeletal

11. Focus on back pain prevention and treatment as large driver of years lived with disability- explore current provision of pain management for treatment and ways of reaching those

who are vulnerable. Communicate messages on importance of physical activity and exercises in back pain- may be able to use the work well vanguard.

Mental health

- 12.** Build on existing work on loneliness and isolation, to reduce situational loneliness, such as carers and recently bereaved through befriending or targeted activities, to prevent loneliness becoming chronic.
- 13.** Work to link those with SMI with support to access healthcare, including GP registration, screening, and health checks; and access to healthy activities (e.g. through social prescribing).

Appendix 4: Evaluation Form

Prevention and Health Inequalities Workshop Evaluation

Please take a couple of minutes to let us know how you found the workshop, and how we can improve this in the future. Thank you.

* Required

- This form will record your name, please fill your name.

1. Please tell us your name - leave blank if you prefer your answers to be confidential

2. Please tell us the organisation you represent *

3. Did you find the workshop useful? *

- Yes
- No
- Not sure

4. Were the aims of the workshop clear? *

- Yes
- No
- Partially

5. Did the workshop meet your expectations? *

- Yes
- No
- Partially
- Not sure

6. If no, which expectations were not covered?

7. Please tell us what you thought worked well *

8. Please tell us how the workshop could have been better *

9. Are you clear on the priorities for the Prevention and Health Inequalities Steering group going forward?*

- Yes
- No
- Partially

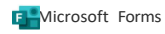
10. Will you do anything different as a result of the workshop? *

- Yes
- No
- Not sure

11. If yes, what will you do differently?

12. Is there anything else you would like to tell us about the workshop and this work?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.





LEICESTER CITY HEALTH AND WELLBEING BOARD 26 09 2024

Subject:	Joint Health, Care and Wellbeing Delivery Plan Review: Logic Models
Presented to the Health and Wellbeing Board by:	Logic Model Authors and HWB Programme Manager
Author:	Diana Humphries- HWB Programme Manager

EXECUTIVE SUMMARY:

Due to the changing of most pertinent issues in the City, the Health and Wellbeing Board has agreed to draft a new set of priorities and for the monitoring of these to replace the current monitoring of the six 'Do' priorities. The new priorities are:

Healthy Weight
Childhood Immunisations
Hypertension Prevention and Case Finding
Mental health and wellbeing related to social inclusion, and supportive networks

Priority leads have been identified and asked to put together 'logic models' which outline the activity that will be reported on for their priorities. Priority leads have been invited to attend the Health and Wellbeing Board session and to present their logic models.

The HWB has requested that the initially identified 19 priorities as listed in the Joint Health, Care and Wellbeing Strategy are monitored in the annual report. Work relating to the priorities will go ahead as previously.

The new delivery plan will share updates into the newly established 'Leicester Integrated Health and Care Group'. This is a merger of JICB and ISOC and a new subgroup of HWB. Terms of references for both ISOC and JICB have been reviewed to inform the new group. Both ISOC and JICB have been stood down to make way for the new Board.

Leicester's Health, Care and Wellbeing strategy (HCWS) outlines the health and wellbeing needs of Leicester's population and highlights 19 priorities for action.

These are categorised into 'do,' 'sponsor,' and 'watch' as equal resource and focus has not been given to all the 19 priorities simultaneously.

The previously monitored six 'do' priorities:

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>

These priorities were focused on in our delivery plans (2022-24). Monthly collection of updates and reporting into Health and Wellbeing Board Subgroups- Joint Integrated Commissioning Board and Integrated Systems of Care was undertaken. The subgroups as well as priority leads have been notified of the change in our delivery plan going forward.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the presentation around the logic models.
- Agree on the projects that will be monitored and the monitoring structure.
- Agree on the additional focus on the PLUS groups outlined in the presentation.

Health and Wellbeing Board

Logic Model Overview

Recap

- Original 19 priorities to be reported on annually
- Further 4 priorities have been agreed for the next 12 months
- Regular reporting on the 4 areas with clear KPIs
- Did not cover PLUS groups, this to be considered later in this session

Hypertension prevention and case finding

To increase detection and identification of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<p>In Leicester, life expectancy and healthy life expectancy are below national averages, particularly in areas of deprivation, with CVD a contributory factor. Deprivation is a key risk factor for hypertension and more than a third of Leicester residents live in the 20% most deprived areas of England. Additional risk factors include physical inactivity and unhealthy diet which are also linked with deprivation and recorded at above England averages in Leicester, with further risk factors of smoking prevalence, alcohol consumption and rates of overweight/obesity similar to England averages. 12.2% of Leicester's adult population (n = 50,000) are diagnosed with hypertension, with predictions that undiagnosed cases could total a further 24,000. Early detection of hypertension is recognised as a priority within Leicester's Health and Wellbeing strategy, and a national priority for addressing health inequalities. A national screening programme for hypertension is not recommended; rather targeted testing as part of a broader CVD health check is suggested.</p>	<p>Advanced Pharmacy</p> <p>Most pharmacies in Leicester are signed up to the NHSE hypertension case-finding programme. This involved blood pressure checks</p>	<ul style="list-style-type: none"> • Increase proportion of blood pressure service consultations that are ABPM to 10% • Grow total annual blood pressure check service consultations by 15% from 2024 baseline. 	<p>Meds op design group Paul Gilbert- Community Pharmacy Clinical Lead</p>	<p>Increase in diagnosed hypertension prevalence resulting in reduced emergency admissions for cardiovascular disease and stroke. Decreased mortality from cardiovascular disease.</p>
	<p>NHS Health Checks</p> <p>The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition, one of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).</p>	<ul style="list-style-type: none"> • N screened • N diagnosed within 12 months of check date • N receiving health check as part of QRISK score >10% recorded 		
	<p>Support case finding and optimisation of Hypertension</p> <p>i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans)</p> <p>ii) a communication plans to support medication adherence</p> <p>(iii) using business intelligence analysis to understand the detection and optimisation gaps.</p>	<ul style="list-style-type: none"> • % of the expected number hypertension patients detected (80% by 2029) • % of patients optimised to NICE recommendations by 2025 		
			<p>i) City Place monthly meetings Seema Gaj</p> <p>ii), iii) Long terms conditions partnership board Jeremy Bennett</p>	

Childhood Immunisations

Objective: To increase childhood vaccination uptake across Leicester.

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<div>102</div> <ul style="list-style-type: none"> Prevention of diseases Promotion of healthy development Equity in health Prevention of outbreaks Reduction in healthcare and other societal costs 	<u>Antenatal Vaccinations</u> Improve Pertussis (whooping cough) vaccination uptake through: <ul style="list-style-type: none"> Raise awareness Work with community groups e.g. <i>Leicester Mammias</i> to offer educational workshops Increase accessibility via community clinics on board the Roving Healthcare Unit (RHU). Continue to support antenatal clinics at UHL by utilising the super vaccinator workforce to cover gaps in staffing. Introduction of RSV (Respiratory Syncytial Virus) vaccine from 1 Sept. 2024: <ul style="list-style-type: none"> Communications campaign to introduce vaccine and explain importance Support midwives and vaccination nurses to confidently deliver the vaccine Offering several pathways and opportunities for pregnant patients to access the vaccine i.e. antenatal clinics, GP, RHU and community locations 	Pertussis: current LLR uptake 57% Target TBC – further work needed to understand data sets and impact of proposed changes RSV: New vaccine from 1.9.24, NHSE target is 50%	LLR Immunisation Board – chaired by Kay Darby (Chief Nurse), attended by Rob Howard (DPH).	Improving maternity, childhood and adolescent immunisation
	<u>Babies and Pre-school Children</u> To support and provide vaccination and immunisation advice to parents of babies and pre-school children, reducing variation in uptake. <ul style="list-style-type: none"> Support a shortlist of GP practices with lowest uptake and enabling CHIS service to target support Raising awareness in primary care settings via regular clinical webinars. Offering staffing support and additional capacity via the Super Vaccinators. Offering childhood immunisations such as MMR and Pertussis on board the Roving Health Unit in areas where uptake is low. MMR core 20 project to offer home visits to families without vaccination – catch up for all family members 	MMR 2: current City uptake 69% (5 yrs) WHO target is 95% 2 doses at 5 yrs, Local target TBC – further work needed to understand data sets and impact of proposed changes		
	<u>School-age and Adolescents</u> To support the school aged immunisation service (SAIS) to deliver vaccinations to young people throughout their school years, with a specific focus on the HPV vaccine. <ul style="list-style-type: none"> Work with schools to understand barriers to uptake. Improve the self-consent process, empowering young people to better understand vaccinations and to make positive choices to support their health. Targeted work with schools with the lowest uptake and learning from schools with higher uptake rates. Developing an in-school programme and educational pack to support guidance and advice to young people, teaching staff and their parents/carers. 	HPV City 49% (male) 57% (female) WHO target is 90% in females by 2040 Local target TBC – further work needed to understand data sets and impact of proposed changes		

Healthy Weight

Objective: To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
Only 30% of people in LLR living with learning disability are a healthy weight with excess weight contributing to average 20-year shorter life expectancy.	Social care learning disability focused work A focus on how to improve health and wellbeing messaging for people living with learning disability and the services that they engage with. Current focused area of work around supported living providers.	<ul style="list-style-type: none"> Clear guidance created on consistent messaging of healthy weight. Guidance issued to all supported living providers in city. Staff training and information on portion sizes/what is healthy Producing easy read information for people Guidance around what is healthy weight and how to talk about this 	<ul style="list-style-type: none"> Food and healthy weight systems partnership steering group. Lead officer: Amy Hathway (with appropriate reps from LNDS/LPT and Social Care) 	To support the creation of a system that is conducive to maintaining a healthy weight.
Systems change is required to create an environment that supports individuals to live at a weight that is healthy for them.	LNDS nutrition training for workforces Multi agency training will be offered on a quarterly basis for professionals working with adults and families. Two specific training packages will be created on a yearly basis for specific groups requiring more specific messaging i.e. care home cooks.	<ul style="list-style-type: none"> 80 staff trained in nutrition from a variety of workforces annually. (The scope of this could be increased with increased funding). 2 specific packages of training delivered to priority workforces. 40 attendees minimum in total attend two specific training packages 	<ul style="list-style-type: none"> Contract variation as part of S75 monitored through Amy Robinson (Commissioning Manager) via support meetings with commissioned provider LNDS. Lead officer: Amy Hathway. 	
NHS Long Term Plan highlights the importance of preventing excess weight and amongst other elements outlines plans to act on healthy NHS premises and making sure front-line staff are equipped to talk to patients about nutrition and healthy weight in an informed and sensitive way.	Establishing opportunities for more effective promotion of healthy lifestyle within the local ICS Contributions to the consideration of adoption of the NHS Healthy Weight Declaration is a key part of this project to raise excess weight on the local agenda and provide clear commitments to act against.	<ul style="list-style-type: none"> Number of engagement sessions held with PCNs Number of PCN staff provided with training on healthy weight Consideration of joint adoption across LLR of NHS HW declaration Audits carried out against commitments of the Declaration to support progression <p><i>Please note that conversations regarding this project are in the infancy and require greater discussion with appropriate partners to progress. It is hoped the HWBB can support these conversations</i></p>	<ul style="list-style-type: none"> Healthy weight leads in Leicestershire County Council and Leicester City Council have meetings which can support these conversations, but discussion may sit within a separate working group feeding into the Systems Steering Group Lead officer: To be confirmed. 	

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<p>In Leicester, the percentage of pregnant women who were obese at the time of booking an appointment with a midwife was 23.8% in 2018/19, which is significantly worse than the national average (22.1%).</p>	<p>Establishing local opportunity to improving healthy weight in pregnancy</p> <p>Work in partnership with representatives of the Healthy Pregnancy, Birth and Babies group to ensure that good nutrition and physical activity are promoted during pregnancy by increasing opportunities and ensuring workforces are well equipped to raise the issue and signpost to or provide support.</p> <p>A scoping review into opportunities to embed healthy lifestyles more prominently is currently being undertaken and may inform additional KPIS.</p>	<ul style="list-style-type: none"> • Implementation of walks for mums as part of Live Well Walk More offer. • N attending walks for mums walks. • N of staff in Live Well trained in Physical Activity in Pregnancy course. • Aylestone Leisure Centre promoted as breastfeeding friendly and considers creation of breastfeeding café. • N of additional leisure centres registered as breastfeeding friendly. • Implementation of antenatal provider offering physical activity classes at Aylestone Leisure Centre. • N of midwives and antenatal/post-natal workforces trained in raising conversation of weight during pregnancy (This training is yet to be developed but will sit as part of the specific training package offer by LNDs) 	<ul style="list-style-type: none"> • Specific maternal excess weight working group as part of healthy weight governance that feeds into Steering Group. • Lead reporting officer: Amy Hathway • Lead operational officer: Annie Kennedy. • Supporting officers: Charlie Hurley, Vicky Ball, Kyle Harrison and others to be confirmed as part of working group. 	<p>To support the creation of a system that is conducive to maintaining a healthy weight.</p>

Mental health and wellbeing related to social inclusion, and supportive networks

Objective: Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing

Rationale - Why is this important?	Projects reporting - Title and description of each project/ deliverable	Project KPIS - Clear and measurable	Subgroup/s responsible - Governance	Outcomes of workstream
<p>We know that there is a correlation between poor mental wellbeing and loneliness & isolation. The Leicester Health and Wellbeing Survey 2018 found that those with poor mental health and wellbeing are more likely to feel isolated and less able to ask for help from people around them. 30% of people with poor mental health felt excluded, lonely or alone and 22% felt isolated from others.</p> <p>In 2024, Leicester City Council launched the <i>Leading Better Lives</i> project in partnership with Social Care Futures. Loneliness and social isolation was identified as a key priority as part of the Council's prevention & community wellbeing approach.</p>	<p>Neighbourhood Mental Health Cafés</p> <p>Drop-in sessions delivered by voluntary sector providers and located in areas with highest levels of mental health need where people can get mental health support and advice – no appointment needed.</p>	<ul style="list-style-type: none">• Number of people accessing Cafés (including demographic & geographical info)• Quality Reviews to be undertaken of individual cafés	Leicestershire Partnership NHS Trust	To increase social inclusion in the city and reduce the number of people feeling isolated and lonely
	<p>Mental Health Wellbeing & Recovery Support Service</p> <p>Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.</p>	<ul style="list-style-type: none">• Number of people accessing Advice & Navigation and Community Recovery Support (including demographic & geographical info)• Individual outcome measures	Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)	

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	<p>Leading Better Lives</p> <p>Developing a coproduced council-wide approach to prevention and community wellbeing.</p>	<ul style="list-style-type: none"> • Metrics to be developed in coproduction as part of the project. 	<p>Leading Better Lives Steering Group (LCC)</p>	
	<p>Prevention Concordat for Better Mental Health</p> <p>Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.</p>	<ul style="list-style-type: none"> • Partnership Board receives reports to address health inequalities • Mental health in all policies, such as access to green space, transport, leisure, arts, and culture 	<p>Mental Health Partnership Board</p>	

Mental health and wellbeing related to social inclusion, and supportive networks

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	<p>Getting Help in Neighbourhoods Projects</p> <p>Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.</p>	<ul style="list-style-type: none"> • Number of people supported • Number of interventions • Quality reviews of individual projects 	Leicestershire Partnership NHS Trust	
	<p>Mental Health Friendly Places</p> <p>Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health</p>	<ul style="list-style-type: none"> • Number of organisations signed up to Mental Health Friendly Places. • Number of stakeholders trained in Mental Health Friendly Places projects 	Leicester City Council – Public Health	

PLUS Groups

- Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.
 - Core 20= 20% most deprived of the national population
 - 5= clinical areas of focus nationally
 - PLUS= Populations that experience starkest health inequalities at a local level

Learning Disabilities, Homelessness and Severe Mental Illness (SMI) groups have the largest gap (and therefore the worst) in Life Expectancy and health outcomes against the LLR and England averages

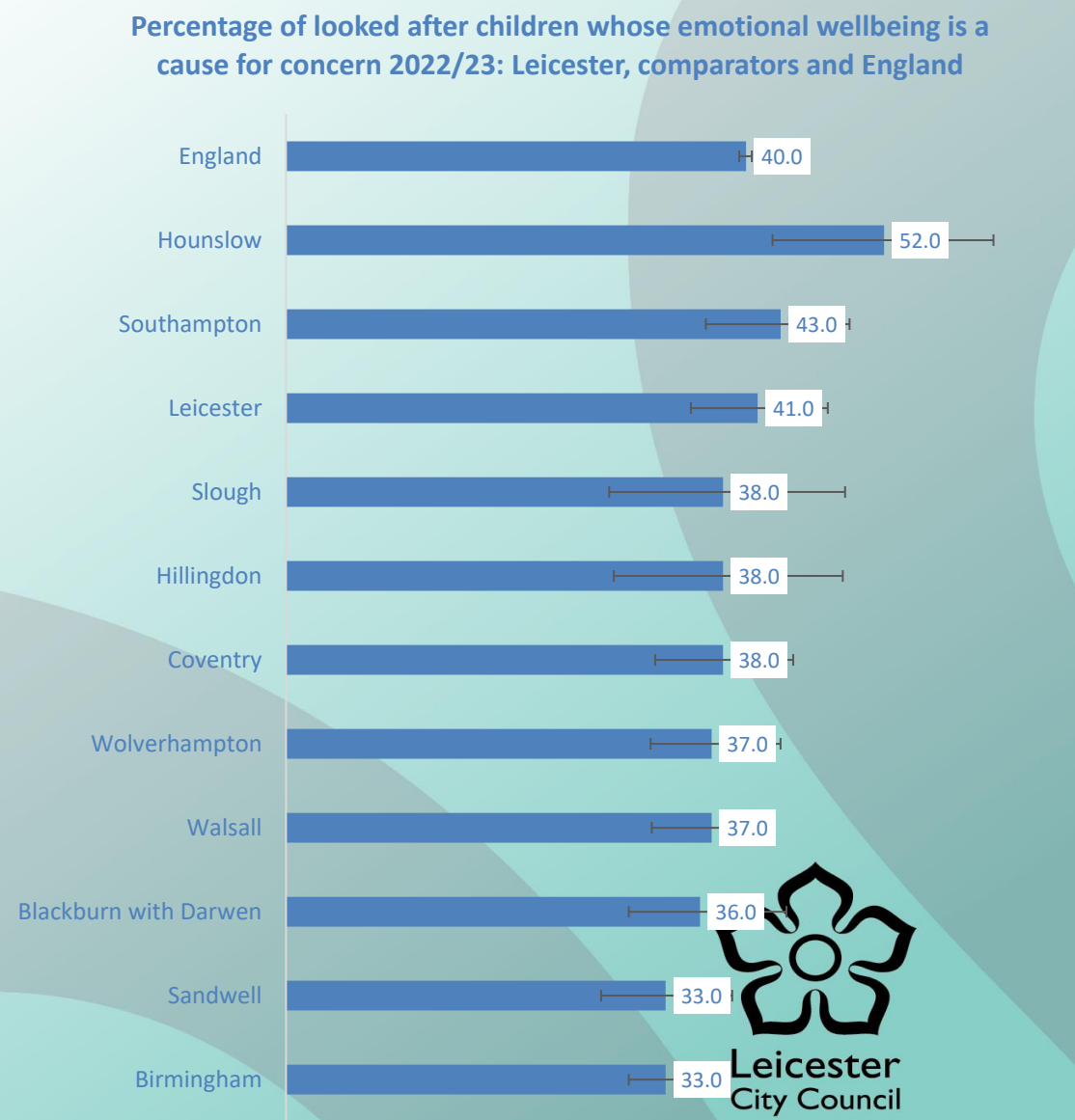
We recommend that reporting on specific actions to support these PLUS groups within each of the focus areas is included

Care Experienced CYP

- Suggested shortlisted priority for next stage of the strategy and delivery plan
- Instead of a specific priority, could this be an additional PLUS Group?



Children in care: Children in Care are a vulnerable group at greater risk of poor physical and emotional health outcomes than their peers. This can lead to poorer health throughout their lives, and shorter life expectancy.



Monitoring

Date

Title of workstream: e.g. Healthy Weight

Objective: xxxx

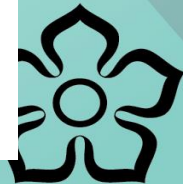
Governance arrangement

Reporting Projects	Project KPIs and Targets	Update	Next steps	<u>PLUS</u> Groups <ul style="list-style-type: none">- SMI- LD- Homelessness	Risks and mitigations	RAG for period

Point for escalation:

|

Reporting frequency to be agreed



Summary and next steps

- Priorities agreed and reviewed
- Project monitoring to be populated with updates gathered each interval agreed with project leads
- Updates to be presented to HWB as well as the new merger of ISOC and JICB
- Project leads to be invited to provide detailed updates as requested by the Board

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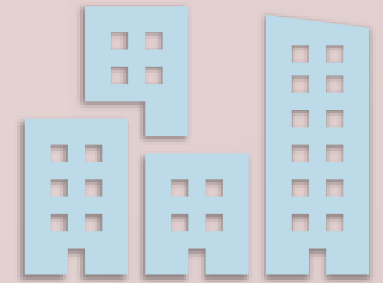
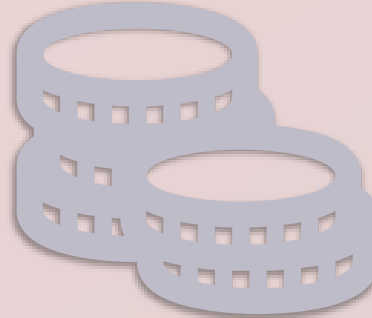
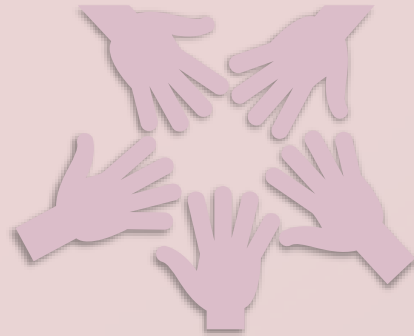
Leicester Integrated Health and Care Group

- Emerging consensus to combine ISOC and JICB into one Leicester meeting.
- This group will be reporting to HWB
- The group will receive JHCW delivery plan updates
- Other responsibilities include...

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Leicester Integrated Health and Care Group Core Business

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**Leicester's
Health Care and
Wellbeing
Strategy
Priorities
Oversight/
Delivery**

**Joint
Commissioning
/Transformation**

**City
Better Care
Fund (BCF)**

**Influence
Advocate
Integrate**

**City Specific
Challenges/
Opportunities
(Wider
determinates of
health, health
literacy, digital
inclusion/VCSE/
Funding)**