

Leicester City Health and Wellbeing Board
25 September 2025

Subject:	Update from the Leicester Integrated Health and Care Group
Presented to the Health and Wellbeing Board by:	Georgia Humby, Integrated Board Lead Officer
Author:	Georgia Humby

EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group has continued to meet in supporting the work of the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'.

The summary below provides an overview of the key work to ensure a close partnership between the Group and the Board. Assurance is provided that the Group continues to be outcome focused with an active action log and risk log to ensure appropriate oversight and ability to escalate work and/or concerns up to the Health & Wellbeing Board.

The Group have had ongoing discussions following the publication of the NHS 10-year plan and continue to assess the impact of ICB and local government reorganisation on the system.

The Group have continued with in-depth discussions to progress the work with all partners across the health and care system to identify and agree a model of four neighbourhoods in the city. Further work will continue to agree the implementation of the model for integrated working. The Group will take ownership of governance arrangements to oversee neighbourhoods and the delivery of priorities which will ensure reporting to the Health & Wellbeing Board for discussion and direction.

Proposals for libraries and community centres were shared with the Group for involvement and awareness as part of ongoing development around integrated neighbourhood teams in the city, as well as the good practice of Crown Hill's Well School Project and PCN priorities have been discussed.

The Group have continued discussion around urgent and emergency care at UHL as well as pre-hospital model of care programme and same day access to ensure people are able to access to right care at the right place and the right time.

The Mental Health Wellbeing & Recovery Support Service was discussed by the Groups with a focus of reviewing decommissioning plans to provide assurance throughout the activity. The Group have agreed to develop a commissioning tool for oversight of all joint commissioning and decommissioning activity across the system.

The Group were made aware of questions raised regarding discharge processes and the outcomes being achieved for Leicester residents requiring bedded intermediate care. The questions have been discussed and the Group agreed to initiate a review to examine the services and effectiveness of discharge processes for intermediate care across the integrated health and care system in Leicester and the findings will be expected to be shared with the Health & Wellbeing Board.

Delivery Plan updates have been reported to the Group, including childhood immunisations, hypertension, healthy weight and social isolation all presented - plans can be found below.

The BCF subgroup has now been formalised with membership from across the system meeting monthly to monitor the Fund. Performance will be reported periodically to the Group to ensure oversight and recommendations made to the Health & Wellbeing Board for allocating the Fund at Place level as per its responsibilities.

The lead officer will continue to provide strategic oversight on projects and actions aligned to the Groups work and liaise with the newly appointed Health and Wellbeing Board programme manager to ensure the Board receives regular updates and action any necessary workstreams.

Delivery Plan Updates:

10 March 2025

Title of workstream: Childhood Immunisations

Objective: *To increase childhood vaccination uptake across Leicester.*

Governance arrangements: LLR Immunisations Board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none">- SMI- LD- Homelessness- Care experience young people	Risks and mitigations	RAG for period Please provide context for assesment
Antenatal Vaccinations	<p>Pertussis: current LLR uptake 62%. National target: 60%</p> <p>Target TBC – further work needed to understand data sets and impact of proposed changes.</p> <p>RSV: New vaccine from 1.9.24, NHSE target is 50%.</p>	<p>2,688 Maternity RSV vaccinations have been given since 1 Sept 2024 to date.</p> <p>Roving Healthcare Units offer pertussis and RSV vaccines on a walk-in basis, and these are constantly promoted alongside other vaccines available from the unit.</p> <p>UHL Antenatal vaccination team staffing gaps have been addressed and vaccination clinics have now opened at 4 community hospital sites. This has increased the number of available vaccination clinics</p>	<p>Vaccination information included in DadPad for expectant fathers.</p> <p>Vaccination in pregnancy promotional videos being developed for new TV screens in UHL antenatal public areas.</p> <p>RSV to be offered by community pharmacies in city due to additional funding by NHSE due to low uptake.</p>	<p>Exploring joint working opportunities with UHL maternity diversity lead.</p> <p>Working with Inclusion Health to promote vaccinations amongst homeless cohort, such as sharing health & wellbeing event opportunities</p> <p>Exploring vaccination uptake amongst LPT's LD patients.</p>	<p>This service is commissioned by NHS England, not the ICB, until April 2026.</p> <p>UHL Maternity team delayed recruitment process has led to low vaccination uptake across its community hospital antenatal clinics.</p> <p>Unable to drill down to LSOA level for uptake information</p>	<p>On track (previously reported as off-track)</p>

	LLR current uptake is 32.6%	<p>offered to pregnant women alongside their FASP scans.</p> <p>National pertussis campaign, (Oct 2024 to March 2025), requiring GPs to call / recall pregnant women for vaccination is underway.</p> <p>Promotional literature and training materials shared with CVSE groups that work with pregnant women.</p> <p>Super vaccinators attending events organised by relevant CVSE groups to promote recommended vaccinations in pregnancy.</p>			Uncertainty whether new national data system, RAVS, is pulling vaccination information through to System1.	
Babies and Pre-school Children	<p>MMR 2: current LLR uptake 84.5% at 5 years – place breakdown: City: 79.2% County: 87.6% Rutland: 90.5%</p> <p>WHO target is 95% 2 doses at 5 years.</p>	<p>Data group focussed on agreeing a single data source to use for performance reporting purposes.</p> <p>Super vaccinators have delivered 4,121 pre-school vaccinations from May 2024 to date.</p> <p>CHIS additional 6-month support to 2 city GP practices</p>	<p>MMR Core20 project continuing in the city with selected GP practices. Results being evaluated.</p> <p>Inequalities business case is progressing through ICB approval process.</p> <p>NHSE backing Midlands CHIS provider to introduce a new ONE CHIS booking</p>	<p>Working with Inclusion Health to offer vaccinations to homeless cohort in the city, such as using the roving health care units.</p> <p>Exploring vaccination uptake amongst LPT's LD patients.</p>	<p>Service providers are commissioned by NHS England, not the ICB.</p> <p>Not having a single data source.</p> <p>Unable to drill down to LSOA level for uptake information</p>	On track

		<p>with low childhood vaccc uptake and high waiting lists generated the following improvements:</p> <p>Practice 1:</p> <ul style="list-style-type: none"> • Under 5s on waiting list: 28 • MMR1 vaccinated: 88.2% • MMR2 vaccinated: 79.3% • Pertussis (6-in-1): 92.3% • Pertussis (4-in-1): 81.2% <p>Practice 2</p> <ul style="list-style-type: none"> • Under 5s on waiting list: 128 • MMR1 vaccinated: 87.7% • MMR2 vaccinated: 73.0% • Pertussis [6-in-1]: 86.5% • Pertussis [4-in-1]: 72.2.% • Pertussis in pregnancy: 47.0% <p>Quality review meetings held with practices with low uptake to discuss uptake levels and explore barriers and areas for improvement, with a particular focus on increasing childhood vaccinations/immunisations.</p> <p>LIST (Local Immunisation Street Team) project launched</p>	<p>process for parents requiring them to contact GPs direct to book vaccination appointments. No timescale for implementation confirmed.</p> <p>CHIS Improving Immunisation Uptake Team supporting a further two more GP practices for 6 months with low childhood vaccination/immunisation and high waiting lists to clear 'ghost' patients and increase clinic capacity.</p> <p>Leaflet to help healthcare professionals to confidently dispel myths linking MMR to autism has been developed and is currently being tested with groups of midwives and health visitors.</p> <p>Comprehensive vaccine hub has been developed and is hosted on the ICB website.</p>			
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		<p>through additional funding from NHSE - clinicians are working with CVSE organisations in the Westcotes and Beaumont Leys areas of the city and with the traveller communities in the county to engage traditionally underserved communities to understand and overcome barriers to vaccination (eg Pakastani, Bangladeshi, Eastern European, Caribbean and traveller communities, etc).</p> <p>Vaccination uptake performance packs shared with all city GP practices.</p>				
School-age and Adolescents	<p>HPV school aged uptake for LLR is 73.2% - place breakdown:</p> <ul style="list-style-type: none"> •City: 51.8% •County: 82.2% •Rutland: 80.0% <p>WHO target is 90% in females by 2040. There</p>	<p>Working with SAIS team to look at support with HPV vaccination consent as part of the mobilisation of the HPV vaccination improvement project</p> <p>HPV Vaccination improvement sub-groups have been set up around the key themes identified from the systemwide stakeholder workshop held 5 Dec 2024; these are:</p>	<p>Individual schools are being approached to address issues relating to low vaccine uptake, low/no vaccination consent, developing promotional materials, etc</p> <p>Meetings scheduled with LLR secondary school heads to promote the importance of HPV vaccination and facilitate more positive vaccination sessions</p>	LPT undergoing examination of patient data/records to establish if vaccination is low in patients registered with LD open to LPT.	<p>Cohort of young adult males that miss out on vaccination due to the campaign start date as per national guidelines.</p> <p>Specialist sexual health services is not commissioned to provide HPV vaccinations to any</p>	On Track

	<p>is no target for males.</p> <p>Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine and goal is to achieve 90% uptake by 2040. Further work is needed to understand data sets and impact of proposed changes.</p>	<ul style="list-style-type: none"> ○ Commissioning ○ Engagement, awareness & communications ○ Delivery model & approaches ○ Data & information <p>Training health and care providers and community leaders to address hesitancy empathetically and confidently</p> <p>Identifying other health & wellbeing professionals that already have relationships with schools to enlist their support as advocates and arranging training/education sessions as appropriate, eg school nurses, health & wellbeing teams, specialist sexual health services</p> <p>Youth Advisory Board canvassed for opinions relating to HPV vaccination and associated promotional materials for current campaign.</p> <p>Working with NHSE to address HPV vaccination data discrepancies.</p>	<p>Codesigning promotional materials and key messages with primary target groups, education staff and health/wellbeing partners</p> <p>HPV National HPV catch-up campaign for 16–18-year-olds being promoted by UKHSA.</p> <p>Scoping the addition of HPV vaccine to the RHU walk-in vaccination offer.</p> <p>Working with GP practices, SAIS and specialist sexual health services to provide localised vaccination mop-up clinics and opportunistic vaccination offers in accessible locations and pop-up/drop-in information booths/opportunities</p>		<p>group other than MSM up to age 45 years.</p> <p>GPs not commissioned to undertake HPV vaccination call/recall – can only offer opportunistic HPV vaccinations to young people who missed their SAIS in-school vaccination offers.</p> <p>The SAIS contract is currently subject to procurement and there is a possibility that there will be a new provider from 1st September 2025.</p>	
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		<p>Letter sent to secondary school heads by Director of Public Health to promote HPV awareness and encourage their support to the SAIS programme.</p> <p>GPs to receive an increase in the item of service fee for routine childhood vaccinations from 1st April 2025.</p>				
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Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

1. GPs not commissioned to undertake HPV vaccination call/recall – can only offer opportunistic HPV vaccinations to young people who missed their SAIS in-school vaccination offers. Specialist sexual health services is not commissioned to provide HPV vaccinations to any group other than MSM up to age 45 years.
2. Reduction in national funding – 2025/26 funding has been reduced by 69%, which will impact on the level of future activity
3. There is a possibility of the business case not being supported by the ICB.

Bibliography of Projects

Project	Description
<u>Antenatal Vaccinations</u>	<p>Improve Pertussis (whooping cough) vaccination uptake through:</p> <ul style="list-style-type: none"> • Raise awareness • Working with community groups e.g. Leicester Mammias and Heads Up to offer educational workshops to their clients and training to their staff • Increase accessibility via community clinics on board the Roving Healthcare Unit (RHU). • Continue to support antenatal clinics at UHL by utilising the super vaccinator workforce to cover gaps in staffing. <p>Introduction of RSV (Respiratory Syncytial Virus) vaccine from 1 Sept. 2024:</p> <ul style="list-style-type: none"> • Communications campaign to introduce vaccine and explain importance • Support midwives and vaccination nurses to confidently deliver the vaccine • Offering several pathways and opportunities for pregnant patients to access the vaccine i.e. antenatal clinics, GP, RHU and community locations
<u>Babies and Pre-school Children</u>	<p>To support and provide vaccination and immunisation advice to parents of babies and pre-school children, reducing variation in uptake.</p> <ul style="list-style-type: none"> • Support a shortlist of GP practices with lowest uptake and enabling CHIS service to target support • Raising awareness in primary care settings via regular clinical webinars. • Offering staffing support and additional capacity via the super vaccinators. • Offering childhood immunisations such as MMR and Pertussis on board the Roving Health Unit in areas where uptake is low. • MMR core 20 project to offer home visits to families without vaccination – catch up for all family members • Introduction of the LIST project
<u>School-age and Adolescents</u>	<p>To support the school aged immunisation service (SAIS) to deliver vaccinations to young people throughout their school years, with a specific focus on the HPV vaccine.</p> <ul style="list-style-type: none"> • Work with schools to understand barriers to uptake. • Improve the self-consent process, empowering young people to better understand vaccinations and to make positive choices to support their health. • Targeted work with schools with the lowest uptake and learning from schools with higher uptake rates. • Developing an in-school programme and educational pack to support guidance and advice to young people, teaching staff and their parents/carers.

Date: April 2025

Title of workstream: Hypertension prevention and case finding

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

- Meds op design group
- City Place monthly meetings
- Long terms conditions partnership board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period (please include an explanation for rating)
Advanced Pharmacy Meds op design group	<ul style="list-style-type: none"> • Increase proportion of blood pressure service consultations that are ABPM to 8% in Q4 25-26 • Maintain total number of checks as 6819 / month • Identify and share local best practice for embedding the Community Pharmacy Blood 	Agreed LLR ICB oversight will sit in the Community Pharmacy Integration Group, reporting to Primary Care Transformation Board No target on growth for 25-26 yet provided by NHSE Appointments booking platform for community pharmacy now live in selected pharmacies December data: 5435 (59% annual growth) BP	East Midlands Primary Care Team work on low provision of ABPMs to report. Consider appropriate actions around low ABPM performers Assess impact of new fees in national contract from 01/04/25, clinic BP £10 (reduction of £5) ABPM £50.85 (increase Of £5.85	None	BP checks inappropriately targeted drives low quality perception of service. EMPCT quality work to mitigate. Low GP practice engagement in referrals – trial new approaches with new in post pharmacy / PCN engagement leads.	Amber Overall growth strong, ABPM struggling

	Pressure Service in local pathways	checks in LLR in total – 292 (5.4%) ABPM.				
NHS Health Checks Meds op design group	<ul style="list-style-type: none"> N screened N diagnosed within 12 months of check date N receiving health check as part of QRISK score >10% recorded 	<ul style="list-style-type: none"> 24-25 Q1= 2802/24-25 Q2= 2670 Q3= 2898 Not able to provide this data until April/May 2025 as we only get this data annually (although it will include 24/25 data for all 4 quarters). 24-25 Q1= 352/24-25 Q2= 224 Q3= 327 	Q1 & Q2 NHS Health Checks NHS Health Check delivery has remained consistent over the last 2 year period, uptake for those receiving an NHS Health Check currently sits at around 40-50% of overall eligible population. The last two quarters for 2024-25 are slightly down from last year, although still in line with anticipated figures/forecast in respect of budget allocation for this service. In addition, current NHS Health Check uptake rate for Leicester is	This will be somewhat dependant on current eligible population cohort for NHS Health Check offer.	Ongoing difficulties with ensuring new NHS Health Check contracts are drawn up and sent out to GP practices, the intended completion date for the new contracts to be sent out and signed was initially set for 1st April 2025. However, this is becoming more of an emerging issue due to PSR guidance and process with how the direct award process is awarded for these contracts. We are continuing to have regular and ongoing discussions with procurement colleagues to establish next steps	Green-overall performance of NHS Health Check programme is performing strongly and line with anticipated target figures for 2024/25. NHS Health Check - Data Fingertips Department of Health and Social Care

			<p>notably higher than the current national average figure which sits at around 28%.</p> <p>Revised and developed new Data Processing and Data Sharing Agreements for the provision of data we receive through SystmOne and via LHM. These have been developed to ensure better data quality is captured through the delivery of the HC programme. As a result, this will look to provide better intelligence and insight when looking to analyse NHS Health Check data, so that further service improvement and design can be implemented accordingly. In addition, allowing us to better monitor the</p>		<p>and looking to get further steer on how to progress with these contracts.</p> <p>Ongoing work to progress work with the re-procurement of the NHS Health Check contracts in line with PSR and new statutory guidelines. We are just about to go out for tender under PSR using Most Suitable Provider award. In turn, trying to ensure minimal impact with regards to the procurement process and making this as straight forward as we can to support GP Practices to apply for this contract. There is ongoing risk attached to this element to ensure we still have all existing GP practices and provision in place to</p>	
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			<p>impact and effectiveness the programme is able to provide for those individuals receiving their check e.g. those being referred into lifestyle services and diagnosed/added to condition specific registers i.e. Hypertension.</p> <p>2024/25 Q3: There has been a slight increase in terms of number of health checks delivered for q3 2024-25 compared to q3 2023-24. Overall, we have delivered slightly less health checks for the first 3 quarters in 2024-25 compared to 2023-24 (499 difference). The percentage of eligible population who have received a health check within</p>		<p>carry on delivering this service.</p>	
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			the last 5 years (39%) still remains notably higher than the national average (28%).			
Support case finding and optimisation of Hypertension City Place monthly meetings Long terms conditions partnership board	Outcomes <ul style="list-style-type: none"> • Increase in knowledge of risk factors for hypertension and behaviour change amongst target population • Increase in number of people a) accessing a BP test, b) being diagnosed with hypertension, c) being optimised • Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk • Reduction in number of strokes/myocardial infarctions in Leicester City 	Task and finish group meeting monthly. Progress to date: <ul style="list-style-type: none"> - Data sourced through PH/ICB and used to agree initial groups/areas for focus. - Multi-intervention approach proposed to include Community Pharmacy case-finding outreach model, BP testing on the roving health unit (RHU), targeted NHS Health Checks, and ICB/PCN interventions. - Testing on RHU already happening; data being collected. 	<ul style="list-style-type: none"> - Firm proposal for CommPharm to be shared with LPC for discussion/approval - Engagement with a) local community organisations to establish support for programme and opportunities for collaboration and b) population to whom intervention is intended to explore acceptability of proposed interventions and co-production opportunities. - RHU to continue offering BP testing 	Early discussions with LDA Collaborative Health Equity Lead, and SMI & Social isolation task and finish group to support consideration of accessibility and other needs of these groups within hypertension work.	Key notable risks: <ol style="list-style-type: none"> 1. No designated resource attached to this work – intervention options have been developed to maximise on existing capacity/resources. 2. Requires ‘buy in’ from all key stakeholders – lack of this from any single area could limit reach and effectiveness of project. <ul style="list-style-type: none"> - Good T&F group representation 	Green – on track with no areas for escalation at this time.

	<p>Proposed success measures</p> <ul style="list-style-type: none"> • Significant increase amongst no. of people in target population to have a BP test over a 6-month period (actual number TBC) • Significant increase in the number of newly diagnosed cases of hypertension (actual number TBC, % of estimated 24,000 undiagnosed cases in Leicester) • Increase in use of pharmacy services for measurement of BP (baseline to be established) • 100% of individuals attending a BP check to be assessed for risk factors and offered prevention advice/signposting/referral to support services • 100% of individuals with BP considered within 'dangerous' range referred for immediate 	<p>- NHS Health Checks – reached out to 1 Practice with low uptake initially to explore potential opportunities.</p> <p>Dedicated staff utilised for Willows NHS health checks to identify the unmet needs in the community. Really high case findings of HTN , at times requiring ED admission. Willows have completed near to 300 health check in the last 2-3 months and have over 8000 pending. Using automated online bookings into special clinics and the risks like delayed blood collection is mitigated by using a taxi to deliver bloods to Sandringham building late in the evenings.</p>	<p>as part of routine vaccinations work</p>		<p>across all required areas.</p> <p>3. Possible impact on NHS Health checks (less people attending as a result of additional BP testing interventions)</p> <ul style="list-style-type: none"> - Signposting to NHS HC to be embedded within intervention pathway. <p>4. Participation from target audience is essential.</p> <ul style="list-style-type: none"> - Engagement with target audience ahead of development of intervention to support co-design/co-production. - Stakeholders include CWC representation. 	
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	<p>management as per NICE guidance/local guidelines</p> <ul style="list-style-type: none"> • Individuals with a high BP reading via pharmacy outreach testing to be advised to be offered ABPM as per NICE guidance/local guidelines. <p>- Individuals identified with high BP to be referred to GP for medicines optimisation as per NICE guidance/local guidelines</p>				Full risk log to be reviewed as a standing agenda item at T&F group.	
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Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

Bibliography of Projects

Project	Description
Advanced Pharmacy	Most pharmacies in Leicester are signed up to the NHSE hypertension case-finding programme. This involved blood pressure checks.
NHS Health Checks	The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition, one of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).
Support case finding and optimisation of Hypertension	i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans) ii) a communication plans to support medication adherence (iii) using business intelligence analysis to understand the detection and optimisation gaps. iv) T&F group work to focus on reducing health inequalities in hypertension detection.

Date 20 May 2025

Title of workstream: Healthy weight

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

Governance arrangements:

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none">- SMI- LD- Homelessness- Care experience young people	Risks and mitigations	RAG for period
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living. Lead officer: Amy Hathway.	80 staff trained from a variety of workforces annually. Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.	Training is currently in development and engagement has occurred with some VCS organisations to attend pilot of training. First pilot training to run in early summer.	Ask colleagues to share information regarding existing training that could positively feed into the development of this package and ensure that relevant signposting routes are embedded.		Pilot of session has low uptake – mitigation of engagement with relevant colleagues and plan for dissemination of information in place.	Green

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
<p>Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy</p> <p>Lead reporting officer: Amy Hathway</p> <p>Lead operational officer: Annie Kennedy.</p>	<p>Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training</p> <p>Page views for healthy lifestyle sections of Health for Under 5s website</p> <p>8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service.</p> <p>Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service.</p>	<p>Midwifery training not yet in development as multi agency and social care packages are being delivered first. Colleagues working on maternal weight are currently scoping out existing midwifery training pathways to support opportunity for engagement with midwives.</p> <p>3 Live Well advisors completed training on pre and post physical activity, 4 currently awaiting results. Plans</p>	<p>Engagement to explore how to train midwives in limited capacity.</p> <p>Continual promotion of Live Well and Live Well mums walks and exploration of inclusivity of classes for pre and post natal women.</p> <p>Finalise plans for Aylestone Leisure Centre infant feeding space with Family Hubs and Active Leicester before launching space in summer of 2025, includes purchasing of chairs and establishing what information to display within area.</p>		<p>Low engagement of workforces – identification of suitable colleagues to support uptake and prioritisation of course.</p>	Green

Reporting Project (<i>governance</i>)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
	<p>Number of mums attending Live Well Walk More mums walks.</p> <p>Review leisure centre opportunities to promote themselves as breastfeeding friendly.</p> <p>Antenatal physical activity classes at Aylestone Leisure Centre (March 2024)</p>	<p>currently being made for promotion of Live Well as accessible for women with LTCs who are pregnant and exploration of introducing pre/post natal friendly exercise classes.</p> <p>Live Well mums walks are back up and running and are open to families. First walk in April 2025 had 8 mums attend with children and partners. Walks run in partnership with libraries and run on the first Saturday of each</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none">- SMI- LD- Homelessness- Care experience young people	Risks and mitigations	RAG for period
		<p>month. Plans for expansion will depend upon uptake of these walks, but could grow as part of the existing Live Well Walk More sessions.</p> <p>Infant feeding space is in development at Aylestone Leisure Centre with Family Hubs and Sports working to create the space.</p>				

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
<p>Increase number of schools doing The Daily Mile</p> <p>To be monitored through the Childrens Healthy Weight working group (Chaired by Chirag Ruda)</p> <p>Lead reporting officer: Claire Mellon / Inspire Together</p> <p>Lead operational officer: Rhiannon Pritchard</p>	Support 15 schools to start/re-engage in participation of the Daily Mile or alternative daily activity	<p>Daily Mile was agenda item on PE Lead meeting led by Inspire Together, exchange of information between schools.</p> <p>Programme Officer has been in contact with schools and gained information on how it has worked well with certain schools.</p> <p>Information on Daily Mile circulated to Governors city wide</p> <p>Children's subgroup members</p>	<p>Meeting next week to catch up with Inspire Together</p> <p>Continue to push with schools we have not received any communications from yet</p>	Aim is to be inclusive of majority children – can walk, run or wheel	Programme Officer working on the programme has left, recruitment not yet started for replacement	Amber

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
		identified and agreeing a date				
Social care (LD) focused work Social care working group. Lead officer: Amy Hathway (with appropriate reps from LNDS/LPT and Social Care)	Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. Easy read information issued to all providers. Contracts reviewed to embed healthy living more prominently	Training needs analysis has been completed with social care staff and training is currently being pulled together. Slides and content are to be shared with social care colleagues for identification of priority workforces and ensure training	Pilot training with social care. Timescales to be defined with teams. Support dissemination of easy read information to providers. Ensure that a contract review timeline is regularly discussed within the social care working group.	Easy read information and pack of resources created by colleagues in LPT will be for people with LD.	Engagement of staff – mitigations team leaders and Principal Social Worker engaged and supportive of training.	Green

Reporting Project (<i>governance</i>)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
		<p>is embedded in pathways.</p> <p>Easy read information developed by LPT has been approved and is awaiting publication.</p> <p>Conversations regarding contracts occur within the social care working group. Colleagues have continued conversations outside of the working group including training for quality assurance officers assessing care homes to ensure they can accurately</p>				

Reporting Project (<i>governance</i>)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
		comment on quality of food provision.				

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

- **Once developed, support and advocate for attendance of pilot training for workforces working with pre, during and post pregnancy, social care and multi-agency training.**
- **Promote The Daily Mile where appropriate.**

Bibliography of Projects

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy	A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately. HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well
Increase number of schools doing The Daily Mile	A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity. HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.

Social care (LD) focused work	<p>A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training.</p> <p>HWB partners:</p> <p>LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.</p>
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Date 20 May 2025

Title of workstream: Healthy weight

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

Governance arrangements:

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living. Lead officer: Amy Hathway.	80 staff trained from a variety of workforces annually. Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.	Training is currently in development and engagement has occurred with some VCS organisations to attend pilot of training. First pilot training to run in early summer.	Ask colleagues to share information regarding existing training that could positively feed into the development of this package and ensure that relevant signposting routes are embedded.		Pilot of session has low uptake – mitigation of engagement with relevant colleagues and plan for dissemination of information in place.	Green
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy Lead reporting officer: Amy Hathway Lead operational officer: Annie Kennedy.	Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training Page views for healthy lifestyle sections of Health for Under 5s website 8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service.	Midwifery training not yet in development as multi agency and social care packages are being delivered first. Colleagues working on maternal weight are currently scoping out existing midwifery training pathways to support opportunity for engagement with midwives.	Engagement to explore how to train midwives in limited capacity. Continual promotion of Live Well and Live Well mums walks and exploration of inclusivity of classes for pre and post natal women. Finalise plans for Aylestone Leisure Centre infant feeding space with Family Hubs and Active Leicester before launching space in summer of		Low engagement of workforces – identification of suitable colleagues to support uptake and prioritisation of course.	Green

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
	<p>Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service.</p> <p>Number of mums attending Live Well Walk More mums walks.</p> <p>Review leisure centre opportunities to promote themselves as breastfeeding friendly.</p> <p>Antenatal physical activity classes at Aylestone Leisure Centre (March 2024)</p>	<p>3 Live Well advisors completed training on pre and post physical activity, 4 currently awaiting results. Plans currently being made for promotion of Live Well as accessible for women with LTCs who are pregnant and exploration of introducing pre/post natal friendly exercise classes.</p> <p>Live Well mums walks are back up and running and are open to families. First walk in April 2025 had 8 mums attend with children and partners. Walks run in partnership with libraries and run on the first Saturday of each month. Plans for expansion will depend upon uptake of these walks, but could grow as part of the existing Live Well Walk More sessions.</p> <p>Infant feeding space is in development at Aylestone Leisure Centre with Family Hubs and Sports working to create the space.</p>	2025, includes purchasing of chairs and establishing what information to display within area.			

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
Increase number of schools doing The Daily Mile To be monitored through the Childrens Healthy Weight working group (Chaired by Chirag Ruda) Lead reporting officer: Claire Mellon / Inspire Together Lead operational officer: Rhiannon Pritchard	Support 15 schools to start/re-engage in participation of the Daily Mile or alternative daily activity	Daily Mile was agenda item on PE Lead meeting led by Inspire Together, exchange of information between schools. Programme Officer has been in contact with schools and gained information on how it has worked well with certain schools. Information on Daily Mile circulated to Governors city wide Children's subgroup members identified and agreeing a date	Meeting next week to catch up with Inspire Together Continue to push with schools we have not received any communications from yet	Aim is to be inclusive of majority children – can walk, run or wheel	Programme Officer working on the programme has left, recruitment not yet started for replacement	Amber
Social care (LD) focused work Social care working group. Lead officer: Amy Hathway (with appropriate reps from LNDs/LPT and Social Care)	Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. Easy read information issued to all providers. Contracts reviewed to embed healthy living more prominently	Training needs analysis has been completed with social care staff and training is currently being pulled together. Slides and content are to be shared with social care colleagues for identification of priority workforces and ensure training is embedded in pathways.	Pilot training with social care. Timescales to be defined with teams. Support dissemination of easy read information to providers. Ensure that a contract review timeline is regularly discussed within the social care working group.	Easy read information and pack of resources created by colleagues in LPT will be for people with LD.	Engagement of staff – mitigations team leaders and Principal Social Worker engaged and supportive of training.	Green

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none"> - SMI - LD - Homelessness - Care experience young people 	Risks and mitigations	RAG for period
		<p>Easy read information developed by LPT has been approved and is awaiting publication.</p> <p>Conversations regarding contracts occur within the social care working group. Colleagues have continued conversations outside of the working group including training for quality assurance officers assessing care homes to ensure they can accurately comment on quality of food provision.</p>				

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

- **Once developed, support and advocate for attendance of pilot training for workforces working with pre, during and post pregnancy, social care and multi-agency training.**
- **Promote The Daily Mile where appropriate.**

Bibliography of Projects

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy	A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately. HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well

<p>Increase number of schools doing The Daily Mile</p>	<p>A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity. HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.</p>
<p>Social care (LD) focused work</p>	<p>A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training. HWB partners: LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.</p>

Date 17 06 2025

Title of workstream: Mental health and wellbeing related to social inclusion, and supportive networks

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

Governance arrangements:

- Leicestershire Partnership NHS Trust
- Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)
- Community Public Health Steering Group
- Leading Better Lives Steering Group (LCC)
- Mental Health Partnership Board
- Leicester City Council – Public Health
- LLR Mental Health Collaborative

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups <ul style="list-style-type: none">- SMI- LD- Homelessness- Care experienced young people	Risks and mitigations	RAG for period
Neighbourhood Mental Health Cafés <i>LLR Mental Health Collaborative</i>	Case studies demonstrating impact. Quality review of individual cafes.	Monthly data and case studies collated. Reviews of individual cafes ongoing.	Complete review of cafes by November.	n/a	Risk that individual cafes do not embed – mitigated through support from neighbourhood leads in LPT.	

Mental Health Wellbeing & Recovery Support Service <i>Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)</i>	<p>Undertake a quality review with a focus on impact of the service and how this offer fits within the wider mental health system.</p>	<p>Review ongoing in conjunction with County and Rutland.</p>	<p>Complete review of service.</p>	<p>n/a</p>	<p>Risk of non-collaboration with other services across the system Mitigation: monitoring and review asks for information on collaboration.</p>	
Bringing People Together Programme <i>Community Public Health Steering Group</i>	<p>Let's Get Together (LGT)</p> <ul style="list-style-type: none"> • Maintain regular weekly health walks from community locations and encourage social interaction over refreshments • Support active travel to undertake Sociable strolls throughout the year and encourage social interaction after refreshments • Warm Welcome to take place in all community locations 	<ul style="list-style-type: none"> • Walks are well attended approx. 90 people a month attend health walks and around 15 people attend sociable strolls • All libraries are offering Warm Welcome in 24/25 • 33 VCSE organisations have received grants to open their spaces to people as a warm welcome space and/or provide health related 	<ul style="list-style-type: none"> • Working with walk providers to maximise reach and resources to maintain existing walks and agree new ones • Evaluating the community grants in preparation for repeating the initiative next year 	<ul style="list-style-type: none"> • LGT activities are accessible, free and open to all. Possibility of targeted walks. • Increasing inclusivity by empowering organisations 	<p>LGT operates from community buildings, mainly libraries, if sites reduce hours/close this will have an impact on LGT and Warm Welcome programmes.</p>	

	<p>Let's Get Digital</p> <ul style="list-style-type: none"> Let's Get from A to B (travel training online) has been added to the programme as an additional module. Target to enrol 200 people a term onto this module Enrol 240 people per term on the course Maintain 60% of successful attendees accessing follow on courses Work with 10 organisations per annum offering LGD at their sites <p>*Let's Get Active (contracted service)</p>	<p>support and wellbeing</p> <ul style="list-style-type: none"> 327 people successfully completed the course (Apr '23- June '24) 60% of people continued digital learning after these sessions accessing another course An additional module 'Let's Get from A to B' is due to start shortly. People will have support with finding information, planning journeys, using google maps and booking tickets online 	<ul style="list-style-type: none"> Increase links with VCSE organisations to offer LGD at their sites Work with housing to offer support for people who are not digitally literate <p>*awaiting data</p>	<ul style="list-style-type: none"> Identifying and supporting people who are not digitally literate. Increasing accessibility by working with VCSE providing courses in familiar locations <p>*promote sessions through CWC network</p>	<p>Let's Get Digital is externally funded until March 2026 after which time the programme is at risk unless an alternative source is found. Let's Get from A to B is funded separately</p> <p>None at present time</p>	
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	<p>*establish weekly physical activity sessions in 5 locations across the city</p> <p>* 30 people a month to attend</p> <hr/> <p>Let's Get Growing (Contracted)</p> <ul style="list-style-type: none"> • Increase number of community food growing plots at allotment sites • Increase access to food growing through the seed library and other initiatives • Support educational settings to access food growing • Set up two new community gardens in the city 	<p>Contract started in April 2025</p> <ul style="list-style-type: none"> • Green Gym moving from Rolleston Primary School to Eyres Monsell Community Centre (making it accessible for more people). • The Leicester and Rutland TCV project has been assisting Let's Get Growing by using Leicester community food growing sites to host corporate volunteering team days. 	<hr/> <ul style="list-style-type: none"> • Encourage community groups to take up community plots • Continue to support school-based initiatives • Encourage participation in the seed library and other initiatives 	<ul style="list-style-type: none"> • Work with VCSE organisations to support more people from plus groups to access activities 	<p>TCV deliver community gardening at LCC owned sites, changes to the ownership/ opening times of sites may disrupt provision</p>	
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		<ul style="list-style-type: none"> Besides entry level courses TCV have provided a number of intermediate level courses and workshops tailored towards gardeners with existing experience, to allow community groups and individuals to develop their skills further in a supportive environment 				
Leading Better Lives <i>Leading Better Lives Steering Group (LCC)</i>	Metrics to be developed in co-production as part of the project	Task groups have been established for each of the four projects	Establish parameters of individual projects.	Capacity issues which had an impact upon the progression of the project have eased and a way forward has been agreed.		

<p>Prevention Concordat for Better Mental Health</p> <p><i>Mental Health Partnership Board</i></p>	<p>Partnership Board receives reports to address health inequalities</p> <p>Mental health in all policies, such as access to green space, transport, leisure, arts, and culture</p>	<p>Various sources of information looking at addressing Health Inequalities as they pertain to Mental Health in Leicester:</p> <p>Mental Health and Wellbeing Survey on mental wellbeing in Leicester.</p> <p>Real Time Suicide Surveillance Data</p> <p>African Heritage Alliance report Black Mental Health and Me</p> <p>Poverty and Mental wellbeing: Foodbanks Plus</p> <p>Health Equity Audit by Leicester Counselling Centre</p> <p>Working with LLR Mental Health Collaborative, ICB, LPT, Leicestershire County Council, on</p>	<p>Working with key stakeholders on</p> <p>Patient and Carer Race Equality Framework [PCREF]</p> <p>Raising awareness of suicide risk to ICB, Partnership Board and Lead Member</p> <p>Procurement of Foodbanks Plus for people at risk of poor mental health linked to poverty.</p> <p>Mental Health Collaborative for work on Foodbanks and breast screening.</p>	<p>Patients and carers from minority ethnic backgrounds</p> <p>People resident in the most socioeconomically deprived areas of Leicester</p> <p>Women with a serious mental illness</p>	<p>Financial pressures on ICB has risk of sidelining the impetus to address health inequalities and the prevention agenda in favour of supporting services and a reactive approach.</p>	
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		improved uptake of breast screening for women with serious mental illness.				
Joy app rollout <i>LLR Mental Health Collaborative</i>	Quality Review of the impact of Joy including data, case studies and partner testimonies.	Work ongoing with social prescribers to collate data, case studies and testimonies.	Joy added to the agenda of Leicester City Learning Disability Partnership Board is on Monday 28 th April. <u>Easy Read poster</u> Joy onboarding session with Andy Humpherson and public health team (9 th January) Joy steering group meeting is 26 th February. (Andy Humpherson in attendance)	n/a		

Mental Health Friendly Places <i>Leicester City Council - Public Health</i>	Case studies demonstrating impact Survey collating feedback from the Mental Health Friendly places to measure positive impact	71 organisations signed up in the city (34 for the city, and 17 covering city and county) 135 in total across LLR. 141 people trained in MH first aid aware in City and LLR organisations 49 MH first aiders trained in City and LLR organisations 18 people trained in Samaritans Listening Skills in City and LLR organisations 17 people trained in Healthy Conversation Skills in City and LLR organisations Bereavement training event held in October 2024. Training provided by The Laura Centre, 80+ people	Develop more Mental Health Friendly Clubs by working with the local Football Association and Active Together Develop a business offer for Mental Health Friendly Places, to include bespoke training to fit with ways of working e.g. lunch and learn. Targeting support for small businesses, e.g. barbers, hairdressers Continue to offer bespoke training on men's mental health Procure training for those topics identified through MHFP survey	n/a	Organisational capacity to enable training requires flexible offers	
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		<p>attended. Working in conjunction with NHML's bereavement training identified as a need for local communities.</p> <p>Survey from October 2024-</p> <p>Respondents were asked what other training they felt would be beneficial, responses were suicide intervention training, menopause, men's mental health, neurodiversity and mental health, gambling harms and personality difficulties.</p> <p>Menopause awareness raising session held in March 25</p> <p>3 webinars hosted with Ryan Parke- The Men's coach, topics covered were:</p>				
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		<p>The science of men's mental health</p> <p>Bridging barriers with men</p> <p>The myths that kill men</p> <p>(feedback from the webinars was all positive and those attending found the topics covered very helpful in talking to men and boys about their mental health and how to support them).</p> <p>Real Talk suicide prevention training being procured to be rolled out through the programme for World Suicide Prevention Day. Training being tailored to the needs of LLR and VCSE organisations invited to steering group to help shape the training for our area.</p>				
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		<p>Mental Health Friendly Places Celebration Event held in February 2025 in conjunction with Time To Talk day. Talks given by local mental health and suicide prevention services aswell as domestic violence, drugs and alcohol, autism space and gambling harms.</p> <p>5 Mental Health Friendly Clubs are trained across LLR (1 in Leicester AFC Andrews) 5 more clubs to be signed up for next football season.</p> <p>Pilot ongoing with FA around 'Mental Health Friendly Clubs' to train committee members and welfare leads of 5 clubs.</p>				
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		Mental Health Friendly Clubs launching imminently, working in partnership with Active together to host information webinars for clubs. Sporting clubs being targeted to offer mental health training to support adults attending and can be signposted on to further support if needed to local services.				
Getting Help in Neighbourhoods Projects <i>LLR Mental Health Collaborative</i>	Quarterly case study theming takes place to demonstrate the impacts and outcomes of the GHiN projects.	Quarterly reports and associated data are collected and collated. Review of individual GHiN organisations takes place in July / August, and actions identified from reviews are entered onto the GHiN scheme action log and regularly monitored, updated or closed.	The GHiN scheme is currently receiving and reviewing individual project briefs from the organisations taking part in the next round of grant wards, this is for the FY 25/26. Once all documents have been reviewed they will be sent to the ICB contracts	N/A	At present no risks identified.	

			team for draft contracts to be issued.			
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Case study/ qualitative examples of progress:

Project	Example
Mental Health Friendly Places	Saffron Acres: “We have a small but dedicated staff team, who come from a variety of backgrounds and with different experiences. As a charity, it can sometimes be a little harder to find opportunities for funded training that is relevant to our job roles, and this is where the MHFP experience has really shined. Not only has the training enabled our team to gain uniform understandings so we are all on the same page, it has allowed us to become more confident when we are engaging people that visit us and access our services. It has been directly relevant in the mental health projects we run, but helps support all our other projects we engage people in.”
Aunty Sue	 Aunty Sue Case Study.pdf
Network Event Belgrave	 Case Study Network Event Belgr

Point for escalation relating to any of the projects:

Bibliography of Projects

Project	Description
Neighbourhood Mental Health Cafés	Drop-in sessions delivered by voluntary sector providers and located in areas with highest levels of mental health need where people can get mental health support and advice – no appointment needed.
Mental Health Wellbeing & Recovery Support Service	Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.
Bringing People Together Programme	Free activity sessions at community centres and libraries encouraging people to learn new skills, get more active and get together with others. Projects include: <ul style="list-style-type: none">• Let's Get Together (LGT)• Let's Get Growing (LGG)• Let's Get Digital (LGD)• Let's Get Walking LGW)• Let's Get Creative (LGC)• Warm Welcome

Leading Better Lives	Developing a coproduced council-wide approach to prevention and community wellbeing.
Prevention Concordat for Better Mental Health	Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.
Joy app rollout	Roll out of the Joy social prescribing app which promotes activities and support and allows people and professionals to make referrals
Mental Health Friendly Places	Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health
Getting Help in Neighbourhoods Projects	Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.