LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 18th April 2024

Subject:	Joint Health, Care and Wellbeing Delivery Plan progress update – August – February 2024
Presented to the Health and Wellbeing Board by:	Diana Humphries- Programme Manager, Health and Wellbeing Board
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EXECUTIVE SUMMARY:

Leicester's Joint Health, Care and Wellbeing strategy (JHCWS) outlines the health and wellbeing needs of Leicester's population and highlights 19 priorities for action. These are categorised into 'do,' 'sponsor,' and 'watch' in recognition that equal resource and focus cannot be given to all 19 priorities simultaneously. This update reflects progress highlights, next steps, and key risks against the six 'do' priorities which were selected, through a public consultation, for initial focus, and for which a full action plan has been developed to run from 2023-2025. The period covered by this update is August – February (inclusive) 2024.

The action plan is a collaborative plan which encompasses activity across the Local Authority, NHS, Integrated Care Board, and the Voluntary and Community Enterprise Sector (VCSE).

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Review the detail of the report.
- Provide feedback on any topics or matters arising from updates where more detailed discussions would facilitate delivery.
- Provide feedback on opportunities for strategic leadership to enhance progress against individual priority areas.
- Provide any feedback on mitigation of risks and issues that are included within the report.

Healthy Start

Priority: We will mitigate against the impacts of poverty on children and young people

Detail of progress to date:
List of projects and summary of outcomes below:

Active Projects	Outcome to date	Next step	Risks
STORK Programme *(Supporting Training Offering Reassurance and Knowledge)* To implement a parent, carer and family empowerment and educational package, aimed at reducing the risks for infant mortality in LLR. The training covers different aspects of safer sleeping and is delivered to workforce within maternity and neonates.	Delivery of a parent education and skills support/empowerment programme, to all at-risk parents and families cared for by UHL neonatal and maternity services. Initial project term has concluded. No funding available to develop the STORK Project further into the community. Looking to evaluate now. Awaiting detail on evaluation which should feature information on outcomes and benefits.	Would like to fund a programme manager for the next 2 years to scope how to be embed the concept of STORK and its digital application throughout health and wellbeing services. Programme sits within UHL.	No funding to expand further
Peer Support Programme Programme recruits Peer Support Workers which are people with lived experience to act as an advocate in perinatal mental health.	The perinatal team have received a team preparation session which provides information about peer support, the evidence base, provides the opportunity to dispel myths, ask questions, talk about fears and worries about the peer support role. Currently there is 1 peer support worker in the service but plans for the development of a lived experience network which will provide the opportunity for women	Also linking in with other VCSE organisations such as blossom and bloom, Mamas, Heads up Leicester and Homestart, who have volunteers with lived experience who may be looking for development opportunities.	Not being able to recruit enough peer supporters with the appropriate lived experience.

	with lived experience to find out more about peer support opportunities.		
Family Hubs Network of support both online and at physical locations across Leicester.	5 Family Hubs early adopter sites are in place, the main Family Hub sites to be identified by the end 2024. Delivery Plan in place and working towards it. Governance in place and has oversight from the Head of Service for Early Help. Schools Heads presentations and partnership workshop held. Soft Launch events held in Leicester City.	Roadshow engagement events to be held. Digital website in development. The Family Hub team within Leicester City Council have commissioned Mapping for Change to conduct a Needs Assessment which will impact the priorities and direction of Family Hubs, this is due to be completed in May 24.	None identified.
Community Anti-Poverty Grants	Update not provided.	Awaiting decisions regarding second round of grants.	None identified.

Healthy Minds

Priority 1: We will improve access for children & young people to Mental Health & emotional wellbeing services.
Priority 2: We will improve access to primary & neighbourhood level Mental Health services for adults.

Progress to date
Children and young people (CYP)

Active Projects	Outcome to date	Next step	Risks

Mental Health Support Teams Provide direct mental health support in schools (1:1, group work, workshops, assemblies, staff support / education, signposting).	At the end of the 2023/24 academic year, LLR MHSTs will have 11 functioning teams which equates to six localities within Leicester City and five across Leicestershire, including cover within Rutland. The service will cover ~96,000 C&YP aged 5-18. The locality teams offer a service to schools within a given geographical area up to a population of 8,000 C&YP. The interventions vary from group work to individual sessions affecting measurement of reach. Wave 9 trainees have commenced training. Planning has started for 2 new wave 11 teams for 24/25 in City Central & West, and a team in Blaby.	MHST Led C&YP workshops for C&YP MH Week 5th – 11th Feb. The data is still being extracted, they were held across LLR secondary schools that have a MHST – initial numbers indicated 7,700 C&YP were reached in this week through 1:1, workshops, activities, assemblies (although this is LLR wide, not just the City).	Action planning to ensure readiness in the City and mitigate risks around access (early conversations around pathways and alternative models).
C&YP directory & QR code campaign This will contain a directory of services available for C&YP's MH and emotional wellbeing. It is being designed by C&YP to ensure it is C&YP friendly with an aim to improve access. The QR code will be displayed in various places so that C&YP can link straight onto the website.	Held CYP Directory pop up's in Highcross and Haymarket. There were 2 which were held on the 20th & 21st Feb – results of the engagement have not yet been analysed.	C&YP directory & QR code campaign – project commenced 4th Dec. CYP Directory pop up shops for engagement coinciding with both half terms.	None identified.
Youth Workers and Enhanced Chill	Enhanced Chill Out Zones flyer of information has been	1 role has been recruited, awaiting recruitment of	None identified.

Out Zones The enhanced chill out zones are workshop sessions in schools and community venues in LLR for children from year 1 to year 13. This has a strong preventative approach which enables C&YP to build their resilience and coping strategies which can prevent them reaching crisis point and accessing services such as the Emergency Department (ED) & CAMHS. The role of the Youth workers is to engage within the local community building relationships. Follow-up on C&YP who have attended the Emergency Department to make them aware of local MH services that can help support them as an alternative to ED.	circulated at the Provider Network meeting and to key partners. Received financial confirmation of winter funding for both youth workers and enhanced chill out zones. Feedback any barriers to accessing services or gaps in service that may be identified through their work. Numbers of people benefiting so far: December 23: 11 1:1 CYP workshops January 24: 11 1:1 CYP workshops February 24: 18 1:1 CYP workshops Total = 40 CYP 1:1 workshops	2nd worker. 1:1 workshop scheduled: March 24: TBC 31st March 2024	

City Early Intervention Psychological Support (CEIPS). Work within schools in the City - not those that have MHST's. They deliver brief early intervention programme where C&YP can reflect on their emotional wellbeing with respect to anxiety, low self-esteem, worries, exam stress and everyday friendship skills with an assistant psychologist.	This preventative and early approach helps C&YP understand their thoughts and feelings and develop coping strategies and resilience they can incorporate into everyday life. Through this work C&YP will be better prepared to manage their MH and emotional needs which will impact access to services such as the ED and CAMHS. CEIPS team has worked with 67 different schools in the primary and secondary school sector. It has delivered a combination of direct casework small group work interventions, and critical incident support (around loss , bereavement death). The team is 2.5 full-time equivalent and supervised by clinical and educational psychologist. The outcomes and impact a very positive. Nearly 250 children and young people have been seen during the last two years.	CEIPS core service contract has been extended until March 2025.	None identified.
Families, Young People and Children: Additional Roles Reimbursement Scheme (ARRS) Through the scheme, primary care networks (PCNs) can claim reimbursement for	2 band 6 Mental Health Practitioner roles, 1 for Leicester City. Leicester City South PCN. The Mental health practitioners offer targeted therapeutic interventions to YP (0-18yrs), presenting with	The MHP holds a caseload of 15 clinical contacts per week for a WTE (whole time equivalent), (average between 75 -90 young people per year) and 9 clinical contacts for 0.6 WTE, (average	Awaiting a further update on how the work is going.

the salaries (and some on costs), selected to meet the needs of the local population.	a mild to moderate mental health presentation by offering up to 6-8 sessions. This ensures that young people are given the tools they need to manage their presentation before it requires an intervention by a more specialist CAMHS service.	between 45 -60 young people per year). These figures are dependent on how many sessions accessed/offered to YP/parent/carer and this could increase. The offer will be up to 6-8 sessions per YP and or parent/carer. This includes an initial assessment of need, 1-1 work. At this stage it is difficult to judge the impact of having a youth worker and how many young people will be supported via this opportunity. Both of the clinicians have started and have undertaken their inductions with both CAMHS and GP's and are now seeing young people.	
11-25 transitions engagement	Live: supporting team to reach C&YP, midpoint evaluation shows highest responses in 17 – 25 with MH as biggest health concern CYP engagement numbers – Surveys completed: 11–25-year-olds 1,908. Approx 30% are 17 to 25 years old. This is not including VCSE focus group numbers.	The insight gathered will be evaluated by an independent evaluator. An initial report of findings will be produced from survey data. Qualitive insight report will be produced from the VCSE engagement. Embedding process: insight will be shared across health systems	None identified.

		CYP HWB Collaborative LD Collaborative Partnership groups – E.g. CYP, MH, Carers, HWB Boards Feedback event: High profile event, lead jointly by young people and VCSE and the ICB Board.	

Progress to date
Healthy Minds (Adults)

Active Projects	Outcome to date	Next step	Risks
Awareness Raising Roadshow	An awareness raising roadshow has been completed in a range of neighbourhood venues and local business enterprise inc. GP Practices, Tesco (Hamilton), Sainsburys, Walkers (PepsiCo), Hastings providing information to local people to improve access. 327 people spoken to across 13 events (GP Practices, Libraries, supermarkets). Roadshow at Walkers Crisps (c.1,880 employees).Tesco's (est. c.900 footfall in hours roadshow took place).	Blueprint developed for rolling out local small-scale stands in a community spaces (GP practices, libraries, local businesses) which provides information on all local offers and the opportunity to speak to an 'expert in the area'.	None identified.
Mental Health Cafes	8 providers have received continuation funding for providing Neighbourhood Mental Health Cafes. The University cafes (DeMontfort & Leicester) and other neighbourhood cafes have gone back out to the market. VAL supporting the application process. Specs revised and a new University spec developed as a result of the reviews.	Reviews underway to track progress. Applications for available cafes being reviewed by multi-sector Panel on 8th March 2024. Increased training across café providers to teach psychologically informed skills to	None identified.

	There have been 1,061 contacts at the City cafes since November '23'.	individuals to increase ability to self-help. Analysis of data highlighting key groups not accessing the cafes and engagement work to commence to increase use of the cafes.	
Mental Health Training	Training to be rolled out to VCS sector. Talking therapies (through VitaMinds) are also to be offered to VCSE. Target is for 8-12 sessions over the year. A sleep session has been delivered in March with 31 people registered. A 'What is stress' session is planned in April. It is estimated that around 50 individuals would benefit from these sessions.	Increased training across café providers to teach psychologically informed skills to individuals to increase ability to self-help.	None identified.
Dementia projects	Grant programme monitoring is complete. 29 projects in total. Some projects continue due to independent funding. Updates shared with Dementia Programme board. LLR Dementia Strategy consultation complete. Lead member updated in detail through LMB reports.	Publish strategy post sign off from partner organisations. Bring this to the Health and Wellbeing Board.	None identified.
Decider skills (form of CBT) 12 VCS providers have been offered 3 Decider Skills training packages. The training allows recovery workers to teach	36 individuals will receive the training that will; - Increase their knowledge of psychologically informed skills to support people to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health. This will also support the	Ongoing work by LPT to embed community mental health teams into eight neighbourhood teams across LLR and integration with primary care and other health and social care services. Testing of the new front door model expected in City East in February	None identified.

individuals skills to support their mental health & well-being.	workers to manage their own mental health.	2024. Request a 'stock take' of the MH offer to improve awareness of the available capacity.	
'3 Conversation' Project 3 Conversations is a strength-based approach to transform the way teams and services interact with individuals, moving away from traditional system referrals to a more person-centred interaction.	A team of reablement workers are working with people in a 3-conversation way to implement the approach. There are two innovation sites in Leicester City. The Innovation sites have 1-2 reablement workers per site, each who can support up to 10-12 people over a 6-week period. City East (proposal agreed) – Supporting individuals who have been referred multiple times to Community Mental Health Services but not met the threshold. Reablement workers will engage the individuals and develop plan and actions to support their needs. Saffron & Eyres Monsell (Live) - sets out to support people initially who had PPNs (Police Protection Notices). Reablement workers engage with the individuals and are there to support people to identify and reach the help they require. A drop in has also been developed at the Pork Pie Library.	Progress on establishing a local Step 3 plus (NHS Psychological Therapies LLR) service to strengthen the overall LLR psychological therapies support offer. The projects should run until March 2025	None identified.
Peer Support workers This is linked to the transformation of the community mental health services and increasing the number of	39 individuals with lived experience of mental health are in employment. Valuing the skills of people who live with or who have experienced Mental ill health. Peer support workers have been recruited mainly as a result of attending the peer support worker training. The pathway tends to work on a	To develop additional training and pathways for the PSWs to develop their skills.	None identified.

people with lived experience employed within secondary care mental health.	train to recruit basis. MH services and teams have signposted individuals, the Recovery College and Patient Experience team have also signposted individuals to the training course.		

Healthy Ageing

Priority: We will enable Leicester's residents to age comfortably and confidently through a person-centred programme to support self-care, build on strengths and reduce frailty.

Active Projects	Outcome to date	Next step	Risks
Discharge to Assess Project This work is a requirement set by NHS England whereby all ICB's have local plans in place which enable patients who have been medically optimised for discharge and require social care support being discharged within 2 hours / same day. The City has received 433k to assist with developing this which is also set on an LLR footprint that enables the freeing up of hospital beds, reduces the risk	A detailed ASC Scrutiny Report is now available which was presented to the Scrutiny Commission on 7th March 24 which was well received and lists the key benefits and achievements so far. The report shows how 401 people benefited from this service in its first 3 months of go live (Nov 1st 23 to Jan 31st 24) with 58% becoming fully independent with no ongoing care needs. The overall value can be measured not only through freed up hospital beds, alongside better outcomes for the people of Leicester but also less reliance on the	Key developments are around transforming our current therapy led offer into one that can support our high dependency cohort. This is a cohort characterised by cognitive impairment and behaviour that challenges and is a cohort that is often hard to place so at risk of long length of stays within UHL. It is also not a cohort that currently is provided with an intermediate care offer.	Ensuring people with double-handed care needs are also discharged through this pathway. In order to progress with this, the service has revisited its staffing rotas and processes to ensure capacity and flow is sufficient to help sustain this. It is anticipated by 1st June 24/before this risk will have been significantly reduced. There are a very small number of people who are re-admitted into hospital so its ensuring any

of deconditioning in hospital through the Reablement Service which actively promotes independence and integrated care leading to better outcomes.	ASC Dom Care Commissioning Budget.		re-admissions are avoided (where possible) by working alongside all our system partners.
Supported Living Arrangements	Procurement for the development of 2 independent living schemes has not been successful with no viable bids.	Recommended that a critical review is carried out to look at whether the vehicle was the right one to deliver accommodation. Scope of work will include engagement with market, explore different delivery models for accommodation. Currently in the scoping stage of that review.	None identified.
Carer Support Service	Report on findings from engagement and proposed model for Carer Support Service has gone to SMT.	The purpose of the engagement was to understand whether the existing model of carer support was the right one and what changes would be necessary as part of the future model. The model has been revised and is now out for procurement. Deadline for tender submission is Monday 4th March 2024.	The potential for a failed procurement.
ICRS (Integrated Crisis Response Service) to work alongside Loros	Work on the development of an overnight service for End of Life Care (Go Live Jan 2024). The Unscheduled Care Hub is a co-located offer of key/critical services that work together in helping prevent EMAS (East Midlands	This pilot will no longer be taking place as Loros are unable to progress. The ICB have been made aware. The ICB hosts the totality of people accessing this service which can be shared at the next update. ICRS refers into the hub on a regular basis each month (around 10 people per month) and equally	N/A no longer going live The numbers from an ICRS perspective remain relatively low so this will need to be monitored to ensure the Hub offers maximum benefit to as

	Ambulance Service) call outs and hospital admissions. In many ways it's an extension of the Home First offer at the Neville Centre, but with a real focus on hospital avoidance. It brings together key services such as ICRS, Therapy, Nursing and County services all working together from one building.	responds to any referrals being made via the Hub members whereby ICRS responds within 2 hours. The primary benefit is EMAS and hospital avoidance and treating the person at home immediately with all the key wrap around services enabling integrated and co-ordinated care.	many people as possible which is anticipated to grow overtime.
Engagement for short term breaks for carers/ parents of people with LD and Autism.	We lack short breaks for parents/carers of people (18+) with LD/A. Officers are working up the plan with a view to inviting parents in the city to a series of focus groups. We need to manage expectations but given our spend we want to explore whether there are any efficiencies in the way we currently spot purchase a short break as opposed to a commissioned offer.	A plan for engagement being developed – officers in the team are working up proposals and a timeline for engagement.	Some capacity issues due to other pressing work so engagement temporarily delayed.
Making Every Contact Count This is a low-cost intervention which is underpinned by the evidence-base for behaviour change approaches to	Making Every Contact Count has been rolled out to all care navigators to enhance the preventative element to the service that they provide. This has included extensive work with partner organisations to understand things	No next steps in terms of a specific project within Adult Social Care, but consideration ought to be given to how Making Every Contact Count could be rolled out to other departments within the Council.	None identified.

prevention.	like the action to take when they identify someone with hoarding behaviours for example. 2 staff within Adult Social Care are now trained as 'train the trainers' which will enable them to deliver sessions on an as-needed basis, and additional training sessions have now been offered to staff across different ASC areas. MECC/ Healthy Conversation Skills is also incorporated into the mandatory training package for new starters in ASC as part of their overall approach to strengths-based practice.		
Day Opportunities	Complete. Service redesigned and new contracts in place from 1st April & 1st October 2023. 17 organisations on framework, across 5 lots. Lot 5 – Complex and Multiple needs is jointly commissioned with health.	Quarterly provider forums are now established. Follow ups with social work teams to understand referral numbers.	Low take up of services is a risk as contracts might not be sustainable for some organisations, thereby reducing choice on the framework.

Healthy Places

Priority: We will improve access to primary and community health and care services.

Active Projects	Outcome to date	Next step	Risks
Develop integrated neighbourhood teams to work in more coordinated way with partners at a local level through enabling the evolution of PCNs.	Progressing through Deep Dive work with City PCNs. The 10 City PCNs identified 5 Priorities that have been delivered throughout 2023/24 which include; 1.Bowel Cancer Screening 2.Weight management 3.Hypertension 4.ICKD (Integrated Chronic Kidney Disease) 5.Womens Health In addition, PCNs are progressing the delivery of their Health Inequality Plan and Personalised Care Plans as part of the PCN DES requirement. Holding monthly meetings to share best practice and encourage integrated working – launch of Joy App and use of Care Navigator. To fully understand the level of integration and collaboration in delivery of the above, the ICB have been linking in with the City	Undertake further deep dive and sharing of best practice. Enable PCNs to co-design plans with their partners on addressing health inequality. Support PCNs to progress in their Maturity Matrix.- which outlines components that underpin the successful development of networks.	None identified.

	PCNs to capture the work progressed, the use of the Additional Roles Reimbursement staff to enable these plans to be progressed, the level of interaction in the community, etc. This deep dive information is being gathered for example, a Social Prescriber has shared examples of the variety of work undertaken with children supporting their mental health and building their confidence.		
Empower citizens to use technology where appropriate by enabling people to improve their literacy of local technology.	People team presented a segment at the Community Wellbeing Champions Network online forum on the Health+ programme of support for accessing digital health services. LLR ICB comms presented a segment at the 21.11.23 Community Wellbeing Champions Network online forum on helping communities navigate the NHS system to access health care this winter.	None identified.	None identified.
Deliver the Enhanced Access service in Primary Care Enhanced Access aims to remove variability across the country by putting in place a more standardised and better understood offer for	Enhanced Access has been delivered across Leicester City from October 2022 and has seen a rise in the number of appointments which are more accessible and multidisciplinary approach to primary	NHSE will publish the Primary Care Network Direct Enhanced Access guidance / specification which will outline the delivery of	None identified.

patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks (PCNs) to use the Enhanced Access (EA) capacity for delivering routine services.	care, benefiting patients and supporting healthcare providers. A range of appointments are offered focusing on Long Term conditions management, preventive care, same day, etc. PCNs offer more appointments in addition to the core appointments which include evenings and Saturday Continue to deliver EA appts across LLR; EA appts are delivered by a variety of ARRS roles offering a range of clinics. Data from IIF (Investment and Impact Fund) Dashboard has shown an improvement. This data looks at appointments for targeted clinics.	Enhanced Access from April 2024/25. Once the guidance is published, next steps will be designed on how PCNs continue to delivery EA and improve care and access offered to patients across the City.	
On-going discussions re: same day access in terms of PCN EA and ED (Emergency Department) provision.	PCNs offer Enhanced Access appointments Monday to Friday 6.30pm to 8pm and 9am to 5pm on Saturday. ED provision access continues to be available. Estimate of numbers of people benefiting from the scheme cannot be shared due to data recording methods.	ICB continue to monitor EA contracted hours delivered and UCT (urgent treatment centre) activity to consider the level of demand and capacity in both primary care and urgent care.	Enhanced Access – Continuation of DES (Direct Enhanced Service), data received via monthly return, pending publication of EA data. Continue using monthly returns until this information is available. ED – workforce pressures

			and other national implications.

Healthy Lives
Priority: We will increase early detection of heart & lung diseases and cancer in adults

Active Projects	Outcome to date	Next step	Risks
Hypertension Optimisation	We reviewed the PCN/Practice data up to Jan 2024 for LLR and identified the 20 practices with the lowest rates of optimisation (treatment to target) in the City. Hypertension forms one of the City PCN's key priorities for their community health and wellbeing plan. The data set identified the optimisation gap for each practice – this gap is the number of patients that needs to be recorded as 'optimised' by 31/03/24 to meet the ambition of having 77% of their Hypertensives optimised.	Meeting with City Place to share the data at both PCN and practice level identifying which age group to target: recommendation from this exercise is that they focus their activities on the 79 yrs. and under band. The rationale being that there is a much wider gap in achievement of this indicator. Discussing the data openly will provide an opportunity for practices to share and learn from those practices who are already meeting this target.	That Practices do not act consistently on the information shared.
Hypertension Detection	Links established with LLR Community Pharmacist Lead and engagement with key practices. Identification and targeting of key practices in County & Rutland will commence with activities to increase detection of hypertensive patients.	Working with colleagues in the Medicines optimisation team to develop Community Pharmacy as an enabler for the case finding programme. In addition, practices are being encouraged to make use of the mobile unit and set up	Ensuring that communication between Primary Care and Community Pharmacy remains clear. The Medicines Optimisation team is working to ensure that 'messaging' from

	Utilising community pharmacy in the approach will be critical to meeting the national targets.	community events or have the unit parked outside in their car parks where possible. Community Connectors are being asked to support with raising awareness and education – e.g., the 'Know your numbers' initiative, stressing the importance of undertaking the blood pressure checks at comm pharmacist etc.	Pharmacy to patients is consistent, to avoid an unnecessary practice attendance.
FIT test Pilot	A City PCN is undertaking a pilot to directly provide patients with FIT (Faecal Immunochemical Test) and samples to be returned to the surgery – Feedback is positive. IIF (Impact and investment Fund) January 24 data has just been released and LLR have achieved 81.9% of Lower GI (Gastrointestinal) referrals which are accompanied by a FIT diagnostic test completed in the last 3 weeks. This is over the required 80%.	Carry out a review of the PCN FIT pilot and work with County to extend the pilot to another PCN.	The risk will be around April when the % will reset as the data we collect next to our targets is cumulated annually. Because of information governance we are unable to be provided with the data from practices with 6 or less patients either having been referred or tested by LHS (Leicestershire Health Informatics Service).
Cervical Screening and HPV Work	Mobile cervical screening for women experiencing homelessness was undertaken. One patient was seen, although this is low numbers that is one person who would not have accessed the service and a review was undertaken on how to promote this within the target group in the future. Colposcopy chair	LD Video is currently being edited and HPV will be recorded 12/3/24.	Increase of screening uptake inevitably will impact diagnosis rate and demand on the system- difficult when we are still tackling the backlog. 62 day wait still a massive issue

	purchased.		
Targeted Lung Checks Programme The Targeted Lung Health Check (TLHC) Project is a new service offered to those aged 55 to 74 who are at a greater risk of developing lung cancer.	Nationally the TLHC programme has diagnosed over 1,350 lung cancers so far, more than 75% at stage one or two in line with national guidance on more stage 1 and 2 cancers being diagnosed by 2028. A snapshot of our current LLR population suggests that screening will be for 189,210 eligible participants (i.e. ever smokers) however some areas have utilised an open invitation technique, if we were to pursue that then it would be anyone within the age frame of 55-74 who is an LLR resident, the numbers of which currently sit at 243,359.	Project documentation is being completed for agreement when the Clinical Director is in position.	Some issue around the financing of the whole project as we have limited posts supported by EMCA and the rest needs to be supported via the tariff aligned with UHL work.
Awareness campaigns	Future awareness campaigns in early diagnosis – lung cancer and skin cancer.	Producing videos to support skin cancer and breast screening too ongoing.	Lack of time and resource across the system to push some of this work forward – recruiting of PMs will alleviate some of this pressure.