LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: THURSDAY, 12 JULY 2018

Time: 5:30 pm

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.

G. J. Carey
For Monitoring Officer

NOTE:

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

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

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

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

MEMBERS OF THE BOARD

Councillors:

Councillor Adam Clarke, Deputy City Mayor, Environment, Public Health and Health Integration (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure, Sport and Regulatory Services

Councillor Sarah Russell, Deputy City Mayor, Children and Young People's Services

Councillor Vi Dempster, Assistant City Mayor, Adult Social Care and Wellbeing

Vacancy

City Council Officers:

Phil Coyne, Strategic Director City Development and Neighbourhoods

Steven Forbes, Strategic Director Social Care and Education

Ruth Tennant, Director Public Health

Vacancy

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Roz Lindridge, Locality Director Central NHS England – Midlands & East (Central England)

Healthwatch / Other Representatives:

Harsha Kotecha, Chair, Healthwatch Advisory Board

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Andy Lee, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEES: (Not Board Members)

Toby Sanders, Senior Responsible Officer, Better Care Together Programme

Mark Gregory, General manager, Leicestershire, East Midlands Ambulance Service NHS Trust

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

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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 Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 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 Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MEMBERSHIP OF THE BOARD

To note the membership of the Board for 2018/19 approved by the Council on 17 May 2018:-

City Councillors

Councillor Adam Clarke, Deputy City Mayor – Environment, Public Health and Health Integration

Councillor Piara Singh Clair, Deputy City Mayor - Culture, Leisure and Sport and Regulatory Services

Councillor Vi Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

Councillor Danny Myers, Assistant City Mayor - Entrepreneurial Councils Agenda

Councillor Sarah Russell, Deputy City Mayor – Children, Young People and Schools

NHS Representatives

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Roz Lindridge, Locality Director Central NHS England – Midlands & East (Central England)

City Council Officers

Vacant - Strategic Director – Education and Children's Services (See Note below)

Phil Coyne – Strategic Director of City Development and Neighbourhoods

Stephen Forbes - Strategic Director - Adult Social Care. (See Note below)

Ruth Tennant - Director of Public Health

Note: Since the Annual Council Meeting Stephen Forbes has been appointed to the new role of Strategic Director Social Care and Education, following the merger of the Adult Social Care and Education and Children's Services.

Local Healthwatch and Other Representatives

Harsha Kotecha, Chair, Healthwatch Advisory Board

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Andy Lee, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

Standing Invitees: (Not Board Members)

Toby Sanders, Senior Responsible Officer, Better Care Together Programme

Mark Gregory, General manager, Leicestershire, East Midlands Ambulance Service NHS Trust

4. TERMS OF REFERENCE

Appendix A (Pages 1 - 6)

To note the Board's Terms of Reference approved by the Annual Council on 17 May 2018.

5. MINUTES OF THE PREVIOUS MEETING

Appendix B (Pages 7 - 48)

The Minutes of the previous meeting of the Board held on 9 April 2018 are attached and the Board is asked to confirm them as a correct record.

6. RETHINKING PERSISTENT ENTRENCHED ROUGH SLEEPING IN LEICESTER

Appendix C (Pages 49 - 66)

The Director of Public Health to provide an overview of an ongoing project investigating a new approach to managing persistent entrenched rough sleepers in Leicester.

7. INTRODUCING MINIMUM UNIT PRICING TO LEICESTER

Appendix D (Pages 67 - 78)

To receive a briefing paper and presentation on introducing Minimum Unit Pricing to Leicester.

8. WINTER RESILIENCE

Appendix E (Pages 79 - 94)

To receive a report from Mr Mike Ryan Director of Urgent and Emergency Care, Leicestershire, Leicester City, and Rutland (LLR) System. The report summarise the recommendations and learning from the winter period 2017/18, and outlines the approach to better resilience and patient experience for 2018/19.

9. HEALTH AND WELLBEING STRATEGY

Appendix F (Pages 95 - 132)

The Director of Public Health to make a presentation to inform members that the new Joint Health and Wellbeing Strategy and Action plan is in final draft form and due to enter the public consultation phase in mid-July.

The presentation explains the progress that has been made and invites Board members to become involved in the consultation process and to encourage others to do the same.

10. HEALTHWATCH LEICESTER CITY ANNUAL REPORT

Appendix G (Pages 133 - 158)

To receive the Healthwatch Leicester City Annual Report 2017 and to receive an update from Healthwatch Leicester and Leicestershire on recent

arrangements that have been put in place since the contract was awarded to Engaging Communities Staffordshire.

11. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

12. DATES OF FUTURE MEETINGS

To note that the Annual Council Meeting in May approved future meetings of the Board to be held on the following dates:-

Thursday 12 July 2018 – 5.00pm
Thursday 20 September 2018 – 5.00pm
Thursday 22 November 2018 – 5.00pm
Thursday 28 February 2019 – 5.00pm

Meetings of the Board are scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

13. ANY OTHER URGENT BUSINESS

APPENDIX A

Leicester City Health and Wellbeing Board

Terms of Reference

(As amended at the Leicester City Council meeting on 17 May 2018)

Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions.

1 Aim

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

2 Objectives

2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and in work to reduce health inequalities.

2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.

2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.

2.4 To provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health &Wellbeing Board agrees are directly related to health and wellbeing.

3 Responsibilities

3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.

3.3 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JHWS is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

3.4 Save in relation to agreeing the JSNA, JHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties

3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.

3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in their commissioning decisions.

3.7 To monitor, evaluate and annually report on the Leicester City Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by the national Commissioning Board.

3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.

3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.

3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of Leicester City Clinical Commissioning Group to ensure that the Board is publically accountable for delivery.

3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes

3.12 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.

3.13 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.

3.14 The Board will agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes.

4 Membership

Members:

Up to five Elected Members of Leicester City Council (5)

- The Executive Lead Member for Public Health & Health Integration (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)

Up to six representatives of the NHS (6)

- The Co -Chair of the Leicester City Clinical Commissioning Group (1)
- A further GP representative of the Leicester City Clinical Commissioning Group (1)
- The Managing Director of the Leicester City Clinical Commissioning Group (1)
- The Locality Director Central NHS England – Midlands and East (1)
- The Chief Executive of University Hospitals NHS Trust (1)
- The Chief Executive of Leicestershire Partnership NHS Trust (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Adult Social Care & Health (Leicester City Council) (1)
- The Strategic Director Children (Leicester City Council) (1)
- The Director of Public Health (Leicester City Council) (1)
- The Strategic Director of City Development and Neighbourhoods (1)

Up to eight further representatives including Healthwatch Leicester/Other Representatives (8)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Local Policing Directorate, Leicestershire Police (1)
- The Leicester Leicestershire and Rutland Police and Crime Commissioner (1)
- Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service (1)
- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)
- A representative of the city's sports community (1)
- A representative of the private sector/business/employers (1)

5 Quorum & Chair

5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:

- Leicester City Council (Elected member)
- Leicester City Clinical Commissioning Group or NHS England
- One senior officer member from Leicester City Council
- Local Healthwatch/Other Representatives

5.2 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.

5.4 The City Council has nominated the Executive Lead for Public Health & Health Integration to Chair the Board. Where the Executive Lead for Public Health & Health Integration is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one Elected Member must be present in order for the meeting to be declared quorate)

6 Voting

6.1 Officer members of Leicester City Council and any representatives of bodies asked to attend meetings of the Board as 'Standing Invitees' by the Board shall not have a vote. All other members will have an equal vote.

6.2 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is require decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

7 Code of conduct and member responsibilities

All voting members are required to comply with Leicester City Council's Code of Conduct, including submitting a Register of Interests.

In addition all members of the Board will commit to the following roles, responsibilities and expectations:

7.1 Commit to attending the majority of meetings

7.2 Uphold and support Board decisions and be prepared to follow though actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest.

7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.

7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery

7.5 To ensure that are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

8 Agenda and Meetings

8.1 Administration support will be provided by Leicester City Council.

8.2 There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Updates from each of the working subgroups of the Health & Wellbeing Board.

8.3 Meetings will be held at least four times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution.

8.4 The first meeting of the Health and Wellbeing Board was on 11 April 2013.

Version 9.4

Approved at Annual Council on 17 May 2018

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: MONDAY, 9 APRIL 2018 at 2:00 pm

P R E S E N T :

Present:

Councillor Clarke (Chair)	–	Deputy City Mayor, Leicester City Council.
Lord Willy Bach	–	Leicestershire and Rutland Police and Crime Commissioner
Councillor Vi Dempster	–	Assistant City Mayor, Adult Social Care and Wellbeing, Leicester City Council.
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
Simon Fogell	–	Executive Director, Engaging Communities Staffordshire.
Andy Keeling	–	Chief Operating Officer, Leicester City Council.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Superintendent Shane O,Neill	–	Local Policing Directorate
Councillor Sarah Russell	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council.
Ruth Tennant	–	Director of Public Health, Leicester City Council.
Rachana Vyas	–	Head of Strategic Development, University Hospitals of Leicester NHS Trust.

In attendance

Graham Carey	–	Democratic Services, Leicester City Council.

114. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed Simon Fogell, Executive Director, Engaging Communities Staffordshire, who had been awarded the contract for Leicester and Leicestershire Healthwatch.

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Councillor Piara Singh Clair	Deputy City Mayor, Culture, Leisure and Regulatory Services
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Chief Supt Andy Lee	Head of Local Policing Directorate, Leicestershire Police
Ros Lindridge	Locality Director Central NHS England, Midlands and east (Central Area)
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group

115. DECLARATIONS OF INTEREST

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

116. MINUTES OF THE PREVIOUS MEETING

RESOLVED:-

The Minutes of the previous meeting of the Board held on 7 December 2017 be approved as a correct record.

117. PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health submitted a report on the Pharmaceutical Needs Assessment (PNA). Consultation on the draft PNA was conducted from 2

October 2017 to 2 January 2018 and the responses to the consultation were summarised in Appendix 1 to the report.

The Board also received a presentation which is attached to these minutes.

It was noted that, in addition to the contents of the presentation:-

- It was expected nationally that there would be a reduction in the number of pharmacies and there would be a continuing trend of pharmacies consolidating and joining together. The Board was now required to make a statement within 45 days of any consolidation of local pharmacies as to whether the change would make a difference to the area.

- The City had an above average number of pharmacies per 10,000 population; but their distribution was not evenly spread across the City.

- 88% of pharmacies currently offered Medicine Use Reviews for patients and each pharmacy was permitted to undertake up to 400 per year. 10 pharmacies in the City had undertaken the maximum of 400 reviews but 4 pharmacies had only carried out as few as 9 reviews.

- New Medicines Service were offered by 76% of pharmacies.

- 45 pharmacies offered flu vaccinations and over 5,000 had been carried out in 2016/17. The national average for pharmacies offering flu vaccinations was 62% but the proportion of pharmacies offering flu vaccinations in the City was lower.

- The Council had complied with the new statutory duties.

Members of the Board commented that:-

- The emerging number of pharmacies situated within supermarkets were acknowledged as being a convenient place to collect prescriptions but it was questioned whether they engaged sufficiently in health promotion campaigns to the same degree as other 'high street' pharmacies.

- There were differing health needs in different parts of the City – for example, the west area of the City had higher incidents of lung conditions/smoke rates and it was questioned whether there was any information to link the take up pharmacies to offer specific services to the health needs of specific localities and how they could be encouraged to deliver services to match those local needs and how better links with NHS England could be established to share data etc.

- Healthwatch, indicated they had concerns about the low levels of self-care currently used by the public and their awareness of the services offered by pharmacies and wished to work with the Board to increase the level of understanding of services that were available to reduce the

pressures on the GP services.

In response to the comments made by Board members it was stated that:-

- The Local Pharmacy Committee (LPC) were aware that 5-6 pharmacies in supermarkets had carried out approximately 200 health checks in 6 months and that some regular shoppers had established a regular relationship with the pharmacist as part of their daily shopping routines.

- The LPC now had statistical evidence that it could share to demonstrate the levels of engagement across pharmacies. For example, the Urgent Medicine Supply Advanced Services Scheme was designed to enable the 111 service to refer patients to local pharmacies to obtain their supplies and this was already producing date on the reduced impact upon Emergency Care Centre attendance.

- It would be beneficial if LPC – tries to link with long term illness leads – like to get GPs to refer patients with long term health needs to local pharmacies to support their health care.

- It was difficult to work out the services that local pharmacies should provide for their local population as people did not always use their nearest pharmacy but may use pharmacies near to their work or in the City Centre.

- It was considered that NHS England should also assess new applications from pharmacies against the PNA to make sure that they were in the right place ect and assess how the application reflected the needs of the PNA.

The Board noted:-

1) That all mandatory consultation was complete and the PNA was ready for publication.

2) The detail of the PNA and specifically the recommendations to commissioners.

3) The role of the Health and Wellbeing Board in ensuring the recommendations contained within the PNA were enacted.
4) The role of the Health and Wellbeing Board in supporting the development and accreditation of Healthy Living Pharmacies.

The Board asked the Director of Public Health to write to NHS England asking for an assurance that they would use the PNA actively to consider the distribution of pharmacies and the services offered by them and take this into account when considering applications from pharmacies.

118. HEALTHY LIVING PHARMACIES

The Board received a presentation from Luvjit Kandula, FRPharmS, Chief Officer, Leicestershire and Rutland Local Pharmaceutical Committee on promoting the use of pharmacy services to promote health and healthcare management. Copy attached to these minutes.

It was noted that:-

- Pharmacy Services were seen as part of an integrated patient care pathway to give patients the skills and knowledge to promote a structured patient led self-care process to assist with the promotion and prevention of both minor and long term illnesses.

- A shared summary of the patient record was a key factor on this process.

- Pharmacy Services were already starting to work towards the key recommendations of the PNA to promote the optimal use of pharmacy services in promoting health and healthcare management. and there was a desire to take these forward in partnership with the Board at a local level and as part of the Public Health's strategic approach in "A Way Forward for Public Health".

- The constituent elements of a Healthy Living Pharmacy were outlined in the presentation.

- Locally there were now 150 qualified level 2 Health Champions and 169 pharmacies were accredited to RSPH Level 1. These figures did not include those trained by Boots, Lloyds, Tesco and Morrisons etc. It was further noted that Boots were aiming to put 2 champions into each pharmacy and it was accepted that this needed to be clarified on the presentation.

- Locally a patient visits a pharmacy 11 times a year and equates to more than 15,000 visits daily in the LLR area.

- Some pharmacies were facing financial pressures and there were concerns that depending on what the next level of cuts looked like, the government had suggested that 3,000 pharmacies may close.

- This proposed model had some advantages as it established closer relationship with GPs and was a seamless process with the patients, especially where pharmacies are co-located within GP surgeries or adjacent to them. Even so, patients would still retain the freedom of choice of where they wished to collect their prescription.

Members of the Board made the following comments and observations:-

- The JSNA was a living web-based document that was constantly updated and was could not be printed as it was viewed that if the document was enabled to be printed once a copy had been taken people would not go back and view subsequent updates.

- The STP recognised that increased use of pharmacies and the promotion of patient self-help was seen as one solution to reducing GP pressures. The expected change in regulation could reduce the number of pharmacies and the likely impact of these reductions were unknown at this stage and some local and community pharmacies would be a loss of a good community asset

The Chair commented that it would be helpful to have sight of the data that was held by the LPC in order to have a better understanding of the presentation and its implications. He was also supportive of the Board having a more strategic approach to pharmacies in the city.

The Board Chair noted the presentation and welcomed the contribution made by Members of the Board. It would be useful in future to have a glossary of acronyms to assist dialogue and understanding.

119. DRAFT HEALTH AND WELLBEING STRATEGY

The Director of Public Health to give a verbal update on the Health and Wellbeing Strategy. It was anticipated that the Draft Strategy would be circulated to Board Members in the next 2 weeks. Frailty had emerged as a local issue and this was now reflected in the Draft Strategy. Another emerging challenge reflected in the Strategy was recognising the need to provide a way to manage people with multiple long term health conditions, rather than looking at each illness in isolation.

Members were asked to submit comments upon the Draft Strategy when it was circulated.

120. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from Members of the Public.

121. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board were currently under discussion and would be approved at the Annual Council Meeting on 17 May 2018.

Meetings of the Board were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for an individual meeting.

122. ANY OTHER URGENT BUSINESS

There were no other items of Any Other Urgent Business.

123. CLOSE OF MEETING

The Chair declared the meeting closed at 3.10pm.

Pharmaceutical Needs Assessment

Presentation to Leicester City Health and Wellbeing Board

Monday 9th April 2018

Julie O'Boyle Consultant in Public Health LCC

Leicester City Council

Pharmaceutical Needs Assessment 2018

- HWB Statutory Duty
- Content of PNA
- Recommendations of PNA

Leicester City Council

HWB Statutory Duty

- Publish and keep up to date a PNA
- Publish every 3 years
- 60 day consultation on the draft version prior to formal publication
- Other statutory duties related to the PNA

Leicester City Council

What does the PNA consider?

Local population:

Size of the population, age profile, ethnic diversity, leve
deprivation, long te
conditions

Access to pharmacies:

Number and location of pharmacies, travel times to the nearest pharmacy by walking, public transport and drive-times, opening hours

Services p

Essential services (all pharmacies)

Advanced services (optional)

Community based services (optional)

Future provision:

Population growth, estimated

Increase in long term health conditions, growth in housing

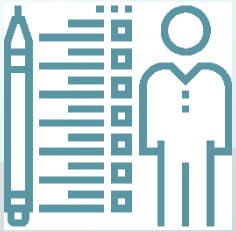
What does the PNA consider? 2

Policy:

Pharmaceutical policy development
Community pharmacy in 2016/17 and beyond

Update from last PNA:

- Use made of the PNA by NHS England
- Applications made for mergers of community pharmacies
- Information regarding regulations
- Follow up to the 2015 PNA



Consultation:

Statutory requirement for each HWB to consult a number of bodies about the contents of the PNA for a minimum of 60 days

- Consultation period ran from Oct – Dec 2017 as a questionnaire on Citizen Space
- 13 responses: 77% agreed the purpose of the PNA was adequately explained, an accurate account residents' needs and community pharmacy services in Leicester had been reflected

Gap Analysis and recommendations:

- In relation to number of pharmacies, uptake of services, promotion of healthcare management and pharmacy policy

What services does the PNA cover?

Essential services – carried out by all pharmacies:

- Dispensing and repeat dispensing
- Clinical governance
- Promotion of healthy lifestyles
- Disposal of unwanted medicines
- Signposting
- Support for self-care

Advanced services – optional, nationally commissioned service

- Medicines Use Reviews
- New Medicines Service
- Appliance Use Reviews
- Stoma Appliance Customisation
- Seasonal Influenza Vaccination

Community based services – optional, locally commissioned services

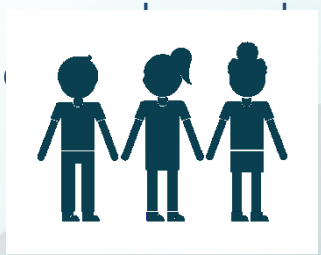
- Emergency hormonal contraception
- H-Pylori screening
- Minor ailments
- Needle exchange

- Palliative care
- Smoking cessation
- Supervised methadone consumption

What are the needs of Leicester's population?

Young population:

Leicester's population is approximately 343,000 with relatively more young
fewer older people th



Ethnic diversity:

Leicester's residents come from over 50 countries, around a third were born outside the UK and almost half belong to a non-whit
ethnic group. Asian communitie
make up 37% of the population

Deprivation:

Leicester has a high level of deprivation (21st most deprived local authority)

of the population live in the fifth
st deprived areas nationally

Only 1% live in the fifth least deprived areas

Local health needs:

Lower than average life expectancy

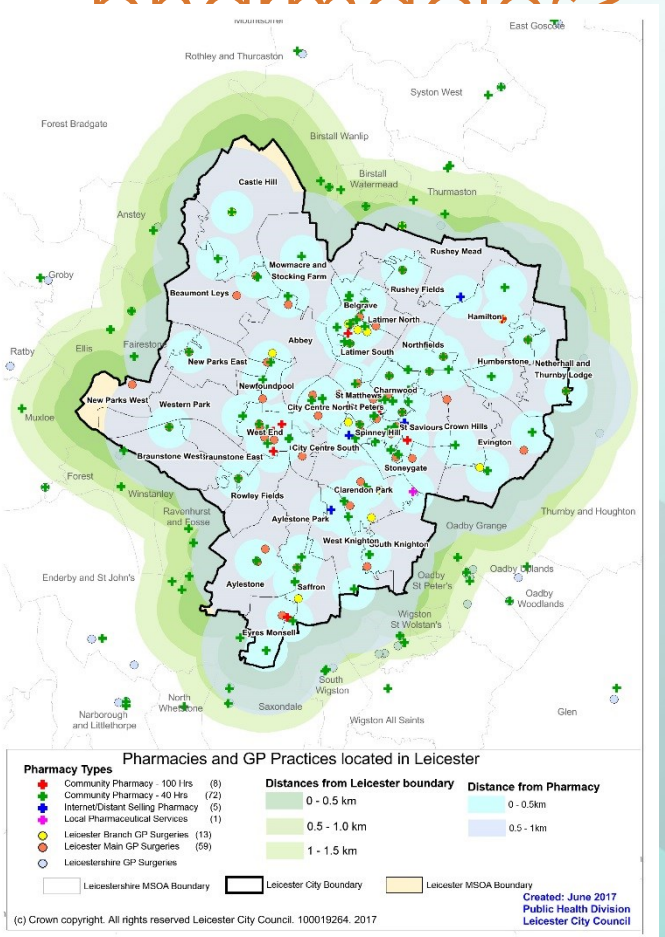
High prevalence of long term health conditions including heart disease and strokes, diabetes

Poor lifestyles in terms of smoking, alcohol consumption, low levels of physical activity, high levels of teenage pregnancy

How accessible are Leicester pharmacies?

86 pharmacies:
Including 5 internet pharmacies and 1 local pharmaceutical service (LPS)

2.5 pharmacies per 10,000 population:
Higher than England (2.1 per 10,000)



Pharmacy within 1km distance for most residents

Travel times within 20 mins
Walking, public transport and car

Opening hours
Majority open 40+ hours
8 open for 100 hours per week

Medicines Use Reviews (MURs)

- Appointment with the local pharmacist in a private consultation room to discuss the patient's knowledge and use of their medicines

Offered by 88% pharmacies in Leicester (76)

Over 19,000 MURs in 2016/17

Up to a maximum of 400 MURs per year

10 pharmacies each completed 400 MURs,
4 pharmacies each completed only 9 MURs

New Medicines Service (NMS)

- Support and advice for patients prescribed new medicines for asthma and COPD, diabetes, antiplatelet/anticoagulant therapy or hypertension

Offered by 76% pharmacies in Leicester (62)

6,500 NMS in 2016/17

24 pharmacies completed Less than 25 NMS each

1 Pharmacy completed 400 NMS

Stoma Appliance Customistion (SAC)

- Comfortable fitting of stoma appliance and advice on proper use

SACs provided by 8 pharmacies – lower rate than nationally

Appliance Use Reviews (AURs)

- Review with pharmacist or specialist nurse to improve patient's knowledge of their condition and

AURs not available in any Leicester pharmacies

Flu vaccination service

- Flu vaccinations available Sept to Jan each year including over 65s and those at risk

Flu vaccinations available in 45 pharmacies, over 5,000 in 2016/17

Community based services

Emergency Hormonal Contraception (EHC):

Free service to under 25s

Offered by 24 pharmacies in 2016/17 providing nearly 3,000 EHC consultations

Minor ailments: service

available in 41 pharmacies to improve access for people with minor ailments by providing advice, promoting

self-care, provision of appropriate medicines and devices

H-Pylori screening:

Service to improve care of patients with dyspepsia

Offered by 22 pharmacies in Leicester

Lower provision in west of city

Palliative care

10 Accredited pharmacies hold a stock of an agreed range of drugs used in palliative care, and provide information, advice and referral to specialist groups where appropriate

Community based services

Smoking cessation:

1-2-1 support, advice and access to treatment for people wanting to give up smoking

Taken up by nearly 800 people in 2016/17 provided by 39 pharmacies in Leicester

Substance Misuse:

Needle exchange:

Service aiming to reduce rate of needle sharing and high-risk injecting by providing sterile injecting equipment and responsible needle disposal. Offered at 10 Leicester pharmacies

Supervised consumption:

Pharmacy service providing registered drug addicts with regular monitored doses of an opiate substitute to support them becoming progressively drug free Offered at 41 Leicester pharmacies

Services in Pharmacies 2014 and 2017

	March 2014	March 2017
Pharmacy types		
100 hour	8	8
Community	72	72
Internet /distance selling	5	5
Local Pharmaceutical Services	1	1
Opening hours per week	4624	4670
Services offered		
Medicines Use Reviews	75	76
New Medicines Service	65	61
Appliance Use Reviews	10	9
Stoma Appliance Customisation	7	0
Flu vaccinations	0	45
Chlamydia Screening	38	0
EHC	55	24
H-Pylori	36	22
Minor Ailments	44	41
Palliative Care	11	10
Needle exchange	12	10
Stop Smoking	50	39
Supervised consumption	49	41

Overall in 2017, fewer pharmacies are providing community based services than in 2014

Recommendations

Equity of Service

- Overall pharmaceutical provision is adequate for Leicester's population
- Pharmacies are not evenly distributed across Leicester, with higher numbers in the east and lower in the west
- All patients should be able to access a pharmacy within 20 minutes of their home

Recommendation:

- Keep under review locations and opening times to assess whether access is equitable for all residents.
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further
- Review cross-city and county-border service provision to ensure uniformity of access and quality of service
- Encourage pharmacies to offer discretionary services in relation to local need.

Recommendations

Promote health and healthcare management:

- Healthy living pharmacies (HLP) have a health and wellbeing ethos to engage customers in health promotion activities.
- 46 pharmacies in Leicester are accredited to HLP level 1 and many working towards level 2

Recommendations:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Encourage the implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Ensure that the requirement for promotion of healthy lifestyles campaigns through pharmacies (Public Health) is fulfilled
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plans - particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.
- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement.

Community Pharmacies 2016/17 and Beyond

In December 2016, new policy *Community pharmacy in 2016/17 and beyond* came into effect with the intention of more effectively integrating community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies

Recommendations

It is recommended that NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.

- Review evidence of impact of policy and funding changes on services annually and report

PNA recommendations and HLP

Luvjit Kandula

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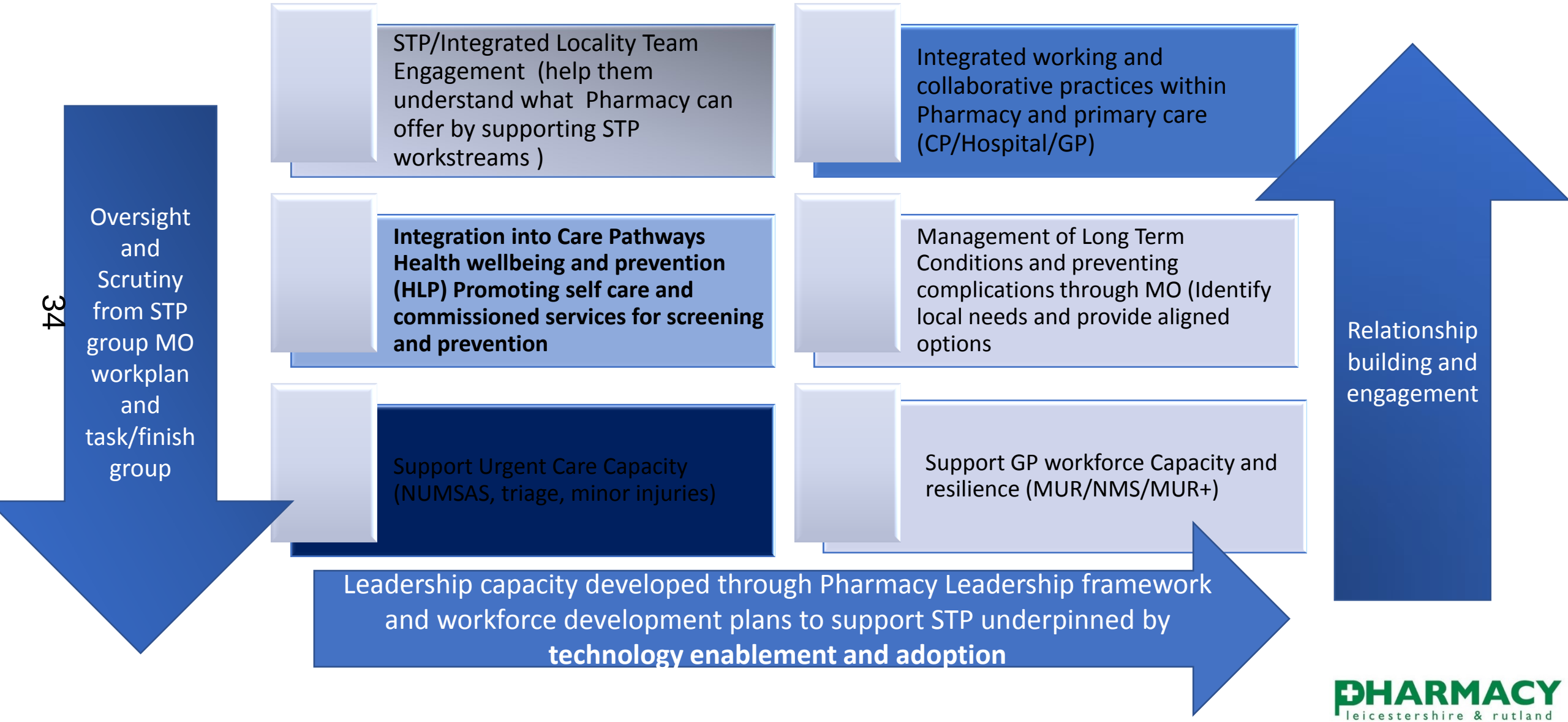
STP aligned Patient Centred Care – Opportunities for CP



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Short Medium and Long Term CP Integration aligned to STP objectives in LLR – options

Short Term – Medicines Optimisation – MUR/NMS referral from GP Practice – interventions captured electronic template to support ADR reduction and improve adherence ii) support urgent care capacity through minor illness and triage services provided in Pharmacy reducing burden on Urgent Care iii) HLP Level 1 accreditation in progress aimed for November QP (prevention and wellbeing) iv) improved collaborative working with GP practice "walk in your shoes" initiative v) gain share model with support flu uptake vi) Erd adoption to reduce wastage, reduce GP work burden and support MO

Medium Term – I) Support GP workforce capacity through funded release session of local CP in local GP practice/Care homes to support integrated locality teams and medication reviews ii) advanced/mur + to provide extended service in CP to support LTC management eg COPD/asthma follow up and spirometry, BP monitoring, Diabetes management and structured education and HbA1C testing in CP iii) support housebound elderly with dom mur service targeting at risk patients to reduce admissions and support LTC management and MP

Long Term – Develop CP skillset to support care homes MO and GP practice on sessional basis in community pharmacy to reduce cost of recruiting second full time GP based pharmacists to extend capacity/reslience promoting interface working between GP practice and CP, developing skillset of integrated locality teams to improve capacity and resilience to support seamless care provision underpinned with electronic shared record to support evidence based/tailored intervention to patients.

Patients will only go to acute hospitals when they are acutely ill or for a planned procedure that cannot be done in a community setting through MO and adherence

General Practitioners will increasingly use their skills to support the most complex patients and routine care will be delivered by other professionals

Patients will have the skills and confidence to take responsibility for their own health and wellbeing

Professionals will have access to a shared record to improve the quality and outcome of patient care

More people will be encouraged to lead healthy lifestyles to prevent the onset of long term conditions. Screening and early detection

Patients will have more of their care provided in the community by integrated teams with the GP practice as the foundation of care.

Key PNA Recommendations : Promote optimal use of pharmacy services in promoting health and healthcare management

NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Encourage the further implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled (see section 5.1.1). While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and Leicester City Clinical Commissioning Group.
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plans - particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.
- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement.

LLRLLPC strategy to support these recommendations and actions taken to date

Pharmacy - A Way Forward for Public Health – PHE,2017 (Context)

Provides a menu of opportunities to realise the potential of one of the most frequented health care settings in England to make an even bigger sustainable impact on the lives of people, communities and the nation. (inc HLP)

Public Health England's strategic approach is broad and aims to maximise the opportunities for co-production and partnership with national and local partners. There are two main areas of focus:

- i. developing capacity and capability in the workforce to support promoting health and public health action through pharmacy settings
- ii. developing the support for local authority commissioning of public health services through pharmacy in the community and in other sectors, as part of integrated care

FYFV alignment – supporting self care, prevention. Prevent UC admissions and support NHS capacity

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- Healthy Living Pharmacies (HLP) have a health and wellbeing ethos, where everyone in the team works together to proactively engage their customers in health promotion activities through advice on smoking cessation and obesity/healthy weight.
- They need a health promotion zone in the pharmacy and at least one full-time equivalent health champion, who has qualified for a Royal Society for Public Health (RSPH) level 2 award in understanding health improvement and HLP leaders trained
- There are over 150 qualified health champions across Leicester, Leicestershire and Rutland (December 2017) and more working towards it. Leicester has 169 pharmacies accredited to Healthy Living Pharmacy level 1.

Public Health England

What is a Healthy Living Pharmacy?

Achieved by meeting 22 specific quality criteria set by PHE - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessement-process.pdf

What distinguishes a Healthy Living Pharmacy?

- ✓Consistently delivers broad range of high quality commissioned services
- ✓Quality, innovation and productivity
- ✓Proactive team ethos
- ✓Has a least one RSPH level 2 Health Champion covering 37.5 hours
- ✓Trained Pharmacy leader who has undertaken accredited training
- ✓Identifiable by the public
- ✓Achievement of 22 Quality Criteria set by PHE
- ✓Collate HLP evidence portfolio
- ✓A quality mark
- ✓RSPH Level 1 national registration

HLP criteria to achieve Level 1 – broad themes

Workforce development

- **The aim of the quality criteria for this section is to develop the pharmacy staff so they are well equipped to embrace the healthy living ethos and proactively promote health and wellbeing messages.**

Engagement

- The aim for the quality criteria in this section is to demonstrate that the pharmacy team is actively engaging with the local community, including the public, health and social care professionals, commissioners, other local organisations (eg the voluntary sector).

Health promotion environment

The aim of the quality criteria in this section is to have a health promoting environment that embraces the ethos of a Healthy Living Pharmacy, including an atmosphere created by premises as well as staff attitudes and actions. The environment should also ensure confidentiality for service users.

LEVEL 2 - FOCCUSES ON COMMISSIONED SERVICE DELIVERY , OUTCOMES AND MEETING HEALTH INEQUALITES BUILDING ON HEALTH IMPROVEMENT SUPPORT IN LEVEL 1

Public Health England

The impact of Healthy Living Pharmacies

1 Healthy Living Pharmacies improve the public's health and drive improvements in service quality and innovation

2 People walking into a Healthy Living Pharmacy are twice as likely to set a quit date for smoking and then quit than if they walked into a non-Healthy Living Pharmacy

3 Healthy Living Pharmacies consistently deliver high-quality public health services – NHS Health Checks, weight management, sexual health, etc

4 Healthy Living Pharmacies reach out to local communities (universities, businesses, schools, community centres, etc) with health improvement advice and services

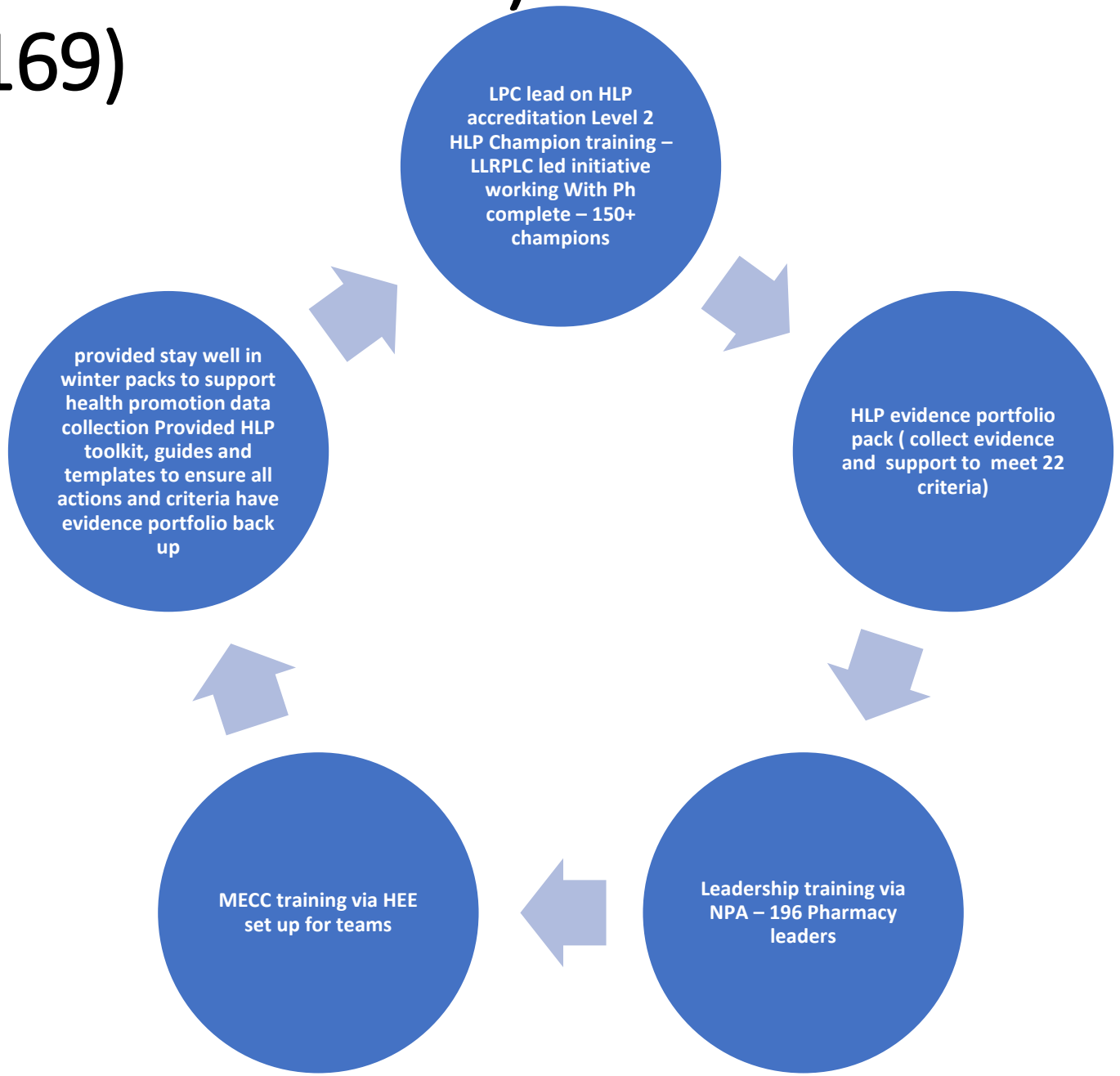
99% of people are comfortable and happy with the service provided by Healthy Living Pharmacies

98% of people would recommend Healthy Living Pharmacies to their families and friends

60% of people would make an appointment with their GPs if the health improvement service was not available at a Healthy Living Pharmacy

20% of people would not have gone to another provider (ie, they would have received no support for improving their health)

HLP in LLR (LLRLPC Initiative) – 70% HLP Level 1 Pharmacies (169)



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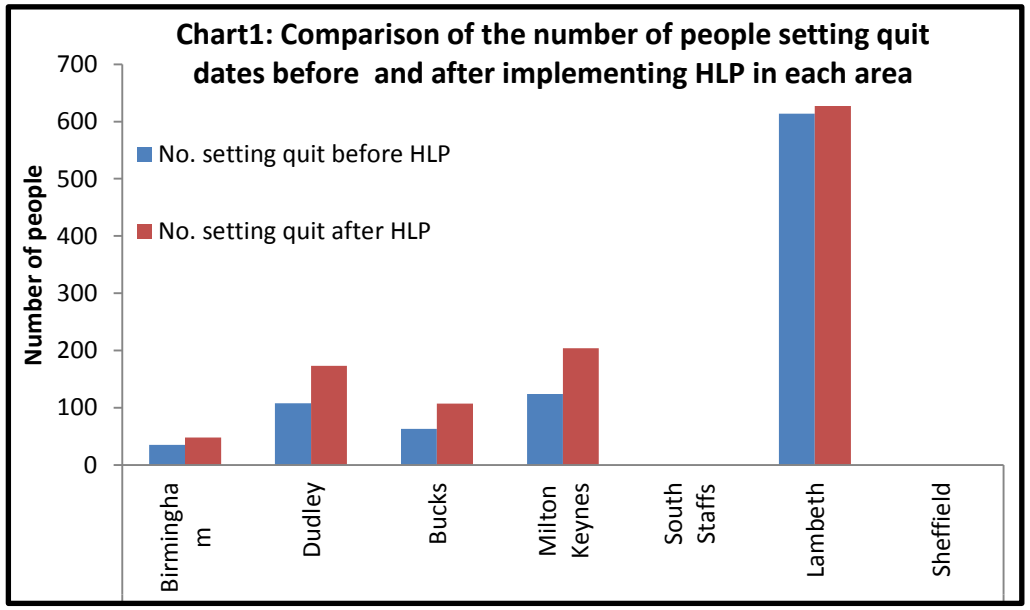
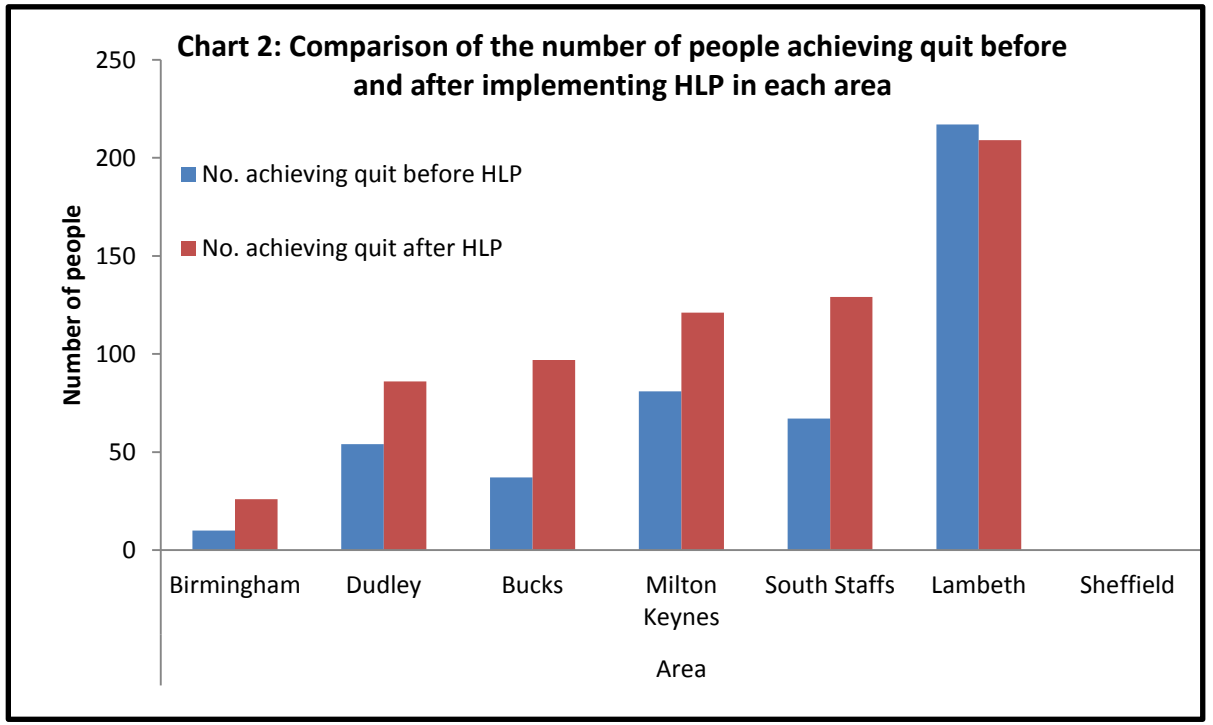
Evidence base - HLP Pathfinder evaluation 2013

- early results seen in Portsmouth can be replicated in other areas of the country as the benefits of the scheme were shown not to be dependent on levels of local health need and deprivation;
- the HLP concept was consistent with **increased service delivery and improved quality measures and outcomes**;
- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of peopled surveyed would have otherwise gone to a GP;
- public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;
- **more people successfully quit smoking in HLPs than non-HLPs or prior to becoming a HLP**;
- **the number of people who accessed sexual health services and were provided with additional sexual health advice was greater than in non-HLPs**;
- **HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both Medicines Use Reviews and the New Medicine Service. Activity was higher for both services in HLPs than non-HLPs or before HLP implementation in all but one site; and**

Service outcomes: stop smoking





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Tackling High BP – Background – future opportunities

Tackling high blood pressure From evidence into action (PHE, 2013)

- High blood pressure affects more than one in four adults in England, and is the second biggest risk factor for premature death and disability.
- 5.6 million people are undiagnosed
- Only four in ten of all adults with high blood pressure are both aware of their condition and managing it to the levels recommended. Compared to international leaders (in particular Canada and the US), there is much room for improvement.
- By reducing the blood pressure of the nation as a whole by 5mmHg, over 10 years we could avoid £850m of NHS and social care spend and 45,000 lost quality adjusted life years

CP can support the better prevention, detection and management of high blood pressure

Role of Pharmacists - Learning into Practice

- Pharmacists as medicines experts to support MO and adherence – costing NHS £1 billion currently
- We are highly accessible with long opening hours
- Trusted and convenient (no appointment)
- Community Based
- Located Close to GP Practices
- 1.6 million patients visit pharmacies daily nationally - opportunistic testing as asymptomatic
- On average a patient visits a pharmacy 11 times a year and equates to more than 15,000 visits daily in LLR alone

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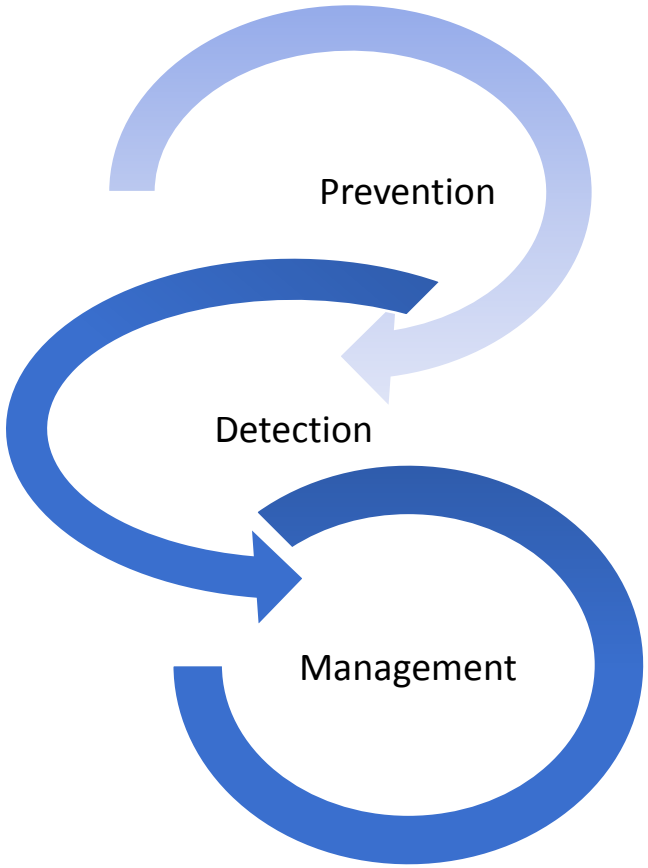
How can we support ? – what does this look like in practice ?

- **Prevention –Delivering Key Health Promotion programmes and delivering key messages to patients with healthy lifestyle support (cvd health check)**
- **Detection – Early Detection and screening programme through CP ensuring a protocol development using evidence base to target at risk groups**
- **Management – Support Medicines Optimisation and Healthy lifestyle messages through leveraging MUR/NMS advanced services**
- **Long term support GP capacity/resilience to manage stable patients and maintain MECC to deliver key prevention and management messages**



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APPENDIX C

Leicester Health and Wellbeing Board

12 July 2018

Title: Re-thinking persistent entrenched rough sleeping in Leicester

Presenter: Julie O'Boyle, Claire Mellon, Richard Packer

Leicester City Council

Author contact details: Julie.oboyle@leicester.gov.uk

1.0 Purpose of the paper or presentation
To provide the Health and Wellbeing Board with an overview of an ongoing project investigating a new approach to managing persistent entrenched rough sleepers in Leicester.

2.0 Recommendations for the board to consider
The Health and Wellbeing Board is asked to provide multi-agency leadership for the project across key partners

2.0 Content

Leicester in common with other major cities across the UK is experiencing increased visibility of rough sleepers together with other "street lifestyles" such as begging, street drinking and street based drug misuse.

Despite a wide range of services being available, including hostel accommodation, outreach, and treatment and support services, provided by both the statutory and voluntary sector, there remains a persistent core of vulnerable people with complex needs who are not engaging fully with these services.

There is growing evidence of the extent and range of psychological and mental health problems amongst homeless people and rough sleepers. It is estimated that up to 60% of adults living in hostels in England have a diagnosable personality disorder compared to 10% in the general population. All other mental health disorders are also significantly over-represented in the hostel population with around 70% of hostel users experiencing mental health problems with mental health problems being both a cause and a consequence of homelessness. [1] [2] [3] History of neglect, abuse and traumatic life events dating back to childhood and continuing through adult life are also common[4]. Average life expectancy nationally for rough sleepers is 42 years. Within Leicester, there has also been a particular issue with a strain of TB which has been circulating in this group, requiring intensive input from local TB services, Public Health England and outreach workers.
Across the country a growing number of areas have invested in services using a Psychologically Informed Environment (PIE) approach as a means of tackling entrenched homelessness. There is growing local consensus across a wide coalition of interest locally that this approach could help manage these complex individuals.

[1] Maguire et al, in prep
[2] Cockersell, 2011
[3] Rees, 2009
[4] http://www.jrf.org.uk/publications/tackling-homelessness-and-exclusion

The presentation describes a feasibility study to investigate the needs of this complex group, the evidence of what works and a gap analysis between what is provided and what is needed. This will inform an options appraisal for a way forward.

4.0 Next Steps

The project has commenced and we are currently in the data gathering phase. The Health and Wellbeing board is asked to support the project by providing multiagency leadership across key partners

Re-thinking Persistent Entrenched Rough Sleeping in Leicester

Leicester City Health and Wellbeing Board 12th July 2018

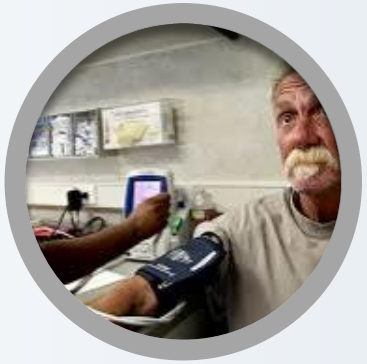
Service provision for homeless/rough sleepers: the current picture

Housing

-LCC Revolving Door floating support
-Dawn Centre
-Temporary accommodation (YMCA/Action Homeless/Home Group/Adullum Homes)
-Heathfield House
-Community of Grace Hunters Lodge
-Accommodation Assist/ Plus

Substance misuse

Turning Point
5 Hill St
(former Anchor Centre)

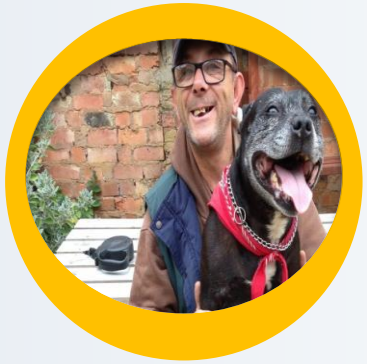


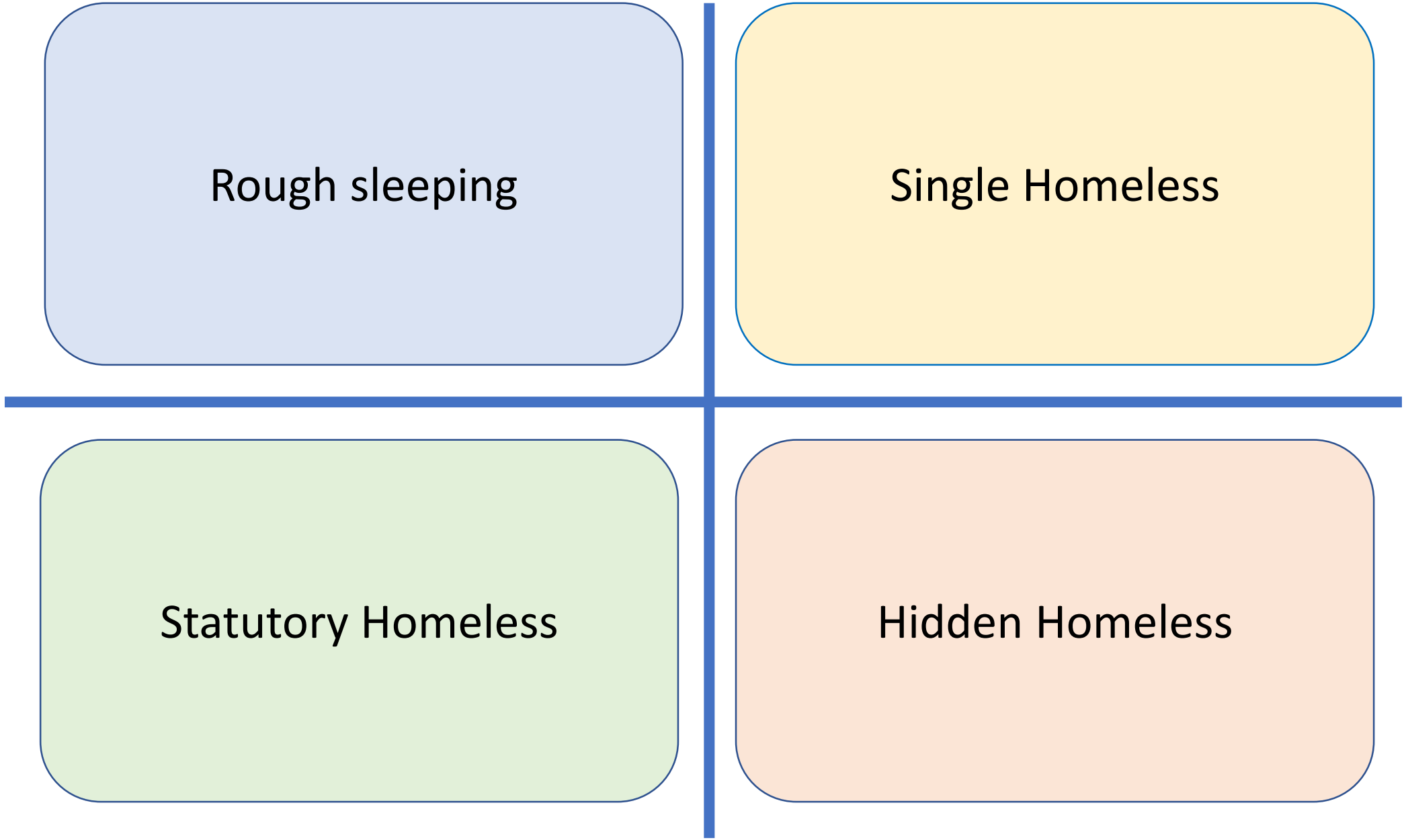
Physical & mental health

Homelessness Health services – Dawn Centre/ Charles Berry House (Inclusion Healthcare)
Homeless Mental Health service (LPT)
TB service (PHE/UHL)

Advice, support & outreach

The Y support project
Saturday Stop-by
The Bridge Homelessness to Hope
SoundCafe
LCC outreach workers

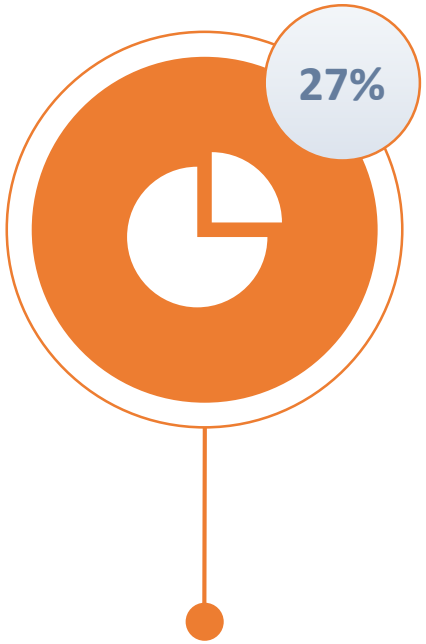



Rough sleeping
Single Homeless
Statutory Homeless
Hidden Homeless

What's the need?

Local census of 91 homeless people found that....

Had been evicted from hostel for drug/ alcohol abuse



Had trouble maintaining tenancy / been evicted because of underlying mental health issue

Said current episode of homelessness triggered by traumatic experience

Reported long term physical health

.... pointing to small **cohort** with very complex patterns of need: the focus for this work.

Characteristics of local entrenched rough sleepers (from SLOG Case Histories)

- Appear to have difficulty managing their emotions
- Have self-harm issues
- Have an uncontrolled drug and/or alcohol problem
- Appear to be impulsive, withdrawn or socially isolated and reluctant to engage with help which is offered
- Exhibit anti-social or aggressive behaviour
- Lack any structure or regular daily routine
- Have not have been in work or education for significant periods of time
- Have come to the attention of the criminal justice system due to offending.

Identifying Cohort

Homeless/rough sleeping > 6months with a lack of engagement, or with failure of services to find an appropriate solution, or history of repeat engagement/disengagement

With one or more of the following

- Ongoing drug and/or alcohol issues
- History of mental health issues
- Long term physical health issues
- History of being institutionalised (prison, mental health hospital, looked after children)
- History of trauma including abuse

Making it happen: project governance & delivery

City Health & Well-being Board
Chair: Cllr Clarke

To provide multi-agency leadership for the project across key partners (LA/ NHS/ PCC)

PIE Steering Group
Chair: Cllr Myers

To provide oversight, steer and endorsement for the development/ assessment of the PIE/Housing First Model

Project Board
Chair: Ruth Tennant, DPH

To oversee the delivery of the feasibility study for a PIE / Housing First model in Leicester & to take forward implementation of recommended option

To ensure wider stakeholder & community input and buy-into the project in liaison with the PIE group

Project team
Project lead: Julie O'Boyle, LCC

To Identify and work with key stakeholders at operational level to deliver the feasibility study

To undertake the feasibility study

To provide regular updates to the Project Board, PIE group, Health and Well-being Board and other key stakeholders

Key lines of enquiry

A new model for entrenched rough sleepers/ complex cases in Leicester: can we do this in Leicester?

1 What are PIE models?

What do they look like and how do they work?

2 Who is our target group?

Who do we need to get to & why?

3 What services have we got now?

How can we build on what's in place across our agencies?

4 Appetite for change?

Are we ready to work differently in how we commission/ provide services?

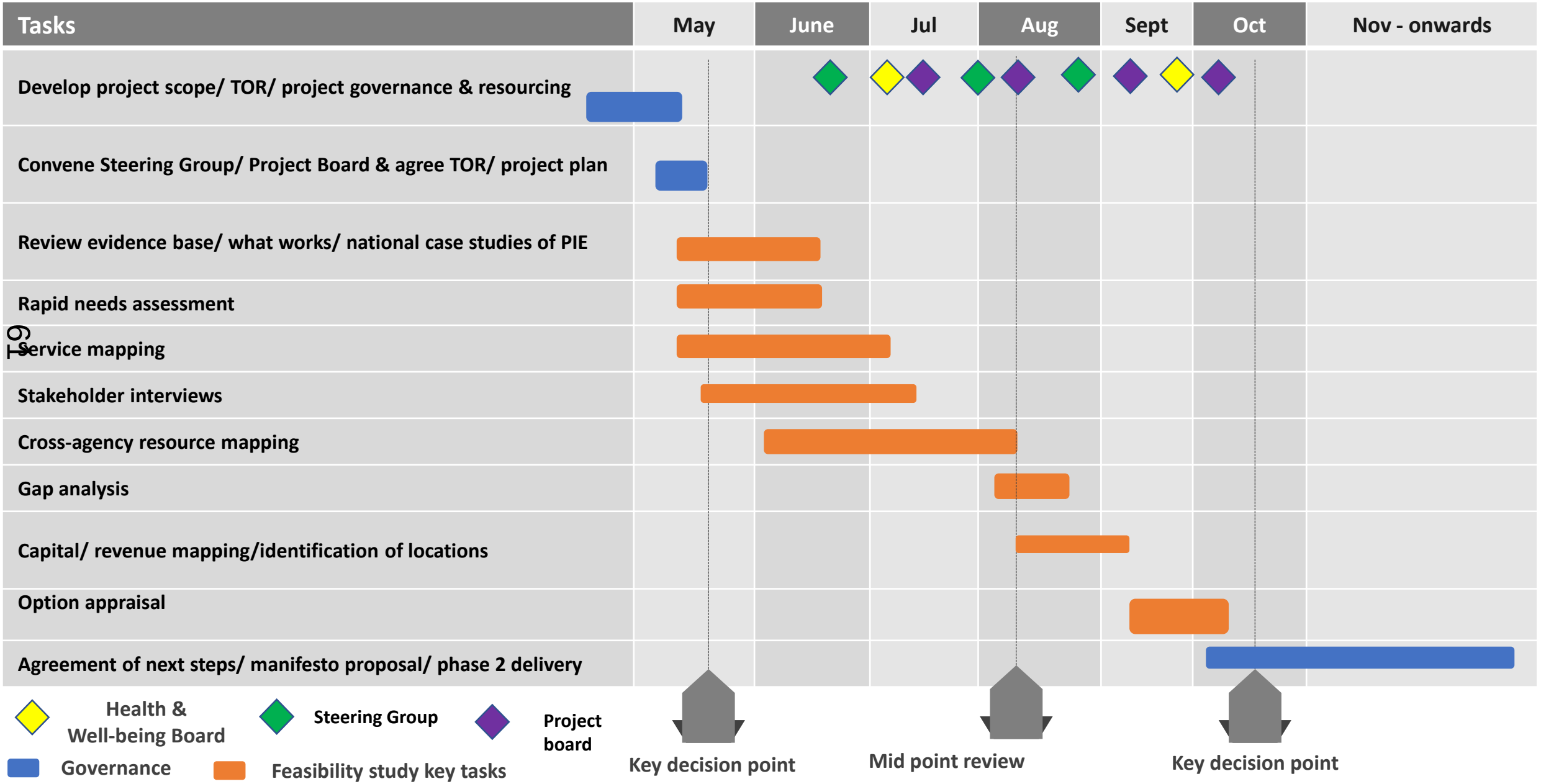
5 What would need to change?

New building, changes to how services work or both?

6 Resources?

How do we use existing or available resources to support implementation?

Key high-level milestones



So what works?

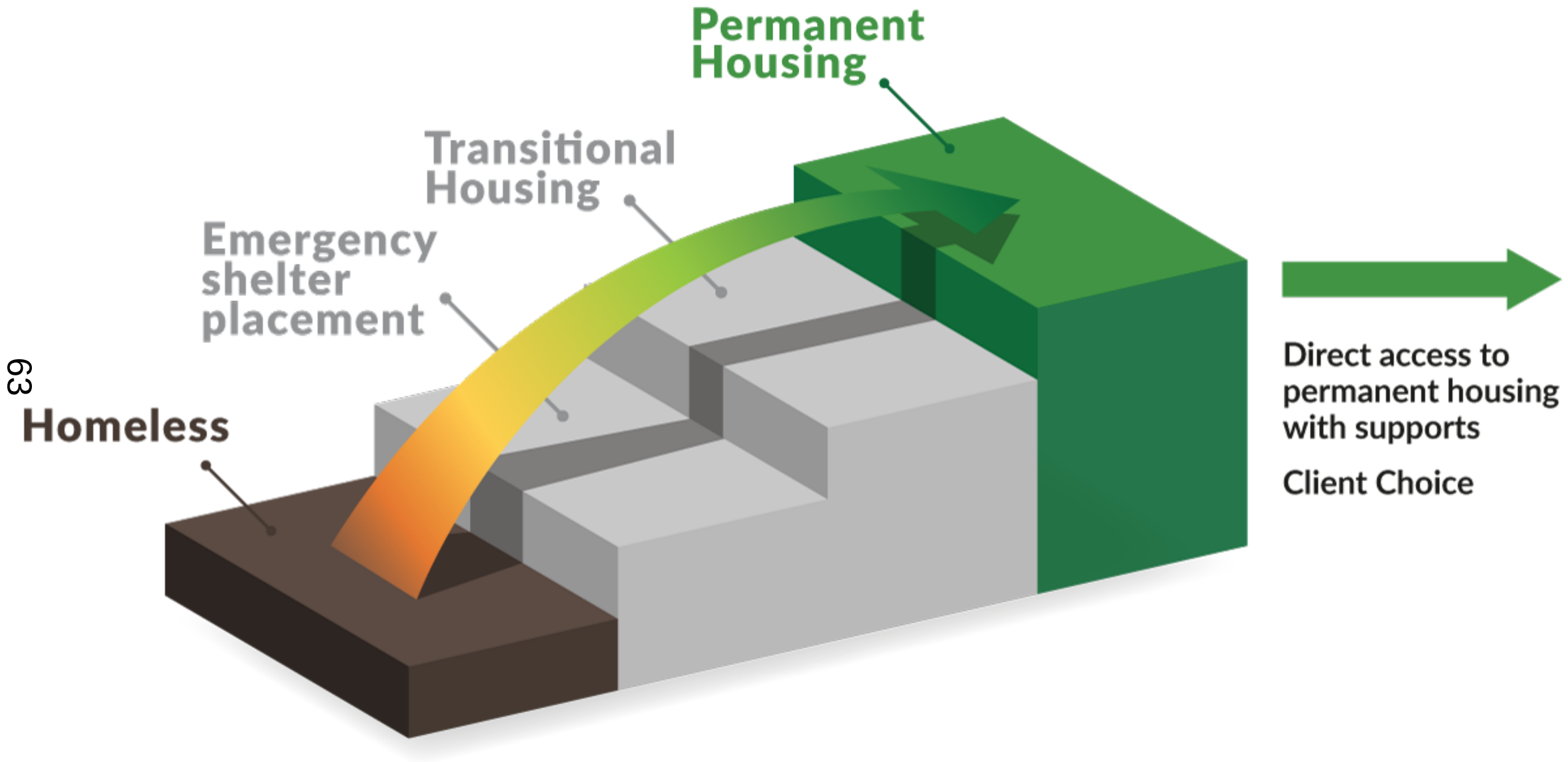
Results of Literature Review

Housing First

- strong evidence from UK and international trials, showing high (>60%) retained housing at 1 year
- Economic modelling shows potential cost savings in UK (up to £15,000)
- Fidelity to the model varies across interventions

Psychologically informed Environments (PIE)

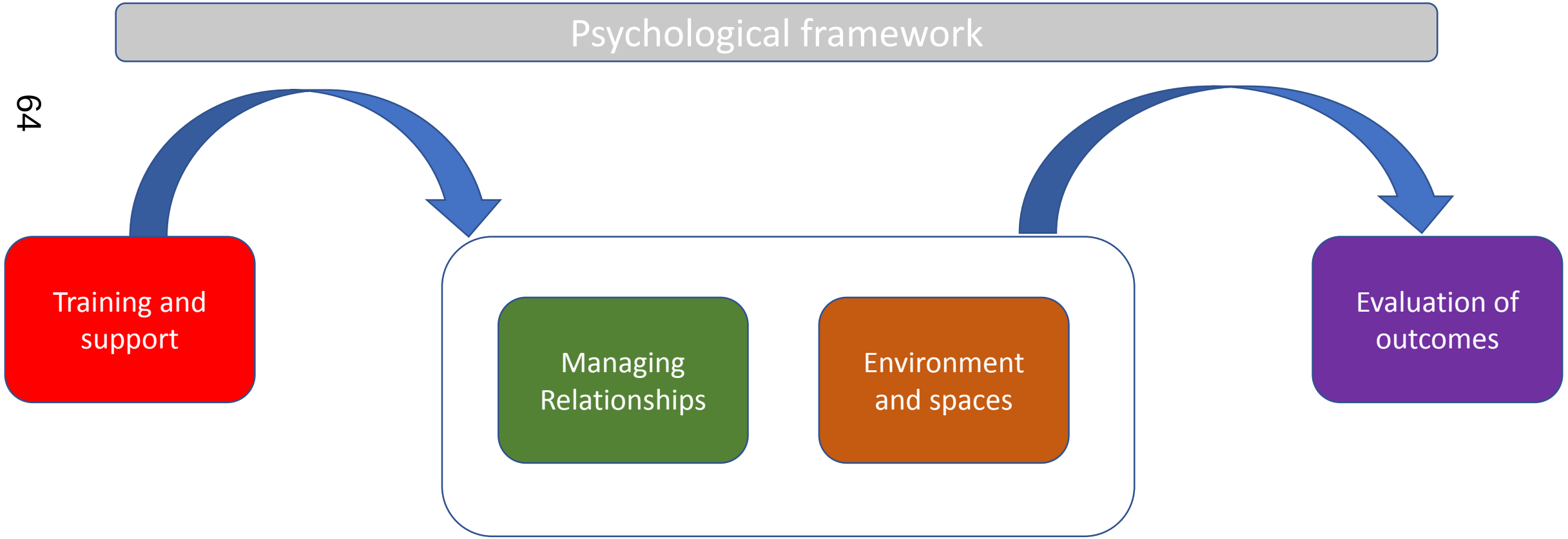
- Less weight of evidence than Housing First, but some promising results in early evaluations
- Best results appear to be in services that have direct psychologist involvement with clients
- Unclear in literature when this is best used with Housing First or as alternative in same group of people



Recovery Oriented Support and Treatment Service

PIE

A psychologically informed environment, or “PIE”, is a place or a service in which the overall approach and the day-to-day running have been consciously designed to take into account the psychological and emotional needs of the service users.



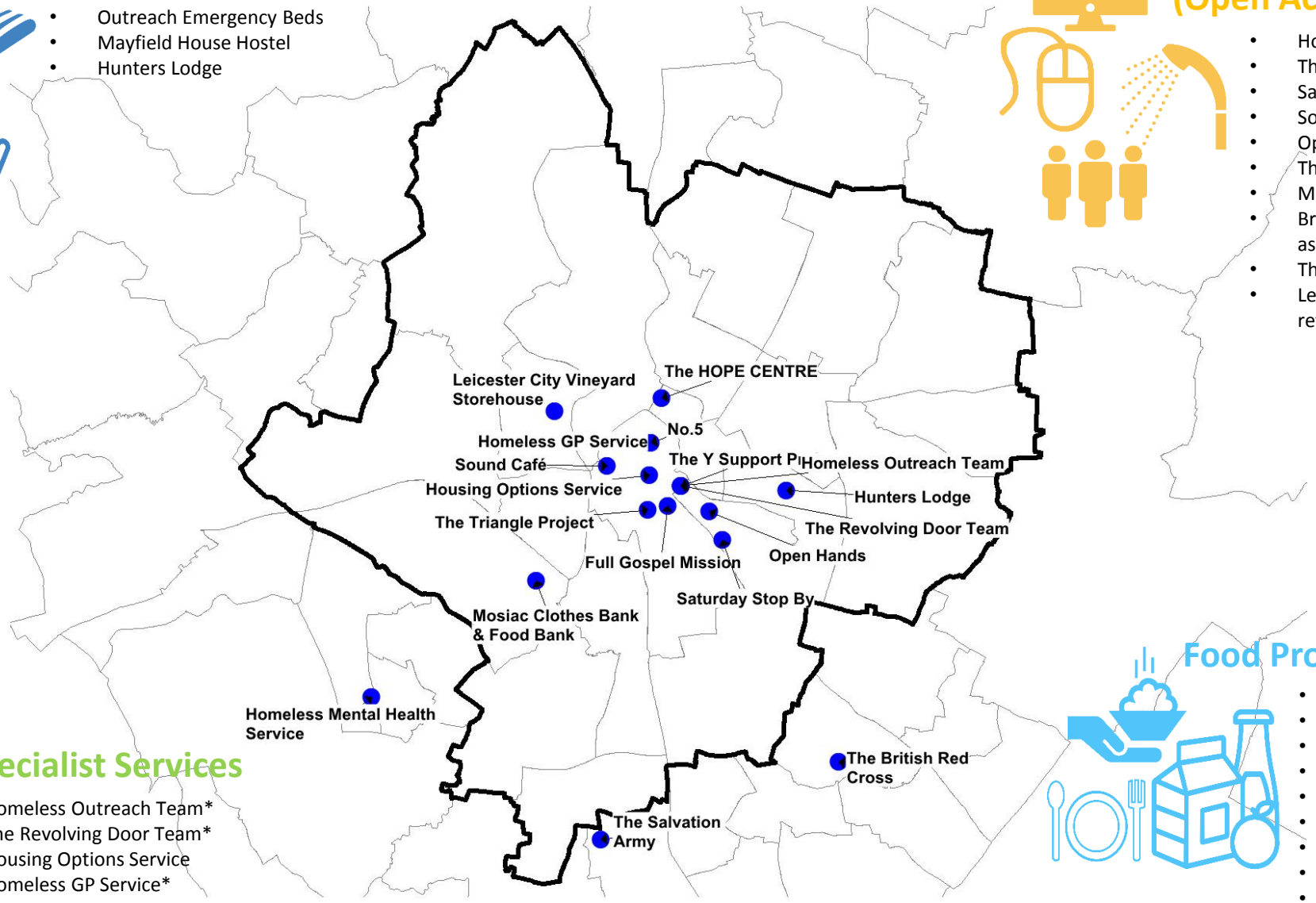
Accommodation Current Service Provision

Accommodation

- The Dawn Centre
- Outreach Emergency Beds
- Mayfield House Hostel
- Hunters Lodge

Drop In Service (Open Access)

- Hope Centre
- The Y Support project
- Saturday Stop By
- Sound Café
- Open Hands
- The Triangle Project
- Mosaic Clothes Bank and Food Bank
- British Red Cross – for refugees and asylum seekers
- The Salvation Army
- Leicester City Vineyard Storehouse – referral only



Food Provision

- Hope Centre
- The Y Support project
- Saturday Stop By
- Sound Café
- Open Hands
- The Triangle Project
- Mosaic Clothes Bank and Food Bank
- Full Gospel Mission
- The Salvation Army
- Leicester City Vineyard Storehouse
- No.5

Targeted/Specialist Services

- Homeless Outreach Team*
- The Revolving Door Team*
- Housing Options Service
- Homeless GP Service*
- No.5
- Turning Point Substance Misuse
- Homeless Mental Health Service*

**Services available at Dawn Centre*

Stakeholder Interviews

- Action Homeless
- Homeless Out Reach Team,
- Homeless Mental Health outreach team
- Steering Group Members
- National and local PIE experts
- Council officers (ASC/housing/ enforcement/substance misuse)
- GPs
- Inclusion Health Care
- Turning Point
- Rough sleepers
- ? Anyone Else

APPENDIX D

Leicester Health and Wellbeing Board

12 July 2018

Title: Minimum Unit pricing for alcohol

Presenter: Cllr Adam Clarke

Leicester City Council

1.0 Purpose of the paper or presentation

The presentation and paper introduces minimum unit pricing to the board and asks the board to agree a collective position on the issues. The board is also asked to support a letter to the home secretary recommending that minimum unit pricing of 50p for alcoholic drinks.

2.0 Recommendations for the board to consider

The board is asked to support a letter from Cllr Clarke to the home secretary, Sajid Javid to recommend implementation of minimum unit pricing.

2.0 Content

Minimum Unit Pricing is suggested as being an effective way of increasing the price of alcoholic drinks by implementing a minimum cost per unit of alcohol. MUP would mean that alcohol could not legally be sold for less than the set level per unit so the more alcohol a drink contains the greater the cost to the consumer.
Public Health England are proposing that the MUP is set at 50p. Although there is potential for all alcoholic beverages to be affected, most impact would be on 'cheap' drinks that have a high alcohol content (such as cider/spirits). This is because other alcohol and drinks sold in pubs are likely to have a higher price per alcoholic unit than the proposed 50p which means the cost will be unaffected.

Overconsumption of alcohol is a problem in the UK and alcohol is the most common cause of liver disease in England, which has increased by 400% since 1970. There is an established relationship between cost of alcohol, consumption and harms. The lower the cost of alcohol, the greater the levels of consumption and the greater the number of alcohol related harms. Introducing MUP would invariably raise the cost of low price alcohol such as cider and strong spirits, the drinks favoured by people with severe alcohol problems. Modelling suggests that MUP will lead to less overconsumption of alcohol and less alcohol related harm. It also shows that MUP would impact would be felt most strongly by heavy drinkers and that a 50p MUP would reduce harmful consumption by 5.4% within this group. This is compared with a 1% reduction amongst moderate drinkers.

Introducing MUP will support the actions that are currently undertaken and further reduce harmful drinking levels. Introducing MUP will have a direct impact 'problem drinkers' who tend to purchase inexpensive drinks with a high alcoholic content. Moderate drinkers are unlikely to be affected by MUP as the drinks they favour will already be priced above the 50p MUP suggested. Likewise drinks purchased in bars and restaurants are likely to be unaffected as they will already have a unit price that exceeds the proposed 50p increase.

4.0 Next Steps

To write to the home secretary recommending introduction of MUP.

Introducing Minimum Unit Pricing to Leicester – A briefing.

What is Minimum Unit Pricing (MUP)?

MUP is suggested as being an effective way of increasing the price of alcoholic drinks by implementing a minimum cost per unit of alcohol. MUP would mean that alcohol could not legally be sold for less than the set level per unit so the more alcohol a drink contains the greater the cost to the consumer.

Public Health England are proposing that the MUP is set at 50p. Although there is potential for all alcoholic beverages to be affected, most impact would be on 'cheap' drinks that have a high alcohol content (such as cider/spirits). This is because other alcohol and drinks sold in pubs are likely to have a higher price per alcoholic unit than the proposed 50p which means the cost will be unaffected.

Why do we need an MUP?

Overconsumption of alcohol is a problem in the UK and alcohol is the most common cause of liver disease in England, which has increased by 400% since 1970. There is an established relationship between cost of alcohol, consumption and harms. The lower the cost of alcohol, the greater the levels of consumption and the greater the number of alcohol related harms. Introducing MUP would invariably raise the cost of low price alcohol such as cider and strong spirits, the drinks favoured by people with severe alcohol problems. Modelling suggests that MUP will lead to less overconsumption of alcohol and less alcohol related harm. It also shows that MUP would impact would be felt most strongly by heavy drinkers and that a 50p MUP would reduce harmful consumption by 5.4% within this group. This is compared with a 1% reduction amongst moderate drinkers.

Is there any evidence that it works?

In some Canadian providences the government controls alcohol prices using a similar structure to MUP, data from British Columbia show that a MUP reduced consumption and alcohol related hospital admissions. Scotland has recently introduced MUP but it is too soon to assess any impact.

The impact of alcohol related harm in Leicester

There are estimated to be 3,914 dependent drinkers in Leicester who are in need of treatment, this a rate of 15.1 per 1000 the adult population, higher than the national rate of 13.81 per 1000 (Public Health England, 2018). Data on Alcohol admissions and alcohol-related benefit claims further indicate high levels of alcohol –related problems in Leicester which are higher than the national and regional average.

Public Health England estimate that the local spend on adult alcohol is £2,423,000 and the spend on combined drug and alcohol is £5,837,000.

Drugs and alcohol are identified as key drivers of crime and disorder (Home Office Modern Crime Prevention Strategy, 2016), around 40% of all violent crimes are alcohol related, this is almost 500,000 violent incidences per year. Drug and alcohol misuse are related to other issues such as child protection, impaired diving, anti-social behaviour and domestic abuse. In terms of alcohol

violence and disorder in the night time economy are largely the result of binge drinking. Although some people involved are dependent drinkers this does not apply to all.

Leicester has high levels of alcohol specific mortality; overall we have the 33rd worst rate in England (2014-16); the situation is particularly bad for males where Leicester has the 18th worst rate (24.2 per 100,000 compared to 14.2 in England.)

What is currently happening in Leicester?

Licencing

Licensing authorities identify and take action against premises selling alcohol that fail under-age purchase tests by revoking licences or imposing conditions on the ABV of some alcoholic drinks. However, this action is reactive as it takes place after a breach of licensing conditions has occurred and the authority to gather evidence to prove that this is the case.

It is a mandatory condition of all licensed premises 'that no alcohol is sold or supplied for consumption on or off the premises for a price which is less than the permitted price'. The legislation explains how to calculate the permitted price, which is a complex formula and the permitted price is usually low.

Public Space Protection Orders

The public space protection order came into force in December 2017 for 3 years. The order gives the police the power to request that people drinking in public places; stop drinking alcohol and surrender any alcohol when asked to. Failure to comply with these requests can result in fines of fixed penalty notices.

Treatment Services

There are a range of services for people in Leicester with alcohol issues. The most significant is Turning Point's integrated alcohol and drug service which delivers open access information, advice and treatment across Leicester, Leicestershire and Rutland. Last year 337 people were referred or self-referred into Turning Point for alcohol or drugs and alcohol addiction or dependency.

Alcohol treatment offers opportunities for adults to stabilise, reduce and achieve abstinence from alcohol. Evidence shows that getting dependent drinkers into treatment programs reduces levels of offending. These benefits are probably less likely for binge drinkers

There are also more tailored services for specific groups-'No. 5' (Hill Street) run by Inclusion health care that delivers the 'Recovery hub' for street drinkers and a specialist Housing related support programme for those in the early stages of recovery run by Home group. Access to inpatient detox and residential rehab programmes outside Leicester is also available. The majority of referrals into these alcohol only service are from self, family and friends (39% against a benchmark of 56%) and then health services and social care (37% against 26% benchmark). (Public Health England, 2018). The majority of referrals into the alcohol only service are new (no previous journeys) making up about 42% (2016-2017), 22% had been referred into services for the second time and 35% had been in services up to 4 times previously. (Public Health England, 2018).

Anticipated impact of introducing MUP

Introducing MUP will support the actions that are currently undertaken and further reduce harmful drinking levels. Owing to their nature action on licensing and PSPO's are reactive actions, happening at the same time or after the drinking takes place. Likewise although the treatment options are successful in reducing alcohol related crime, the majority of people self-refer into these services. Before self-referring people have to be aware that they need help with their drinking and be willing to seek out and accept the help. The emphasis in the current set up is on the person to be proactive.

Introducing MUP will have a direct impact 'problem drinkers' who tend to purchase inexpensive drinks with a high alcoholic content. Moderate drinkers are unlikely to be affected by MUP as the drinks they favour will already be priced above the 50p MUP suggested. Likewise drinks purchased in bars and restaurants are likely to be unaffected as they will already have a unit price that exceeds the proposed 50p increase.

Introducing Minimum Unit Pricing (MUP) for alcohol

12th July 2018 – Leicester Health and Wellbeing Board

Cllr Adam Clarke - Deputy City Mayor
Environment, Public Health and Health Integration

Leicester City Council

Proposal to...

Agree upon a collective board position on introducing a minimum cost per unit of alcohol.

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Write to the Home Secretary recommending the introduction of minimum unit pricing (MUP) of 50p is implemented.

What is MUP?

A minimum unit price will link the price of alcohol to its strength - the more units of alcohol, the higher the price.

It will increase the price of the most harmful and low cost alcohol (cider and strong spirits).

Designed to protect vulnerable/heavy drinkers who are more likely to drink cheap alcohol. Moderate drinkers will not be affected.

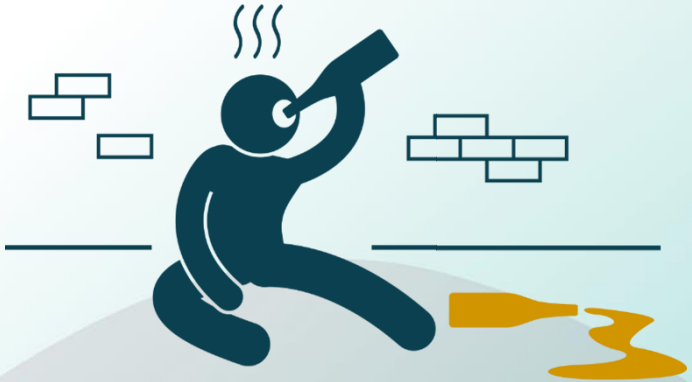
Benefits include fewer deaths, fewer hospital admissions and fewer crimes.

North East Minimum Unit Price Campaign

Alcohol problem in Leicester

An estimated 3,914 dependent drinkers in need of treatment

A street drinker population in the city



Higher levels of alcohol specific mortality and is particularly worse for males

About £2.5 million is spent locally on alcohol treatment services

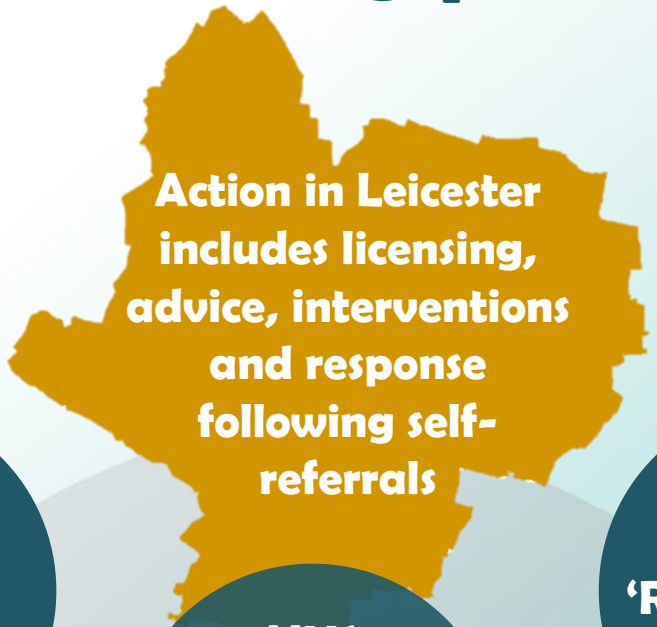
Higher rates of alcohol related hospital admissions...

and alcohol related benefit claimants

Current action taking place in Leicester

Enforcement of licensing conditions on premises selling alcohol

Public space protection orders – to prevent street drinking



NHS provide advice and refer those with alcohol issues

Treatment services – However estimates of 83% unmet need

No. 5 Hill Street 'Recovery Hub' for street drinkers

Expected impact of MUP

Introducing MUP will help those who are not in a position to recognise that their levels of drinking are harmful.

Quite simply users will be unable to afford to keep drinking at the same levels.

This in turn will lead to a reduction in alcohol related harms, less crime and antisocial behaviour and a reduction in ill-health through drinking.

Minimum Unit Pricing has recently been introduced in Scotland.

In Canada MUP has been in place for some time and has led to reduced consumption and reduced alcohol related hospital admissions.

Introducing MUP in England is currently being debated.

APPENDIX E

Leicester Health and Wellbeing Board

12 July 2018

Title: Learning From Winter 2017/18

Presenter: Mr Mike Ryan

Director of Urgent and Emergency Care

Leicestershire, Leicester City, and Rutland (LLR) System

Leicester City Council

Author contact details:

Name: **Mike Ryan**
Email: **Michael.Ryan@nhs.net**
Mobile: **07932 815529**

1.0 Purpose of the paper or presentation

The purpose of this paper is to summarise the recommendations and learning from the winter period 2017/18, and outline the approach to better resilience and patient experience for 2018/19.

The Leicestershire, Leicester City, and Rutland (LLR) health and social care system are focusing efforts toward building greater and sustainable resilience across urgent and emergency care for our patients.

2.0 Recommendations for the board to consider

The Board is asked to:

- Note summary learning points from 2017/18;
- Note the priority focus being undertaken over the coming months;
- Agree to receive finer detail at the next meeting; and
- Engage and contribute to meaningful improvements and simulation exercises currently in planning phase for later this year (September and October).

3.0 Content

Summary Position

- Overall, evidence demonstrates the urgent care system has seen more patients outside of hospital this year than in previous years, however the activity levels for individual patients with multiple attendances has increased due to the nature of care needs – particularly for the older population.

- Pressures across the entire LLR urgent care system over winter resulted in deterioration of performance with the system struggling to cope with demand; 4hr standard delivery deteriorated significantly, particularly over February and March.

- Whilst the demand has increased, this demand largely reflects more activity, higher acuity, and increased cases amongst multi-morbidity patients (e.g. frail and elderly, respiratory, cardiac) as occurs every cold weather season.

- There were higher numbers of elective cancellations than in 2016/2017 as per national instruction, as well as exceptional levels of cancellations of urgent and cancer operations not seen in previous years.

- Ambulance services remained stretched and regularly at a high escalation level for the

majority of winter; patient handover times declined over winter, from November through to March, although with fewer 1 hour+ waits than in 2016/2017, and fewer total lost hours.

4.0 Next Steps

Throughout winter 2017/18, colleagues within system partners have worked tirelessly to maintain safe levels of service for patients. With the winter period no longer representing a fixed set of months and extending through into April 2018, there is a clear need to instil a more resilient system amongst partners to cope for longer periods of relentless surge.

Principally, in order to better prepare and provide a more cohesive health and social care and service this next winter period for our patients and service users, a series of tactical and operational actions are underway to establish and maintain a strong and consistent focus to:

- Ensure clinicians, front-line staff, and patients and their families help shape improvements;
- Support better alignment of provider priority work plans toward greater and sustainable system resilience leading to winter 2018/19;
- Surface any gaps and mitigate risks;
- Understand benchmarked positions, increase business intelligence, and inform evidence-based decision making; and
- Utilise desktop and simulation exercises during September and October to
    - test demand and capacity modelling predictions,
    - enable mitigation activity,
    - highlight any system funding gaps/needs, and
    - systematically review winter surge plan strengths/weaknesses for continuous improvement.

Key Areas of Focus (Tactical)

Based on the experience of past years and more recently 2017/2018, the key areas of focus 2018/2019 include:

1. Demand and Capacity Modelling and Alignment – (gaps and consideration of mitigating actions / ‘tip ins’ across the system to alleviate pressure from one provider to another);
2. Better understanding and alignment of system provider capacity, bed occupancy rates and triggers to enable best use of appropriate resource (acute, community, primary care);
3. UHL Rapid flow processes and reduce avoidable process delays;
4. Workforce capacity and capability;
5. Visibility of alternatives to admission within the community and to support rapid discharge;
6. Review and amendment to the system Operational Performance Escalation Level (OPEL) framework and thresholds;
7. Increased visibility of primary care and nursing/care home capacity, performance, and quality; and
8. Generally, knowing our numbers and using our resources wisely through regular assessment and review.

System Resilience & Winter Planning

Learning From 2017/18 & Planning 2018/19

Mike Ryan, Director of Urgent and Emergency Care

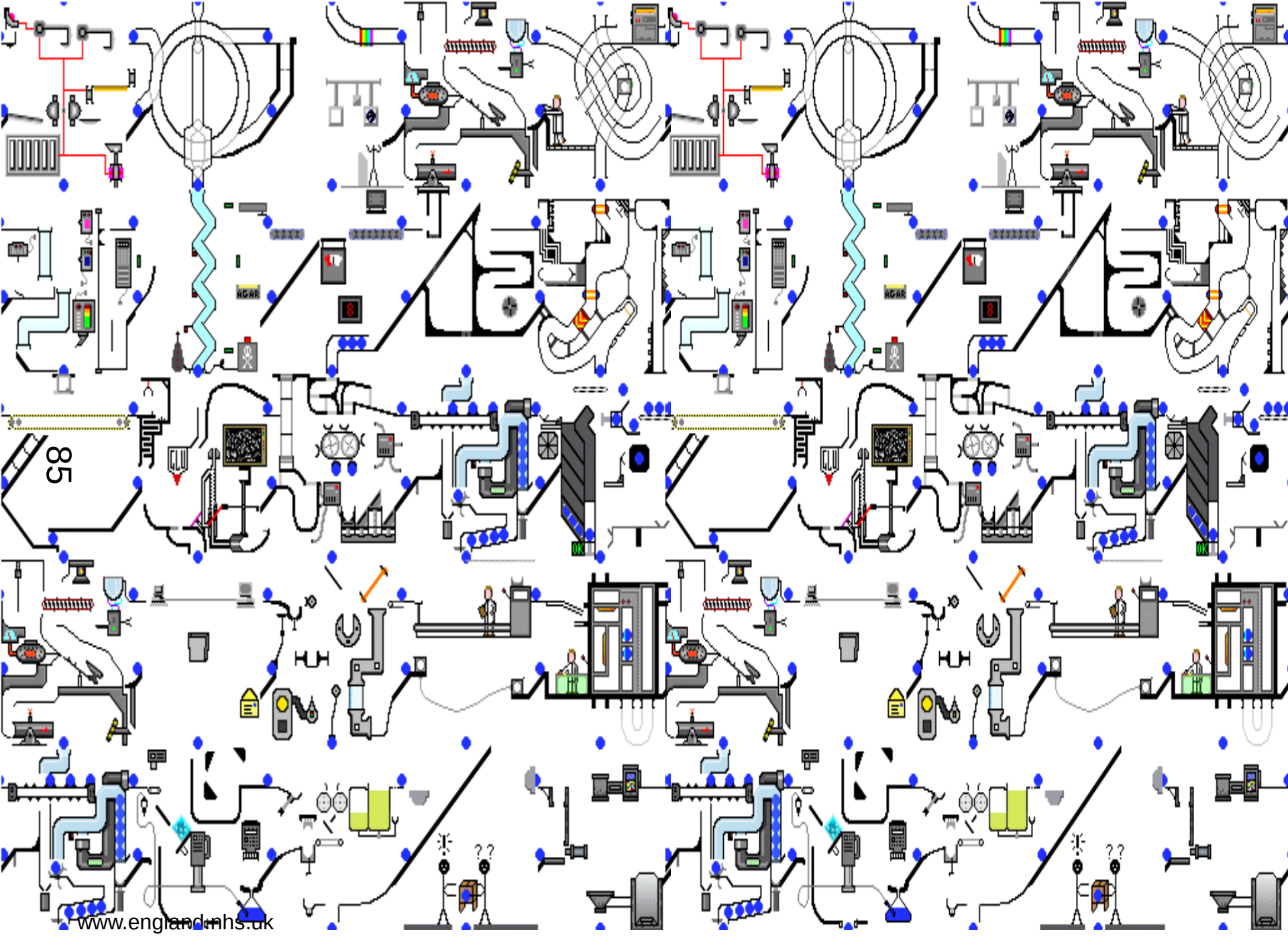
LLR Health and Social Care System

Health and Wellbeing Board

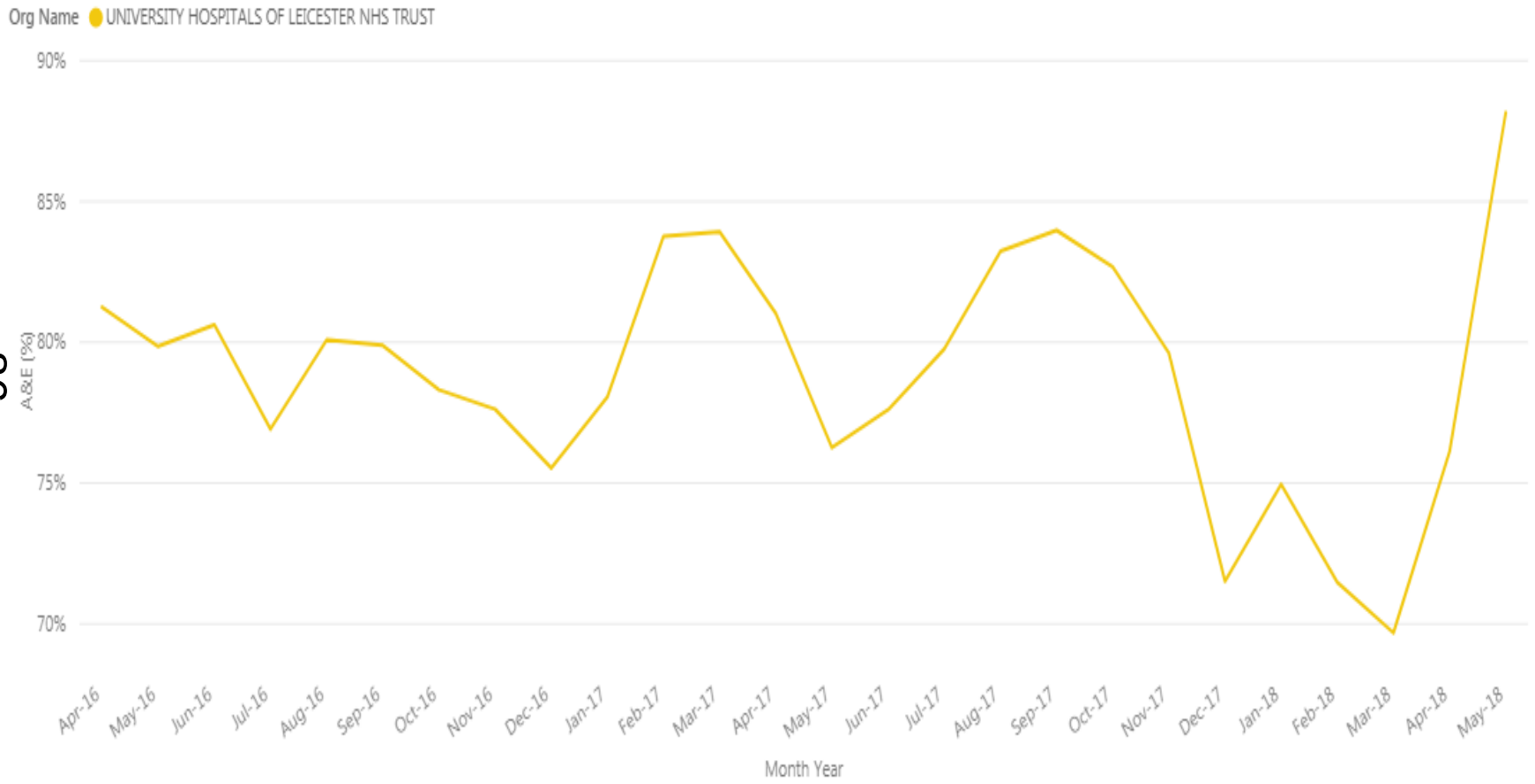
12th July 2018

Winter Headlines

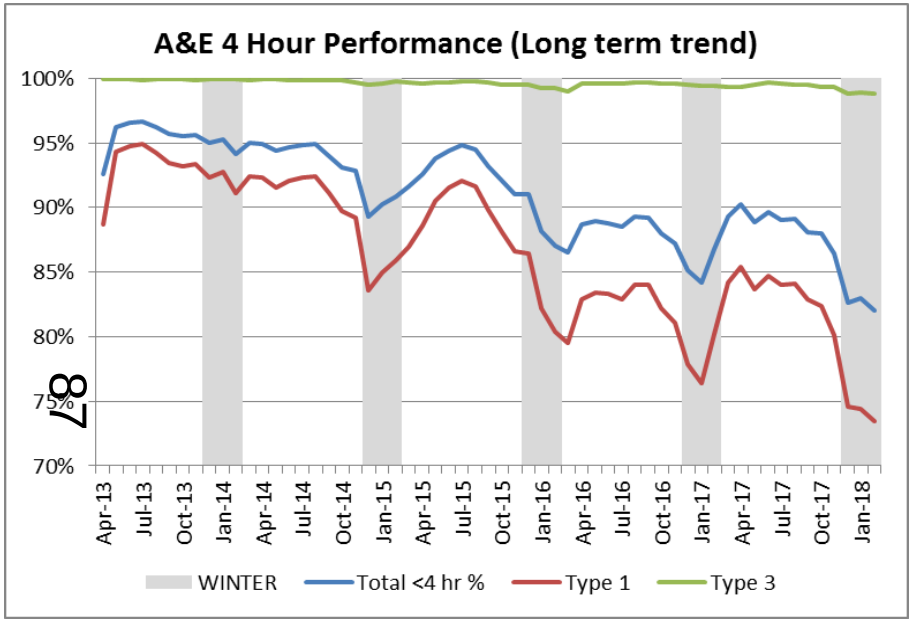
- A&E performance drops in Dec, Jan & Feb every year
- In 2017/18 winter pressures extended into May.
- Less patients attending A&E in winter compared to other times of the year
- There are increases in the number of older, arriving by ambulance and admitted patients in winter (higher case mix).
- Decreases in the number of younger, non-admitted patients in winter
- Performance decrease in winter is more pronounced for older patients
- Delayed Transfers of Care (DTOC) doesn't increase.
- Evidence of flow issues entering A&E (ambulance handovers) and being admitted from A&E (trolley waits)
- Bed occupancy and length of stay also increase

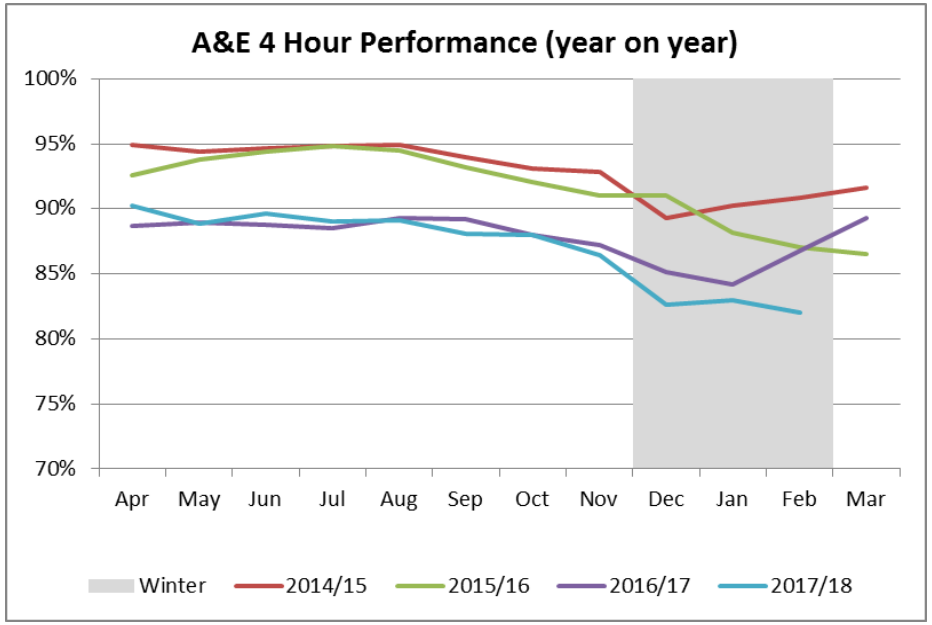


Performance Trend



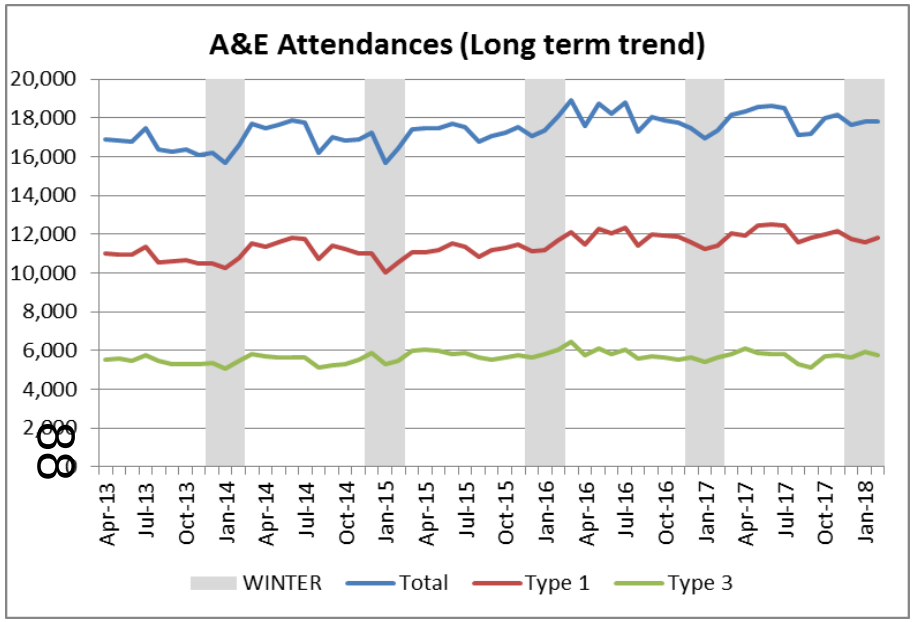
Performance

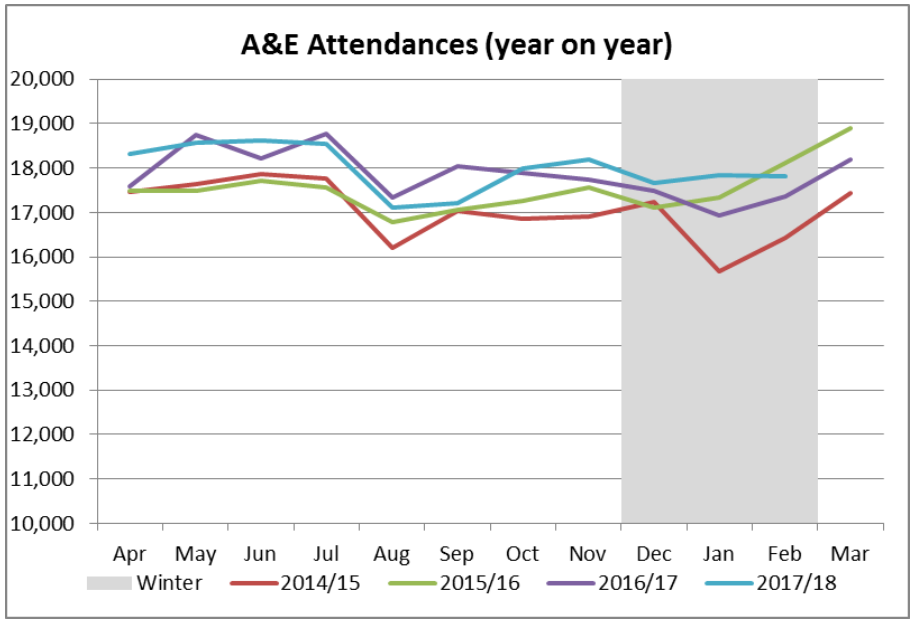




- Clear decrease in performance in Dec, Jan & Feb
- March varies, sometimes performance improves, sometimes it stays low
- On average performance in winter is 4.2% lower than the rest of the year
- This year has seen the largest decrease in winter of 6.2%
- 2013/14 saw a smaller decrease when overall performance was higher

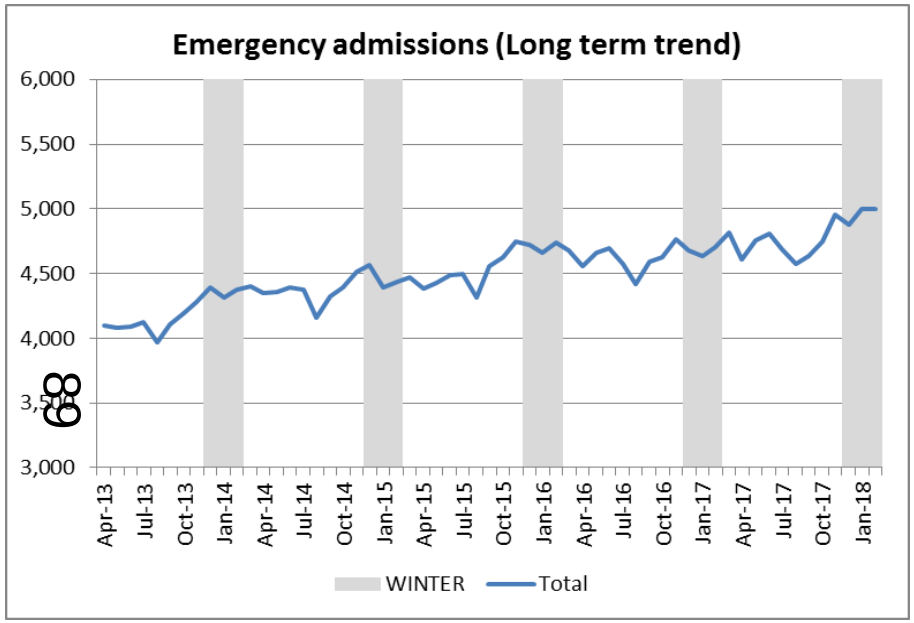
Attendances

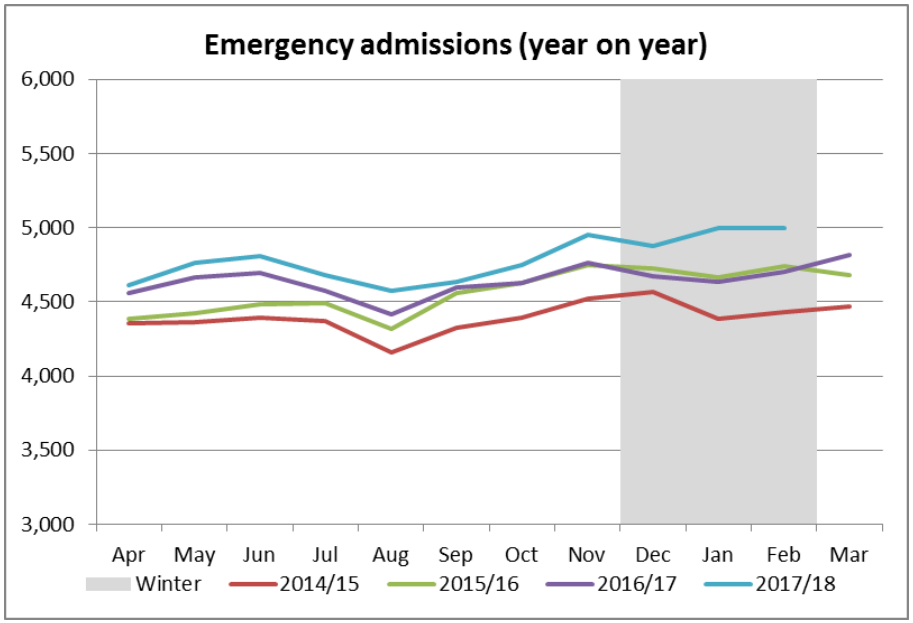




- Attendances decrease in winter
- Usually highest between March and July
- 3% lower attendances in winter

Emergency Admissions





- There has been a long term rising trend
- Emergency admissions rise in winter
- 3% higher on average in winter

Key Variables

- **Adverse Weather**
  - Variable planning, assurance, and delivery.

- **Workforce & Skill Mix**
  - Pace of response to surges in demand during periods of high staff Sickness/ Absence.
  - Ensuring the right capacity and capability.
  - Contingency and succession planning, including Trust to Trust.

Winter Planning 18/19 Desired Results

- **Enable improved and sustained quality of care and treatment for patients throughout heavy periods of surge or operational pressures**.
- Establish visible system resilience.
- Support better alignment of priority work plans toward greater and sustainable system resilience leading to winter 2018/19.
- Surface and mitigate risks.
- Understand benchmarked positions, increase business intelligence, and inform evidence-based decision making.
- Utilise desktop and simulation exercises during September and October to:
  - test demand and capacity modelling predictions,
  - enable mitigation activity,
  - highlight any system funding gaps/needs, and
  - systematically review winter surge plan strengths/weaknesses for continuous improvement.

Major Focus On…System Resilience *Characteristics*

- A patient or service user's crisis is not a system or provider's crisis.
- Maintains stability.
- Recognises the complexities and influential factors (within and external).
- Can absorb, recover, and learn from variation in demand.
- Mitigates risk and resolves issues

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LLR Timeline (c 120 working days)

England

May / June	• Engagement and Learning from 2017/18; strengths, areas for improvement, gaps • Priority planning and short, medium gains • Data Analysis and Evidence
July	• EPRR Exercise 'Boudica' – Simulation Exercise • IUEC Rapid Improvement Workshop 1 • Demand and Capacity Insight Position • Patient Group and Primary Care Focus
August	• OPEL Threshold and process revision/refresh • IUEC Rapid Improvement Workshop 2 • Metrics for Outcomes • Risk Share / Gap Visibility
September	• **Simulation Exercise – Wake Up 1** • **Patient Journey Scenarios** • **AEDB and Partner Agreement** • **Plan Submission**
October / November	• **Simulation Exercise – Wake Up 2** • **Readiness Assessment** • **IUEC Rapid Improvement Workshop 3** • **Assessment and Review / Escalation SRG**

APPENDIX F

Leicester Health and Wellbeing Board

12 July 2018

Title: Joint Health and Wellbeing Strategy

Presenter: Ivan Browne, Public Health

Leicester City Council

Author contact details: Ivan Browne –ivan.browne@leicester.gov.uk

1.0 Purpose of the paper or presentation

The purpose of this presentation is to inform members that the new Joint Health and Wellbeing Strategy and Action plan is in final draft form and due to enter the public consultation phase in mid-July.

The presentation explains the progress that has been made and invites board members to become involved in the consultation process and to encourage others to do the same.

2.0 Recommendations for the board to consider

The board is asked to:

- **Note the dates of the consultation phase**
- **Engage with and contribute to the strategy via consultation process**
- **Champion engagement amongst colleagues and partners wherever possible**

3.0 Content

Developing the strategy and action plan has been a complex process involving interactions with key partners and stakeholders to develop the content.

The strategy focuses on the wider determinants of health as well as other key challenges such as multi-morbidity and frailty. It's vision is to 'ensure that everyone has the opportunity to improve and maintain their physical and mental health'

The strategy comprises of 5 themes, each has an aim

- Healthy Places – Make Leicester a healthy place to live and work in
- Healthy Minds - Ensure mental health is considered in all aspects of the lifecourse
- Healthy Start – Give Leicester's children the best start in life
- Healthy Lives – Encourage Leicester residents to adopt health behaviours that are sustainable throughout life
- Healthy Aging -Enable Leicester residents to age comfortably and confidently

The strategy has a number of specific objectives which are underpinned by the action plan.

4.0 Next Steps

To support the public consultation

The Joint Health and Wellbeing Strategy and Action Plan … A Journey

Health and Wellbeing Board
12th July 2018

Ivan Browne – ivan.browne@leicester.gov.uk

Strategy Workshops

Partner engagement

Drafting document

Drafting action plan

Informal partner consultation

Final draft

FORMAL PUBLIC CONSULTATION

Strategy Content – brief overview

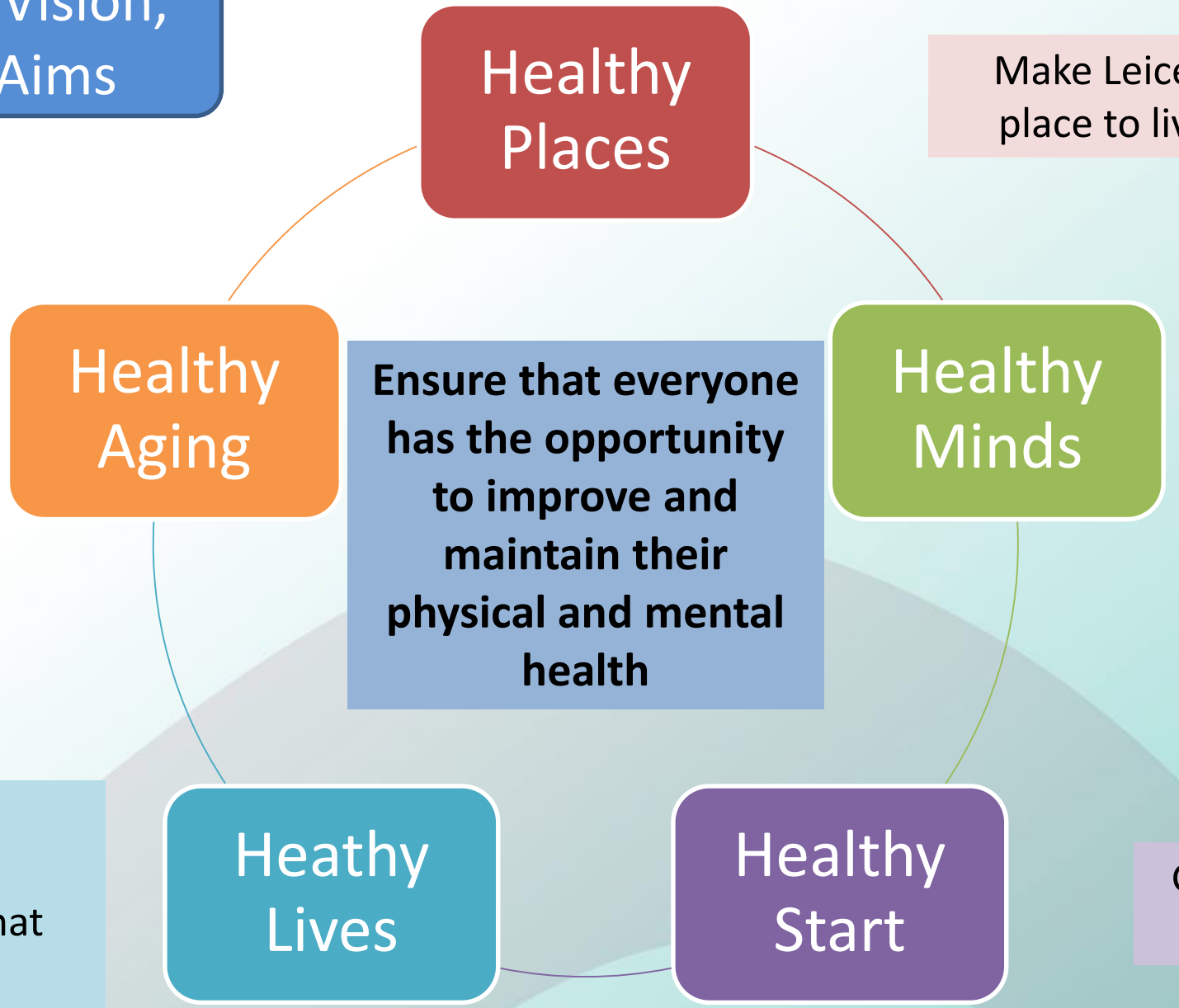
Focuses on addressing the wider determinants of health

Addresses key issues
e.g. multi-morbidity / social isolation

Recognises a need to maximise collaborative working

Underpinned by an action plan with specific objectives

The Strategy Vision, Themes & Aims



Make Leicester a healthy place to live and work in

Ensure mental health is considered in all aspects of place and the life course

Give Leicester's children the best start in life

Encourage Leicester residents to adopt health behaviours that are sustainable throughout life

Enable Leicester residents to age comfortably and confidently

SPECIFIC OBJECTIVES

A) Influence the environment to accommodate healthy living and dementia friendly environments

B) Ensure decent homes are within the reach of every citizen

C) Increase opportunities for sustainable transport

D) Improve air quality in the City

E) Maximise and regenerate open and green space

F) Develop and encourage healthy neighbourhoods

G) Improve mental health and wellbeing in Leicester city residents

H) Improve levels of healthy eating in Leicester

I) Increase physical activity levels in Leicester residents

J) Reduce levels of overweight/obesity in Children and Adults

K) Increase the number of people engaging in protective behaviours

L) Reduce the prevalence of chronic conditions in Leicester

M) Support women and their families to experience a healthy pregnancy

N) To **support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing**

O) Increase the priority of health and wellbeing in existing work places

P) Support increase in better quality employment and better income

Q) Take steps to reduce social isolation, particularly amongst the elderly

R) Support informal carers to continue to care and improve their health and wellbeing

The Action Plan – an example

18 objectives

Improve mental health and wellbeing in Leicester city residents

Underpinned by specific actions	Lead partner	Related strategy/ plan	Measure	Level
Support for the number of people affected by suicide	Public Health People & Places	LLR Suicide Prevention Strategy	All people referred by Leicestershire Police will have support	
Support the emotional resilience of informal or family carers to enable them to care for longer	Adult Social Care	LLR Joint Carers Strategy	Number of Carers who report better health and wellbeing outcomes	

Final Stage -Public Consultation

Dates __ July -

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How can you help?

What is happening?

Spread the word

Contribute ideas/ objectives

Encourage staff to contribute

During the consultation period we will be visiting local organisations to encourage engagement

- **Arrange for us to come and talk to you**
- **Log onto the consultation site <link to go here>**
- **Visit libraries for a hard copy**

Health and Wellbeing Strategy and Action Plan 2018-2023

Summary report

Leicester City Council

Contents

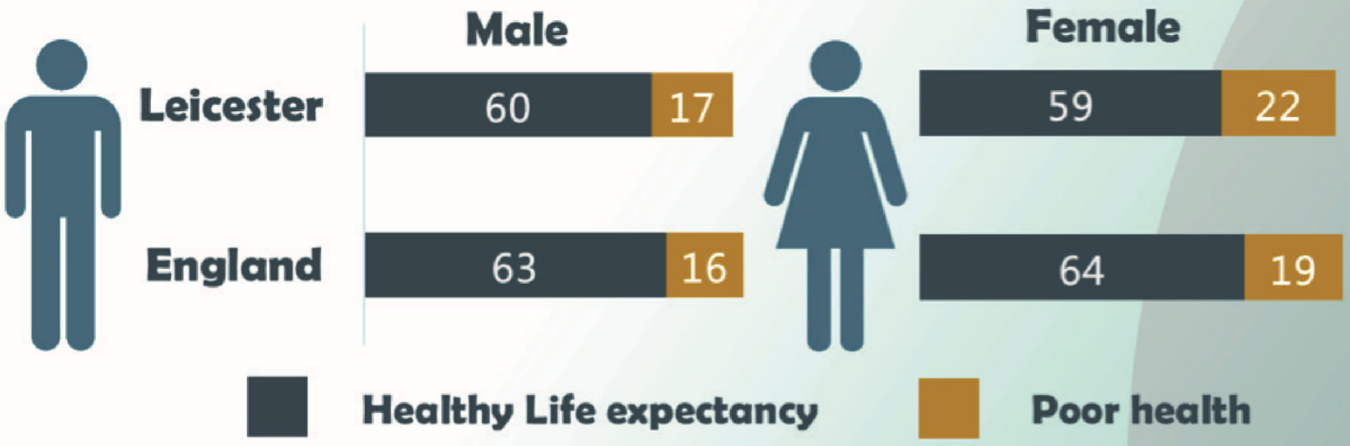
Preface

To be added once initial consultation period is complete

Leicester City Council

Joint Health & Wellbeing Strategy

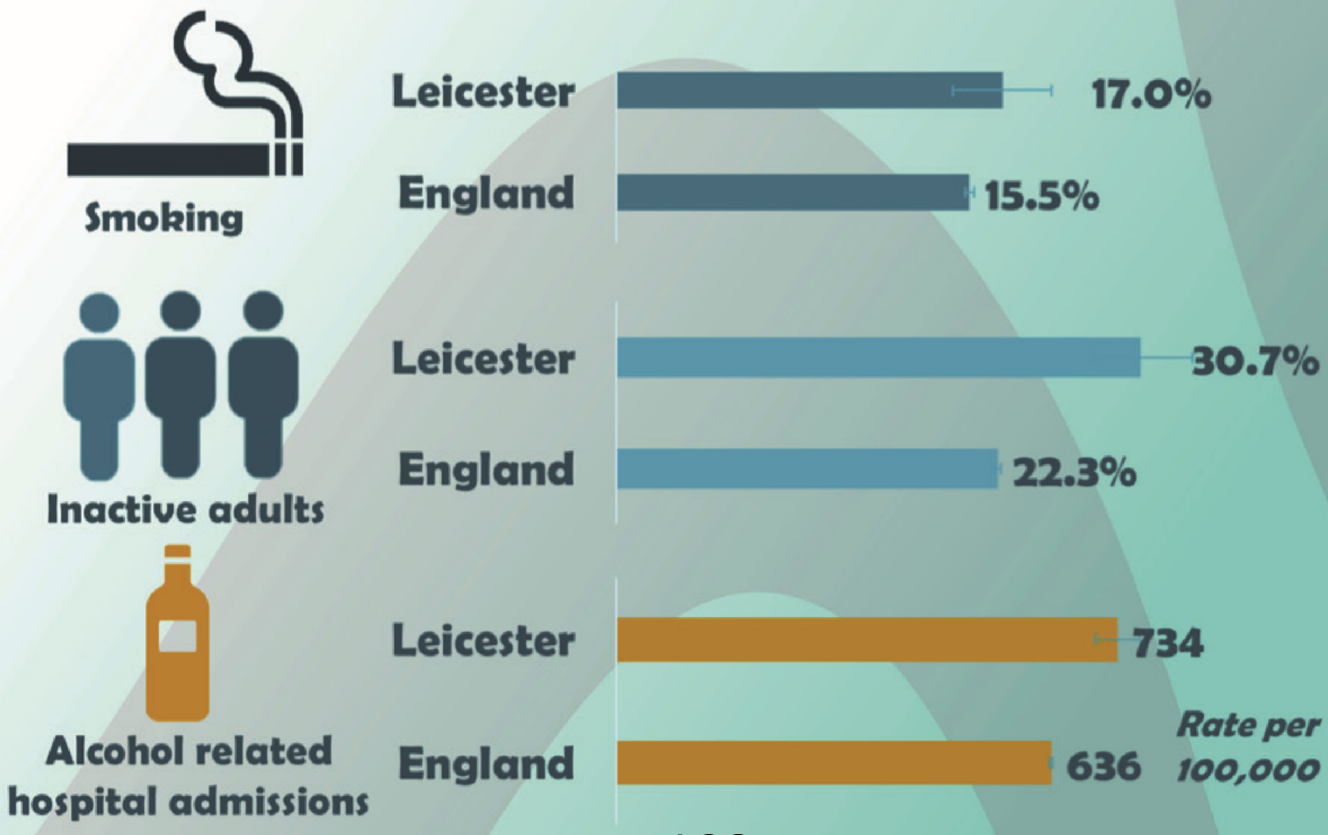
The health & wellbeing strategy will focus on reducing the years people live in poor health.



An estimated 30,529 people (16+) in Leicester have diabetes some are unaware they have the condition.

Those living in poor health are likely to experience 2 or more chronic conditions. Multiple morbidities increases with age.

Shorter life expectancy and diabetes are linked to lifestyle choices such as smoking, physical inactivity and obesity, and alcohol.



1. Introduction

This Joint Health and Wellbeing Strategy and Action Plan (JHWBSAP) sets out the city's intention to improve the health and wellbeing of its residents. The city's Health & Well-being Board has a statutory duty to produce this strategy, setting the direction for the NHS, city council, private sector, voluntary and community organisations and individuals themselves to improve health & well-being outcomes in the city.

It takes a *holistic approach to health*, which means looking at how the built environment of the city itself can influence health and wellbeing, instead of looking only at the people who live in it. It puts the 'person' at the centre, looking at all the factors in people's lives and in their living environments that can affect their health.

While health and wellbeing strategies in the past may have asked 'what is the matter with Sarah,' this strategy will ask 'what matters *to* Sarah.' We believe that looking at the issues that are important to individuals at different stages throughout their lives will help people understand their own health better and live healthier lives.

In Leicester, the demand for health and social care services is driven by *multi-morbidity*, a term which means people who are living with several different health conditions. These could be both physical and mental health conditions, and trying to help people living with several conditions is one of the city's biggest challenges. To rise to this challenge we need to change our approach. This will include working with partners in health and social care to support individuals with multiple conditions, and to develop a new approach to preventing these conditions in the first place.

The strategy is the leading Health and Wellbeing policy document for the city. It will influence other strategies from a range of partners, and will help us work together to achieve shared aims and visions. [1]

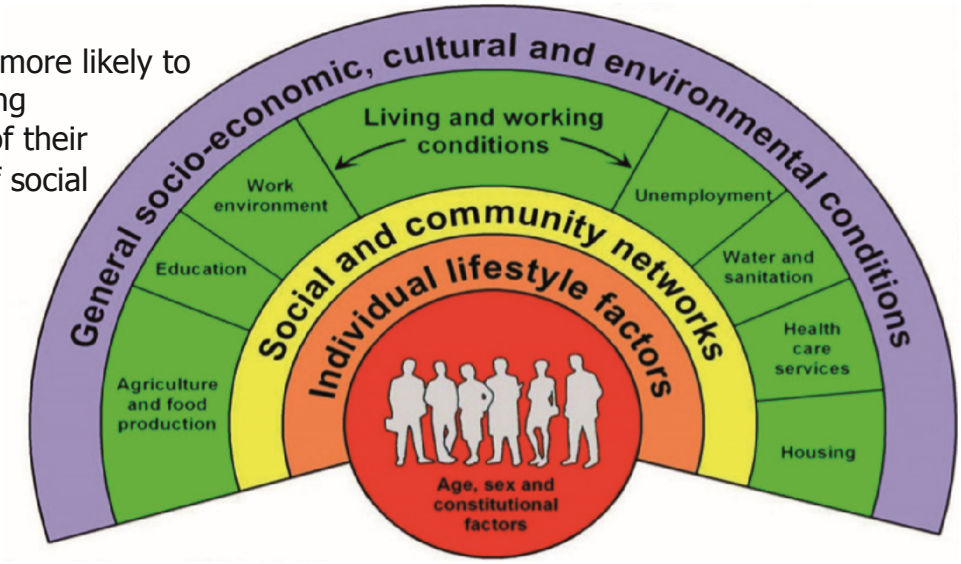
2. Overview

Context

Deprivation has a large impact on health and wellbeing. Statistics show that people living in poorer areas are more likely to die at a younger age, and will spend more[3] years of their life living in ill health than people living in wealthy areas. They are also more likely to be living with multiple health challenges, including a mental health problem. This link between deprivation and poor health was described as 'a social gradient of health' in 2010 by Michael Marmot, and is a theme we will return to throughout the Strategy.Leicester, in particular, is a deprived area compared to the country as a whole, [2] and 44% of Leicester's population live in the most deprived 20% of areas in England.

People living in poorer areas are more likely to experience poor living and working conditions, particularly in terms of their income, their education, levels of social isolation, and disability.

These living and working conditions are referred to as the *'wider determinants of health'.* They have a big impact on the health of individuals, which is shown in the graphic on the right.



1 The JHWBS underpins any commissioning work undertaken by Leicester City Council and the Leicester City Clinical Commissioning Group (LC CCG) and strongly influences other important strategies and operational plans relating to health and wellbeing including; The Leicester City Clinical Commissioning Group Clinical Commissioning Action plan; The Adult Social Care Transformation Plan; The Children and Young People Plan.

2 Leicester is ranked 21st out of 326 local authority areas in England, on the 2015 national Index of Deprivation (where 1 is worst).

3 Indices of Deprivation 2015, DCLG.

Wider determinants and prevention

The Strategy and Action Plan focuses on improving health by including these wider determinants of health in its approach to healthcare. This will include taking action to address many preventable causes of ill-health, such as smoking, obesity, physical inactivity and alcohol.

These preventable causes of ill-health are all linked to the main causes of death in the city. They are also linked to a shorter 'healthy life expectancy' in Leicester compared to England and other similar parts of the country, a term that means the amount of years living in good health instead of the years lived in total. We also know that new health challenges, particularly loneliness and social isolation, are having a negative effect on both the physical and mental health of people in Leicester.

The main causes of death in Leicester are cardiovascular disease (accounting for 28% of overall deaths), cancer (24%) and respiratory disease (14%). Together, these are the reason for two out of every three deaths in Leicester. There are also 28,000 people in Leicester who have been diagnosed with diabetes, and there are many more living with the condition who do not have a diagnosis.

These conditions can all be linked to lifestyle factors, such as obesity or smoking, but the growth of these conditions is not inevitable. Slowing the growth of these conditions by recognising that we can reduce these through environmental improvement, lifestyle changes and collective action will be a major challenge for the city.

Improving the wider determinants of health will address what Marmot terms 'the causes of the causes' of ill health. His work believes that the wider determinants of health, such as socio-economic background, race, or gender, can often shape the causes of behaviours contributing to preventable ill health, such as physical inactivity. The view of the Strategy aligns with this, and we believe there is both a strong social justice case and a strong public health case for approaching health and wellbeing in this way, closing the health gap between different parts of the city.

There is also a clear economic benefit to intervening earlier, by changing lifestyle factors that lead to ill-health. Everyday habits and behaviours, such as eating too much unhealthy food, drinking more than is recommended, continuing to smoke and not being active enough, are responsible for around 40% of all deaths in England, and cost the NHS more than £11 billion a year [1]. Pushing to change these behaviours will have cost benefits for the health sector, social care, employers and others. It will also help to stem the rising tide of pressure on public sector funding.

These behaviours, however, cannot be seen as simply a matter of poor individual choices. They are heavily shaped by public policy, and in many cases need intervention on a national scale. Despite this, there is still more to be done locally to influence and support people to build healthier behaviour into their everyday lives.

Multi-morbidity and supporting individuals

Leicester has an increasing rate of multi-morbidity, a term which means there are a growing number of people in Leicester living with more than one chronic or long term health condition. As an example of this, 25% of people with diabetes in Leicester have five or more chronic conditions, and 35% of people living with depression have three or more conditions.

Our data shows that there are 94,104 people in Leicester who are identified as frail, and/or have five or more chronic conditions. It is predicted that this group will require at least three times as much spending on healthcare over the next 12 months to meet their needs compared to a person in good health.

Multi-morbidity increases the likelihood of emergency admission to hospital, regardless of a person's age. Although multi-morbidity is more common in older people, the costs of treating patients aged 19-44 years with seven or more chronic conditions are the same as the costs of treating those over 80 years with the same number of conditions.

Alongside its prevention work, the Strategy will also continue to support those with long term health conditions and help them to maintain their health. According to the latest census, 29,522 people in Leicester are living with a health condition that impacts their daily lives. For this work in particular, the Strategy will take a holistic perspective, by looking at the person as a whole rather than at their specific conditions.

The Strategy also looks at how local environments can support health and wellbeing. This includes the open and green space in Leicester, the cultural offer of the city, and its accessibility.

Strategic approach

The aims of the strategy are present in the objectives of the Action Plan. Governance of this work will come from the city's Health and Wellbeing Board. Working to improve health through its wider determinants is a challenge, and will require working with a range of partners who are committed to making a change in order for us to be successful.

There are also other challenges to recognise when trying to put the Strategy's aims into practice. The most pressing of these is our current financial climate, with pressure being felt across the public sector and voluntary sector. The reality is that this situation is unlikely to improve significantly during the lifetime of the strategy.

This means that the Strategy cannot rely on financial resources to deliver its aims. In order to be successful, we need to think differently about how to tackle health challenges. Working in partnership with a wide range of partners is the most effective way to do this. Full usage of

[1] PHE Launches One You, 2016

community assets and resources need to be made, building on existing projects in the city such as the Braunstone Blues. Sharing non-monetary resources, such as existing materials and specialist knowledge across organisations and within communities will be key to these aims being achieved.

3. Strategy and action plan documents

The content of the Strategy has been informed by many different sources. These include:

- Local health needs identified in Leicester's Joint Specific Needs Assessments
- Local Health and Wellbeing Surveys
- Population health profiles developed by Leicester City Clinical Commissioning Group, that show how physical and mental health problems cluster in certain groups in the city
- Feedback from a series of Strategy and Action Plan workshops, where stakeholders and partners attended to provide their views on what our health priorities should be
- The priorities and objectives of existing strategies.

Improving the health and wellbeing of people in Leicester will be a complex task. An individual's living and working conditions can have either a positive or negative impact on their health, which can then influence their lifestyle choices (such as smoking, or drinking alcohol.) The strategy aims to use the potential of the wider determinants to protect and improve health.

It will also focus on reducing the negative impacts these determinants can have on health and health inequalities. These wider determinants have been considered within five different themes, which together make up the Strategy and Action Plan:

- **Healthy Places**
- **Healthy Minds**
- **Healthy Start**
- **Healthy Lives**
- **Healthy Aging**

In addition to the Strategy and Action Plan, further supporting materials will be made available to aid the delivery of the Strategy's objectives.

4. Vision

The strategy vision is to '**ensure that everyone has the opportunity to improve and maintain good physical and mental health'**. This vision will be reflected in all other strategies relating to health and wellbeing.

5. Aim

This Strategy and Action Plan has the broad aim of improving the health of people in Leicester. It will achieve this by using the wider determinants of health to change people's behaviours, continuing to support to those with ongoing health needs and by encouraging people to improve their own health.

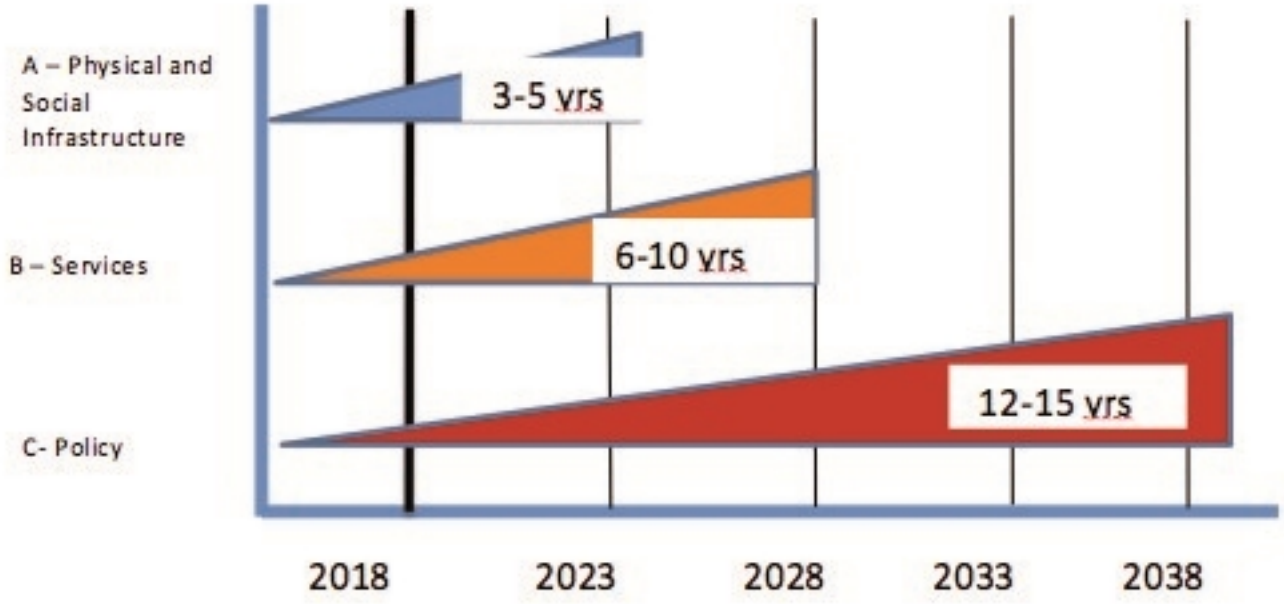
This aim will be realised by monitoring the progress of the objectives stated in the Action Plan, as well as looking at the aims and objectives of existing strategies. However, the Strategy also

includes a series of **stretch targets**. These are important objectives that need high level political input, which means they may take longer to achieve. As shown in figure 1 below, the Strategy and Action Plan has targets that will have a short, medium, and long term impact. These targets are as follows:

A - Physical and Social Infrastructure: This target includes maximising the health impacts of the local environment (such as housing, transport, local parks) . It also looks at social infrastructure, a term for the people living in local communities. Work in this area will take a 'grass roots' approach, working directly with individuals and community groups. Work in this area may have an impact within the time-frame of this action plan.

B – Services: This target emphasises the need to work across organisations in different sectors, recognising the roles of public services and private sector businesses in delivering the objectives set out in the action plan. Work in this area is medium term, with its impact being recognised within six to ten years.

C – Policy: This target includes issues that are complex to address, and require political or strategic input at very senior levels. This is a target with a longer-term outlook, as the impact of this work may not be felt for twelve years or more.



6. Key areas of focus

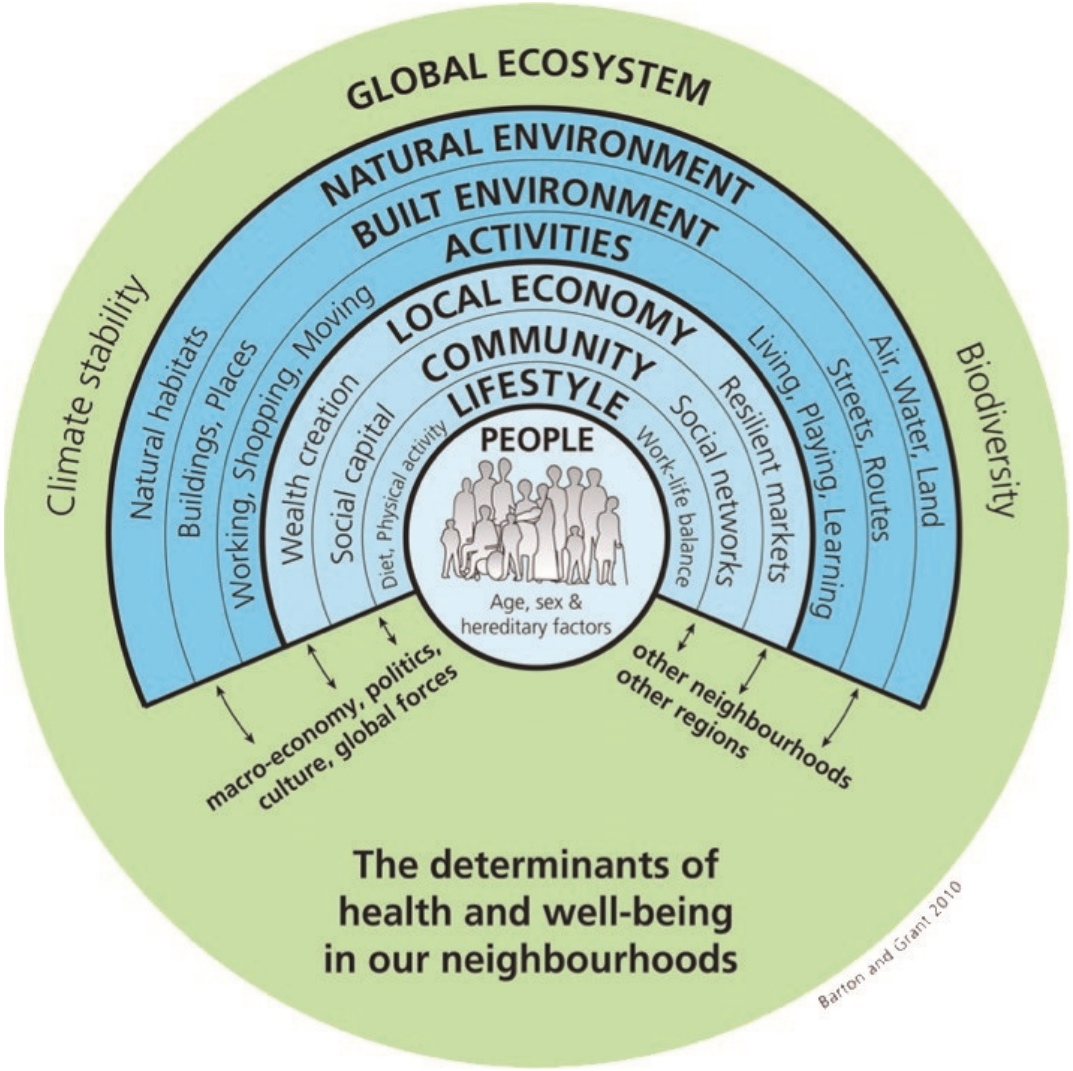
Focusing on the wider determinants of health means that we need to look at the impact that the wider environment of where people live and work has on health and wellbeing. Healthy Places is, then, the first key area for this strategy and action plan.

A. Healthy Places: This area develops the framework for the action plan, as it recognises that the type of environment people live and work in is always linked to their health and wellbeing. Some illnesses, such as cardiovascular disease or cancer, are caused or made worse by lifestyle factors.

Some environments encourage physical inactivity simply by the way they are designed. These are known as 'obesogenic environments'. They are often places where less healthy food is convenient to access, and it is often easier to drive than walk. Driving and traffic has an impact

on the air quality of the city, also. In Leicester, national modelling has estimated that in 2010 there were 162 deaths where air pollution was a contributing factor. [2]

Figure 1, on the right, shows the many possible impacts the built environment can have on an individual's health and wellbeing. All the decisions people make about their lifestyle choices, such as whether to smoke or drink, are made within this complex structure. Understanding the local environment and the influence it has on the population is very important to improving health and wellbeing.



It makes sense for the places and spaces that people occupy to be as healthy as possible.

These include places like homes, schools, workplaces, parks and open space, libraries, museums and leisure facilities.

We are also looking at how technology in the form of apps and online platforms can be used to improve people's health.

All of these environments, be they physical, social, or online, impact on the health of people living in and around them.

In terms of this Strategy, a 'healthy place' is one that promotes good health and wellbeing through as many means as possible. This may include adapting the physical environment for greater accessibility, improving air quality of a place, or ensuring homes are of a decent standard. It can also mean ensuring that public places are safe, accessible and dementia friendly and other practical elements. It will also include encouraging and enabling people to make healthier choices whenever and wherever they can.

[2] PHE / DEFRA

HEALTHY PLACES AMBITION: Make Leicester a healthv environment to live and work in

Key Objectives:

- Influence the environment to accommodate healthy living (A)
- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Improve air quality in the City (D)
- Maximise and regenerate open and green space (E)
- Develop and encourage healthy neighbourhoods (F)
- Increase physical activity levels in Leicester residents (G)

B. Healthy Minds: In Leicester, mental health is clearly linked with wider health inequalities. Those living in poorer, more deprived communities are most likely to have a mental illness. Across Leicester there are high rates of depression and anxiety and psychosis, along with a high number of claims for Employment and Support Allowance due to living with a mental illness[3].

Mental health and wellbeing affects everyone – it is everybody's business. Sustaining mental wellbeing is crucial for people to live long and healthy lives. Prevalence rates suggest that one in four working age adults may experience a common mental health problem at any point in their lives. In Leicester, this is estimated to be between 34,000 and 38,000 people, and it affects more women than men.

Around 3,400 people in the city have an enduring mental illness such as schizophrenia, bipolar affective disorder and other psychosis. Mental illness is linked to physical health problems. Many people with long term health conditions experience depression, and people with mental illness are also more likely to smoke, drink alcohol, and use drugs and are less likely to take up preventative measures such as Healthchecks. People with diagnosed mental illness are less likely to exercise although exercise has clear benefits for mental health. As a result, people with diagnosed mental health problems, live less long than the rest of the population: 19 years less for men and 18 less for women.

Mental illness can be the result of trauma such as sexual or domestic violence and it often occurs with other health conditions. 35% of people suffering with depression will have three or more other chronic conditions. Obesity disproportionally affects people living with a mental illness or a learning and physical disability. Antipsychotic medication can cause significant weight gain,[4] and diabetes.

This emphasises the need for 'parity of esteem' between mental and physical health, which is to view both mental and physical health equally and with the same level of importance. It is also important to promote positive health and wellbeing by encouraging and supporting people to maintain their mental health by directing them to self-care resource and reducing stigma associated with mental illness.

Social isolation and loneliness are both noted to be an increasing challenge in communities. Research suggests that there are clear correlations between loneliness and poor mental and physical health. The poor health outcomes include higher blood pressure, greater body weight and

[3] 38 in 1000 working age people in Leicester claim ESA for mental and behavioural disorders compared to 27.5 for England(SOURCE: NOMIS 2016)

[4] elevated cholesterol levels, risk factor for CVD

higher cholesterol, [5] higher risk of cardiovascular diseases[6] and increased risk of dementia and Alzheimer's. [7]

Social isolation and loneliness can affect anyone at any age (Age UK 2010) [8] and in any circumstances. Although instances are increasing amongst young and middle aged people, older people are considered to be disproportionately affected by social isolation.

HEALTHY MINDS AMBITION: Ensure mental health is considered in all aspects of place and the life course

Key Objectives:

- Improve mental health and wellbeing in Leicester city residents (G)
- Increase physical activity levels in Leicester residents (I)
- Maximise and regenerate open and green space (E)
- Ensure decent homes are within the reach of every citizen (B)
- Develop and encourage healthy neighbourhoods (F)
- Reduce the prevalence of chronic conditions in Leicester (L)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)

C. Healthy Start: Leicester is a young city, where 38% of its population are aged 0 to 24 compared to 30% across the whole of England.[9] Having the healthiest start to life as possible is critical, as many factors that make up an individual's health are determined in these formative years. What happens in this period of an individual's life can have a considerable impact on their future mental and physical health.

It also influences future life achievements such as education and employment, habits and behaviours and overall life expectancy. The Strategy recognises that health and wellbeing for children begins before birth, and so the Action Plan includes objectives to support healthy pregnancies within the Healthy Start theme. The mental health of mothers during pregnancy and up to a year after childbirth, is also included in this section. If left untreated, the negative impact of conditions such as post-natal depression have long lasting consequences for the mother, the child and other family members.

Infant mortality is a major challenge both in the city and nationally; the UK has the fourth highest infant mortality rate of comparable countries. The proportion of children growing up in relative income poverty has also been increasing since 2009/10. This is a reversal of steady improvements that had been taking place from the late 1990s. [10]

[5] Shankar et al (2011) Loneliness, social isolation, and behavioural and biological health indicators in older adults, Health Pychology, 30(4), 377-385

[6] Steptoe, et al. (2004) 'Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women', Psychoneuroendocrinology, 29(5) pp. 593-611

[7] Valtorta et al (2014). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart, 2016

[8] Age UK (2010) Loneliness and isolation evidence review, London: Age UK

[9] MYE, ONS 2016

[10] International comparisons of health and well-being in early childhood' (Nuffield Trust / RCPH)

HEALTHY START AMBITION: Give Leicester's children the best start in life

- Increase opportunities for sustainable transport (C)
- Maximise and regenerate open and green space (E)
- Improve mental health and wellbeing in Leicester city residents (G)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce levels of overweight/obesity in Children and Adults (J)
- Increase the number of people engaging in protective behaviours (K)
- To reduce levels of infant mortality
- Support women and their families to experience a healthy pregnancy (M)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)

D. Healthy Lives: Encouraging people to live healthy lives can be a way of managing existing health challenges and to combat some emerging risks to health. This is important in terms of reducing the number of people who are suffering from multiple chronic illnesses. Tackling physical inactivity, poor diet and unhealthy habits can improve an individual's quality of life and life expectancy.

As an example, cardiovascular disease (CVD) is the cause of around 28% of all deaths in Leicester. The highest rates are found in south Asian communities and in areas with the highest level of deprivation. It is more likely to occur with increasing age and amongst men.

Having an unhealthy diet, living an inactive lifestyle, being overweight or obese, smoking, consuming excessive amounts of alcohol and stress are all factors that contribute to CVD and other conditions such as diabetes. There are 28,000 people in Leicester diagnosed with diabetes, and an estimated additional 30,529 people who have diabetes but are undiagnosed. Reducing this will need sustained effort to identify people with early signs which left unchecked could lead to diabetes as well as making sure that people with diabetes receive optimal support and treatment. The city's new status as one of an international network of Cities Combatting Diabetes will help to drive this action locally.

Leicester has a high number of people aged 50+ who have multi-morbid conditions. These can be any combination of physical conditions, mental health conditions or learning difficulties. People with multi-morbid conditions often also experience social isolation and loneliness.

Working with adults to improve their learning is key to improving overall health and wellbeing. Having a better education will lead to better job prospects, which in turn leads to a better standard of living and better reported overall health.

The city's cultural assets also have an important part to play in improving both physical and mental health. Leicester Museums and other cultural organisations in the city have already put in place schemes such as museums volunteering, dementia friendly workshops which have a wide range of therapeutic benefits and there is significant potential to develop this further and strengthen the links between the local GPs and the NHS and some of these activities.

HEAHY LIVES AMITION: Encourage Leicester residents to adopt health behavio
HEALTHY LIVES AMBITION: Encourage Leicester residents to adopt healthy behaviours sustainable throughout life for increased healthy life years

Key Objectives:

- Influence the environment to accommodate healthy living (A)
- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Improve air quality in the city (D)
- Maximise and regenerate open and green space (E)
- Develop and encourage healthy neighbourhoods (F)
- Improve mental health and wellbeing in Leicester city residents (G)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce levels of overweight/obesity in Children and Adults (J)
- Increase the number of people engaging in protective behaviours (K)
- Reduce the prevalence of chronic conditions in Leicester (L)
- Support women and their families to experience a healthy pregnancy (M)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)
- Increase the priority of health and wellbeing in existing work places (O)
- Support increase in better quality employment and better income (P)
- Take steps to reduce social isolation, particularly amongst the elderly (Q)

E. Healthy Aging: Leicester has an increasing older population as a general increase in life expectancy means people are living for longer. However, this has resulted in a higher number of people living in ill health for longer. In Leicester, men spend 17 years and women spend 22 years with a reported poorer quality of life.

As well as being detrimental to the individual, this causes financial difficulties when trying to provide enough health and social care services for the general population. People over 65 account for nearly 60% of the total cost of emergency admissions. The top three causes of hospital admissions are for CVD (16%), respiratory conditions (15%) and general injuries (13%).

The number of emergency hospital admissions from patients with five or more chronic conditions increases steadily in line with the patients age once they reach 50 years. This means that the older they are, the more likely they are to be suffering with multiple conditions. Encouraging better health and wellbeing amongst older people could mean that they live more years in better health.

Healthy ageing is about more than just reducing illness. It is about making older people feel valued, and helping them to become positively engaged with their communities and other community members. It is also about ensuring that vulnerable older people remain safe from exploitation and abuse.

The risk of developing chronic illnesses and conditions such as sensory impairments or dementia increases with age. Leicester has around 3,000 people diagnosed with dementia of which 97% are aged over 65 years[11]. Making communities safe and accessible for people with dementia is important, and the city will aim to continue and expand on its work to have 'dementia friendly' public spaces and promoting the Dementia Friends social movement. Living with a visual or hearing impairment or with dementia can exacerbate a person's feelings of loneliness and isolation which in turn often leads to depression and other physical or mental health conditions. The city will also work to support carers of people with dementia by providing information and using museum collections as a resource for things like practical memory activities.

The strategy aims to improve quality of life and reduce isolation and loneliness. It is about looking at and taking into account issues that affect an older persons quality of life such as feeling safe, having access to transport and ensuring that spaces and places are age friendly with suitable seating, access to toilets etc. It is also about supporting informal carers, usually family or friends. Very often these carers are older people themselves – spouses or partners or adult children who may be juggling work and a family and who have their own lives to lead alongside their caring role.

The Strategy is committed to providing older adults with a voice, and working with the NHS and

HEALTHY AGEING AMBITION: Enable Leicester residents to age comfortably and confidently

Key Objectives:

- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Maximise and regenerate open and green space (E)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce the prevalence of chronic conditions in Leicester (L)
- Take steps to reduce social isolation, particularly amongst the elderly (Q)

7. Consultation

Consultation surrounding the Health and Wellbeing Strategy and Action Plan has occurred in three ways:

- Each of the five main themes was the topic of a strategy workshop where stakeholders, partners, and professionals from a range of organisations made suggestions for improving health and wellbeing in each area. A summary of the workshops can be found.
- The aims and objectives were developed by engaging with authors of existing health-related strategies and plans

[11] Leicester, Leicestershire Rutland Joint Dementia Strategy 2019-2022

- The Strategy and Action Plan will also go through an eight week public consultation period, which will give organisations and members of the public an opportunity to engage with the document and make comment.

8. Delivering the action plan objectives

The aims and objectives of the Strategy can be found in the Action Plan at the back of this document. It must be noted that the Strategy has been developed in a time of extreme financial pressure across the public and private sector. This situation has a considerable impact on how the aims and objectives can be delivered.

Stakeholders and partners will have to find different ways of working towards these shared goals with funding as reduced as it is. One way to do this is to continue with existing collaborative working arrangements and extend this to include wider partners, organisations and community groups.

Working with multiple partners can lead to other challenges, as each organisation or department has their own governance structure and priorities to work to, which can sometimes lead to conflict.

The Action Plan recognises this, and aims to be clear in terms of what it is trying to do and what is expected from partner organisations.

The city's Health and Wellbeing Board is responsible for developing the Action Plan and for ensuring that its aims and objectives are met. The Council is a democratic body which means that it is accountable to the general public and the Health and Wellbeing Board is a board that members of the public are able to attend.

This is different to our partner organisations who are held to account by different governing bodies or structures which may not be public facing. The Action Plan aims to make roles and responsibilities for different organisations clear from the beginning, to ensure the Strategy and Action Plan are delivered smoothly.

9. Oversight and Governance

As this is the leading Health and Wellbeing Strategy for the city, it needs to have good visibility, strong leadership and a clear governance structure. This will aid in delivering its objectives to schedule.

The Health and Wellbeing Board has overall responsibility for creating and delivering the Joint Health and Wellbeing Strategy and Action Plan. Members of the Board include representatives from the local authority, health services, other public sector services and Healthwatch. Oversight of the Strategy will come from partners of this board. The Health Scrutiny Committee will also provide a further level of accountability as the Action Plan progresses.

On a day to day basis, the strategy will be managed by the Joint Integrated Commissioning Board, and a working group which will report directly to the Health and Wellbeing Board. It is this group's role to progress the aims of the Strategy by delivering the Action Plan's objectives.

Membership of this working group will reflect the Strategy's priority of addressing the wider determinants of health. This group will be responsible for ensuring that the objectives remain relevant and achievable as time goes on, and that the action plan delivers on these objectives.

10. Strategy action plan -aims and objectives

The aims of the Strategy apply to each of the five major themes; Healthy Places, Healthy Minds, Healthy Start, Healthy Lives and Healthy Ageing. The Action Plan highlights a number of specific objectives that are key to delivering the Strategy overall.

The objectives have been developed through consideration of current health priorities and in consultation with leaders of other strategies. Although the intention is for targets to remain the same throughout the lifetime of the action plan, the working group can review and refine them if a significant change out of our control, such as a change to national measurement programmes, threatens to undermine their usefulness.

Draft

Joint Health and Wellbeing

ACTION PLAN

2018-23

Healthy Place

Make Leicester a healthy environment to live and work in.

Healthy Start

Give Leicesters children the best start in life.

Healthy Lives

Encourage Leicester residents to adopt health behaviours sustainable throughout life for increased healthy life years

A) Influence the environment to accommodate healthy living and dementia friendly environments

B) Ensure decent homes are within the reach of every citizen

C) Increase opportunities for sustainable transport

D) Improve air quality in the City

E) Maximise and regenerate open and green space

F) Develop and encourage healthy neighbourhoods

G) Improve mental health and wellbeing in Leicester city residents

H) Improve access to good food in Leicester

I) Increase physical activity levels in Leicester residents

J) Reduce levels of overweight/obesity in Children and Adults

K) Increase the number of people engaging in protective behaviours

L) Reduce the prevalence of chronic conditions in Leicester

M) Support women and their families to experience a healthy pregnancy

N) To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing

O) Increase the priority of health and wellbeing in existing work places

P) Support increase in better quality employment and better income

Q) Take steps to reduce social isolation, particularly amongst the elderly

R) Support informal carers to continue to care and improve their health and wellbeing

Healthy Ageing

Enable Leicester residents to age comfortably and confidently

Healthy Minds

Ensure mental health is considered in all aspects of place and the life course.

Key principles of the JHWBS

- **Equity**
- **Equality**
- **Sustainability**
- **Collaboration**
- **Empowerment**

These will be the guiding principles of all of the work undertaken by the JHWBS

*Adult social care, STP, Prevention and arts and museum actions are still in development

I S P

	No.	Action	Lead Partner	Related Strategy/ Plan	Measure	Level
PLACE, START, LIVES		**A) Influence the environment to accommodate healthy living**				
	1.1.	Improve the hot food takeaway offer within the city by encouraging the development of healthier food offers and seeking to control the proliferation of hot food takeaways (A5) within a 400m radius of secondary schools and FE colleges within certain parts of the City] *(Stretch)*	LCC	Local Plan	Increase the number of hot food retailers offering healthier food options on their menu. Yearly assessment of the number of A5 premises within 400m radius of secondary schools and FE colleges	
	1.2.	Support initiatives to increase healthy options in fast food outlets *(Stretch)*	LCC	Local Plan	TBA	
PLACE, MINDS, START, LIVES, AGEING		**B) Ensure decent homes are within the reach of every citizen**				
	2.1.	Provide Healthy Homes through warm home measures/ energy efficiency advice through the Health Through Warmth Scheme. - particularly targeting support for vulnerable clients and home owners - Targeting household in fuel poverty - Improving the energy performance for owner occupied homes	LCC	Leicester Sustainability Action Plan	Total number of homes which received assistance from the Health Through Warmth scheme. 65% of vulnerable clients assisted to be aged over 60. 10% of households assisted to be in fuel poverty- 80% of vulnerable home owner occupiers satisfied with at home comfort75 owner occupied homes by 1 EPC band annually.	
	2.6.	Promote and establish the norm for smoke free homes in Leicester	LCC	Infant Mortality Strategy 0-19 Healthy Child Programme	Health and Wellbeing Survey	
	2.7.	Continue to maintain Council's housing stock to Decent Homes standards through ongoing investment in capital programme (provision of new bathrooms, kitchens, boilers, double glazing, insulation, condensation works)	LCC	HRA Rent Setting Report 2018/19	Individual targets are set out within HRA report	
	2.8.	Increase the number of households prevented from becoming homeless after seeking help at Housing Options	LCC	Homeless Strategy	Reduction in number of households	
	2.9.	Increase the number of vulnerable tenants supported to maintain their tenancies	LCC	Housing Service Plan HRA Rent Setting Report 2018/19	Increased tenancy sustainment year on year	
	2.11	Maintain and improve housing standards in private rented sector through licencing and monitoring of standards.	LCC		TBA Number of formal actions taken against private and social landlords (Manifesto commitment). Number of rented properties licensed by the City Council (Manifesto commitment).	
	2.12	Continue to promote dementia friendly design principles to housing, retail and other providers of built environment.	City of Leicester Dementia Action Alliance	Dementia Action Alliance Action Plan	Number of dementia friendly audits carried out and actions taken.	
	2.13	**Develop 400 new/converted supported living/ extra care properties (2017-2021) and services that can support the Transforming Care Programme over the next 4 years*	*LCC*			

PLACE, START, LIVES, AGEING	**C) Increase opportunities for sustainable transport**						
	3.1.	To achieve a 3.3% increase in walking trips in the City per year, and a 20% increase from a 2018 baseline to 2024. *(Stretch)*	LCC	Draft Walking Strategy	Transport Trends – cordon counts and pedestrian counters Expect to see an increase in the current 133,000 trips in the city to 159,600 by the end of 2024.		
	9.5.	To increase the overall percentage of children walking to school from the 64% baseline in 2017 to 72% in 2024. *(Stretch)*	LCC	Draft Walking Strategy	School registration counts		
	9.5.	Increase the number of people undertaking active travel to school, work and in everyday life.	LCC	Leicester's Physical Activity and Sports Strategy 2016-21			
	3.6.	To work with transport sectors to reduce their environmental impact	LCC	Air Quality Action Plan	-Bus and Taxis to be at Euro VI standard by 2020 -By 2021 all freight will be Euro VI - Increase the uptake of ultra-low emission vehicles by residents and businesses -Progressively reduce emissions by 50% by 2025 from the council fleet operations		
	3.7.	Increase the uptake of more sustainable transport options	LCC	Air Quality Action Plan Labour Manifesto Sustainable Leicester Action Plan	-Deliver a phase II 'Connecting Leicester' initiative by 2019 -Increase the number of public transport trips -To deliver the Leicester cycle action plan by 2024 and integrate walking initiates		
	3.8.	Introduce a ultra-low emission zone for all vehicles	LCC	Air Quality Action Plan	-This will be by 2025		
	3.9.	To deliver a programme of 20 mph zones	LCC	Air Quality Action Plan Local Plan	?		
P L	**D) Improve air quality in the City**						
	4.1.	Deliver the objectives of the Air Quality Action plan for Leicester City	LCC	Air Quality Action Plan	TBC		
PLACE, MINDS, START, LIVES, AGEING	**E) Maximise and regenerate open, green and blue space**						
	5.1.	Implement events and interventions which encourage positive mental and physical wellbeing through the use of Parks	LCC		No. H&W event lead by parks. No of IYN groups No. of mindfulness walks		
	5.2.	Increase and maintain the number of Leicester's Environmental Volunteers	LCC		No. Volunteers No. hours volunteered Added value		
	5.3.	To reach the target of 9.5m park users by 2020. *(Stretch)*	LCC		No. of users		
	5.4.	Maximise the use of food production space within the city, looking at opportunities for using green spaces and brownfield sites for community growing projects and small enterprises	LCC	Food Plan Allotment Strategy	Food Plan:? Allotment Team: % take up of existing allotments plots. Area of land given over to allotment provision		
	5.5	Increase use and raise awareness of the 31 outdoor gyms in Leicester and imbed outdoor gyms as a community owned asset	LCC		No. participants attending led sessions Park observations Qualitative feedback from communities		
	5.6	Increase use and raise of awareness of waterways as a recreational resource within the	LCC/ Canal River Trust	Waterways	TBC		

		city		Engagement Strategy Mental Health Strategy			
PLACE, MINDS, LIVES	F) **Develop and encourage healthy neighbourhoods**						
	6.1.	Manage noise levels from domestic, commercial and industrial sources.	LCC	Regulatory Services	No. of noise related complaints received. No. of warning letters. No. of abatement notices served.		
	6.2.	Manage the number of fly-tipping occurrences within Leicester to provide a cleaner environment.	LCC	Regulatory Services	No. of recorded fly-tipping offences. No. of Fixed Penalty Notices issued. No. of prosecutions. No. of Community Protection Notices issued. No. of Duty of Care visits.		
	6.3	Deliver the priorities of the Safer Leicester Partnership Plan	LCC/ Police/ Partners	Safer Leicester Partnership Plan	Delivery of objectives		
	6.4	Facilitate opportunities for increasing community cohesion throughout the city	LCC/Police/Partners	All strategies and action plans	To be determined		
PLACE, MINDS, START, LIVES	G) **Improve mental health and wellbeing in Leicester city residents**						
	7.1.	Support for the number of people affected by suicide	LCC/ Police	LLR Suicide Prevention Strategy	All people referred by Leicestershire Police will have support		
	7.2.	Increase Number of organisations signed up to the TTC pledge	LCC	Time to Change Leicester Campaign	Number of new TTC champions in a year Number of new TTC pledge organisations in a year		
	7.3.	Get all schools signed up to Route to Resilience in schools	CCG	LLR Future in Mind Transformation Plan	Annual number of schools signed up All Leicester schools signed up by 2021		
	7.4.	Support people with mental health problems to quit smoking	LCC/LPT	POF			
	7.5	Support the emotional resilience of informal or family carers to enable them to care for longer	LCC/ CCG	LLR Joint Carers Strategy	Number of Carers who report better health and wellbeing outcomes		
	7.6	Increase the number of or residents improving their health through engagement with collections and arts by 25% by 2021.	LCC	TBC	Arts and Museums Vision and Strategy		
	7.7	Increase therapeutic services for DSV	LCC	TBC	Monitoring work through the VAWG fund		
	7.8	Support the mental health of people, including children experiencing or witnessing domestic violence and abuse	LCC	DSV strategy Time to change	TBC		
PLACE, MINDS, START,	H) **Improve access to good food in Leicester**						
	8.1.	Work towards the eradication of food poverty – improving access to affordable, healthy food for all, whilst seeking to influence the underlying causes.	LCC	Food Plan			
PLACE, MINDS, START,	I) **Increase physical activity levels in Leicester residents**						
	9.1.	Building a strong future for all in Leicester, by transforming people's health and wellbeing through physical activity and sport. *(Stretch)*	LCC/ VCS/ professional sports clubs	Leicester's Physical Activity and Sports	20,000 residents more active by 2021. 7,000 sedentary people to start being		

S				Strategy 2016-21	active 13,000 people to move more	
	9.2.	Support Children to have the best start in life, embedding physical literacy at an early age	LCC LPT Schools	Leicester's Physical Activity and Sports Strategy 2016-21 Healthy Weight for Children, Young People and Families in Leicester City Strategy	*SSPAN contract KPI's* *Future strategy measures*	
	9.3.	Support schools and further educational establishments, embrace, champion and support pupils to lead an active lifestyle.	LCC Schools/ FE colleges	Leicester's Physical Activity and Sports Strategy 2016-21/ Healthy Weight for Children, Young People and Families in Leicester City Strategy	*SSPAN Contract KPI's*	
	9.4.	Ensure there is a range of attractive, accessible indoor and outdoor leisure and sport facilities that play an important role in supporting people to start and stay active	LCC/ VCS	Leicester's Physical Activity and Sports Strategy 2016-21 Playing Pitch Strategy	?	
START	J) **Reduce levels of overweight/obesity in Children and Adults**					
	10.1.	Reduce obesity and diet-related ill health by supporting people to make healthier choices across all stages of life.	LCC/ LPT/UHL	Food Plan Healthy Weight for Children, Young People and Families in Leicester City Strategy	Overweight and obesity measures in Year 6 by 2023. (Stretch)- HW Strategy Action Plan/ Childrens NCP. Food plan measures?	
MINDs, START, LIVES	K) **Increase the number of people engaging in protective behaviours**					
	11.5.	To minimise the unlawful supply of alcohol and tobacco.	LCC	Divisional PI	Number of advice visits to businesses. Number of compliance checks on businesses. Number of formal actions taken against suppliers.	
	11.6.	Reduce alcohol specific mortality to the national average or similar to the national average, as classified by the national alcohol profiles. *(Stretch)*	LCC		Monitored by ASC contracts, assurance and commissioning Scrutiny of NDTMS outcome data	
	11.7.	To develop and complete a strategy to respond to the needs of children affected by parental substance misuse by 2020.	LCC		The early help board reporting system	
	11.8	To help greater numbers of abuse victims feel safe in their environment	LCC	Domestic and sexual violence strategy	Post intervention evaluation reports	
	11.9	Raise awareness of healthy relationships and forms of abuse through RSE sessions in schools	LCC Schools	Domestic and sexual violence strategy Sexual Health commissioned service	Number of sessions delivered in schools	
	11.10	To raise awareness of good health and wellbeing through schools	LCC/ New College	TBC		

	L) Reduce the prevalence of chronic conditions in Leicester					
	12.1.	To increase the number of eligible people who have an NHS Health Check over the next complete cycle (cycle 2) by 2% above the final cycle 1 figure	LCC	Mandated service	Quarterly performance review	
	12.2	Deliver a targeted service that supports people to make long term positive lifestyle change	LCC		KPI's and performance management targets in contracts.	
	12.5.	Continue to support people to stop smoking and utilise harm reduction methods including e-cigarettes	LCC		SSS KPI's	
	12.6.	As a member of *Cities Changing Diabetes*, undertake a programme of work to halt the rise in the prevalence in diabetes	Leicester Diabetes Centre/ LCC/ VCS/			
	12.7.	**Adopt the National Learning disability Health Charter*	*LCC/ NHS*			
	12.8.	**Reach a 100% offer of annual Health checks for all children and adults (14+) on the Learning disability register*	*LCC/ NHS*		*Currently at 70%-80%*	
	12.9.	Achieve a dementia friendly community status for Leicester by 2020	City of Leicester Dementia Action Alliance	Dementia Action Alliance Action Plan	Status achieved	
	12.10	To increase the number of people receiving lifestyle advice as a result of Making Every Contact Count (MECC)	CCG/UHL/LT/ LCC		Number of lifestyle , smoking and alcohol referrals from NHS trusts and providers	
START, LVIES	**M) Support women and their families to experience a healthy pregnancy**					
	13.1.	Support and encourage women in Leicester to be able to breastfeed successfully for as long as they wish.	LCC/LPT/UHL	Infant feeding strategy	Strategy	
	13.2.	Reduce risk factors for infant mortality	LCC/ LPT/ UHL	Infant mortality strategy	Strategy/ ONS deaths database	
	13.3.	Deliver 0-19 Healthy Child programme (Healthy together) to its full potential	LCC/ LPT	Mandated service	KPI from the 0-19 contract	
	13.4	Support Women disclosing DSV at any stage of pregnancy	LCC/ NHS	DSV strategy Mental health strategy	TBC	
MINDS, START, LIVES	**N) To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing**					
	14.1.	Increase the number of individuals who gain basic level skills by designing an Adult and Family Learning curriculum that effectively and efficiently: - Raises standards of English, maths and digital skills; - Improve employability, productivity and economic prosperity - Raises aspirations, motivation and progression - Supports longer, healthier living and combats loneliness	LCC	Leicester Great City: Economic Action Plan Adult Skills and Learning Service Business Plan		
	14.2.	Expand Making Every Contact Count across the NHS and local authority	LCC/ NHS	TBC		
	14.3.	Develop 'Active Leicester' to encourage people to adopt a more holistic approach to Health and Wellbeing	LCC	TBC		
	14.5.	Increase work with the local community and local people, creating a new community gallery at New Walk Museum	LCC	Arts and Museums Strategy		
	14.6	Support work to help people gain basic life skills such as financial management, household management etc	LCC/ partners	TBC		

	O) Increase the priority of health and wellbeing in existing work places					
		Ensure all public sector employees implement plans to improve mental and physical health in the workplace	LCC/ CCG/LPT/UHL	TBC		
		Encourage sustainable transport through encouraging and consistent messaging for internal and external partners	LCC	Access fund program	Reach 72,3000 employee's per year with messages about travelling sustainability Work with 10 businesses a year to deliver Walking and cycling action plans	
	P)Support increase in better quality employment and better income					
	16.1.	Increase the number of apprenticeship opportunities in Leicester	LCC/ LEP	Leicester Great City: Economic Action Plan		
	16.2.	Increase the number of people moving to employment/ education who are classed as NEET	LCC	Leicester Great City: Economic Action Plan		
	16.3.	Create new job opportunities across Leicester specifically for people most disadvantaged from the labour market	LCC/ LEP	Leicester Great City: Economic Action Plan		
	Q) Take steps to reduce social isolation, particularly amongst the elderly					
	17.1	Promote the availability of low level strengths based preventative and universal services that support older people and carers to remain or become connected to their communities	LCC	Adult Social Care Commissioning Strategy	Number of people accessing services Number of people reporting improved health and well being outcomes	
	17.2	*Create resource for carers to access information, advice and guidance and support with their caring role and improve their well being*	LCC	Adult Social Care Commissioning Strategy	Number of carers reporting improved health and wellbeing outcomes	
	17.3	Deliver the falls prevention recommendations/ pathway	CCG	STP Falls Work stream	TBA	
	17.4	**Implement end to end frailty pathway and score*	*CCG and UHL*	*STP*	*TBA*	
	17.5	Support multi-generational work between young and older people	LCC/ Partners/ Canal River Trust	TBC	TBC	
	***R)* Support informal carers to care and improve their Health and Wellbeing**					
	18.1	Create a House of memories Scheme that supports carers of people with dementia	LCC	Arts and Museums Vision and Strategy	To be determined	

Annual report 2017/18

Healthwatch Leicester

Contents

Message from our previous Chair and Acting Chair

This past twelve months has seen further changes for Healthwatch Leicester largely external and some internal. With regard to board members, in December 2017 Karen Chouhan stood down from the position of Chair of the board and Sylvia Reid became the acting Chair, pending the outcome of the bid tender (as explained below in 'the future' section) at which point it was intended to advertise for the position. Sadly as mentioned below we did not win the contract and so Sylvia remains as acting chair until the new provider takes over on 01st April 2018.

Staff

The staff team numbers have ebbed and flowed this year due to a combination of factors. Other than the planned internal re-organisation, these factors were all beyond our control. Such unforeseen changes consequently brought additional challenges for the staff and Board. Two new post-holders were appointed to replace the roles of CEO and Engagement Officer. We were very fortunate to appoint Omita Gaikwad in July as CEO. Omita has a wealth of experience in health care delivery in Leicester and Leicestershire. Omita immediately grasped the challenge of identifying the problems, restructuring the office and providing first class strategic and operational leadership. In October Claire Knowles was appointed as Project Engagement Officer. Although we were delighted that Barbara Czyznikowska had gained her well deserved position at the University of Leicester, we knew that Barbara's insight and enthusiasm would be difficult to replace. Fortunately a strong field of candidates were attracted to her position and Claire was the successful candidate. Claire has a similar background to Barbara's in social law and has worked for Macmillan Cancer Charity and more recently the Alzheimer's Society. Claire has very quickly established herself as a highly regarded engagement practitioner.

Key Themes and highlights

The public event due to be held in May 2017 was cancelled due to the unexpected General Election held in June. The outcome of that election has contributed to the earlier plans for STP being revisited. It is envisaged that meaningful and genuine consultation on STP, now a Sustainable Transformation Partnership rather than a plan, will recommence in the Summer of 2018. One unfolding outcome of the STPs has been the promotion of an emerging concept of Accountable Care Systems or Organisations, which are intended to group the accountability for health and social care under one accountable body. We are aware of the concerns people and Third Sector groups have expressed regarding ACOs. We are given to understand such new models of provision are no longer being progressed and we are hopeful that much of the best practice as generated through the work of the Better Care Together team can take a higher profile.

This year we were very proud of the work done with young people and for young people. Young Advisors Leicester attended our board meeting in October to give a presentation about the work they had done for Healthwatch Leicester on: 'Evaluating Young People's Experiences of Transitioning in Local Health Services in Leicester'. Jaimini from the group talked about the difficulties that young people experience when moving from fully supported Children's Social Care to Adult Social Care. The majority of health services required transition at 18; with plans coming into place between 16 and 17 years of age. However, in some of the most important services such as Accident and Emergency, young people can transition at 16 years of age. The recommendations coming out of the report were then taken forward to the appropriate agency.
Communications have been a key priority this year. In November we launched our new style of fortnightly newsletter and website, bringing local health and social care news and information to our members and stakeholders, raising the profile of Healthwatch locally and using social media to connect with a wider audience.

The Future-2018 - 2021

In case you missed the consultation and publicity, the Healthwatch Leicester contract is to merge with that of Healthwatch Leicestershire from 1st April 2018 and will become HWLL. We submitted an ambitious and strong bid for the contract tender. Karen Chouhan and Omita Gaikwad led on this important work. Our thanks goes to Karen and Omita, staff and Board members who shared their insights, worked cooperatively together to produce a challenging and exciting activity model. We congratulate Engaging Staffordshire Communities (ECS) who have been awarded the HWLL contract and we have worked collaboratively to ensure this important transition builds on the sound foundations that have been laid down through our community engagement and networking. ECS already manage five Local Healthwatch most of which are in the West Midlands. ECS are a Company partner of the Market Research Society (MRS) and we are confident their well developed networks and expertise will bring a new depth and breadth to the work of Healthwatch Leicester & Leicestershire.

The dedication and commitment shown by Board members, staff and authorised reps over these past three years has been exceptional. No challenge has been too big or small for these people even when resourcing constraints of varying descriptions have been challenging. All of HW Leicester's personnel have been determined to overcome the problems, seek resolution and do their best often in difficult circumstances to achieve a successful outcome. It is envisaged that such tenacity will continue to flourish in the new organisation. As you'll appreciate there is an air of poignancy in writing this closing Annual Report. Whilst we are disappointed not to have been successful in the contract competition, we are rightly satisfied with our achievements over these past months. We know over these past three years we've begun to develop and reach the City's compassionate community of people who produce outstanding achievements across all walks of life in this City. We've sewn some seeds which we look forward to seeing grow.

Finally we would like to thank past and present board members, staff and volunteers for helping us build Healthwatch Leicester and leaving a lasting legacy of public and patient involvement in health and social care for the new company.

Message from our Chief Executive, Omita Gaikwad

I joined Healthwatch Leicester in July 2017 as an interim CEO with a primary focus on developing and strengthening an initially incomplete operational team, sustaining and delivering core service provision and providing strategic drive, alignment and input to the Healthwatch Leicester Board as they geared themselves up towards not only submitting a thorough and local needs based bid for the new Healthwatch Leicester and Leicestershire contract, but also in preparation towards delivering against this.

As highlighted in Chairs message, the team have at times been operationally challenged in a number of ways, but despite this were able to rise to the occasion, identifying both key areas of growth and best practice ready to transition across to a more improved, effective and integrated Healthwatch presence across the new Leicester and Leicestershire contract.

Due to gaps in staffing provision throughout the year, although public engagement activity was not at its' peak, time and energy was steered towards reviewing and developing our existing communications presence and exploring ways to increase potential digital engagement impact in new and innovative ways. Efforts were also made towards strategically identifying potential partner organisations from within the voluntary sector adding to more effective and long term secondary engagement channels being established.

Further routes into local higher education institutes have also been explored and developed as a key source for both on going volunteering resource and research based initiatives.

No doubt all individuals of Healthwatch Leicester who transition across to the new providers of the HWLL contract will be an asset to the organisation going forward and will continue to contribute efforts with passion and dedication.

Message from our new Executive Director

It's the time of year that the Annual Report is prepared and published documenting the work achieved over the last financial year.

Engaging Communities Staffordshire have been delivering the contract to provide Healthwatch in Leicester and Leicestershire since 01 April 2018.

We are looking forward to build on the sound work of the former provider and build on their legacy of ensuring the voice of the public in Leicester is heard by providers and commissioners of health and social care services within the city.

We are committed to continuing our work and ensuring that people in Leicester have a strong voice and get to have a say in the changes to the way health and social care services are delivered.

We will continue to increase the number of Enter and View Visits to a range of health and social care provision such as Residential Homes, GP Surgeries, Dentists and Opticians as well as hospital wards and learning disability and mental health services.

To deliver this we will proactively recruit more volunteers and support them to train as Authorised Representatives so that our Enter and View visits are lay member led.

Our Community Outreach Leads will continue to build the network of organisations we work with to enable us to hear from as many people as possible.

We are very much looking forward to the next 12 months working with commissioners and service providers, but most importantly with the people of Leicester in order to amplify the public and patient voice. Whilst we have working relationships with commissioners and providers of services we still ensure that we remain a critical friend so that we can represent, support and inform the public.

- Simon Fogell, Executive Director

Highlights from our year

1,900

This year we've reached 1,900 followers on social media

Our **8** volunteers help us with everything from Research to Enter & View

We've visited **5** local services

Our reports have tackled issues ranging from **Imaging** to **Maternity Services**

We've spoken to **277** people on Dental services

We've given **339** people information and advice

Who we are

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Health and care that works for you

People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

sure your views shape the support you need.

People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

Your Voice Counts

Our purpose

To find out what matters to you and to help make

Your views on health and care

Listening to people's views

Some facts and figures -

339 requests for help/ or experience shared from members of the public.

277 – Relating to dentists or dental information

We have been working in partnership with Healthwatch Rutland and NHS England on highlighting areas of greater dental needs. We have also seen an increase of need in dental support in care home due to more residents having their own teeth, this was most evident by the number of care home workers calling our helpline for local dentist information. This has led to an NHS England work group looking at this newly identified issue.

Common themes or trends -

Access to services is a common thread through many of the issues raised with us and where further information has been sought. Problems with accessing services ranging from dropping out of a GP catchment area or the cancellation of surgery in hospital.

Of the 62 contacts we referred to POhWER 13 times.

Making sure services work for you

Our Enter and View team

Sue Mason - Chair, Kim Marshall-Nichols, Moraig Yates, John Bryant, Janina Smith, Lynn Pearson, Michael Gilhooley and Micheal Smith (staff support)

Where have we been?

Westcotes Health Centre

As a large GP service with multiple GP surgeries and the newly established "Healthcare Hubs", this site was visited to gather patient experience of established GP services and emerging GP service support.

Patients using all the services were very pleased with the level of service received. The main issue identified was the lack of signage about where the Healthcare Hub was located and the impact that had on other GP services located in the building.

This was acknowledged by the service provider and substantial improvements have since been made making it clear where new patients to the hub should go within the building.

GP Assessment Unit and Acute Medical Unit.

As a new service established during significant re-design of the Emergency Department, the GP Assessment Unit was visited. This was part of a larger visit also looking at the Acute Medical Unit based within the Leicester Royal Infirmary.

Through this visit we were able to observe how Emergency medicine at the hospital trust is changing to better cope with A&E admissions.

The patient experience was seen to be very positive as patients were well cared for and the one-stop-shop capacity of the GP Assessment Unit was able to access diagnostic services much quicker, which meant patients could be tested and diagnosed much quicker.

Issues were highlighted around signage within the waiting area as well as concerns around how well the change had been communicated to other primary care services.

As the service has now changed location, Healthwatch was invited to review the service before it opened to the public.

Beaumont Hall

The last visit of 2017-18 was done to a Leicester City care home Beaumont Hall, this was due to historic ratings from the Care Quality Commission and from discussions with partners in Leicester City Council.

Residents were very happy with their care within the home and we observed many steps to better engage with the elderly residents through meaningful activities and the layout of the home. We even saw a Leicester Tigers player playing rugby with the residents.

Enter & View Revisit

To review what steps have been taken after issues have been highlighted in Enter and View visits, our process is to revisit the service. This is not a full visit but allows any improvements to be recorded.

Grey Ferrers

Following on from our visit to the home in July 2016, we revisited the home this year. As the provider of the home has changed it would make some comparisons difficult however speaking to residents and their families they are still receiving a high level of care. Whilst some recommendations had not been taken forward, this was due to financial reason and did not compromise residential care.

It was noted that changes had taken place to improve how the home is managed and some issues around physical access and display of sensitive information had been take forward.

The Evington Centre

In June 2016 we visited both services based within the Evington centre – Rehabilitation services and Mental Health Services for Older People.

This year we have been able to revisit the Mental Health Services for Older People and are planning to revisit the Rehabilitation services.

Following the refurbishment of the Gwendoline ward we are able to see how patients and staff views were evident through the process, which after feedback on our previous visit it a big step forward. Staff and patients both saw benefits to the refurbished ward and the planned refurbishments of the Wakerley ward will, hopefully, continue this.

Issues still remain about how the service is able to place more challenging dementia patients into community homes, as less care homes have the capacity to take them on. We would also like to see onsite social worker support from Leicester City council.

Partnership working

Being supported or being able to support the work of other organisations is a key tool for Healthwatch. This allows us undertake bigger and more impactful projects whilst at the same time developing strategic and operational partnerships.

Working with other Healthwatches -

A fundamental relationship in our work is working with neighbouring Healthwatches. Below are some examples of joint Healthwatch working -

- Early in 2017 Healthwatch Leicestershire went into the new A&E department of Leicester Royal Infirmary to survey patients. Staff and volunteers of Healthwatch Leicester City supported surveying patients. This resulted in the report "Check in @ the new ED" highlighting a number of improvements to the service.
- "Settings of Care" policy change – Working with Healthwatch Rutland and other voluntary organisations we have challenged changes to local policy for continuing healthcare funding criteria. We were pleased when the proposed changes were rejected.
- We have been supported by Authorised representatives from neighbouring Healthwatches when undertaking Enter and View visits, with Healthwatch Leicestershire joining our Enter and View visit to the GP Assessment Unit of Leicester Royal Infirmary.

Working with Health or Social Care organisations

Being able to work productively with the NHS and Social Care services is also fundamental to being able to represent the patient voice and to improve local services.
Through 2017 we have worked with the patient experience team in Leicester City Clinical Commissioning Group to survey patients using outpatient clinics across the acute hospitals in Leicester. This has resulted in a much clearer picture of the patient experience which will be used going forward in discussions with the health commissioners and providers.
We continue to the be proud of our involvement of the RUOK project, which is a multi organisation project between Leicestershire Partnership Trust, National Rail, Council Public Health teams, Samaritans, Healthwatch and Police. Working to challenge mental health stigma and encourage better mental health and wellbeing.
Through funding from NHS England we have worked with Barnardo's to bring together a forum for young carers and capture their experience using health and social care services. The forum has allowed young carers to highlight problems they have faced and to suggest how services can be improved.

HW Leicestershire in A&E

In 2017 a number of our Authorised representatives supported the visit of the newly opened A&E department in the Leicester Royal Infirmary. This led to better refreshments available in the waiting area.

UHL outpatient clinics

Through 2017-18 the Authorised Representatives have been supporting a joint Healthwatch and Leicester City CCG project to survey patients using different outpatient clinics through our local hospitals. Collecting over 500 surveys and bringing together a more detailed picture of what different patient groups feel about using some UHL services.

Issues have been identified around access to services as well as setting patient expectations before attending clinics.

As this work has recently finished we will be looking to work with the local NHS to take these findings forward.

Next steps

Going forward we are keen to develop closer working relationships with the Care Quality Commission and have our Authorised Representatives supporting CQC inspections, gather more patient feedback on services.

It is our hope to also work closer with the quality teams in our Councils.

Working with Leicester City CCG - Patient Experience on the front line

Throughout the year we have also been working closely with the Leicester City Clinical Commissioning Group and their Patient Experience Manager to build a better picture of the patient experience in out/inpatients in our local hospitals.

Working with other organisations

- We have now supported the peer review of both main NHS provider trusts within Leicester City, looking at complaint handling. This has involved reviewing complaint cases and highlighting areas for improvement around keeping the patient and their family informed. A number of recommendations have been implemented for the complaints process of the trust and this has led to improved communication.
- RUOK (Are you OK) – for the third year, we have continued to work as a key partner as part of a multi organisational group looking to highlight mental wellbeing and targeting mental health stigma. We worked with the Police, Leicestershire Partnership Trust, the Transport Police and other voluntary organisations in organising and running events across the city.

Making Safeguarding Personal – we have been working with the Engagement Officer of the Leicester Adult Safeguarding Board in engaging with the local community. Healthwatch has also been chairing the Service User Reference Group of the safeguarding board.

Helping you find the answers

Emergency and additional Dental Access in Leicester, Leicestershire, Rutland and Lincolnshire

Healthwatch Leicester have been actively involved in the area of Dentistry and have built a really good relationship and worked closely with the Dental Community – Leicestershire Dental Committee, NHS England's Local Dental Network Committee and the Oral Health Promotion Board.

In the last 12-18 months, HW Leicester having been pushing for further dental access for patients in Leicester City and in December 2017, new Emergency Dental Access was put in place which covers Leicester City and Leicestershire County, also Lincolnshire and Rutland.

We are very proud to have been part of this work and have worked tirelessly over the last 3 years to achieve more dental access for the people of Leicester City and also Leicestershire, with support from Healthwatch Rutland and Healthwatch Lincolnshire.

We also have to thank the Leicestershire Dental Committee and NHS England's Central Midlands Team for all their hard work in making this happen.

Domiciliary Dental Services in Care Homes

One of the issues that we have tackled is Domiciliary Care for residents in Care Homes. After some discussion and debate, Jason Wong (NHS England) and Chair of the Local Dental Network (LDN) set up a Gerodontology Group which is a sub-group of the Local Dental Network which sits with NHS England's Central Midlands team.

The original idea came out of Healthwatch Leicester and Rutland looking at how patients could be transported from home to dental practices using Patient Transport. When that was not as possible, Jason Wong suggested we look at how dentists could treat patients in Care Homes, rather than patients finding their way to a dentist which for some residents would not be possible. So the Gerodontology Group was set up.

The group which also includes Healthwatch Rutland and Healthwatch Lincolnshire and chaired by Kenny Hulme who is a local Lincolnshire dentist carried out research with the use of surveys and intelligence from other areas to establish what was needed and to look at what was possible.

The Group looked at the model used in Sheffield called ROCS (Residential Oral Care Sheffield) which has been in operation in Sheffield for 10 years. It covers 72 of the 74 Care Homes in Sheffield and works by going into care homes, triaging patients so appropriate care is given. It is funded through a 2% top slicing of the income of dental practices that participate in the scheme and consists of 10-15 dentists who carry out the work. This is the preferred model of the Gerodontology Group and also NHS England Central Midlands Region.

Jason Wong, who is Chair of the LDN had now produced a Business Plan which is going through the process of agreement and hopefully services will eventually be available to Care Home residents in the Central Midlands area as soon as January 2019.

This has been a particularly good outcome for patients who cannot access dental practices in the normal way but will be able to be treated in their Care Home.

We are very proud to have been part of the group and would like to thank particularly Jason Wong, Chair of the LDN who helped to create the Group and all those who participate including members of the Leicestershire Dental Committee and the support of Healthwatch Rutland and Healthwatch Lincolnshire.

Establishing the first ever Leicester City Young Carers' Forum in partnership with Barnardo's CareFree

We are delighted that we were able to establish the new Young Carers' Forum for the City, and enabled young carers to have a voice and a platform to share their insight about local health and social care services. It is crucial that the young carers and their families are given all the support needed and all involved work together to assist the whole family needs.

The Forum has representation from seven young carers groups across the City, aged 12-18 and two representatives from the City's Young People's Council aged 16-20. This year the Forum has focused the work on Primary Care access and information, and 'Whole Family Working'. The young people have highlighted several issues to improve support for young carers, including:

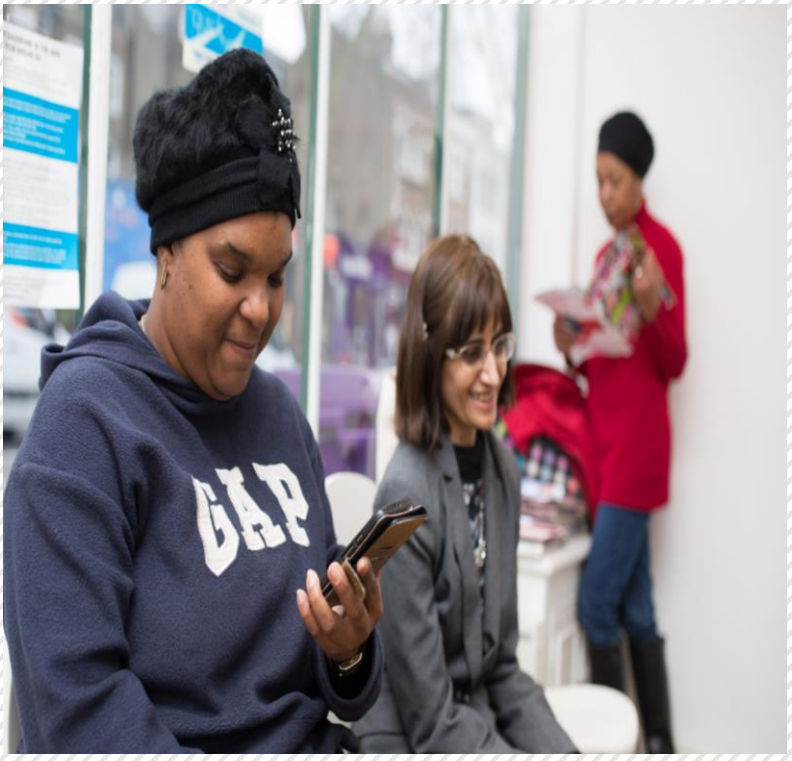
- Involvement in decision making by professionals when their care is being planned;
- The issues of respite care, opportunities for them to have a break from caring and the importance of better consideration of sibling carers.

As part of the project, the group of young people in Leicester who are supported by a Barnardo's service are currently also producing a short film in a bid to raise awareness of issues faced by young carers.

Ten young people aged from 15 – 19 years old who attend Barnardo's Leicester Young Carers' service, have planned, produced and star in a thought-provoking film sharing their own experiences as young carers.

The films clips will be used as a training and awareness raising tool for professionals who work with children and young people across the county including GPs, nurses and teachers.

Healthwatch Leicester has been very fortunate to work in collaboration with Barnardo's CareFree on this project, and we hope to continue our partnership over the forthcoming months.



Our plans for next year

What next?

Following the transfer of the Healthwatch contracts to the new provider – Engaging Communities Staffordshire, it is key that a strong team and Board are put into place to carry on the work of Healthwatch.

As the budgets available for Health and Social Care continue to reduce and the demand on services grow, the role of Healthwatch becomes even more important to represent the views of the people of Leicester and Leicestershire.

Key priorities will include –

- Working with the providers and commissioners of Health and Social Care services to ensure patients lived experience is built into the earliest stages of service review and scrutiny as the roll out of the Sustainable Transformation Plan continues.
- Working with the Voluntary Sector to strengthen the diminishing resource and support available to public and service users.
- Educate and inform the public on how to influence the changes within Health and Social Care services.

Our people


talk
to us
...we are listen
GP Services
Hospital Services
Mental Health
Ambulance Services

Board members

Sylvia Reid (Acting Chair), Sylvia is a retired Senior Manager from the public education sector, has in partnership with her husband, set up and run small businesses. Sylvia has initiated and supported a range of community developments in a variety of contexts through volunteering.

Karen Chouhan (Chair from 2014 until December 2017), Karen is a senior manager in the East Midlands for the Workers' Educational Association. Karen remains on the Board after stepping down as Chair in December 2017.

Reg Mawdsley (Treasurer), Reg has been Treasurer since 2014. Reg is Director of Finance and Corporate Services for Action Homeless Leicester and Company Secretary of Action Trust Leicester

Naina Patel is a PhD student researching Dementia in BME communities and supports the South Asian health action group to raise awareness of diabetes and other health conditions in communities.

Surinder Sharma was the National Director for Equality & Human Rights at the Department of Health & the NHS and is now a Professor & Co-Director, Unit for Diversity, Inclusion & Community Engagement at the University of Leicester.

Sue Mason is a retired NHS professional who chairs the Enter and View sub Committee. Susan has an interest in all Primary Care for all ages.

Staff

Chief Executive Officer (July 2017 to March 2018) – Omita Gaikwad

Research and Scrutiny Officer - Micheal Smith

Project Engagement Officer (from October 2017) Claire Knowles

Barbara Czyznikowska (until July 2017)

Executive Assistant - Gillian Jillett

Temporary Administrative Assistant – Fatima Sattar

Student Healthwatcher (Volunteer) – Hafsah Dassu

Our Authorised Representatives are –

- Sue Mason – Chair of the Enter and View group – Board member
- Moraig Yates
- Kim Marshall-Nichols
- John Bryant
- Janina Smith
- Lynn Pearson
- Michael Gilhooley

Our finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	192,696
Additional income	3,426
Total income	196,122
Expenditure	**£**
Provision of Service	140,473
Governance	5,924
Other resource expenditure	38,440
Total expenditure	£184,836
Balance remaining	11,286

The views and stories you share with us are helping to make care better for our local community

Mike Smith
Healthwatch Officer

Contact us

This report was first drafted by Healthwatch Leicester.

Since 1st April 2018, Engaging Communities Staffordshire have provided the contract for Healthwatch Leicester and Leicestershire.

To contact the local Healthwatch Leicester and Leicestershire team:

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Phone number: 0116 2518313

Email: Enquiries@healthwatchll.com

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