
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: THURSDAY, 20 SEPTEMBER 2018

(Republished Agenda)

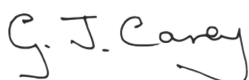
Time: 5:30 pm

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.



For Monitoring Officer

NOTE:

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

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



City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
Leicester City
Clinical Commissioning Group

NHS
England

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

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

Councillor Danny Myers, Assistant City Mayor, Entrepreneurial Councils Agenda

City Council Officers:

Phil Coyne, Strategic Director City Development and Neighbourhoods

Steven Forbes, Strategic Director of Adult Social Care

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, Leicester and Leicestershire

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)

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

Information for members of the public

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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. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 14)**

The Minutes of the previous meeting of the Board held on 12 July 2018 are attached and the Board is asked to confirm them as a correct record.

4. FUTURE IN MINDS

**Appendix B
(Pages 15 - 26)**

Chris West, Director of Nursing and Quality and Elaine Egan Morriss, CAMHS Commissioner / Future in Mind Transformation Programme Lead to present a report and presentation on the progress made in relation to implementation of the Local Transformation Plan and to agree proposed next steps for 2019-21 in relation to the Future in Mind Programme.

5. LEICESTER CITY COUNCIL WINTER PLANNING

**Appendix C
(Pages 27 - 36)**

To receive a presentation on Leicester City Council's winter planning arrangements.

6. RESILIENCE PLANNING ARRANGEMENTS FOR WINTER 2018/19

**Appendix D
(Pages 37 - 60)**

To receive a presentation providing an overview of practical winter planning arrangements and health care winter planning arrangements by the Leicestershire, Leicester City, and Rutland (LLR) health and social care system including plans for frail & multi-morbidity patients.

7. CHILDREN, YOUNG PEOPLE & FAMILIES HEALTHY WEIGHT STRATEGY

**Appendix E
(Pages 61 - 76)**

To receive a report and presentation on the Children, Young People & Families Healthy Weight Strategy.

8. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive the following questions submitted by Viran Patel:-

Supporting Statement

The JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

Question 1

“Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?”

Question 2

“Will the chair request that the waiting list for all Social Care services are published on a monthly basis for review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?”

Question 3

“Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?”

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

9. DATES OF FUTURE MEETINGS

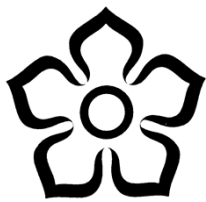
To note that future meetings of the Board will be held on the following dates:-

Thursday 22 November 2018 – 10.00am Please note the change of the
start time)

Thursday 28 February 2019 – 5.00pm

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

APPENDIX A

Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: THURSDAY, 12 JULY 2018 at 5:30 pm

P R E S E N T :

Present:

Councillor Clarke (Chair)	–	Deputy City Mayor, Environment, Public Health and Health Integration, Leicester City Council.
John Adler	–	Chief Executive, University Hospitals of Leicester NHS Trust.
Andrew Brodie	–	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service.
Harsha Kotecha	–	Chair, Healthwatch Advisory Board.
Councillor Piara Singh Clair	–	Assistant City Mayor, Culture, Leisure and Sport, Leicester City Council.
Councillor Danny Myers	–	Assistant City Mayor, Entrepreneurial Councils Agenda, Leicester City Council.
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group
Steven Forbes	–	Strategic Director Social Care and Education, Leicester City Council.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Councillor Sarah Russell		Assistant City Mayor, Children's Young People and Schools, Leicester City Council.
Ruth Tennant	–	Director of Public Health, Leicester City

Council.

Superintendent Natalee Wignall	–	Neighbourhood Policing, Local Policing Directorate
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In attendance

Graham Carey	–	Democratic Services, Leicester City Council.
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124. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Lord Willy Bach	Leicester, Leicestershire and Rutland Police and Crime Commissioner
Chief Supt Andy Lee,	Head of Local Policing Directorate, Leicestershire Police
Roz Lindridge	Locality Director Central NHS England – Midlands & East (Central England)
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Toby Sanders	Senior Responsible Officer, Better Care Together Programme
Mark Gregory	General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust

It was noted that Toby Sanders was no longer the Senior Responsible Officer for the Better Care Together Programme as he had now taken up an appointment outside of the Leicester, Leicestershire and Rutland area.

125. DECLARATIONS OF INTEREST

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

126. MEMBERSHIP OF THE BOARD

The Board noted its membership 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 had 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

127. TERMS OF REFERENCE

The Board noted the Terms of Reference approved by the Annual Council on 17 May 2018.

128. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the previous meeting of the Board held on 9 April 2018 be confirmed as a correct record.

129. RETHINKING PERSISTENT ENTRENCHED ROUGH SLEEPING IN LEICESTER

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.

Leicester, in common with a number of major cities across the UK, was experiencing increased visibility of rough sleepers together with other 'street lifestyle' issues 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 remained a persistent core of vulnerable people with complex needs who were not engaging fully with these services.

It was estimated that up to 60% of adults living in hostels in England had a diagnosable personality disorder compared to 10% in the general population. All other mental health disorders were 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. The average life expectancy nationally for rough sleepers was 42 years.

Psychologically Informed Environment (PIE) approach had been used in a number of areas across the country as a means of tackling entrenched homelessness. There was increasing local consensus across a wide coalition of local multi agencies that this approach could help manage these complex individuals. Locally there was a cohort of approximately 30 people at any one time who appeared to have difficulties in improving their lifestyles. The PIE was a place or environment in which the overall approach and day to day running had been consciously designed to take into account the psychological and emotional needs of the service users.

Members received a presentation on a feasibility study to investigate the needs of this complex group, evidence of what works to help people improve their lifestyles and a gap analysis between what was provided and what was needed to meet the needs of this specific cohort. This would then inform an options appraisal for a way forward in the future which was expected to be available in the autumn. The governance arrangements for the project were also in the presentation.

It was recognised that one of the challenges would be around providing resources for a multi-agency approach as many agencies were involved in providing specific services to help this group but no single agency had an overall lead role.

Members welcomed the initiative and recognised the work that the Street Lifestyle Operation Group had done to date to provide a co-ordinated approach to understanding and addressing the issues around persistent entrenched rough sleeping in Leicester.

RESOLVED:

That the Board support the initiatives outlined in the report and presentation and recognise that the Board provide multi-agency leadership across all the key partners.

130. INTRODUCING MINIMUM UNIT PRICING TO LEICESTER

The Board received a briefing paper and presentation on introducing Minimum Unit Pricing to Leicester and were asked to agree a collective position on the issues as well as supporting a letter being sent of their behalf to the Home Secretary recommending a minimum unit pricing of 50p per unit for alcoholic drinks.

The Chair stated that he had already circulated a copy of the suggested letter to Board Members prior to the meeting and had received overwhelming support for the proposal. He felt this demonstrated the strength of purpose in the city to attack and address street drinking in a supported way. He felt that a unified approach from the Police, Fire and Rescue Service, EMAS, the Council, CCG, UHL and LPT demonstrated a unique and powerful response to this issue and sent a strong message to Government. The Chair stressed that this was not aimed at local business involved in the sale of alcohol but was an attack on addressing health inequality and health injustice.

A number of local agencies such as Inclusion Healthcare, Turning Point and Dear Albert etc already provided valuable services to help and support individuals with recovery from alcohol abuse and drug addiction issues.

Liver disease had increased by 400% since 1970 and was now the third most common cause of premature death in the UK. It was also estimated that 9 people die every day through alcohol related cancers. It had been estimated that a minimum price per unit of alcohol could reduce alcohol related deaths by around 7,200 per year as well as reduce healthcare costs by £1.3 billion nationally.

If adopted, the initiative would also be supported by the Public Space Protection Orders to limit street drinking and through the licensing regime to restrict the strength of alcoholic drinks that could be sold from licensed premises and off-sales with the Cumulative Impact Zones in the City.

RESOLVED:-

That the Board unanimously support a letter being sent on their behalf by the Chair to the Home Secretary, the Rt Hon Sajid David, to introduce a Minimum Unit Pricing of 50p per unit of alcohol.

131. WINTER RESILIENCE

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

During the presentation the following comments were noted:-

- Winter pressures traditionally saw a drop in A&E performance in December, January and February. This pressure had increased in recent years and was now being experienced from October to April. This increase put added pressure across the whole health system.
- There were less patients attending the A&E in the winter compared to other time in the year.
- There was a pattern of increasing number of older patients arriving by

ambulances and being admitted to hospital in the winter. The admissions were not due to larger numbers per se but a result of more 'repeat' patients being re-admitted. 80% of patients admitted to in-patient wards in UHL were aged 70 years or older, yet this demographic group represented 20% of the population at large.

- There was a decrease in younger non-admitted patients in the winter and whilst the instances of delayed transfer of care did not increase; bed occupancy and length of stay did increase.
- On average performance in the winter is 4.2% lower than the rest of the year but this year had seen a decrease of 6.2%.
- There were 15-16 designated bays for ambulances but in the winter period it was not uncommon for 20-25 ambulances occupy the same designated area.
- There was marked decrease in the 4 hour performance target in December, January and February. It was difficult to balance resources to meet the demand when the various conditions requiring patient to be admitted were not known in advance and could vary as winter progressed.
- The pressures were about establishing continuity all year round knowing that the numbers of respiratory conditions, trips and falls and frailty etc were increasing.
- 14 key stake holders were working with A&E to address the pressures and mitigate the knock-on effects with the health and social care sector.
- The escalation level had been at 3 or 4 for most of the winter period.
- This year had also seen higher number of elective surgery cancellations than in 2016/17 following Department of Health instructions and there had also been exceptional levels of cancellations of urgent and cancer related operations unseen in previous years.

Members of the Board commented that:-

- That whilst much of the presentation made sense to clinicians it was not particularly user friendly or accessible for the public and non-clinicians to understand the issues and enable Board Members to appropriately challenge the issues.
- As slips, trips and falls in the winter period contributed to pressure on resources it was felt that it would be useful to have an holistic approach and have details of other non-clinical initiatives, such as gritting arrangements in the winter, which could contribute to reducing risks of slips, trips and falls. The Board should be taking an overarching view of all the partners initiatives that could be used to reduce hospital admission in the winter.
- There was view that the winter care arrangements were too focused on being reactive with little focus on prevention to stop individuals being admitted to hospital. Gritting highways, pavements, keeping homes warm and dry, ensuring vulnerable people had regular company and were well fed seemed a better way to address the pressures on admissions rather than remodelling capacity to meet the demand during the winter months. It was considered that non-clinical partners on the

Board had good examples of successes to reduce demands.

Health representatives on the Board commented that:-

- The issue of the presentation relying heavily on clinical data was accepted and the holistic approach was welcomed and there was a commitment to bring a further non-technical update in September to include a multi-agency approach including the lessons learnt from other partners, such as EMAS and the A&E delivery Board to learn how they predicted demand and the initiatives being used to break down inter agency barriers to improve responses across the health and social care system.
- Admission arising from frailty and multi-morbidity represented approximately two third of hospital admissions and there was potential to develop initiatives within the health and social care sector to reduce these admissions.
- The impact on staff last winter was also difficult to manage as the length of responding to the winter pressures over a longer sustained period of time had been hampered by staff sickness and absences.
- There was a limited emergency bed capacity governed by physical space and staff availability constraints
- It was, however, also possible to close the gap between demand and capacity by opening more wards or converting wards to medical wards in response to demands. A new respiratory ward was also being built at Glenfield.
- There was a need to work more efficiently and the number of stranded patients, those in hospital for over 87 days was coming down but this relied on inter agency collaboration
- The Chief Executive of the City CCG was now Chairing the A&E Board and the Frailty and Multi morbidity Task Force and this had potential to reduce the impact of 20% of the population taking 70% of health capacity.

Following a comment on the impact of the new Emergency Department on winter care it was noted that the patient experience and the physical environment had been totally transformed. However, these improvements did not solve the entire problem as they still need an efficient patient outflow. explain

Members of the Board also commented that :-

- The Board had a role in promoting and supporting interventions that would make difference and produce better outcomes.
- It was widely recognised that staff worked hard under difficult circumstance at time but the prime concern was the health and wellbeing of people in the city, It was important to have good GP hubs there was still a concern that many people admitted into hospitals had high levels of needs but their treatment was affected by the high occupancy rates.

- It would be useful for the Board to have details of the numbers of patients being re-admitted to hospital. If there were patient being discharged medical care but not needing to be in hospital then this may impact on GP services there was a lower ratio of GPs to the population than in European nations.
- Members found the term 'stranded' unhelpful as if a patient needed to need to be in hospital that is where they needed to be and should not be seen as 'stranded'.

RESOLVED:

That the presentation and report be received and that a further report on the whole system approach to winter preparedness be submitted to the September meeting.

132. HEALTH AND WELLBEING STRATEGY

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

The presentation explained the progress that had been made and invited Board members to become involved in the consultation process and to encourage others to do the same.

It was noted that all partners had engaged in collaborative approach in developing the strategy. As part of the process, officers had made presentations to a number of partners and key stakeholders, including the Joint Integrated Commissioning Board, Children's Trust Board, Adult Social Care and Health and Wellbeing Scrutiny Commissions etc, to confirm whether the right issues were being picked up and addressed in the strategy. This process had identified some key themes that people wanted to see included in the strategy and it had been encouraging that those taking part had not been parochial about their own service areas of interest but were actively looking holistically at all the issues.

The process for the development of the emerging strategy had not focussed on a specific range of identified health conditions but on the underlying causes that were driving people into ill health, acute services and Police services etc and to look at these drivers in an holistic way.

Adult Social Care had identified key issues such as 'Social Isolation' as a key factor and, whilst other partners agreed with and welcomed this approach, they were also keen to ensure that the strategy also included other on-going health issues such as treating patients with multi morbidity issues. The strategy tried to match up key areas that came out of the workshops such as healthy places, healthy minds and healthy lives etc and then tried to make these themes match up with what was already happening in the system.

For example, officers went to New College as part of this process to discuss

the emerging key areas around their own strategy for the health and wellbeing of students. These discussions identified that the College staff felt that educating students and getting them to a better level of health was part of the day to day responsibility of the College and did not need to be included in the strategy; but what should be included in the strategy were things like domestic violence, poverty and hunger which were seen as contributing to 'blocks' in enabling staff to educate students.

There were still 18 objectives within the strategy and it was felt that these would be refined as the consultation progressed and that some would eventually be combined and others would need to be added.

There was an Action Plan behind the overall process which identified the broad objectives and had specific actions behind each objective. It was not intended to create another strategy that did not fit in with or bear any resemblance to other policies and strategies that were already in existence within the Council and partner agencies and bodies. A current challenge was trying to identify a suitable suite of metrics to use as a definitive measure of monitoring the success of initiatives.

Overall the general feedback to the engagement process had been positive and views were expressed that the strategy seemed pragmatic and was developing along the right lines

Partners and stakeholders had asked that the consultation timetable be delayed from the original summer period until autumn (September- December) in order to enable organisations to be better engaged and submit responses. It was intended to visit to organisations/partners and stakeholders such as the fire and police services and CCG etc to launch the consultation process. The Universities had already accepted invitations to talk to them. Positive feedback had also been received from Healthwatch and VAL. Officers requested that partners invite their strategic partners and stakeholders to events where officers were consulting on the strategy to enable as wide a participation as possible.

It was envisaged that the final version of the strategy would be available in December/January.

Councillor Russell commented that the Children's Trust had really engaged with the process and were excited to be able to be part of the strategy and had seen the strategy as a resource and a way to identify issues within their own organisation. It would also give a useful reference point of where a particular issue sat within the overall strategy, what to aim for, and what others were already doing on the issue that worked. It also gave them an opportunity to contribute to the resource if they felt they were doing something that worked well within their organisation and could be shared with others. There was a genuine feeling of being engaged and understanding their part in it the process. The strategy was seen positively as being an ongoing living document and not just a document that was produced for a specific point in time and would then be forgotten.

The Chair commented that he wanted the Board to have ownership of the strategy and drive its future agenda forward to deliver its outcomes to improve the city's health and wellbeing.

RESOLVED:-

- 1) That the dates of the consultation phase be noted.
- 2) That partners on the Board engage in the strategy through the consultation process
- 3) That the Board champions engagement amongst partners and stakeholders wherever possible.

133. HEALTHWATCH LEICESTER CITY ANNUAL REPORT

The Board received the Healthwatch Leicester City Annual Report 2017 and 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.

Harsha Kotecha (Chair Healthwatch Advisory Board) and Michal Smith (Healthwatch Manager), Healthwatch Leicester and Leicestershire attended the meeting to present the Annual Report and to provide an update on local Healthwatch arrangements since Engaging Communities Staffordshire had been awarded the contract for Leicester and Leicestershire.

It was noted that Engaging Communities Staffordshire (ECS) hosted a number of Healthwatch contracts across the East and West Midlands areas as well as some in the north. This enabled them to offer a level of consistency and substantial support for research for overseeing local health services.

Governance arrangements were overseen by the ECS Board and there was a local Advisory Board for Leicester and Leicestershire which determined local priorities. 4 members had now been appointed to the Advisory Board in addition to the Chair and they were in the process of going through an induction process on their role and determining an interim work programme involving 3 priorities. 1 for the city area, 1 for the country area and 1 for Better Care Together. The city and county priorities were aligned around GP access and the emerging out of hours service which was better and more advanced in the city and was emerging in the East and West Leicestershire CCG areas. The public were being engaged for their views on how they saw the service changing and the shift from patients seeing a GP for all consultations and moving to more consultations with other health care professionals.

Healthwatch were also looking at maternity services under the STP initiative in relation to the centralisation of the maternity services in Leicester and the closure of the birthing unit at Melton Mowbray. Healthwatch were also working with the Better Births Programme within Leicester Leicestershire and Rutland

area around the 5 year forward programme on maternity services and how they would change in the future.

Following the completion of the process of staff transferring from Healthwatch Leicester and VAL to Leicester and Leicestershire Healthwatch, ECS had a surplus of TUPE funding which they had now used to provide an extra member of staff with a focus on volunteering, volunteering recruitment and volunteer support as well as supporting the outreach who go into the community to gather the public and patient experience of local health and social care services.

The Chair thanked previous Healthwatch staff that had provided services to the Board and had represented the patients and public in the city on health and social care issues. The Chair was particularly interested in the local governance issues and how the new arrangements would be robust in bringing forward the voice of patients and the public and how these were fed into the Board's deliberations.

Michael commented that were already having conversations with key stakeholders in the health and social care environment to see how the patient voice can be fed into the process so that the Board can hear the views of the public and patients and the larger voluntary sector as Healthwatch also represented the groups that represented individuals as well

RESOLVED:

That the representatives of Leicester and Leicestershire Healthwatch be thanked for presenting the Annual Report and the update of the new local arrangements and priorities.

134. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

135. DATES OF FUTURE MEETINGS

The Board noted 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 were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

136. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

137. CLOSE OF MEETING

The Chair declared the meeting closed at 7.09pm.

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: SEPTEMBER 2018

Subject:	Future in Mind Children & Young People's Emotional, Mental Health & Wellbeing Transformation Plan Implementation Review October 2018
Presented to the Health and Wellbeing Board by:	Chris West Director of Nursing and Quality Elaine Egan Morriss CAMHS Commissioner / Future in Mind Transformation Programme Lead
Author:	Elaine Egan Morriss CAMHS Commissioner / Future in Mind Transformation Programme Lead

EXECUTIVE SUMMARY:

The Children and Young People's Mental Health and Wellbeing National Taskforce (2014) focussed on how to make it easier to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

The Leicester, Leicestershire and Rutland's Transformational Plan aims to:-

- Develop in partnership with children and young people (C&YP) and key stakeholders
- Set out a multi-agency approach to improve mental health and wellbeing in C&YP
- Address gaps in current service provision

Our vision is that children & young people will have access to the **right help** at the **right time** through **all stages** of their emotional and mental health development.

For this to happen, we have developed a **whole system approach** to delivering a range of emotional, mental health and wellbeing services that meet **all levels of need**.

We have engaged with all stakeholders, including education, social care, health, police, housing and justice, and children & young people and their families. We have developed a shared work plan with key priorities, including joint commissioning. We have improved the interfaces between our agencies to reduce fragmentation in commissioning and service delivery so that organisational boundaries are not barriers to care.

We continue to monitor progress and implementation of the Transformation Plan through our monthly Future in Mind Governance Meetings. This presentation is intended to provide an update on our progress this year (2018-19) and our plans for 2019-21.

In 2017-18 we have been focussed on a system-wide 'children & young people's emotional, mental health and wellbeing' pathway. Services include:

- Primary Mental Health Teams
- Resilience (including resilience in schools, 0-19 healthy child programmes)
- Online counselling
- Social Care & Early Help (Local Authority Services)
- Early Intervention (working with voluntary sector)
- Specialist Mental Health (working with CAMHS and specialist teams e.g. early psychosis, eating disorders)
- Crisis Resolution and Home Treatment
- Learning Disability Assertive Outreach
- Family Action Post Sexual Abuse Counselling
- Liaison Psychiatry
- City Early Intervention Psychology Support (CEIPS)

In 2019-20 we will continue working in partnership with children, young people, families, carers and professionals to shape the pathway. We have already identified investments for the next year to help transform services further, these include:

- Interventions for children & young people who have Autism with or without Learning Disability
- ADHD
- Triage & Navigation Service
- Trailblazer Mental Health Support Teams working in partnership with education providers
- The Mistle Project developing a 'wraparound' service for looked after children (LAC)
- Support for children & young people who have come into contact with the criminal justice system and developing trauma focussed interventions

RECOMMENDATIONS:

The Health and Wellbeing Board is asked to note the progress made in relation to implementation of the Local Transformation Plan and to agree proposed next steps for 2019-21.

*'It's about our life, our health,
our care, our family and
our community'*



Better care together

Leicester, Leicestershire & Rutland health and social care

Future in Mind

**Transforming Emotional, Mental Health & Wellbeing Services
for Children and Young People**

Leicester City

Elaine Egan Morriss
CAMHS Commissioner & Transformation lead

October 2018

17



Rutland
County Council

healthwatch



Leicester
City Council



Leicestershire
County Council

NHS

Our Transformation Journey This Year....

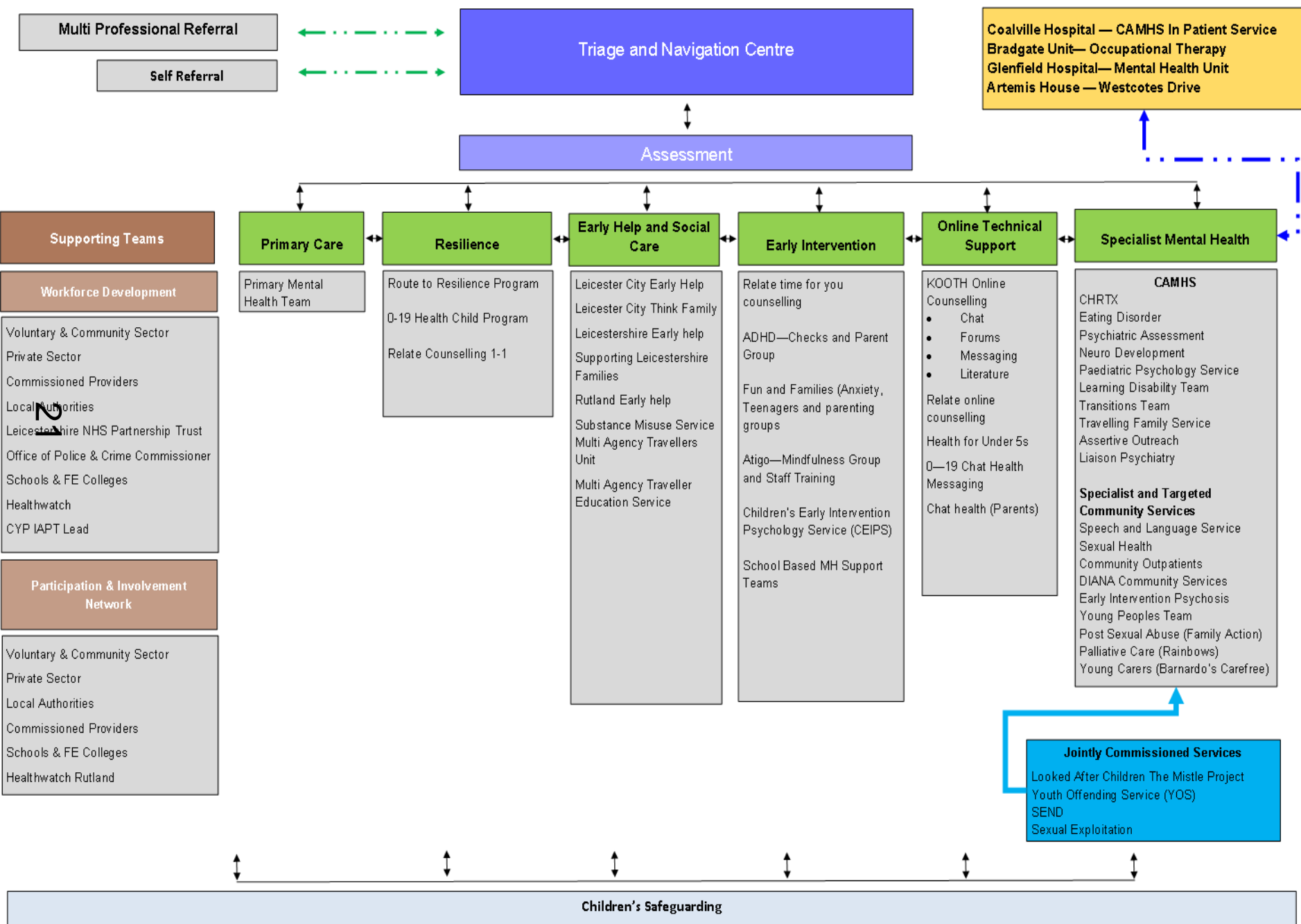
- Worked in partnership to design services and to take a whole system approach to care
- Pathway revised to include a range of services to meet all levels of need
- 18 • Procurement and delivery of
 - Resilience,
 - Online Counselling,
 - Early Intervention

Our Transformation Journey This Year....

- Established the Workforce Development Partnership Group to oversee delivery of a shared Workforce Development Strategy
- Established the Participation & Involvement Network to improve opportunities for partnership working and engaging Children & Young People
- Established Data Flow group 75% of providers are flowing data onto MHDS

The next steps in our Transformation Journey 2018-21

System Wide Emotional Health Wellbeing Pathway of Services 2019 to 2020



Next Steps-

Commissioning investments & transforming services

- 1. Transforming Care** - interventions for complex children & young people with Autism with or without Learning Disability
- 2. ADHD** joint commission with shared service specification to reduce service fragmentation
- 3. Triage and Navigation Service** – to reduce inappropriate referrals to CAMHS and to ensure CYP get the right help at the right time.

4. Trailblazer Mental Health Support Teams – Partnership Bid to develop wave 1 teams to work with designated school mental health leads.

5. The Mistle Project- developing a 'wraparound' service for Looked After Children (LAC) aged 5-18 - [County Local Authority Led](#)

6. Youth Offending Service (YOS) - support for children & young people providing specialist trauma focused interventions e.g. those who have been in contact with the paediatric sexual assault referral centre (SARC)

Leicester City Activity Q1



Early Intervention Service

Activity Q1	Target	Total	Leicester Total	Leicester %
Total No. Referrals	425	425	177	42%
Source of Referrals	CAMHS	199	97	49%
	GPs	226	80	35%
Total No. CYP Therapeutic Groups		200	69	35%
Total No. CYP Counselling (121)		225	108	48%



Online Counselling (Kooth XenZone)


Activity July 2018	Total New Registrations	Total Logins	Total Chat Sessions	Out of Hours Logins (%)	Returning Logins (%)
Leicester Total	44	165	18	65%	73%



R2R in Schools

Activity	Total Schools Engaged (Year 1)	Total Schools Signed Up (Year 2)	Total Faith Schools Signed Up (Year 2)
Leicester Total	11	38	7

CAMHS Activity Q1

Activity	Target	Apr-18	May-18	Jun-18	Total
CAMHS Access Total No. Routine + Urgent Referrals	Increase (Av 210 per month)	244	265	141	
CAMHS Access Referrals seen within 13 weeks (%)	92%	82%	87%	95%	
CAMHS Eating Disorders Total No. Routine + Urgent Referrals	Increase (Av 8 per month)	7	8	15	
CAMHS Eating Disorders Referrals seen within 4 weeks (%)	95%	-	100%	100%	
 CAMHS Eating Disorders Referrals seen within 6 weeks (%)	95%	100%	85.7%	84.6%	
CAMHS CRHT Total No. Referrals	Increase (Av 110 per month)	131	158	137	
CAMHS CRHT Total No. Referrals Accepted	Increase (Av 88 per month)	131	158	137	
CAMHS CRHT Total No. Referrals 2 Hour Tel Assessment	Increase (Av 46 per month)	33	41	27	
CAMHS CRHT Total No. Referrals 24 Hours Face to Face	Increase (Av 55 per month)	58	62	24	

The Commissioner is working with the provider to improve quality of performance data and to ensure this is robust within the contract monitoring. Current CAMHS waiting list for **routine** referrals is up to 6 months. CAMHS is reporting that all **access** referrals are seen within 13 weeks.

We remain concerned about the CAMHS waiting list and the impact on children & young people.

Any Questions?

APPENDIX C



LEICESTER CITY HEALTH AND WELLBEING BOARD

DATE: 20th September 2018

Subject:	City Development and Neighbourhoods Winter Services
Presented to the Health and Wellbeing Board by:	Phil Coyne
Author:	Phil Coyne

EXECUTIVE SUMMARY:

A presentation to provide some examples of service provision during periods of severe weather

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: note the presentation .

Health & Wellbeing Board

20th September 2018

**CITY DEVELOPMENT AND
NEIGHBOURHOODS**

**Phil Coyne
Strategic Director**

CITY DEVELOPMENT AND NEIGHBOURHOODS SERVICE AREAS

- **PLANNING, DEVELOPMENT AND
TRANSPORTATION**
- **NEIGHBOURHOOD SERVICES**
- **HOUSING**
- **ESTATES AND BUILDING SERVICES**
- **CULTURE, VISITOR ECONOMY AND
INVESTMENT**
- **.....(LLEP)**

Severe Weather Emergency Protocol

- General number of bed spaces 254
- 10 additional severe weather beds at the Dawn Centre
- 10 Additional beds across faith venues via One Roof Leicester

2017/2018

- ♣ 129 people assisted under SWEP
- (82 Accommodation at Dawn Centre)
- (47 in other accommodation)
- 24 people received intensive support via the “Revolving Door” service
 - 4 of these housed in shared accommodation by Action Homeless
 - Further 3 moved into private rented accommodation (2 now in full time employment and 1 on a training programme)
- We are achieving a sustained reduction in the numbers of people sleeping rough

HOUSING MANAGEMENT

Severe Weather Protocol

- Repair priorities actioned
- Not “Just” boilers

32

2017/2018



- Emergency boiler repairs to over 500 properties
- 24 hour working and additional resources deployed
- Unprecedented frozen pipe issues
- All condensing boilers fitted with buoys for 2018/2019
- Additional information provided to tenants and online

HIGHWAYS

Winter Service Plan

- 180 miles road treated overnight (and day) when frosty
- All bus routes covered
- Hospitals, Police, Fire, EMAS, Schools included
- 400 grit bins across the city
- 2600 tonnes of salt store



City Residents support this winter

Health through Warmth



34
Help to Heat (Energy Company
Obligation & Ecoflex)



Cavity wall and
loft insulation



Boiler repairs
and replacement



Heating systems
or appliances



Energy
efficiency advice



Access to funding

FOSSE ENERGY WHITE LABEL ENERGY COMPANY



35



Leicester City Health and Wellbeing Board

Title:

Resilience Planning Arrangements for Winter 2018/19

Presenters:

Mr Mike Ryan, Director of Urgent and Emergency Care
Leicestershire, Leicester City, and Rutland (LLR) System;
Mr Phil Coyne, Leicester City Council;
Ms Rachna Vyas, University Hospitals of Leicester;
Mr Mark Pierce, Leicester City Clinical Commissioning
Group



Leicester
City Council

Author contact details:

Name: Mike Ryan

Email: Michael.Ryan@westleicestershireccg.nhs.uk

Phone: 01509 567708

1.0 Purpose of the paper or presentation

The purpose of this presentation is to provide an overview of practical winter planning arrangements and health care winter planning arrangements including our plans for frail & multi-morbidity patients.

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 and draws reference to:

- What system performance looked like last winter;
- Our assessment of the major causes for pressure that we experienced;
- The lessons that were learnt as a result;
- The actions to avoid similar issues; and
- Our assessment of our readiness for this coming winter

2.0 Recommendations for the Board to consider

The Board is asked to:

- Note the lessons learnt and actions being taken in preparation for the upcoming winter season; and
- Note the priority areas of focus being undertaken over the coming months

3.0 Content

- Please see enclosed presentation

4.0 Next Steps

- A&E Delivery Board initial plan review 5th September
- NHS England plan submission 28th September
- Simulation / Practice exercises September, October, and November.
- Routine, monthly assessment and review of plan for continuous improvement.

LLR Urgent and Emergency Care Resilience Planning Arrangements for Winter 2018/19

31

**Health & Wellbeing Board
Leicester City Council
20th September 2018**

Mr Mike Ryan, Director of Urgent and Emergency Care, LLR System

Mr Mark Pierce, Leicester City CCG

Ms Rachna Vyas, University Hospitals of Leicester

Purpose of the Report

- Overview of:
 - Practical winter planning arrangements; and
 - Health care winter planning arrangements including our plans for frail & multi-morbidity patients
- Reference to:
 - What system performance looked like last winter;
 - Our assessment of the major causes for pressure that we experienced;
 - The lessons that were learnt as a result;
 - The actions to avoid similar issues; and
 - Our assessment of our readiness for this coming winter

Introduction - Winter System Performance 2017/18

- **Patients are living longer**

- advances in medical treatment and health
- aging population
- resident growth into the area
- lifestyle factors
- All influence and increase 'demand' for public services

3

- **Intense pressure**

- A&E performance deteriorated (known to drop in Dec to Feb)
- ...But started earlier and ended later (November to April)

- **Hospital A&E 4-hour performance**


- below standard with an annual position of 77.7% (79% the previous year).

Our Assessment of Last Winter

Pressure felt across all parts of the system everywhere – in GP practices, GP Primary Care Hubs, Urgent Care Centres, 111 calls, Clinical Navigation Services, Out of Hours Services, Ambulances Services, A&E and within the hospitals – all higher than 2016/17 and above forecasts.

- 80% of hospital beds were occupied by older people over 75 years of age (20% of the population) - who required more care and stayed in hospital longer.
- Emergency surgical cases exceeded normal levels.
- The length of stay for medical patients at the Leicester Royal Infirmary *increased* by nearly two days from January to March 2018.
- Norovirus and/or flu resulted in closed beds at both UHL and LPT.


Our Assessment of Last Winter continued

- High elective cancellations last winter in comparison with 2016/2017 following a national instruction to all acute Trusts.
-  NHS111 - 30% more calls than planned.
- Ambulance services regularly at a high escalation level; patient handover times higher than expectation (over 15 minutes).
- Staffing levels - medical and nurse staffing levels in hospital were variable with a higher than average sickness/absence rate during peak periods of demand.

The Lessons from 2017/18

- Communication began to break down as pressure was building
- Skills in forecasting were not shared across the system.
- More could have been done to protect beds for emergency activity.
30
- Workforce and staffing challenges were seen across several of the organisations, due to scheduling issues and staff sickness such as flu.
- There was an inability to maintain flow across the system once pressure built.
- Patients were still presenting at A&E with conditions that could have been treated elsewhere.

The Actions to Avoid Similar Issues

- Focussed review and revision of the system **Escalation Plan**.
- The second part of the **A&E development** at UHL opened in June, with the creation of the full emergency floor, which provides improved patient assessment areas.
-  UHL has re-aligned their bed capacity overall and created **additional ward capacity** to meet the expected increase in medical patient demand. Equivalent to 3 wards.
- We have **forecast** in detail how much emergency capacity is required.
- **Improved access to IT systems** so clinicians are able to see the patient's clinical record.
- New, improved **protocols** are agreed between UHL and EMAS.
- Improved **communication systems** developed between consultants and GPs.

The Actions continued

- We are introducing a **“Red Bag scheme”** for care homes, which has been shown to work elsewhere.
 - We are **supporting more patients** to understand and manage their conditions, with respiratory a major focus.
- 3
8
- **Improved discharge pathways** which aim to get patients out of hospital and either back home or into a suitable care setting for assessment of their future needs.
 - Collaborating system-wide to design a **new pathway for frail** patients based upon local needs and national standards, alongside other interventions to help battle ‘isolation’ and engage carers and voluntary organisations.

Flu & Immunisation

- Nationally-led, Locally implemented.
- Working with Public Health and NHS England to deliver a proactive response to seasonal flu.
- Flu Vaccination Programme Guidance provided 1st August.
- Health, Primary Care, Public health and community pharmacy campaigns.
- ³⁹ Advice and Guidance
- Flu clinics
- GP practices are required to contact eligible patients for vaccination.
- Access at Multiple sites
- Offered to frontline healthcare workers every year to reduce risk of contracting and spreading virus.
- Encouragement but not mandatory

Emphasis on (Clear) Communication

Co-ordinated campaign across agencies for improved messaging:

- Local LLR Resilience Forum
- www.Staywell-LLR.org.uk
- Weather alerts and actions
- 40 Message Board and Live Waiting Times across Providers
- Multiple Proactive action and messages
 - Get the Flu jab
 - Keep warm
 - Look out for vulnerable
 - Better Understanding of Services and Access (members of the public AND healthcare provider staff); 111 and primary care; health hubs on your doorstep,
 - Self Care – Ask your GP

Lead Agencies involved and providing message content:

- Leicestershire Fire & Rescue Service
- Leicestershire Police
- Leicestershire County Council
- Leicester City Council
- Districts and Borough Councils
- Rutland County Council
- Environment Agency
- Health: NHS England; Public Health England; East Midlands Ambulance Service; CCGs; LPT ; UHL
- British Red Cross
- Severn Trent
- Western Power Distribution
- Multiple Charitable and Voluntary organisations.

41

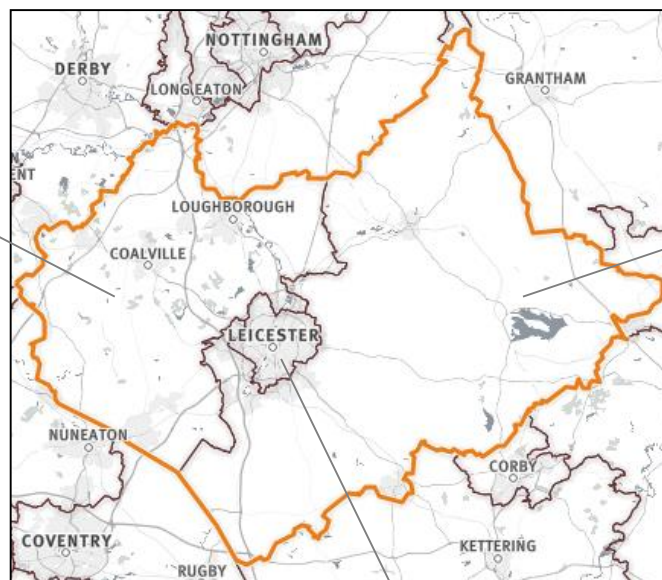
FOCUS:

FRAIL & MULTI-MORBID PATIENTS

- Ms Rachna Vyas, UHL
- Mr Mark Pierce, Leicester City CCG

Context – Admission Patterns

West: 473 more admissions during Jan-March 2018 compared to the same time previous year



ELR: 328 more admissions during Jan-March 2018 compared to the same time previous year

City: 31 more admissions during Jan-March 2018 compared to the same time previous year

Caring at its best

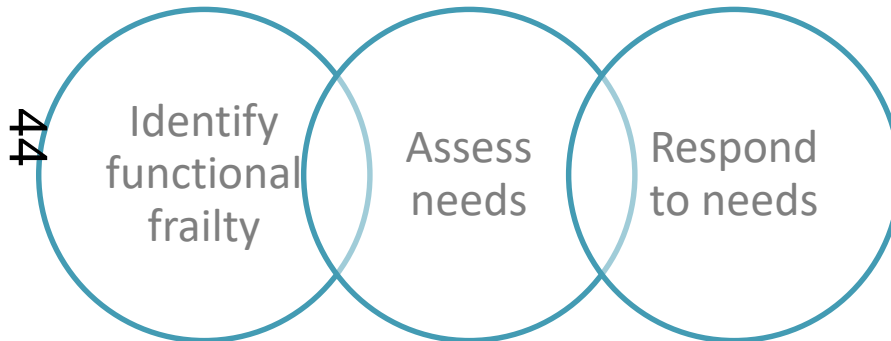
Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

What is Frailty?

43



LLR Frailty Programme - Objective



- Identify frail & multi-morbid patients & assess patients needs and wishes; and
- Respond based on a comprehensive assessment of need (medical, cognitive, functional, social, environmental)

Identification & Assessment



Caring at its best

Leicester City Clinical Commissioning Group
 West Leicestershire Clinical Commissioning Group
 East Leicestershire and Rutland Clinical Commissioning Group

Our Integrated System of Care for those who are Frail



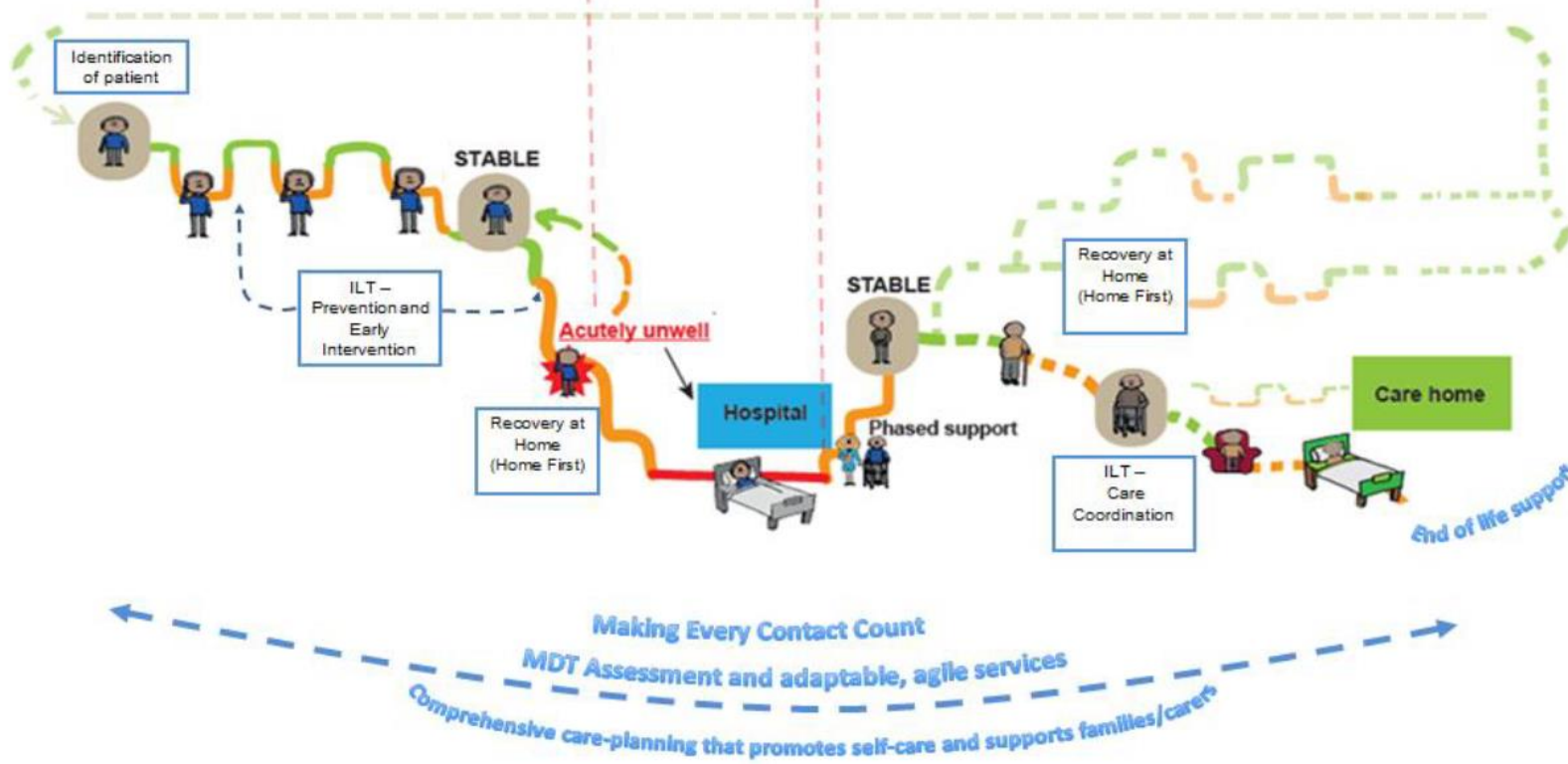
Leicester Integrated System of Care for Frail and Multi-Morbid Patients



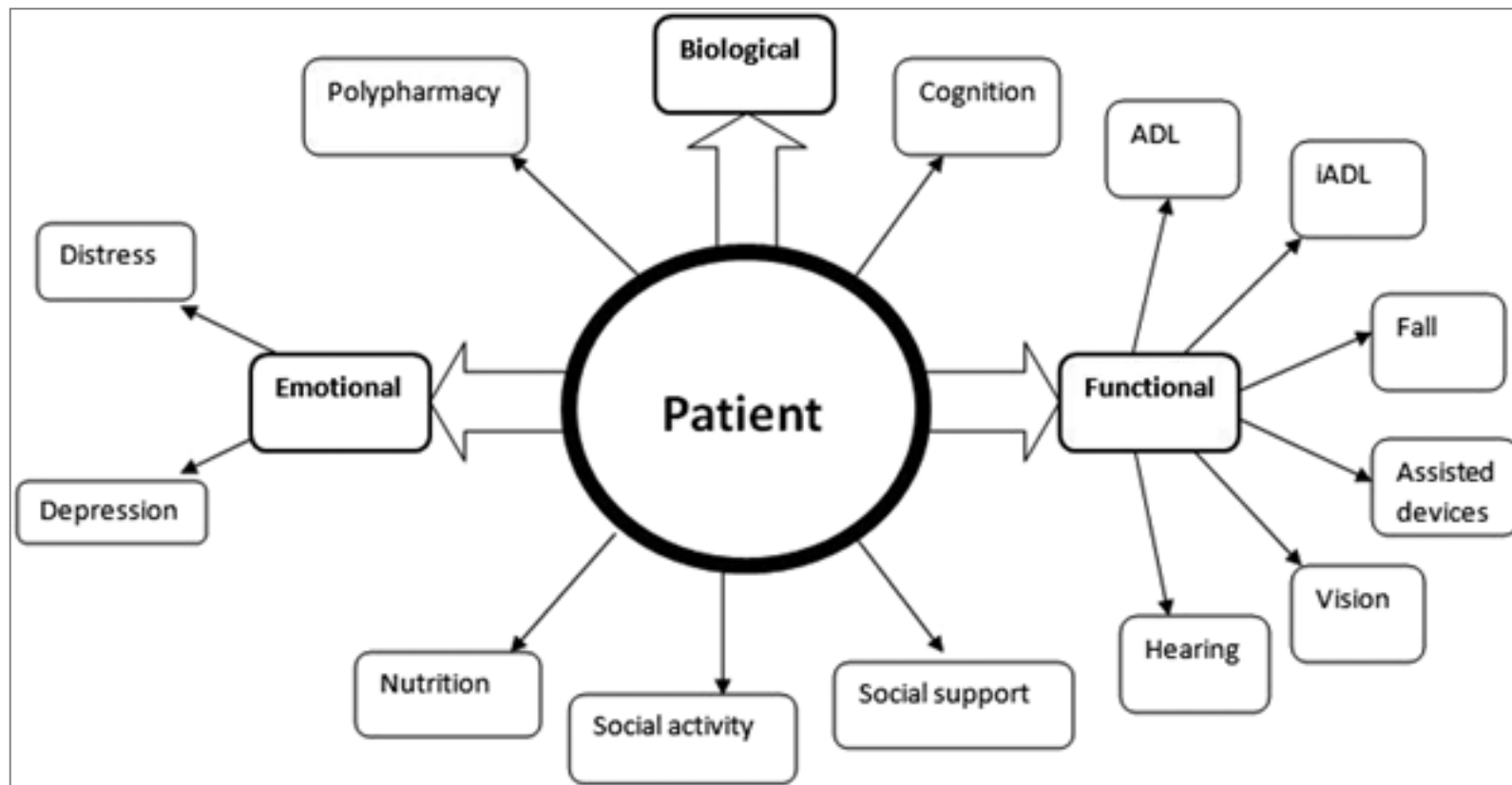
Prevention and Optimisation

Deterioration, Hospitalisation and Discharge Planning

Post-Discharge Support and Ongoing Care



Response to Identification (1)



Response to Identification (2)

- Integrated Crisis Response Service
- Health Transfers Team
- Reablement
- Care Navigators
- Intensive Community Support
- Falls Therapy in Care Homes
- Mental Health Integrated Team
- General Practice- additional time with complex cases/care planning/ Team problem solving

Response to Identification (3)

- Care plans for those with complex needs
- Enhanced Summary Care Record – so the hospital can see the plan!
- Vaccination programme
- Medication reviews
- Support for carers
- Series of local social inclusion events – target to reduce isolation; loneliness is a big risk
- DMU student volunteers
- Health Through Warmth
- Assistive Technology and home adaptations

SUMMARY AND ASSESSMENT OF READINESS

- Mr Mike Ryan, Director of Urgent & Emergency Care,
LLR System

Overall - Our Assessment of our Readiness

- Work continues with steady progress and on track.
- One Plan by end of September.
- Planning winter preparedness across dozens of organisations is technical and complex.
- ⁵ Individual health and social care organisations are to review and submit their plans.
- They will also incorporate demand and capacity plans, business continuity plans, flu and infection control preparedness and adverse weather protocols.
- Multiple simulation and real scenario exercises for practice to ensure the system is clear on arrangements, contingencies, and to test for any gaps that exist ahead of winter.

The A&E Delivery Board will monitor progress of the plan production and more importantly, will ensure that any learning as we go through winter is incorporated into updated versions for continuous improvement.



LEICESTER CITY HEALTH AND WELLBEING BOARD

DATE: 20th September 2018

Subject:	Children, Young People & Families Healthy Weight Strategy
Presented to the Health and Wellbeing Board by:	Laura Carvell (Programme Officer (Children), Public Health, Leicester City Council) Clare Mills (Lead Children's Commissioner, Public Health, Leicester City Council)
Author:	Laura Carvell Laura.Carvell@leicester.gov.uk 0116 454 2017

EXECUTIVE SUMMARY:

Obesity is a serious local and national concern. Obesity is the second largest preventable cause of cancers, and maternal obesity is a leading cause in infant mortality.

Childhood obesity is a topic which has received a lot of attention nationally over the past few years, with the government releasing the second chapter of their action plan on tackling childhood obesity in July 2018.

The National Childhood Measurement Programme (NCMP) has now been running since 2006; it measures the height and weight of all school aged children in Reception and Year 6. The NCMP generates national and local data on the number of underweight, healthy weight, overweight and obese children. Whilst national averages themselves for overweight and obesity are very concerning, in Leicester there are significantly higher levels of excess weight¹ amongst Year 6 children than the national average.

Leicester's NCMP results from 2015/16 show that a fifth (20%) of Reception pupils were either overweight or obese. By Year 6, this number has nearly doubled to 37%.

Leicester's has had a Healthy Weight Strategy which ran from 2009-2013. It covered both adults and children and was written before the responsibility of Public Health transferred from the NHS to Local Authorities in April 2013.

¹ Overweight or obese

The local childhood obesity figures along with national focus on childhood obesity and the new opportunities for Public Health since sitting within a Local Authority, it was decided it was the appropriate time to develop a new strategy focused on Children and Young People.

In August 2017 a Healthy Weight Steering Group (HWSG) was re-convened. The remit of the group is to:

- coordinate and develop a healthy weight strategy for children, young people and their families living in Leicester city
- steer the development of an accompanying action plan

The group's membership consists of representatives from the following organisations/divisions:

Organisation/ division:
Public Health , Leicester City Council: <ul style="list-style-type: none"> • Lead Children's Commissioner (Chair) • Programme Officer (Prevention) • Project Manager (Prevention) • Programme Manager (Healthy Places)
Service Manager (Strategy, Quality & Performance), Education & Children's Services, Leicester City Council
Public Health Dietician / Clinical Dietetic Manager - Public Health, Leicestershire Nutrition & Dietetic Service
Representative for Primary / Secondary / Post-16 Education
Representative from Leicester-shire & Rutland Sport
Sports Regeneration Manager, B-Inspired (Representative from Voluntary & Community Sector)
Representative from Clinical Commissioning Group
Representative from SSPAN (School Sport & Physical Activity Network)
Representative from Private Sector
Sports Regeneration Manager, Culture and Neighbourhood Services, Leicester City Council

The group meets bi-monthly. In July 2018, the strategy was finalised (Appendix A). HWSG is now overseeing the development of the strategy's action plan, of which a key new piece of work is the 1000 tweaks campaign is a part of (www.leicester.gov.uk/1000tweaks). It is proposed the Health and Wellbeing Board provide scrutiny and challenge for the strategy and action plan.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Provide scrutiny and challenge for the Strategy and Action Plan
- Note the Children, Young People and Families Healthy Weight Strategy in finalised
- Consider how your organisation can support the action plan
- Endorse and promote the 1000 tweaks campaign

CHILDREN AND YOUNG PEOPLE'S HEALTHY WEIGHT STRATEGY

Clare Mills, Children's Commissioner
Laura Carvell, Programme Officer (Children)
(Public Health, Leicester City Council)

1000
TWEAKS
TO FEELING GREAT

M News ▶ Politics ▶ Junk food

We've ad it with junk food! Poll shows 76% of Brits want ban on TV adverts targeted at kids

Our poll finds most Brits want a pre-watershed ban on junk food ads, with Jamie Oliver backing campaigners



267
SHARES



4
COMMENTS

By **Ben Glaze** Deputy Political Editor
01:44, 11 JUN 2018 | **UPDATED** 17:11, 13 JUN 2018

NEWS

Does this girl look overweight to you? Parents' fury after NHS brand their five-year-old daughter 'too fat'

- Harriet Jackson, from Norfolk, described as 'overweight' by **NHS** chiefs
- Father and mother reacted furiously after they got the shock warning letter
- The letter said hyper-active Harriet was 3ft 9ins tall and weighed 3st 9lbs
- Controversial body mass index (BMI) was used to measure her health
- See more news on the NHS at www.dailymail.co.uk/nhs

By **MATT HUNTER FOR MAILONLINE**

PUBLISHED: 14:03, 19 March 2016 | **UPDATED:** 01:39, 20 March 2016



Share



185
shares

112
View comments

Fat children will 'collapse the NHS': Number of 11-year-olds weighing more than 15st **DOUBLES** in a year

- Figures show 383 11-year-olds weighed more than 15st (95kg) this year
- Birmingham was the worst area, with 21 children weighing more than 15st
- London boroughs of Newham and Greenwich were among the worst areas
- Campaigners: Childhood obesity is 'a disgrace' that will 'collapse the NHS'
- For more of the latest NHS news updates visit www.dailymail.co.uk/nhs

By **MADLEN DAVIES FOR MAILONLINE**

PUBLISHED: 10:25, 22 February 2016 | **UPDATED:** 17:28, 22 February 2016



Share



81
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The national picture...

37

Health

Soft drink sugar tax starts, but will it work?

By Nick Trigg
Health correspondent

🕒 6 April 2018 | 📄



Health

Child obesity plan targets sweets at checkouts

🕒 24 June 2018



Guidance

Childhood obesity: a plan for action, chapter 2

Part 2 of the government's plan for action to significantly reduce childhood obesity by supporting healthier choices.

Published 25 June 2018

From: [Department of Health and Social Care](#)

Documents



[Childhood obesity: a plan for action, chapter 2](#)

PDF, 544KB, 33 pages

Challenges for Children's Healthy Weight

38





Leicester
City Council

Significantly
better than
England

Significantly
worse than
England

Similar to
England

Excess weight* in Leicester

In Reception **1 in 5**

³⁹
children
have
**excess
weight**



...by Year 6



2 in 5

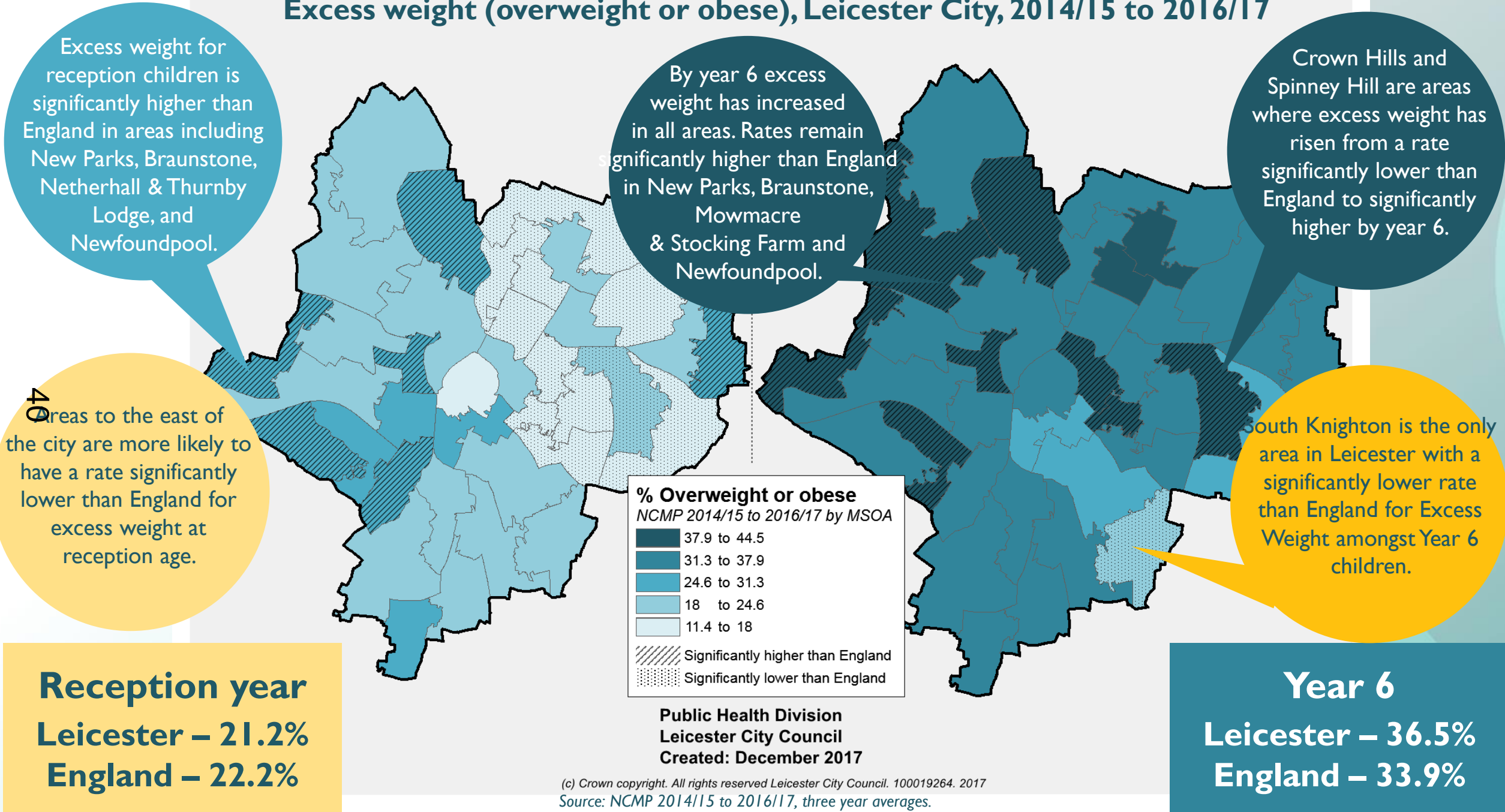
by adulthood it is
estimated that...



3 in 5 have excess
weight

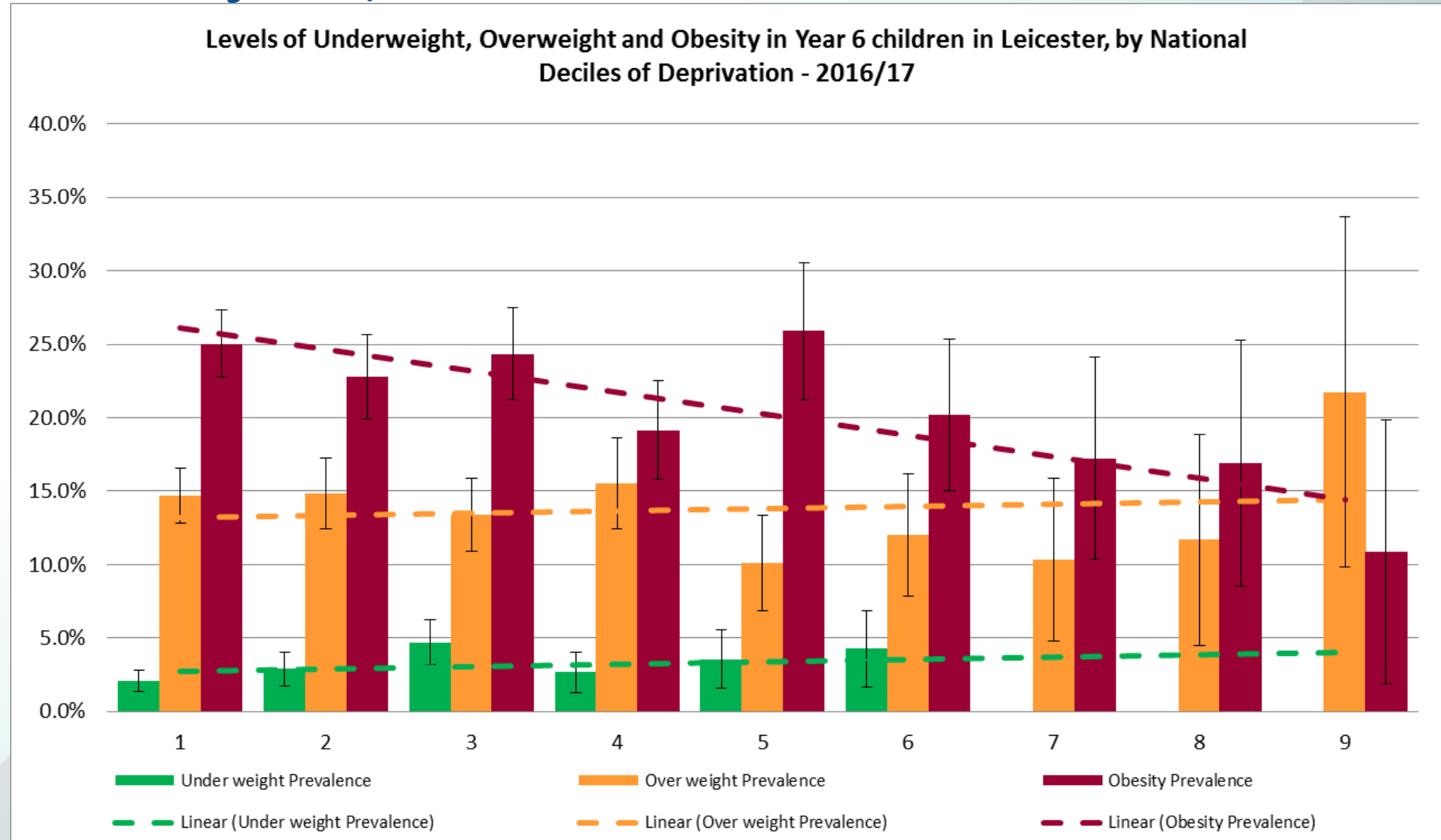
Source: NCMP 2015/2016 and Active Lives Survey 2015/2016. *overweight or obese

Excess weight (overweight or obese), Leicester City, 2014/15 to 2016/17



Prevalence of underweight, overweight and obese children in Year 6, by deprivation decile, 2016/17

Source: NHS Digital 2016/17



Strategy Ambitions

LEICESTER CITY WILL

1

Create an environment where children and young people are supported to be fit and happy by:

- Celebrating and enjoying good food
- Being confident and having a positive body image
- Being fit, strong, and active

2

Work with a range of organisations to promote affordable healthy food and drink, and enable Leicester to be a healthy environment to live and grow up in.

Strategy Ambitions

LEICESTER CITY WILL

3

Improve children's knowledge about healthy eating and physical activity, and encourage them to make positive choices

43

4

Encourage adults who live or work with children to be good role models, who have positive relationships with food and physical activity

Next Steps.... Approach to Solution & Action Plan

44

PULL TOGETHER CURRENT WORK

Bring together partners currently delivering programmes related to healthy weight to ensure joined up approach.

ACTION PLAN DEVELOPED

The action plan will also capture other key actions and explore a number of new projects/ pieces of work.



1000 TWEAKS LAUNCHED

This new, inexpensive behavior change initiative encourages businesses, organisations, families and individuals to make small, east to implement changes.

What is a Tweak?

A LITTLE CHANGE

...by an organisation, business, family or individual to help children eat healthily and do more physical activity



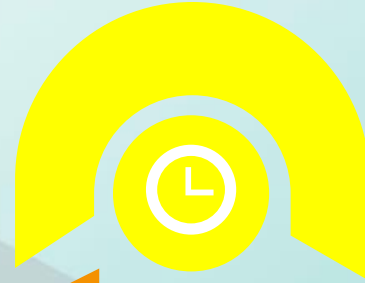
SOMETHING EASY

It should be a small, easy to implement change



START STRAIGHT AWAY!

It should be something you can start straight away



YOURSELF

If you can't get on with it yourself, it's not a tweak!



LITTLE COST

It should cost NOTHING, or little, to implement



