

# Health and Wellbeing Board Annual Report

## January 2022 – July 2023

### Chair's foreword

I am pleased to introduce this annual report of the Health and Wellbeing Board. Whilst still tackling the legacy that COVID-19 has left on the health and wellbeing of our residents and workforce, this period has also seen significant structural changes to the planning and delivery of our health and care systems with the abolishment of Clinical Commissioning Groups and the introduction of Integrated Care Systems. What has not changed, however, is our ethos for strong partnership working and commitment to empower our residents to achieve the best possible health and wellbeing outcomes that they are able to. With change comes opportunity, and this report highlights the achievements which have been made, including:

- Publication of the new Joint Local Health and Wellbeing Strategy, development of the associated delivery action plan, and good progress against the initial six priorities.
- Decisive action to understand and address the impacts of the cost-of-living crisis across Leicester.
- Collaborative working between Education and NHS partners to encourage and support people with learning difficulties in meaningful employment.
- Engagement with our local communities across a range of areas to listen to what matters to them, and using this insight in the shaping and development of services
- Innovation across the health and social care systems to deliver services in ways which best meet the needs of those who use them during the winter period, when increasing pressures were being experienced across the system.

Having taken over the role of Chair of the Board in May 2023, I know that we will continue to face challenges in the year ahead, not least the increasingly tightening budgets experienced by the Local Authority and NHS services, but I look forward to continuing to build upon the outcomes that this Board has already achieved and the strength in partnership which has been repeatedly demonstrated through the activity which is described in this report. I would like to thank: the Board members for their continued dedication; all of the staff who continue to provide high-quality health and care services care to our residents despite pressures experienced across the system; and give special thanks to the countless volunteers across Leicester who work tirelessly to support the health and wellbeing needs of our local population.

Cllr Sarah Russell  
Deputy City Mayor – Social Care, Health and Community Safety

## Terminology and acronyms used in this report

Any words in **bold** throughout this report may require explanation or further detail. There is a 'glossary and links to further information' section at the end of this document to explain this terminology and to provide full details of websites or links to further information which have been referred to in this report.

### 1. Introduction

We, the Health and Wellbeing Board, represent and address health and wellbeing needs in Leicester by bringing together key partners from across the health and social care system to meet, in public, to discuss the issues which face Leicester's residents, and to identify and agree ways to address them collaboratively. Meeting agendas, minutes and webcasts of individual meetings are publicly available on the Leicester City Council website, but the purpose of this annual report is to provide an overview of our activity during the period being reported on, along with plans for the future.

Ordinarily a report would be produced annually and would cover a single year period, but in recognition that no report was produced during the COVID pandemic, the time period covered by this report has been expanded to 18 months.

### 2. Who we are and what we do

#### 2.1 What is the Health and Wellbeing Board?

The Health and Wellbeing Board is a statutory committee of Leicester City Council, established under the **Health and Social Care Act 2012**. Our primary purpose is to make sure that all residents of Leicester are able to achieve the best possible health and wellbeing that they are able to. We recognise that this will be different for every individual.

#### 2.2 Who represents the Health and Wellbeing Board?

We are a partnership forum which is made up of leaders from local health and social care systems who understand the health and wellbeing of the local population, and work together to improve it. Board membership aims to be representative of the organisations who support health, care and wellbeing needs across our city and the communities we serve. Membership for 2022-23 comprised of:

Elected members of Leicester City Council (5) - Voting
<ul style="list-style-type: none"><li>• Executive Lead Member for Health</li><li>• Four further Elected Members</li></ul>
NHS representatives (7) - Voting
<ul style="list-style-type: none"><li>• Chief Executive plus 2 other representatives from the LLR ICB</li><li>• Director of Strategic Transformation – NHS England and NHS Improvement, Midlands</li><li>• Independent Chair of the Integrated Care System</li><li>• Chief Executive of University Hospitals NHS Trust</li><li>• Chief Executive of Leicestershire Partnership NHS Trust</li></ul>
Officers of Leicester City Council (4) - Non-voting
<ul style="list-style-type: none"><li>• Strategic Director of Social Care and Education</li><li>• Director of Public Health</li></ul>

<ul style="list-style-type: none"> <li>• Public Health Consultant</li> <li>• 1 vacant post</li> </ul>
Further representatives of the wider community (8) – 7 Voting, 1 non-voting
<ul style="list-style-type: none"> <li>• Local Healthwatch</li> <li>• Leicester City Local Policing directorate, Leicestershire Police</li> <li>• LLR Police and Crime Commissioner</li> <li>• Chief Fire and Rescue Officer, Leicestershire Fire and Rescue Service</li> <li>• A representative of the Sports Community</li> <li>• (Chairman of Leicester Riders)</li> <li>• A representative of the private sector/business (LLEP)</li> <li>• A representative of the voluntary services (Voluntary Action Leicester)</li> <li>• A representative of Leicester’s Universities (DeMontfort/Leicester University)</li> </ul>

### 2.3 Vision, aims and objectives of the Board

Our primary aim is to achieve better health, social care and wellbeing outcomes for Leicester City’s population, and a better quality of care for patients and other people using health and social services. Our objectives are to:

- Provide strong local leadership for the improvement of the health and wellbeing of Leicester’s population and work to reduce health inequalities.
- Lead on improving the strategic coordination of commissioning across NHS, adult social care, children’s services and public health services.
- Maximise opportunities for joint working and integration of services using existing opportunities and processes, and prevent duplication or omission.
- Provide a key forum for public accountability of NHS, Public Health, Adult Social Care, Children’s Services, and other commissioned services directly related to health and wellbeing.

### 2.4 Statutory responsibilities of the Board

We have some statutory duties which we must carry out. They are to:

Produce Joint Strategic Needs Assessments (JSNAs) which assess the health and wellbeing needs of Leicester’s populations, and refresh them as needed.

The **Joint Strategic Needs Assessment (JSNA)** is a comprehensive document that evaluates the health profile of a population, identifying health inequalities and unmet needs. The JSNA also projects future health trends, providing recommendations for enhancing population health. JSNA’s are an important tool in helping to develop local strategies and to inform decisions about the types of services which need to be commissioned to support local health and wellbeing. During the time period this report covers, the following JSNA’s and **Joint Specific Needs Assessments (JSpNA’s)** have been completed:

- [Pharmaceutical Needs Assessment \(PNA\) 2022](#)
- [Oral Health JSpNA 2022](#)
- [Oral Health JSNA 2023](#)
- [Drug and alcohol JSpNA 2023](#)
- [Alcohol JSpNA 2023](#)

- [Drug JSpNA 2023](#)
- [Mental health JSNA 2023](#)
- [End of life care JSNA 2023](#)
- [Children and Young People's \(CYP\) JSNA Chapter 1: Overview 2022](#)
- [Children and Young People's \(CYP\) JSNA Chapter 2: Early years \(0-4 yrs\) 2023](#)
- [Sexual health JSpNA 2023](#)
- [Healthy Weight JSpNA 2022](#)
- Dementia JSNA 2023
- Living in Leicester 2023

### Case Study

The Oral Health JSNA chapter has been used as a case study, to demonstrate how we use the JSNAs to help to improve health and wellbeing locally.

Context: Poor oral health impacts quality of life and is caused by factors like inadequate oral hygiene, sugary diets, tobacco, alcohol, and lack of dental care. In children, good oral health is crucial to prevent issues like dentinal caries, pain, infections and issues with speech development; all of which impact a child's ability to grow, learn and play.

Process and findings: In 2013, the Oral Health JSNA showed Leicester's children had worse oral health than the national average. Specifically, 53% of 5-year-olds had dentinal decay. Recommendations included a partnership-driven oral health strategy for children, introducing educational campaigns such as the supervised tooth brushing programme in early years settings, increasing the provision and uptake of fluoride varnish application, and overall building a community interest in oral health.

Outcomes: A number of Public Health initiatives were born from the JSNA including the development of the Oral Health Promotion Strategy (2014-2017) and the start of the supervised toothbrushing and Healthy Teeth, Happy Smiles programmes in Leicester, both of which are educational campaigns. Fluoride varnish application benefits were promoted through social media, reaching around 7,000 individuals in some posts. Community partnerships and resources improved child oral health through education, dental supplies (e.g. toothbrushes) and advice around best practice.

Impact: Leicester's decay rate decreased from 53% (2012) to 38% (2022), a 15.4% decrease, demonstrating the effectiveness of these measures.

Alignment with the priorities of the Health and Wellbeing Board: The JSNA aligns with the Health and Wellbeing Board's Healthy Start priorities: mitigating the impact of poverty in children, ensuring the best start for all children by focusing on the critical 1001 days, empowering health self-care in families with young children, and ensuring that all children can play and learn.

The JSNA identified areas needing attention and targeted work due to deprivation, and proposed tailored interventions that would mean services and provision would be increased in areas of higher need. The relationship between deprivation and oral health continues to be closely monitored. The JSNA also highlighted the concern with prolonged bottle feeding, often with sugary drinks, which often causes incisor caries (tooth decay). In 2022, incisor caries were found to be significantly higher in Leicester than the national average. To minimise this risk, health visitors encourage parents and carers to stop using feeding bottles at the appropriate developmental stage and bottle swap promotional schemes are targeted within areas of the city with higher incisor caries, including the centre and north west of the city. In addition, the educational campaigns that were

introduced following the Oral Health JSNA empower families by raising awareness and understanding of oral health importance to that both children and their parents and carers can proactively maintain oral hygiene. Finally, addressing health inequalities and prioritising areas of higher need has ensured a focus on equal opportunities for all children, allowing children to learn and play.

Produce a **Joint Local Health and Wellbeing Strategy (JLHWS)** to show what the local priorities are for addressing the health and wellbeing needs of Leicester's population, and a plan for how those needs will be met.

A refreshed **Joint Health, Care and Wellbeing Strategy 2022-2027** for Leicester was published in 2022, giving recognition to the impact of the COVID pandemic on health and wellbeing across our city and widening health inequalities. The strategy outlines the current and future health, care and wellbeing needs of Leicester's residents and sets out 19 key priorities which were agreed, through extensive consultation with residents, professionals, voluntary organisations and other stakeholders across Leicester as being important to address in order to enable Leicester residents to live healthy and fulfilling lives. Alongside the strategy is a detailed delivery action plan which includes the specific actions and activities which are taking place to help us achieve our priorities. The plan brings together partners from across the health and care systems, as well as the voluntary and community sector, to work collaboratively to address these priorities. The strategy and its associated delivery plan cover five areas, addressing the range of health, care and wellbeing needs experienced across the life-course. They are: Healthy Start, Healthy Places, Healthy Lives, Healthy Minds, and Healthy Ageing. It is intended that the 19 priorities will be addressed in phases in recognition that the same level of resource and focus cannot be given to all 19 priorities at the same time. They have been categorised into **'do,' 'sponsor,' and 'watch'**, with initial focus being given to six 'do' priorities which were identified as being the most pressing to address.

A summary of progress since the delivery action plan was implemented from January 2023 can be found on pages 6 – 17.

## Healthy Start

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

We have...

- Worked collaboratively with partners to fund and train advisors in the community to provide energy awareness advice.

Leicester Energy Action (LEA) City and Guilds training webinars have provided front line worker with the knowledge and skills to support people experiencing fuel poverty. During the early set up phase (early 2023-July 2023) 12 delegates were trained in the City and Guilds Level 3 award in Energy Awareness. 52 delegates attended key webinars. National Energy Action (NEA) estimates based on historic work suggest each delegate goes on to support in the region of 22 people per year.

### Case study of a newly qualified trainer

Atifa works with a group that supports people in Leicester communities with an array of issues. She attended the City and Guilds Level 3 Award in Energy Awareness training with Leicester Energy Action.

Since getting her qualification, she’s started to run drop-in and appointment-based sessions in places like Wesley Hall, Belgrave Neighbourhood Housing Association, Angels and Monsters, Belgrave Library, Highfields Library, and Freedom Refugee Youth Club - all focusing on energy advice.

This is a great example of how we’re working to embed advice and support in communities

“I really enjoyed the course, honestly – it was great. I thought three days was going to feel long, but it didn’t! I really did enjoy it. I was quite proud when the examiner emailed me. I was in the office. I ran downstairs to tell everyone I’d passed the exam! I was screaming because everyone knew I was waiting for the results. One of my first cases came into a library to see me. They felt their energy bills were too high. I went through their bills with them, and we looked at other providers, and we had a conversation about behaviour change, about what habits they could change around the house. Everyone’s worried about their bills, the prices of cost of living are just affecting everyone.”

- Brought together partners to form a ‘task and finish’ group to address the specific issues relating to maternity services accessibility and experience of women from the Black and Asian ethnic minority community, and used the learning to shape further discussions and events to address this issue.
- Published an anti-poverty strategy and framework, designed through a co-production approach, engaging with more than 500 people.

- Awarded anti-poverty grants to a number of organisations to develop and run projects which mitigate against the impact so of poverty for residents across Leicester.  
An overview of some of the health-related anti-poverty grants which were awarded can be found in Table 1 below.

Table 1 – Health-related anti-poverty grants awarded during reporting period, and evaluation of impact

Organisation and project	Voluntary Action Leicester (VAL) and Leicester City Council (LCC) evaluations of impact
<p>Fosse Mutual Aid Association</p> <p>Electric blankets</p> <p>£1,560</p>	<p>VAL:</p> <p>Single blankets: 118</p> <p>Double blankets: 106</p> <p>Total: 224</p> <p>224 households supported</p> <p>58 families with 1-4 children – all were provided with blankets.</p> <p>20 people prioritised as received DLA, PIP, or pension credit</p> <p>Reduced energy bills where heating was used – some families had no heating due to the financial costs.</p> <p>LCC: 224 electric blankets distributed. Priority from our initial grants allowed supporting disabled/elderly/medical conditions and those on certain benefits. Further alternative funding allowed support to all service users.</p>
<p>Antoin Akpom Achievements Foundation</p> <p>Community Takeaways</p> <p>£4,755</p>	<p>VAL:</p> <p>Provided hot meals to 78 families and individuals once a week for 45 weeks. Project allowed identification of additional needs and gaps for future project development.</p> <p>Service users with high needs with signposting – cancer patient, kidney transplant patient, child in need of funds for school uniform, mobile phones sourced for struggling families.</p> <p>LCC:</p> <p>78 families receiving continuing support; providing culturally appropriate family resources.</p>
<p>Baby Basics</p> <p>Warm care</p> <p>£9,072</p>	<p>VAL: Volunteers provided 50 packages of equipment and packages of clothing to mother and child.</p> <p>10 double buggies, foot muffs, head support and 20 cots and pushchairs.</p> <p>80 families were supported This would equate to 145 individuals supported.</p> <p>Feedback from health professionals indicates reduced pressure on their services. Collections and deliveries achieved through referral leads.</p> <p>LCC: 50 warm care packages of gloves/scarf/hat/socks and toiletries, 10 Double buggies, Cots.</p>

<p>B-Inspired</p> <p>Cooking on a Budget</p> <p>£8,427</p>	<p>VAL: Cooking sessions delivered - 4-hour sessions for 4 weeks. 16 sessions delivered.</p> <p>23 people attended sessions. With family members, total of 54 beneficiaries.</p> <p>Feedback from community indicates stronger community engagement, reduced isolation, greater increased confidence.</p> <p>LCC: 24 participants attending 4 weekly 2.5hr sessions for a total of 240hrs of cooking class reach - £35 hr session cost + slow cooker and food. Some participants are now supporting B-Inspired as volunteers.</p>
<p>New Parks Adventure Playground</p> <p>£5 Family Meals</p> <p>£7,119</p>	<p>VAL: Thursday Sessions teaching children to cook meals</p> <p>Delivery of 2-hour sessions weekly</p> <p>Ingredients and recipe – taken home for family to then eat. Each child had mainly 5 family members in that household.</p> <p>15 children a week from March 2022 ongoing</p> <p>Engaged 720 children</p> <p>Ongoing project – added to their wider current project model</p> <p>Able to identify a crisis with family through this support.</p> <p>LCC: Delivered 4-monthly over 12 months, 12-18 children per session. At least 150 families supported in these cooking courses at a cost of £47 per family.</p>



## Healthy Places

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

We have...

- Worked to develop Integrated Neighbourhood Teams to work in a more coordinated way with partners at local level, through the evolution of Primary Care Networks. This has included, from April 2023 onwards, identifying and beginning to progress five key priority areas which city Primary Care Networks need to focus on (bowel cancer screening, women’s health, obesity, integrated chronic kidney disease (CKD), and hypertension).  
Data to highlight the impact and outcomes of progress against these priorities during the first year will be included in the next Annual Report of the Health and Wellbeing Board (23/24).
- Boosted the use of social prescribing and the Additional Roles and Reimbursements Scheme (ARRS) to support primary care functions and ensure the right care is provided by the most appropriate provider.  
The table below highlights how many ARRS roles were operational between April – July 2023.

April 2023	May 2023	June 2023	July 2023
203	201.1	204	212.8

ARRS roles included (but were not limited to) Advanced Practitioners, Care Coordinators, Clinical Pharmacists, Mental Health Practitioners, Digital and Transformation Leads, and Social Prescribing Link Workers. The ARRS has facilitated Primary Care and Primary Care Networks by supporting demand through:

Increased Access, enabling PCNs/practices to be innovative and improve access, and through appropriate access to non-GP direct patient care staff.

Increased multi-disciplinary team (MDT) working, supporting the option for patients to see a clinician most equipped to manage their care, enabling GPs to focus on complex and long-term continuity of care.

Enhanced Staffing, a scheme to bolster staffing levels and enhance the capacity of primary care teams as outlined in the NHS Long Term Plan to increase the workforce in General Practice.

Quality Improvement and Shared Decision Making – an LLR-wide survey is planned to gather information and views from patients on their care through an ARRS role.

- Collaborated with a range of partners to train volunteers to support patients in medical practices with their use of the digital technologies which support management of their health needs.  
A project delivered through Reaching People to train staff and volunteers, and to support patients at group and individual levels, to use the NHS app and online GP service was launched in July 2023. Data to highlight the outcomes and impact from

this project will be reported in the 23/24 Annual Report of the Health and Wellbeing Board.

- Delivered an Enhanced Access service in primary care to enable more people to receive appointments and care at a time and place which is accessible for them. Extended Access clinics have provided an opportunity for patients to access evening and weekend appointments to better meet patient needs and to provide winter appointments focussed on coughs and colds. There have been increases in the following dedicated clinics:

- NHS Health Checks
- Cervical screening
- 'Flu clinics
- Learning disability health checks
- Preventive/long-term management
- Structured medication reviews
- Cancer screening

Total Enhanced Access hours delivered Feb – July 2023 – 11, 392

Average per month – 1899

Average per week - 475

## Healthy Lives

Priority: “We will increase early detection of heart and lung diseases and cancer in adults.”

We have...

- Carried out pilot projects to help to identify people with undiagnosed hypertension, and to develop long-term conditions champions to work alongside GP practices. These projects are now being evaluated to understand the impact they have had.  
Two city PCNs were part of a wider LLR-wide 6-week initiative using ‘hypertension detection stations’ to invite patients from the relevant GP practices for a blood pressure check on a Saturday or weekday evening, either at their GP practice or local community pharmacy. Four out of five patients who were invited attended the appointment, indicating that setting up the clinics out of working hours was effective.
- Developed a video text message to raise awareness of prostate cancer identification in Black and Asian ethnic minority men. This approach is also being used to target patients who have not attended cervical screening to increase attendance.
- Completed years 1 and 2 (of 3) of a trial – called the Galleri trial – aimed at detecting cancer markers in fit and healthy people aged over 50 through a simple blood test.  
Evaluation of this trial will be completed once the trial concludes. There has been a 93% retention rate of participants from year 1, which is above the national rate.
- Brought together partners to understand and improve the one-year survival rate for colorectal cancer in Leicester, leading to significant changes to the faecal immunochemical test (FIT) pathway – including a reduction in the age eligibility to 56 and therefore enabling a greater number of people to participate in testing, a targeted project to increase one-year survival rates in the LE4 area of Leicester, and a reduction in the screening age and recruitment of a PCN to pilot direct provision of FIT testing kits from the GP practices, therefore reducing postal delays. FIT testing has been embedded within the colorectal pathway with an improvement from 47% in January 2023 to 69.6% in July 2023.

## Healthy Minds (Children and Young People)

Priority: “We will improve access for children and young people to mental health and emotional wellbeing services.”

We have...

- Extended contracts for high-performing Emotional Health and Wellbeing Services to enable continued service delivery.  
One of these services, Relate, provided support to 643 CYP through their Early Intervention Service and 2529 CYP through the Community Chill Out Zones between February and July 2023.
- Launched an online self-referral system to the Triage and Navigation system aimed at improving service access for children and young people, and removing barriers by minimising the need to see a GP for referral.  
The website was launched at the end of May 2023. During the first month after the website went live (June 2023) there were 1700 website views and 801 referral sessions. In July 2023 there were 1000 website views and 484 referral sessions. With regard to the higher volume of website views compared to referrals to the service, it is hope that this is indicative that the young person, parent or carer found the supporting information they required on the website.
- Rolled out Mental Health Support Teams in schools, with further teams due to be rolled out in areas of Leicester with the greatest deprivation and highest need. Mental Health Support Teams commenced in November 2020 with the first Leicester team being set up in Leicester East, as part of Wave 3. Since then, the Service has experienced annual growth through the implementation of Waves 5, 7 and 9, and will grow further across Leicester, with Wave 11, commencing in September 2024 with a further two teams. Between February and July 2023 the MHST service were in 34 schools, which covered 22,179 children and young people between 5-19 years. During this period, the service received 207 referrals from schools.

Outcome measures were undertaken for all children and young people. The data obtained through the scoring evidenced a clear improvement in the emotional and mental health of the CYP accessing the service from prior to the programme of care to discharge from the service.

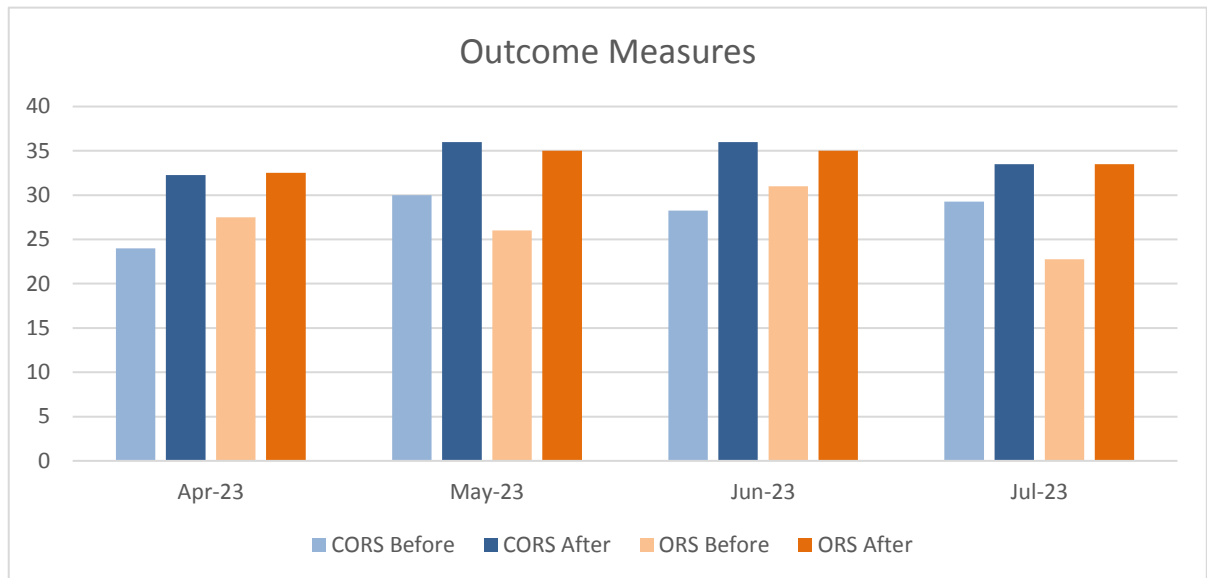
ORS – Outcome Rating Scale; The ORS is a simple, four item rating scale designed to assess areas of life functioning known to change as a result of therapeutic intervention. The scale used is 0-10, with a higher score indicating a higher level of functioning as perceived by the young person.

CORS – Child Outcome Rating Scale; The CORS was developed for the younger child, 6-12years. It is the same format as the ORS but is more child friendly and engaging for the younger person.

For both the ORS and CORS, the maximum score is 40 with an increase in score representing improvement. An increase of 5 or more points on the total score represents statistically significant improvement.

Please see chart 1 below for further information.

Chart 1 – Outcome measures for CYP accessing MHSTs – Feb – July 2023



## Healthy Minds (Adults)

Priority: “We will improve access to primary and neighbourhood level mental health services for adults”

We have...

- Awarded grants for ‘Getting Help in Neighbourhoods’ to 13 organisations and awarded five additional Neighbourhood Mental Health Cafés, bringing the total across the city to 11.

There were 17,883 contacts between February and July 2023. The services have supported people experiencing a range of, often very complex, mental health, social, and other challenges.

Case study: “We have been working with a lady aged 44 who has been taking part in the ladies class weekly and has also been doing the circuits class. She often has a difficult time with her daughter, who is being assessed for autism and displays very challenging behaviour and also doesn't sleep very well. Often, she comes to the class feeling stressed, tired and upset. 'Taking part in the wellbeing class really lifts my mood. It makes me feel good and allows me to talk to other mums that are going through similar situations whilst keeping healthy at the same time' The classes have really helped me to feel good and feel fitter at the same time. I always leave the class with a smile on my face.”

- Launch recommissioned mental health and wellbeing services  
224 people have received Community Recovery Support (ongoing support across 8-12 sessions). Service impact at individual level is measured at six-week reviews against nine individual outcomes rated from 1-5. Average outcome scored demonstrated an improvement of 0.5 for quarter 4 of 2022/23.  
338 people have received Advice and Navigation (one-off support).
- Recruited three Mental Health Leads to work in the City to facilitate new ways of working, organise local mental health networks, and facilitate improvement projects which align with local strategies and needs.
- Widely promoted the newly rebranded NHS Talking Therapies (previously known as Improving Access to Psychological Therapies).
- Worked on the development of a refreshed Dementia Strategy, the resulting actions of which were informed from a wide-scoping engagement activity undertaken by LLR commissioners with professionals, Age UK LeicesterShire and Rutland Dementia coproduction group, and during a Younger Onset Dementia event. Healthwatch Leicester and Leicestershire undertook a mixed-methods engagement exercise scoping 350 people. Consultation on the proposed strategy received 319 responses, with 91 being from the City.

- Collaborated with the voluntary and community enterprise sector (VCSE) to deliver a dementia forum, focussing on establishing connections between grass roots organisations and the council, helping to strengthen the relationships between services to better support people experiencing dementia. Examples include a smaller organisation delivering services funded by the dementia grant to people primarily in the African Caribbean community being able to link with the largest provider of dementia support services in the area to add an additional information offer to their service.

## 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.”

We have...

- Supported the development of a framework for local delivery of anticipatory care (now called ‘proactive care’) through a designated project group. This framework is no longer up and running. Following recommendations that came out of the Fuller report, the focus of this work has shifted to work that is more preventative in nature.

- Worked on the development of the MyChoice directory to include voluntary sector preventative service, and community assets to reduce loneliness and isolation. Whilst there are no specific performance metrics that could be directly correlated with the MyChoice directory, MyChoice forms part of the information advice and guidance approach to managing demand on Adult Social Care. At the end of this financial year an increase in overall demand for support has been seen (2022/23 number of new requests for support 11,147 v 12,451 forecast 2023/24). Whilst promotion of the directory continues, and more organisations are being added all the time, there is no baseline in relation to the reduction of loneliness and isolation to enable robust comparisons. The future of MyChoice is being considered separately as there is now system investment into an alternative: The JOY platform.

- Supported the commissioning of a range of services and opportunities to provide alternatives to residential care. Numbers of admissions to residential nursing care have reduced with 286 permanent admissions 2022/23, v 275 forecast 2023/24. Following a successful tender exercise at the end of 2022 the new Day Opportunities framework commenced 1<sup>st</sup> April 2023, with 10 providers across the following 6 service areas:

1. Older People
2. Learning Disabilities & Autism
3. Physical and Sensory disabilities, include acquired brain injury and other neurological conditions
4. People living with Dementia
5. Specialist Support for people with complex and multiple needs
6. Specialist support for people who are Deafblind

It is a 5 Year open Framework with the option to extend up to 2 further years. The framework can be reopened to attract more/new providers. The framework was co-produced and developed with key stakeholders including:

- People who use Day Opportunities, their families and carers
- Day Opportunity Providers



- Social Work Teams
- Integrated Care Board (NHS)
- Other ASC colleagues

Lot 5 - Specialist Support for people with complex and multiple needs was jointly commissioned with health – this is to ensure consistency of rates and provision across the health and social care market. Support is minimum of a 1:1 basis and an hourly rate is paid per person, per hour of support. It was agreed that health can make their own call offs from the providers on this lot for people who have Continuing Health Care funding. Due to the limited number of successful providers for Lots 2 & 5 a second Tender opportunity was advertised in Jan '23 and any additional provision to join the framework from 1<sup>st</sup> October 2023

During Feb – July 2023 a decision was made to extend the provision of short-term residential beds (initially to September 2023) – those beds were commissioned to provide a therapy led offer for LLR and whilst based in city care homes provided ten beds during this period to support system pressures (and ensured demand modelling of 25 beds for therapy led services was met). The remaining beds (15) procured under Lot 1 – D2A P2 Rehabilitate, Reable, Recover (RRR) therapy led P2 beds were mobilised successfully during that time period, reflecting a change in contract from the Sovereign unit ICB commissioned beds to ones which we commissioned on behalf of the system. That contract went live on 1 July for two years with an up to 24 -month option to extend.

- Undertaken commissioning reviews for: Homecare, to agree and implement a model of delivery for 2024; and carer support services. Homecare and carer support service commissioning reviews were both active between February and July 2023 and refreshed models were in the process of being developed with procurement exercises planned.

The remaining 13 priorities (the 'sponsor' and 'watch' priorities) are discussed further in the 'Looking forward' section of this report.

### Core20PLUS5

**Core20PLUS5**<sup>1</sup> is the NHS framework for reducing healthcare inequalities by targeting services and support to those most at risk of experiencing healthcare inequalities. The Core20 refers to the 20% most deprived areas within a locality. '5' relates to five clinical areas which are linked to greater **health inequalities**. These are: Maternity; Severe mental illness (SMI); Chronic respiratory disease; Early cancer diagnosis; Hypertension case-finding and optimal management, and lipid optimal management. PLUS refers to groups identified locally as experiencing the poorest access, experience and outcomes with health and care services, regardless of their deprivation status or clinical needs.

In Leicester, the 'PLUS' groups which have been identified for initial focus are people experiencing homelessness, people with a learning disability, and people with severe mental illness. This is because these are the groups which are identified as having the lowest life expectancy, and poorer than average access to, and experience of, health and care service, and there is a clear need to address these issues. Across the health, care and wellbeing delivery plan, additional consideration is being given to how the unique needs of the identified plus groups can be considered and met to ensure that any activity is delivered adopting a proportionate universalism approach. The PLUS groups and the progress for these groups will be reviewed periodically.

Produce a Pharmaceutical Needs Assessment (PNA) for Leicester

The **Pharmaceutical Needs Assessment** (PNA) is used to understand the current and future pharmaceutical needs of people in Leicester, and whether they are being met by the community pharmacies. This information is used to help to make decisions about the planning and commissioning of pharmaceutical services and new pharmacy applications made to NHS England and NHS Improvement. It is a statutory requirement to complete a PNA every three years to assess the demography of the area and needs of different localities, sufficient choice of pharmaceutical services; surrounding areas, and future need.

Pharmaceutical services provided include:

Essential services: required in all pharmacies and include dispensing, disposal of unwanted medicines, discharge medicines, signposting, healthy lifestyle promotion and healthy living pharmacies.

Advanced services: optional nationally commissioned services including new medicines services, appliance use reviews, community pharmacist consultation service, stoma appliance customisation, hypertension case-finding, hepatitis C testing, seasonal influenza vaccination  
Locally commissioned services: optional local services including emergency hormonal contraception, C-Card condom provision, needle exchange, supervised methadone consumption, palliative care and child influenza vaccination service. This is a valuable service for local residents to access services as an alternative to making a GP appointment.

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<sup>1</sup> [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

National Enhanced Services: such as Covid-19 vaccination service.

Leicester's most recent PNA was completed in 2022. This concluded that overall provision of essential and advanced pharmacy services is adequate for the population of Leicester, but that there are some differences in local provision across the city which may mean that some residents have to travel a little further to access a particular service outside of normal working hours. Recommendations were made for NHS England and NHS Improvement (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) focussing on three areas:

#### Equity of service

- Keep under review locations and opening times to assess whether access is equitable for all residents
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further
- Review cross-city and county-border service provision to ensure uniformity of access and quality of service
- Work closely with Integrated Care Board and Primary Care Networks to tackle health inequalities and address digital literacy
- Consider the effects of the additional pressure on pharmacies due to the national pharmaceutical workforce shortage and work with pharmacies to mitigate the impact of these on service provision
- Encourage pharmacies to offer discretionary services in relation to local need.

#### Promotion of health and healthcare management

- Encourage the implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Ensure that the requirement for promotion of healthy lifestyles campaigns through pharmacies (Public Health) is fulfilled
- Collate information on all of the services provided by the pharmacies in Leicester as this will help to develop a better understanding of the wide range of services offered across the city. In turn this will enable the promotion of the services offered to local communities and inform plans to reduce health inequalities across the city.
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the Integrated Care System - particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and locally commissioned services and follow-up low or high performers in order to share best practice.
- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement.
- Work with pharmacies to consider replacing recently decommissioned popular services (e.g. Medicine Use Reviews).

#### Implications of community pharmacies policy

- Review evidence of impact of policy and funding changes on services annually and report any findings to the Health and Wellbeing Board with appropriate advice.

Agree the Better Care Fund (BCF) submissions.

The **Better Care Fund (BCF)** is a programme which supports partners across the local system to deliver the integration of health and social care in a way that supports person-centred care, sustainability, and better outcomes for people and carers. It allows the NHS and Local Authority to pool funding to spend in ways which join up care more effectively. The BCF supports a range of services and schemes that contribute to the overarching vision of the Health and Wellbeing Board and the strategic priorities set out in the Joint Health, Care and Wellbeing Strategy and Delivery Plan. There is a well-established **place-based** infrastructure which supports the preparation and execution of the BCF plan. The Health and Wellbeing Board has a responsibility to approve the BCF submission to NHS England; the Joint Integrated commissioning Board has delegated authority from Leicester City Health and Wellbeing Board to develop BCF strategy and to sign off BCF plans, pending HWB sign-off; the Integrated Systems of Care board meets monthly to oversee operational delivery of BCF services and recommends any commissioning required to meet its objectives.

The BCF pooled budget for the period from April 2022 – March 2023 was £48,405,390, including the Improved BCF element (to support Local Authorities) and the Disabled Facilities Grant, which are received from central government via the BCF.

In addition to supporting core social care, community health, therapy and adaptations activity, the BCF funded the following key place-based services in 2022/23:

- Prevention support including services from local Voluntary and Community Organisations
- Care Navigation and coordination to support early help
- Home First Community Response Service including Integrated Hospital Discharge and Reablement Pathways
- Integrated Crisis Response Service
- Transforming Care and Learning Disability priorities
- Health and care data integration solutions
- Assistive technology developments (including community alarm call centre)
- Key services to support and sustain adult social care, (e.g. Care Act requirements)
- Housing support
- Support for mothers and young children with additional vulnerabilities

The Leicester BCF was refreshed in April 2023 in accordance with national guidelines.

#### 2.5 Meetings of the Health and Wellbeing Board

During the period this report covers, the Health and Wellbeing Board held four formal Board meetings. Full agendas, minutes and webcasts of these meetings can be found on the **Leicester City Council Health and Wellbeing Board webpages**. Additional **development sessions** provided an opportunity for Board members, along with wider partners, to collaborate strategically and in greater depth ahead of discussions being brought to a formal Board meeting. Two development sessions were held during 2022 to progress the

development and implementation of the Joint Health, Care and Wellbeing Strategy. The first, in March, reviewed the feedback from engagement on the strategy and the proposed approach to progressing priorities. The second, in November, reviewed the detail of the health and wellbeing delivery action plan and considered appropriate governance arrangements in advance of it being brought to a formal Board meeting for final approval.

### 3. How we work

#### 3.1 Working as a 'place' with our partners – changes to the system structure

2022 was a period of significant change to the structure of the systems which are in place to plan and deliver health and care services. **Clinical Commissioning Groups (CCGs)** which previously held this responsibility were replaced by **Integrated Care Systems (ICSs)** on July 1<sup>st</sup> 2022, bringing together partners with relevant knowledge and expertise from across the health and care system.

The ICS covers the whole of Leicester, Leicestershire and Rutland, also known as '**system-level**', which is important because many health and care services serve all three of those areas (for example, the hospitals). However, the uniquely different needs of each area within that system must also be considered if we are to be able to plan and deliver the right services to meet those needs. Residents in Leicester have vastly different health and care needs to those in Leicestershire and Rutland, and it is critical that those needs are addressed within the context of the wider ICS. Leicester, Leicestershire and Rutland are individually referred to as '**places**' – each have their own Health and Wellbeing Board, which is the place board for supporting health and wellbeing for that locality. The Health and Wellbeing boards bring together partners from across the health and care system within the individual 'places' to ensure that decisions relating to health and care services meet the needs identified at place level, whilst also feeding into the wider ICS.

##### 3.1.1 Other 'place' level Health and Wellbeing Board partnership boards

###### Mental Health Partnership Board

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

From January 2022 to June 2023, there have been nine occurrences of the Mental Health Partnership Board. The Board has driven forward actions on the **Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25**. The strategy has three key priorities: Prevention, Accommodation and Education, Employment & Volunteering.

As part of the development of mental health collaboratives at system and place level, the Mental Health Partnership Board has taken on the role of the place-based board for mental health in Leicester City. To facilitate this change in a collaborative way, the October 2022 meeting included a workshop where partners were invited to comment on how the Mental Health Partnership Board could be adapted to take on the function of the place-based board. Since this workshop, recommendations have been implemented to establish the Mental Health Partnership Board in its new role. This includes improvement of accountability, representation and making the best use of data at the Board, as well as increasing the frequency.

The Mental Health Partnership Board has worked to influence key developments, ensuring that they are delivered in line with local priorities and need. This includes the expansion of **Neighbourhood** Mental Health Cafés, the rollout of Getting Help in Neighbourhoods grant funding and support for carers.

The Board has also responded to concerns raised by people with lived experience of mental ill health, for example, by encouraging engagement of Board members with Leicester City Council's Fuel Poverty Project.

#### Learning Disabilities Partnership Board (LDPB)

The **LDPB** meets four times a year and its purpose is to influence developments in the city that can make a difference to people with learning disabilities and their family carers. We organise our work around key priorities that people with learning disabilities and their families have told us are important. These priorities are captured in our coproduced joint health and social care strategy for Leicester City which we refer to as our Learning Disability Big Plan. This plan has just been extended for a further two years until 2026; during this next couple of years, the focus will be on three main themes which are: addressing health inequalities, support for our carers and work, college and money with an emphasis on supporting employment opportunities for people with a learning disability. The LDPB and its membership, which is made up of people with learning disabilities, carers, representatives of health, social care and other statutory partners like the police and the Department for Work and Pension, as well as our voluntary and community sector, work together to deliver on the actions in the Big Plan. A summary of what has been achieved over the last three years of the Big Plan is available on Leicester City Council's website.

The board also provides an effective way of making sure the voices of people with learning disabilities and families are heard in all our strategic forums, particularly as we move towards integration through our formal collaboratives. One of the first Collaboratives to be launched in Leicester, Leicestershire and Rutland (LLR) was the learning disability and autism collaborative (LDA); underpinning the work we do together as a partnership is our coproduced vision which is that we want:

- everyone to be able to have good, happy lives.
- everyone to be as healthy as they can be
- to make sure everyone has the chance to do the things that make them happy and join in with things.
- to make sure everyone has the chance to do the things that make them happy close to where they live
- to make sure everyone has the chance to do the things that make them happy with people they want to spend time with.

In terms of how we make sure our shared vision becomes a reality for people with learning disabilities, work has been done to align our Big Plan objectives with those of the Collaborative. Whilst the Collaborative structure supports the delivery of our key priorities at system level, leadership and delivery at place continues to be provided by the LDPB, building on the strength of coproduction, participation and engagement that exists within the board. The LDPB through its existing governance will, in turn, continue to report to the Health and Wellbeing Board, ensuring we have a joined-up place-based approach to address inequalities for those with learning disabilities in Leicester City.

### Joint Integrated Commissioning Board (JICB)

The Joint Integrated Commissioning Board (JICB) is an operational group reporting to the Health and Wellbeing Board. Membership of the JICB includes senior managers from Adult Social Care, Children and Young People's Services, Public Health and Housing within the local authority as well as senior managers and governing body members from Leicester, Leicestershire & Rutland Integrated Care Board (ICB).

The Health and Wellbeing Board has worked collaboratively with JICB during 2023 on the development and delivery of priorities within the Health Care & Wellbeing Delivery Plan for Leicester, following a refresh of the Health and Wellbeing Strategy during 2022.

The JICB has provided an opportunity for senior leaders to gain a shared understanding of the pressures and responsibilities on each of the partners which throughout 2023, have ranged from the Adult Social Care Reforms programme, Care Quality Commission Assurance through to the recommendations for Integrated Care Systems arising from the NHS England's commissioned Fuller Stocktake Report as well as local **Anti-Poverty** and **Fuel Poverty** strategies.

The JICB has overseen the joint commissioning arrangements for both homecare and discharge to assess workstreams across adult social care and the ICB and has also retained its governance role as part of the BCF. In partnership with the Integrated Systems of Care (ISOC) group, it continues to agree funding allocations, monitor progress and approve statutory returns to central government.

### 3.2 Public accountability

The agenda for each Board meeting is published on the Leicester City Council website five clear days before the meeting. All meetings are webcast (live) and can be viewed via the link on the website which will be published alongside the agenda.

Minutes from each meeting are published on the website after the meeting (usually within 14 days of the meeting), along with a link to the recording of the webcast, meaning it can be viewed at any point after the meeting as well as live on the day.

Health and Wellbeing Board meetings are **meetings held in public**. There is a public gallery area at all meetings and members of the public are welcome to view the meeting from the public gallery area. Members of the public are also able to submit questions in advance of the meetings to raise general matters of health concerns at a Health and Wellbeing Board meeting, and these will be addressed during the meeting.

### 3.3 Communications and engagement

#### Community engagement

Engagement with the community is one of the core functions of the Health and Wellbeing Board, and there has been a range of communication and engagement activity over the period covered by this report, including:

#### Pharmaceutical Needs Assessment

The process of completing the PNA includes asking for the views of people who use pharmaceutical services in Leicester. A public questionnaire was published to gain views on service provision, including the quality, location, opening hours and accessibility of services. 11

people responded, with 84% of respondents agreeing that their pharmacy provides a good service.

### Joint Local Health and Wellbeing Strategy

A range of engagement took place to consider the proposed draft priorities and do, sponsor, watch approach. This included an online consultation which took place over a period of eight weeks, supported by an easy read version, a social media campaign, radio promotion, and promotion of the consultation and feedback through a wide range of stakeholder groups meetings. 213 responses were received, with 66% of responses coming from members of the public or representatives of community organisations, and 84% of responses being from Leicester City residents. 62% of respondents agreed that the right priorities had been identified with a further 30% partially agreeing, and only 5% disagreeing.

### Community Wellbeing Champions

The Community Wellbeing Champions (CWC) project was set up in light of the Covid-19 pandemic to increase Public Health's engagement with communities, especially those worse affected by health inequalities, and the organisations that support them. The purpose of the project is to help Public Health be more effective in (a) reaching people with health messages and services, and (b) gaining quality insight into the needs of different communities and the barriers they face in having those needs met.

To do this, the project has set up a network of Community Wellbeing Champions to help with reaching underheard and underserved groups and areas across the city. The 'Champions' are organisations and individuals that promote and support people's physical and mental health and wellbeing at a community level. This includes VCSE, faith, and other organisations such as sports clubs and businesses, trusted community figures, volunteers, and professionals. The project supports communication, information-sharing, networking, and collaboration across partners for greater collective impact on strategic priorities and health inequalities Leicester. By working with and through the Champions, Public Health can engage with communities in a more coordinated, timely, and effective way on important health and wellbeing issues, and connect with residents that we might not otherwise reach. The CWC project also seeks to increase Public Health's presence and profile in communities through more direct engagement with residents at local health and wellbeing events, to help build confidence and trust in Public Health guidance and services.

The impact of the CWC project so far has been to help build closer working relationships between Public Health and VCSE and other community organisations, and to increase engagement with underheard and underserved communities, both directly and with the help of the Champions. The insight and learning from communities about their health, wellbeing, support, and communication needs has in turn helped to shape Public Health practice. Finally, the creation of the Leicester CWC Network has helped to strengthen the local authority's crisis response infrastructure, as seen with how engagement with and support for community organisations was mobilised in response to the cost-of-living crisis.

#### Case study

In autumn 2022, while the city was still recovering from the impact of the Covid-19 pandemic, the rapid increase in the cost of living presented another crisis for residents and the council set up an Incident Management Team (IMT) to coordinate its response. Recognising that the increased cost of utilities and other necessities would not just affect



residents but the community organisations upon which they relied as well, Public Health was tasked with mobilising engagement with VCSE and other organisations through the Leicester Community Wellbeing Champions Network. The CWC Team immediately set up a range of engagement channels to provide flexible ways for community organisations to inform the council about the impact of the increased cost of living on them, their workforce (staff and volunteers), and the people that access their services, so that the council could identify and respond to risks and issues as they emerged. Through this, qualitative insight was gained into, and support was provided for, a range of cost-of-living concerns for local organisations and their communities.

### Healthwatch

Healthwatch are an organisation who are independent from the health and social care system, whose role is to represent the voice of local people to ensure that their experiences of health and social care services are both heard and used to shape future improvements. Health and Wellbeing Boards have a statutory requirement to include Healthwatch in the membership, providing a unique opportunity for Healthwatch to ensure that the views of local people are built into the statutory functions carried out by the Health and Wellbeing Board. During 2022-23 Healthwatch Leicester and Healthwatch Leicestershire published 20 reports, some of which are LLR-wide, relating to improvements that local people highlighted as being needed to improve their local health and care systems. They engaged with people from across a range of different communities including the deaf community, Somali women, Bangladeshi and Pakistani communities, people living with Dementia, Polish communities, asylum seekers and refugees.

### Case studies

#### Vaccine hesitancy

“With the COVID-19 pandemic disproportionately impacting Bangladeshi and Pakistani communities and vaccination uptake remaining consistently low, we reached out to communities in Leicester to hear their experiences.

We were able to explore unexpected insights that arose during our conversations, including how these communities communicated with each other to share health messages during the pandemic. People told us that there is a lack of literature in the media, local GPs, dentists and hospitals in other languages for example; Urdu, Bengali and Gujarati.

The findings have been shared with service providers to help improve future communications.”

#### Emergency Department (ED) at Leicester Royal Infirmary (LRI)

“Waiting times are a growing concern for people. Based on what people told us about their experiences of using the Emergency Department (ED) we conducted an Enter & View visit in September 2022.

The patient feedback we received gave high praise for the medical staff and treatment once seen. However, patients are sharing increasing struggles of, generally, navigating emergency care systems and, specifically, their difficulties with LRI ED processes and environment.

University Hospitals of Leicester NHS Trust has welcomed the patient and public feedback on the ED and is looking at where further improvements can be made based on the recommendations in our report.”

During the period covered by this report the contract term for Healthwatch with their previous provider came to an end. From April 2023, following competitive procurement undertaken by Social Care and Education, the contract was awarded to Voluntary Action Leicestershire and contract management responsibility transferred to the Public Health Team. Healthwatch will continue to fulfil their role in independently representing the views of the local population. Healthwatch publish outcomes from all of their engagement work, as well as their future planned activity on the Healthwatch Leicester and Healthwatch Leicestershire website.

## 4. Achievements, challenges, and opportunities in 2022-23

### Achievements

Good progress has been made across all six of the priorities which are covered by the Health and Wellbeing Delivery Action Plan, as summarised in section 2.4 of this report. Further work will now take place to identify proxy measures to enable the impact of the activity to be demonstrated. In addition to this progress the Health and Wellbeing Board has been influential in the development of other initiatives to improve health and wellbeing for people more at risk of health inequalities. For example:

#### Project Search

The Head Teacher of Ellesmere College presented to the Board in October 2021 on an initiative called Project Search, which aims to bring people with learning difficulties into paid employment. As a result, University Hospitals Leicester (UHL) took up the opportunity to be involved in the project and a successful event was held at UHL, enabling students to work at UHL on a supported internship. Employment provides many benefits for people with learning difficulties, including economic benefit, social support, and increased wellbeing, and the Board were delighted to have been able to facilitate progression of this project.

#### Voluntary, Community or Social Enterprise (VCSE) associate network

A presentation at the March 2023 Health and Wellbeing board meeting from Jamila’s Legacy, a local charitable organisation aiming to normalise mental health conversations by supporting and education communities, highlighted the huge emotional investment that people working in voluntary services supporting mental health give to their roles, often with limited support to manage their own resilience. First steps have been taken to consider the needs of this specific group of voluntary service workers with a view to developing an associate network bringing together resources and services available to support volunteers own mental health and resilience.

#### Housing and complex tenants

A presentation was brought to the Board by Leicester City Council’s Director of Housing in January 2023 setting out the increasing challenge of helping complex applicants and tenants, in particular those experiencing homelessness or vulnerable new tenants, and the importance of health in managing this, whilst also outlining a greater need for Housing and Health to work closely to ensure that health service pathways are accessible and timely for tenants with

complexities. Board members were asked to note the increasing challenges faced by Housing in supporting these tenants, and a request to:

- Support the opportunity for Health services to collaborate with Housing on bids to both the Supported Housing fund (£300m) and also the Single Homeless Accommodation Programme (£300m) with a drive to achieve more suitable accommodation for people with complex needs, and wrap around and health pathways to meet differing complex needs.
- Support the need to jointly review the current health pathways for Homeless/Rough Sleepers to core/key service provision utilising the new Public Health needs assessment to identify which are key services/areas.

As a result, a task and finish group was set up comprising partners from across the health and care system and voluntary sector to address the specific issues highlighted to the Board. One of the actions arising from this group was to produce a JSNA chapter around homelessness to look at current and future needs of this population; this is currently in progress.

Additionally, Housing have accessed funding from the Department of Health through the Recovery Housing Support Grant to provide specialist floating support and develop supported accommodation for council tenants with dual diagnosis and complex needs. This was a collaborative bid with Public Health and Housing to address the housing-related support needs of individuals with problematic substance use, and to increase the number of people accessing recovery services in the city.

Furthermore, the Council, in conjunction with Action Homeless East Midlands Housing, were successful in securing £725k in capital funding and £1.045m from the Single Homelessness Accommodation Programme (SHAP) in revenue funding to deliver 18 housing units to support complex people going through the homelessness pathway. Unfortunately, Government ultimately decided not to finalise the arrangements or fund for the Supported Housing Fund, and this was withdrawn.

## Challenges

It would be remiss not to reference some of the challenges which have been experienced during the reporting period, and the collective effort of the organisations represented on the Board to tackle them.

Post-COVID recovery is ongoing and whilst the significant pressure which was placed across the whole health and social care system in the thick of the pandemic has eased, many services are still experiencing the strain of working through backlogs, or managing new health and social care needs which have arisen directly as a result of COVID. A special winter-themed Health and Wellbeing Board was held in March 2023 to outline the innovative services which health and social care services continued to deliver during the winter of 2022, when pressure on health and social care systems was high, highlighting our ability to achieve more across the system when working in true partnership. The full minutes from that meeting can be found on the Health and Wellbeing Board web pages and include details of:

- Delivery of the NHS winter plan, focussing on 20 key actions the city which were anticipated to make a difference to individuals, communities and staff groups working across the health system.

- Development of an Integrated Crisis Response Service across health and care to ensure people who do not need an acute service are able to be safely cared for at home instead, removing pressures on emergency care, including a falls response service.
- Development and use of virtual wards, enabling patients who wish to, and are able to, be looked after within their own home with to do so with digital or technological support from wraparound services and empowering them to use those technologies.
- LLR unscheduled care hub to support and provide the most appropriate care for patients contacting the ambulance service by bringing together a range of health and care providers to carry out a multi-disciplinary assessment to assess what is right for the patient *with* the patient and their carer/family, and provide that to the patient in their home where appropriate.
- Supporting discharge by facilitating wider needs to enable patients to return home into a safe environment when this is otherwise preventing them from being discharged from hospital.
- Provision of night-time care at home through adult social care services to support hospital discharges, enabling patients to recover at home with the right support in place.
- Supporting out of hours working in the independent sector to support the discharge process.
- A carers grant scheme to support carers with expenses incurred by taking care of a family member who has been discharged from care and needs to be supported by family.

Leicester, like the rest of the country, has felt the impact of the increased costs of living, and particularly the increases in the cost of fuel, which risked plunging a significant proportion of the population into poverty. The Local Authority, along with partners from across the health and social care system and the VCSE, were quick to take action. An Incident Management Team was mobilised along with a range of additional cells with specialist remit to address specific areas in a coordinated, efficient manner. A "no wrong door" approach was adopted to ensure that no matter where our residents presented for help they were able to get the support they needed from whichever service they approached.

In addition, in response to the rapidly increasing levels of fuel poverty in the city as a result of steeply rising fuel prices, the ICB were able to provide funding which enabled a programme to be developed with National Energy Advice, recruiting energy advisors to work across communities in the city providing education, training and advice to individuals, communities and staff across various sectors. This programme will be independently evaluated to establish numbers reached and impact.

Across the health and social care system, organisations have increasingly been faced with reduced budgets and the necessity to make tough decisions about how to spend money in ways that bring the most benefit to the residents of Leicester. This will continue to challenge us into 2024 and beyond, and will require us to act innovatively, continuing the strong ethos of working in partnership to achieve more together.

## 5. Looking forward

At the annual council meeting in May 2023, and following the local elections, the City Mayor announced some changes to the portfolio areas held by his Executive Team. A new Chair for the Health and Wellbeing board – Cllr Sarah Russell - was announced, bringing with her some changes to the Elected members representing the Health and Wellbeing Board.

There will be six Health and Wellbeing Board meetings held in public during 2023/24, an increase from four in previous years. Some of these meetings will have a focussed theme to ensure opportunities for fuller consideration of issues impacting specific areas or groups on a periodic basis. As part of the Board's commitment to continuous improvement of the health, care and wellbeing of Leicester's residents, there will be occasions when a particular area needs to be explored in greater depth before being brought to a formal Board meeting. In these instances, the Board may hold a development session.

There is no intention to further refresh the Joint Health, Care and Wellbeing Strategy before 2027 unless there is a need identified. The Health and Wellbeing Board looks forward to continued partnership working across the system, building further on the outcomes already achieved, and driven by the Joint Health, Care and Wellbeing Strategy and associated delivery action plan. The first phase of this work has focussed on the initial six 'do' priorities, and future phases of the work will consider how progress towards the 'sponsor' and 'watch' priorities can be built into the current reporting structure. Further work will go into considering how to measure success in delivering the action plan.

There are plans to refresh and update chapters of the Joint Strategic Needs Assessment, and all updated or new chapters will be published on the Leicester City Council website. The change in system structure to an Integrated Care System has given rise to consideration of how the Health and Wellbeing Board operates as a place-based board, collaboratively with the partners and stakeholders who feed into, and out of, the Board. This has presented an opportunity to review the current form and function of the Health and Wellbeing Board and its subgroups, with a view to further strengthening partnerships and what the Board is able to achieve. This work will be ongoing into 2023-24.

The Board will continue to adopt a proportionate universalism approach to ensure that fair focus is able to be given to the issues which have the greatest impact on people's ability to remain in good health and wellbeing for as long as possible. To support this, a number of further JSNA chapters providing are either in development or planned outlining key health and wellbeing issues affecting city residents.

## Glossary and links to further information

**Anti-Poverty** - [Anti-poverty strategy \(leicester.gov.uk\)](https://www.leicester.gov.uk/anti-poverty-strategy/)

**Better Care Fund (BCF)** – Supports local systems to deliver the integration of health and social care through collaborating with the Department of Health, Ministry of Housing Communities and Local Government, NHS England and Improvement, and the local government association. [NHS England » Better Care Fund](#)

**Clinical Commissioning Groups (CCG's)** – CCG's were clinically-led statutory NHS bodies who held responsibility for planning and commissioning of healthcare services in their local area. They were replaced by Integrated Care Systems in July 2022.

**Core20PLUS5** – [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

**Development sessions (of the Health and Wellbeing Board)** – Development sessions are opportunities for members of the Health and Wellbeing Board and, where appropriate, wider partners to come together to consider an issue in detail before bringing to a formal board meeting. They are not held in public.

**Do, sponsor, watch** – An approach to addressing the priorities set out in the Joint Local Health and Wellbeing Strategy which recognises that the same level of resource and effort cannot be focussed on all 19 priorities simultaneously. This approach gives more intensive focus on a small number of 'Do' priorities (those agreed by the Health and Wellbeing Board as the most important to progress in initial years), whilst ensuring some level of focus on *all* priorities identified, with opportunity for any risk to progress of 'sponsor' and 'watch' priorities to be escalated through reporting to place-based groups.

**Equity** – this means “fairness” – in health and wellbeing it means that in order to achieve good outcomes for everyone recognising that not everyone is starting from the same place, and that adjustments need to be made to ensure that everyone can achieve their full potential for good health and wellbeing. We sometimes use the term **health equity**, which means the absence of unfair, avoidable, or remediable differences in health among population groups defined socially, economically, demographically, or geographically.

**Fuel Poverty** – a household is considered to be experiencing fuel poverty when they spend 10% or more of their income on energy. More information can be found at [What is fuel poverty? - National Energy Action \(NEA\)](#)

**Health and Social Care Act 2012** – The Health and Social Care Act 2012 introduced a number of reforms to the NHS including the establishment of Health and Wellbeing Boards to bring together partners from across health and social care services to plan how to meet the health and care needs of their local populations.

**Health and Wellbeing Board meetings** – [Health and Wellbeing Board \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-wellbeing-board/)

**Health inequalities** – health inequalities are the unfair, avoidable and systematic differences in health and wellbeing between different populations or groups.

**Healthwatch Leicester and Healthwatch Leicestershire** - An independent watchdog which aims to make local health and social care services better for people by ensuring that their views and experiences are considered by those entrusted to design and run services. It is independent of the CQC/ NHS and is ran by and for local people. They have a statutory place on local Health and Wellbeing Boards and have the authority to enter and view health and social care services using their trained volunteers. [HealthwatchLL - Healthwatch LL](#)

**Integrated Care Systems (ICS's)** – Integrated Care Systems were established in 2022. They are Partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners. They collectively plan health and care services to meet the needs of their population. In the LLR region this is currently a system partnership between the three statutory organisations with their respective legislative roles. More information about how ICS's are structured and operate can be found at [NHS England » What are integrated care systems?](#)

**Joint Local Health and Wellbeing Strategy (JLHWS)**– [Leicester's Care, Health and Wellbeing Strategy 2022-2027](#)

**Joint Strategic Needs Assessment/Joint Specific Needs Assessment (JSNA/JSpNA)** – Analyse the health needs of populations. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. [Joint Strategic Needs Assessment \(leicester.gov.uk\)](#)

**Learning Disability Partnership Board (LDPB)** - [Learning Disability Partnership Board \(leicester.gov.uk\)](#)

**Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-25 - Mental Health BOOKLET8a (leicester.gov.uk)**

**Meetings held in public** – these are meetings which members of the public are able to attend and observe. Members of the public are not permitted to join in any discussions at Health and Wellbeing Board meetings but are allowed to submit questions in advance of the meeting in line with statutory guidance, which will be asked and discussed during the meeting.

**Person-centred care** – this means making sure care is focussed on the needs of the individual.

**Place-based/Place/System (and neighbourhood)** – System, Place and Neighbourhood refer to geographical areas. **System** covers populations of around 500,000 – 3 millions. In this report System means Leicester, Leicestershire and Rutland. **Place** covers populations of around 250,000-500,000. In this report, Place means Leicester city). **Neighbourhoods** cover smaller populations of around 30,000 to 50,000 people. In this report **Place-based** means thinking about the local need for Leicester. **Place-based** partnerships bring together a broad range of partners including local government, NHS providers, voluntary/community sector organisations, social care providers and others in order to integrate the planning and delivery

of services through a multi-agency approach and address the social, economic and wider health needs of their population.

**Pharmaceutical Needs Assessment (PNA)** – A legal requirement for Health and Wellbeing Boards to produce every three years. It is a statement of needs from pharmacy services in the local area and is designed to ensure provision of local pharmaceutical services is effective for the needs of the local population. It can be used to direct commissioning decisions by CCGs and help NHS England in regulating new and existing pharmaceutical practice. [Pharmaceutical Needs Assessment \(PNA\) \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/pharmaceutical-needs-assessment/)