Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 10 November 2021 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mr. E. Walters (0116 3052583)**

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Membership

Mr. J. Morgan CC (Chairman)

Mr. S. L. Bray CC	Mrs. A. J. Hack CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. J. Grimley CC	Mr. C. A. Smith CC

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 1 September 2021.		(Pages 3 - 12)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
5.	Declarations of interest in respect of items on the agenda.		
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		
7.	Presentation of Petitions under Standing Order 35.		

8.	Access to Primary Care Services.	Leicester, Leicestershire and Rutland Clinical Commissioning Groups	(Pages 13 - 66)
9.	Restoration and Recovery of Elected Care.	University Hospitals of Leicester NHS Trust	(Pages 67 - 74)
10.	East Midlands Ambulance Service update.	East Midlands Ambulance Service NHS Trust	(Pages 75 - 78)
11.	Distribution of Automated External Defibrilators in Leicestershire.	Director of Public Health	(Pages 79 - 90)
12.	Eating Disorders in children and adults.	Leicestershire Partnership NHS Trust	(Pages 91 - 102)
13.	Engagement on the Council's Strategic Plan.	Chief Executive	(Pages 103 - 156)
14.	Director of Public Health Update on Covid-19 and vaccinations.	Director of Public Health	

The Director of Public Health will provide a verbal update.

15. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 19 January 2022 at 2.00pm.

16. Any other items which the Chairman has decided to take as urgent.

Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 1 September 2021.

PRESENT

Mr. P. King CC (in the Chair)

Mr. S. L. Bray CC	Mrs. A. J. Hack CC
Mr. N. Chapman CC	Mr. R. Hills CC
Mrs. H. J. Fryer CC	Mr. C. A. Smith CC
Mr. K. Ghattoraya CC	

In attendance
Mrs. L. Richardson CC – Cabinet Lead Member for Health.
Mrs. H. J. Fryer CC – Chair of Children and Families Overview and Scrutiny Committee (minute 24 refers).
Mrs. M.E. Newton CC – Labour Group spokesperson on Children and Families Overview and Scrutiny Committee (minute 24 refers).
Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 21, 22 and 25 refer)
Sarah Prema, Director of Strategy and Planning, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 21 and 22 refer)
Mukesh Barot, Chief Officer, Healthwatch Leicester and Leicestershire (minute 23 refers)
David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (minute 23 refers).

14. Minutes of the previous meeting.

The minutes of the meeting held on 2 June 2021 were taken as read, confirmed and signed.

15. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

16. Questions asked by members.

The Chief Executive reported that three questions had been received under Standing Order 7(3) and 7(5).

1. Question by Mrs. Rosita Page CC:

My question relates to the Building Better Hospitals proposals and the £450 million reconfiguration plans. It has come to my attention that University Hospitals of Leicester NHS Trust and Leicester, Leicestershire and Rutland Clinical Commissioning Groups have been requested by the National Hospital Building Programme Team (NHSE) to re-

submit the proposals and include an option costing no more than £400 million. Is this correct and if so what are the next steps for the reconfiguration programme? Will a further public consultation be required to take place? What are the implications, if any, for Community Services redesign?

Reply by the Chairman:

I have forwarded your question to University Hospitals of Leicester NHS Trust and they have provided me with the following answer:

"As one of the 8 national New Hospital Programme, (NHP), 'Pathfinder' schemes, we have been asked by the NHP team to look at a range of approaches to how we go about building new hospitals in Leicester.
There are three scenarios we have been asked to consider:

1. An option that fits the Trust's initial capital allocation of £450m in 2019;
2. The Trust's preferred option;
3. A phased approach to delivery of the preferred option.

The Leicester scheme has remained almost exactly as described three years ago at the time of the initial capital allocation, however some of the parameters we are expected to meet when we build the new hospitals have changed significantly; for example the percentage of single rooms versus open wards, the amount of money expected to be set aside for contingency and the requirement to make the buildings 'net zero carbon'. We have therefore submitted indicative plans which illustrate what can be achieved within the original allocation, our preferred option and a phased approach which would deliver the preferred option albeit over a longer time scale.
We recognise that it is a necessary part of the process for colleagues in the NHP to challenge each of the Pathfinder schemes on both deliverability and value for money."

Separately, as you will know we have arranged, at Cllr Kitterick's request, an informal briefing of JHOSC Chair and Vice Chairs (Leics County and Rutland), on this same subject, which is due to take place on the 6th of September."

2. Question by Mrs. Rosita Page CC:

Please could you tell me what arrangements are in place for liaison between the Clinical Commissioning Groups and Harborough District Council and Leicestershire County Council regarding the health needs of the Lutterworth area. In particular could you clarify the role and remit of the 'Lutterworth Locality Group' and other similar groups in Leicestershire and provide Terms of Reference for those groups if applicable? Have representatives from Harborough District Council or Leicestershire County Council been invited to attend meetings of the Lutterworth Locality Group?

Reply by the Chairman:

I have forwarded your question to the Clinical Commissioning Groups and they have provided me with the following answer:

"The LLR CCGs are working with local partners and communities to develop a plan for Lutterworth to assess and improve the health needs of people in and around Lutterworth now and in the future. The overarching aim of the plan is to respond to the significant housing growth expected in the area over the coming years and ensure that solutions are

identified to support the impact upon Primary and Community-based health services. The development of the plan is being co-ordinated by a Lutterworth Plan Steering Group comprising of NHS organisations, the district, county and town councils, local GPs Practices, members of the local community and other stakeholders.

In addition, LLR CCGs are also working closely with colleagues at Leicestershire County Council upon the Joint Health and Wellbeing Strategy which will cover all of Leicestershire including the Lutterworth area, identifying high level priorities to address and improve the health outcomes for the population.

Please see attached the agreed terms of reference for the Lutterworth Plan Steering group, which details the context, responsibilities, and membership of the group.

In addition to the Terms of Reference, we have attached a document which provides details of the current membership of the Lutterworth Plan steering group including the themes/areas of work that will be included.

We are currently in discussion with Harborough District Council, who are in the process of identifying which elected member(s) will be joining the group. It has been suggested that we could also invite elected members from Leicestershire County Council, but these discussions have not yet taken place."

3. Question by Mrs. A. J. Hack CC

In Braunstone Division, we currently have 2 GP practices that serve the population, Kingsway and Forest House Medical, they are both part of the North Blaby Primary Care Network (PCN). Forest House Medical Practice, operates across 2 sites, one in Braunstone Town and one in Leicester Forest East. There is currently a proposal out for consultation for Forest House Medical Practice to close the services it operates on Park Drive and replace this with a service in Lubbesthorpe, which is causing concern for the many patients that are registered with the practice, many of whom live close to the Park Drive site.

1. As we now have PCN's in place, its concerning that the consultation to close a facility is still localised to be managed by a single GP site. What strategic evaluation has been completed by the CCG and PCN about the patients, where they live and whether they can manage to access services at Warren Lane and the new proposed Lubbesthorpe site? What role has the PCN undertaken in the consultation?

2. The population of Braunstone Town as an existing community currently utilising services are now facing a service re-location much further away, so a new service can be built in Lubbesthorpe. These services are being built to service 'growth' at a detriment to patients in Braunstone Town. What consideration has been given to the older population that live in my division, what they need now and in the future and what impact this change will have on them?

3. At the moment North Blaby PCN consists of 5 practices, what allowances have been given to accommodation patients who might wish to transfer to Kingsway in light of this change?

Reply by the Chairman:

The Chairman stated that a response had been sought from the Clinical Commissioning Groups but it had not yet been received in time for the meeting. A written response would be provided to Mrs. Hack CC after the meeting.

17. Urgent items.

There were no urgent items for consideration.

18. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made with regards to the substantive agenda items, however the Chairman Mr. P. King CC made a declaration with regards to Agenda item 3 and in particular Question no. 2 submitted by Mrs. Rosita Page CC as in his role as Leader of Harborough District Council he would be making appointments to the Lutterworth Plan Steering Group.

19. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

20. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 36.

21. Overview of Integrated Care Systems.

The Committee considered a report and presentation of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an overview of the LLR Integrated Care System. Copies of the report and presentation slides, marked 'Agenda Item 8', are filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs and Sarah Prema, Director of Strategy and Planning, LLR CCGs.

Arising from discussions the following points were noted:

(i) National guidance indicated that there should be at least one local authority on Integrated Care Boards. Membership of the Leicester, Leicestershire and Rutland Integrated Care Board had not yet been agreed but it was intended that it would have representation from more than one local authority.

(ii) Health and Wellbeing Boards and health scrutiny committees were required by statute and they would remain in place once the Integrated Care Systems were in

operation. The role of Health and Wellbeing Boards would be strengthened particularly with regards to driving greater integration at Place level. The Integrated Care System work built on the partnership and collaboration work which was already ongoing.

(iii) The Primary Care Networks were still developing and evolving particularly with regards to the geographical footprint they covered. Currently they did not perfectly fit with social care services but work was ongoing to improve this. It was unlikely that the same structure and arrangements for Primary Care Networks would be in place across the whole of Leicestershire; structures would be flexible and be modified across the County to best suit local situations. Whilst the Integrated Care Board provided central accountability for the Integrated Care System the aim was actually to decentralise decision making and provide more local accountability.

(iv) Engagement from the NHS with County and District Councillors was important and reassurance was given that this would continue to be strengthened whilst the Integrated Care System was in place.

(v) Members raised concerns about the configuration of the neighbourhoods, how they crossed the boundaries of District Councils and whether this structure enabled the best partnership working with District Councils to take place. In response reassurance was given that whilst the structure charts of the Integrated Care System were set out in a certain way, there would be a great deal of flexibility and fluidity and the priority was effective partnership working with all levels of local government.

RESOLVED:

(a) That the overview of the Leicester, Leicestershire and Rutland Integrated Care System be noted.

(b) That officers be requested to provide a further update on Integrated Care Systems at a future meeting.

22. Place Led Plans

The Committee considered a report and presentation of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an update on the development of Place Led Plans. Copies of the report and presentation slides, marked ‘Agenda Item 9’, are filed with these minutes.

The Committee welcomed to the meeting for this item Andy Williams, Chief Executive, LLR CCGs and Sarah Prema, Director of Strategy and Planning, LLR CCGs.

Arising from discussions the following points were noted:

(i) There was a requirement in the Integrated Care System (ICS) guidance that place based groups develop an integration plan, and the Joint Health and Wellbeing Strategy would constitute this plan locally.

(ii) Consideration was being given to how the Health and Wellbeing Board operated and how the sub structures of the Board needed to be refreshed.

(iii) The direction of travel with regards to community hospitals had changed and the design work was now being built around the place based plans. Work had started on the areas with the most pressing need i.e those areas with planned housing growth. However, it was noted that not all areas of Leicestershire had housing growth planned and existing communities still needed to be given consideration with regards to the plans for community services. In response to members concerns it was agreed that further consideration would be given to the criteria for which areas were prioritised. Members suggested that the community services work should follow the work carried out by District Councils on local plans though it was acknowledged that there may not be the capacity within the NHS to keep up with the development of local plans.

(iv) With regards to primary care it was not always possible to differentiate between the place and neighbourhood level. Often systems were more complicated and overlapping. The 3 levels of place, system and neighbourhood needed to work together.

RESOLVED:

That the update on Place Led Plans be noted.

23. Healthwatch Report - Accessing Mental Health Services during Crisis.

The Committee considered a report of Healthwatch Leicester and Leicestershire regarding a survey they had carried out in relation to the patient experience of Accessing Mental Health Services during Crisis. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Mukesh Barot, Chief Officer, Healthwatch Leicester and Leicestershire and David Williams, Director of Strategy & Business Development, Leicestershire Partnership NHS Trust (LPT).

Arising from discussions the following points were noted:

(i) The survey referred to in the Accessing Mental Health Services during Crisis report was a 'snapshot' study of service users rather than a detailed piece of work. In response to concerns raised by members regarding the small amount of people engaged with as part of the survey it was explained that the survey had been conducted in 2020 during a transitional period for Healthwatch Leicestershire particularly in relation to staffing which, along with the Covid-19 pandemic, had meant that not as many people had been engaged with as was desired. Reassurance was given that in 2021 response rates to Healthwatch Leicester and Leicestershire surveys had doubled and the surveys had improved both quantitively and qualitatively. Work was also ongoing to engage with those hard to reach communities and more diverse groups of people.

(ii) Separately to the Healthwatch work, the NHS carried out a friends and family survey which had found that over the last quarter 83% of those that completed the survey were satisfied with the services provided by LPT.

(iii) A new and expanded Improving Access To Psychological Therapies (IAPT) service would come into place from April 2022.

(iv) The Central Access Point was a new initiative therefore LPT were not surprised that at the time of the survey being carried out awareness of the service amongst the public was not at a high level. However, an extensive communications campaign had been conducted to publicise the service and there were now between 4000 and 6000 calls a month received by the Central Access Point. It was not possible to assess whether the Covid-19 pandemic had increased the amount of calls received by the Central Access Point as the service had not been in place prior to the pandemic.

(v) LPT was also reviewing its Rapid Response service and ensuring there were mental health practitioners in the Leicester Royal Infirmary Emergency Department to deal with those in crisis. However, as it was believed that Emergency Departments were not the best places for those with mental health needs LPT had invested in mental health urgent care hubs.

RESOLVED:

That the contents of the Healthwatch report 'Accessing Mental Health Services during Crisis' be noted, and the actions being taken by Leicestershire Partnership NHS Trust in response to the report be welcomed.

24. Recommissioning the 0-19 Healthy Child Programme.

The Committee considered a report of the Director of Public Health which presented the proposed model for the procurement and delivery of a 0-19 Healthy Child Programme and provided an update on the consultation feedback which had been received so far. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Mrs. H. Fryer CC and Mrs. M. E. Newton CC who were members of the Children and Families Overview and Scrutiny Committee.

Arising from discussions the following points were noted

(i) The 0-19 Healthy Child Programme was a universal service and therefore open to anyone, however targeted work did take place and it was intended to particularly target those people dealt with by the Children and Family Wellbeing Service as these people were especially vulnerable.

(ii) The model focused on six high impact areas for school children and one of those areas was resilience and wellbeing. Reassurance was given that conversations were being held with headteachers of schools and academies in Leicestershire regarding what support could be offered in relation to mental health and wellbeing. Headteachers had particularly identified that body image and self-esteem were areas of concern for school children. The Covid-19 pandemic would also have had an impact on children's mental health and wellbeing and preparations needed to be made for an increased demand as a result of this, though it was important not to duplicate initiatives that were already in place.

(iii) In response to concerns raised by a member, particularly in relation to health visitors, reassurance was given that there was a high level of confidence that data protection laws were adhered to.

(iv) Local Authorities were required to carry out five universal health checks for families during the early stages of a child's development and although some of these checks had been paused during the Covid-19 pandemic, most checks had now recommenced in some form. The antenatal check now took place in the form of a letter sent to all pregnant mothers. The 12-month checks were taking place in some areas of Leicestershire but not all as they were required to be conducted face to face. A member raised concerns regarding the length of time between each check and suggested that social services should be more involved early on. In response the Director of Public Health explained that in addition to the five universal health checks there were several other initiatives ongoing which addressed the welfare of children at an early age. The Director of Public Health offered to provide a report to a future meeting of the Committee regarding the wider work of the Public Health Department.

(v) Breastfeeding rates were known to be low in Leicestershire though it was unclear to what extent this was due to issues with the quality of the data and under-recording, rather than mothers being reluctant to breastfeed. Work was taking place with NHS Digital to resolve the data quality issues.

(vi) Members raised concerns regarding childhood obesity and asked what work was undertaken to ensure parents had the necessary skills to raise healthy children. In response it was explained that Children's Services helped parents with parenting skills and the Public Health Department commissioned activities through Leicester-Shire & Rutland Sport to encourage children to be more active. Liaison was also taking place with the Planning Officers Forum to ensure healthy environments were created.

(vii) The data indicated that tackling alcohol misuse in young people needed to be a priority however it was also important to tackle substance abuse in young people as this was widely prevalent.

RESOLVED:

(a) That the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service for Leicestershire be supported, and the consultation feedback received to date be noted;

(b) That the comments now made by the Committee regarding the proposals be forwarded to Cabinet for consideration at the meeting on 26 October 2021;

(c) That officers be requested to provide a report for a future meeting of the Committee regarding the wider work of the Public Health Department in relation to the health of children.

25. Director of Public Health update on Covid-19.

The Committee received a presentation from the Director of Public Health which provided an update on the spread of Covid-19 in Leicestershire and measures being taken to prevent the further spread of the virus over the 2021/22 winter period. A copy of the presentation slides, marked 'Agenda Item 12', is filed with these minutes.

The Committee also welcomed Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups to the meeting for this item.

Arising from discussions the following points were noted:

(i) Whilst there were no longer any restrictions in schools in relation to the Covid-19 pandemic, schools had outbreak management plans in place where various actions could be implemented depending on the number of Covid-19 cases at the school.

(ii) There were still restrictions in place at carehomes and members raised concerns regarding the resilience of residents and staff.

(iii) Although the Covid-19 pandemic was perceived by some to have eased, NHS services were still exceptionally busy. In particular ambulance handover delays at the Emergency Department were a major problem in Leicestershire. It would take at least one year to clear the backlog of elected medical procedures and realistic recovery trajectories had been set so that staff were not put under too much pressure. It was important for the NHS to explain to the public the challenges that were being faced and set expectations for the level and pace of recovery.

(iv) Measures had been put in place to safeguard the wellbeing of NHS staff such as ensuring annual leave was taken and making psychological therapy available. Escalation protocols were being reviewed in case the demands on staff were unable to be met.

(v) Significantly more primary care appointments were being offered now compared to prior to the Covid-19 pandemic and a large majority of these were face to face however the demand for primary care appointments was currently very high and there was still public frustration regarding the availability of appointments. Work was taking place to change the system for booking appointments over the telephone as the narrow timeframe each day for booking appointments was causing patients some angst. The triage process was designed to ensure patients were referred to the most appropriate service as early as possible in the process.

RESOLVED:

(a) That the update from the Director of Public Health regarding Covid-19 be noted;

(b) That officers be requested to provide a report for a future meeting regarding the backlog of elected procedures.

26. Dates of future meetings.

RESOLVED:

That future meetings take place on the following dates all at 2.00pm:

Wednesday 10 November 2021;
Wednesday 19 January 2022;
Wednesday 2 March 2022;
Wednesday 15 June 2022;
Wednesday 31 August 2022;
Wednesday 2 November 2022.

2.00 - 4.10 pm CHAIRMAN
01 September 2021

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

ACCESS TO PRIMARY CARE SERVICES

REPORT OF THE DIRECTOR OF INTEGRATION AND TRANSFORMATION LEICESTER, LEICESTERSHIRE & RUTLAND CLINICAL COMMISSIONING GROUPS

Purpose of the Report

1. The purpose of this report is to provide Members of the Health Overview and Scrutiny Committee with a report on access to GP practice in Leicestershire County. The report provides current data on access, the challenges faced by general practice and details of the initiatives being taken to improve access.

Background

2. Every Leicestershire County General Practice was open and providing services where safe to do so during the pandemic despite some societal perceptions. Misconceptions have occurred due to the result of measures to ensure infection prevention and control and a move to the use of remote consultations to protect patients and staff groups.

3. NHS England recently published *Our plan for improving access for patients and supporting general practice.* The Plan sets out the access challenges and states that, as is in other parts of the NHS, current workload pressures on general practice are intense.

4. *Our plan for improving access for patients and supporting general practice* notes how practice teams adapted and innovated during the pandemic, maintaining, and improving access through remote appointments which continue to offer many patients a more convenient option. It is fully recognised that this revised model of care was not communicated in the depth that it could have been, nationally and locally, in a manner that our citizens understood or agreed with. The new model of care was put into place within 48 hours of national mandates being released due to the severity of the infection rates locally and nationally.

5. Additional demands arising from Covid 19 continue and since the pandemic practices have faced ‘pent-up’ demand from patients who

were less likely to consult their GP during the height of the pandemic. General practice too, is catching up on a backlog of care for patients on its registered list who have ongoing conditions, to avoid acute episodes or exacerbations that may otherwise result in requiring further care.

6. Across LLR, GPs, through our Primary Care Networks (PCNs) have delivered the c80% of the vaccination programme and during this financial year have also provided more appointments nationally for patients than in the equivalent period before the pandemic.

7. Notwithstanding these challenges, reports in the media and cases of poor individual experience, overall satisfaction levels in general practice have stood up well as indicated by the local results from the National GP Survey, reporting patient satisfaction levels at 84% in both East Leicestershire and Rutland and West Leicestershire practices.

8. However, it is fully recognised that direct patient-reported experience, via our elected members, Health Watch, social media, and other means, has not been so positive. Reports of poor access and long waits have been received in significant volume and this paper outlines actions taken to improve patient experience overall.

Current activity

9. Monthly data on GP activity is available from NHS Digital. These reports include details of:
   - Number of appointments;
   - Number of same day appointments;
   - Appointments attended;
   - Who the Health professional appointment was with;
   - Online/face to face.

10. For September the data for Leicestershire County & Rutland shows:

	East Leicestershire & Rutland CCG	West Leicestershire CCG
No.of appointments attended	185,720	200,042
Did not attends	6,978	6,466
Face to face	131,099	142,630
Phone	43,319	63,468
Same day appointments	77,222	95,787
Appointments between1 to 7 days	53,170	56,648

See Appendix A for an infographic of September's data at LLR level. This is issued each month to the public.

11. Current levels of appointments are comparable to pre-pandemic levels. Both East Leicestershire and Rutland and West Leicestershire practices saw a fall in appointments at the height of the wave 1 and wave 2 lockdowns. The most significant change has been in the increase in the proportion of patients having virtual consultations as opposed to face to face. Pre-pandemic the level of face-to-face appointments was over 80% in both County CCGs. The proportion in September was 67% in West Leicestershire and 71% in East Leicestershire and Rutland. In both CCGs the level has been steadily increasing as lockdown restrictions have been lifted. Members should also be aware that infection prevention and control measures remain in health care facilities. Data from NHS Digital shows that practices in LLR offer the third highest number of face-to-face appointments in comparison with other STP areas in England.

12. Moving towards a mixed model of care is a requirement of the NHS Long Term Plan and has proved very popular with certain cohorts of our patients. Offering this mixed model of virtual where appropriate and face to face where needed will give us the best chance of balancing out capacity and demand.

13. See Appendices for charts showing GP practice appointments in East Leicestershire and Rutland CCG (Appendix B) and West Leicestershire CCG (Appendix C).

Patient Perspective

14. Within the CCG we have undertaken an analysis of both the National GP Patient Survey and the results of a survey we undertook locally and combined these into a single consolidated report.
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15. Healthwatch Rutland undertook their own survey with patients in Rutland specifically asking questions regarding GP practice services. Healthwatch Leicester and Leicestershire also carried a review of some GP websites to look at content, accessibility, and navigation of the sites. The findings have also been reviewed consolidated in our local report.

16. Combining the findings from these sources has given the CCG's a rich picture of the patient perspective on experience of primary care services.

National survey

17. The National Survey obtained feedback from patients between January and March 2021 and was carried out by Ipsos MORI on behalf of the NHS. The findings were published in July 2021. The survey, run annually, was modified to reflect the changes to primary care services because of Covid-19. Disappointingly, there was a poor response rate of 28% with only 6,120 surveys returned out of 13,498 sent out. Questions covered a range of topics including relationship with the GP practice staff, satisfaction with the consultation itself and access to services. Questions relating to access covered:

    - Ease of getting through to GP practice;
    - Overall experience of making an appointment;
    - Patient satisfaction with GP practice appointment times;
    - Satisfaction with type of appointment offered;
    - Helpfulness of receptionist at GP practice.

18. The 84% overall satisfaction level for both ELR CCG and West Leicestershire CCG is a slight increase on last year's results of 1.89% and 2.69% respectfully. It should be noted that the fieldwork for this survey was undertaken during the early stages of the vaccination programme when GPs were giving most of the vaccines.

19. Again, it is recognised that this is not congruent with more recent, direct patient reported experience.

Leicester, Leicestershire & Rutland survey

20. Working with GP practices and Primary Care Networks the CCGs undertook a local GP practice online survey of residents across Leicester, Leicestershire, and Rutland (LLR).

21. This survey complimented the national survey and covered additional topics not included in the national survey and was carried out from 14 June to 14 July 2021. 5,483 people completed the survey. A full report of findings can be found at https://www.leicestercityccg.nhs.uk/get-involved/primary-care-survey/, which was independently produced. Appendix D provides a summary of the findings including recommended high impact actions based on the insights

22. An independent analysis and report of findings for the was undertaken of the local survey. As part of the report, we included a ranking of 'Importance' vs 'Experience': what patients told us was important when using general practice and what their actual experience was. This is shown below.

General Practice/Health Centre Services

'Importance' v 'Experience' Ratings

IMPORTANCE			EXPERIENCE	
% Rating as 'Important'	Importance Ranking	Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	% 'Agreeing'	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to-face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

23. The report of findings also demonstrated levels of satisfaction with appointment bookings processes and patient experience of the consultation with the GP.

24. In terms of responding to the findings we have identified 10 High Impact Actions directly relating to those ranked as the most important by patients when using GP services. A clinically led improvement plan, in partnership with patients and citizens, is currently being developed in response; however, key improvement programmes already in place are described briefly in the next section.

Current initiatives to improve access

25. There is currently action in several areas to improve access to primary care – access issues in the County are not 'new' and not solely because of the pandemic. Equally, the way many of our patient groups wish to access services is changing; therefore, these improvements focus on options for patients that provide the appropriate care with the appropriate

health or care professional to meet their needs and their lifestyle as we know this has a direct impact on outcomes.

Workforce

26. **Additional Roles Reimbursement Scheme (ARRS):** This is a national programme for PCNs to create bespoke multi-disciplinary teams to meet the needs of the local community and tackle inequalities. Roles included within the scheme are: Clinical Pharmacists, Physiotherapists, Dieticians, Podiatrists, Occupational Therapists, Care Coordinators, Health and Wellbeing Coaches. All our PCN's in the County have taken part in this programme with 180 additional staff recruited thus far and plans to recruit to the full cohort in place.

Self - referral services

27. There are some services a patient can directly refer into such as:

- **Improving Access to Psychological Therapies** (**IAPT):** Also known as talking therapies for people with a range of common mental health problems.

- **Musculoskeletal (MSK) Self-Care App:** The MSK app has been developed to offer support and guidance on how to manage a Musculoskeletal (MSK) condition or injury.

- **Podiatry:** Treatments range from corn, callous and nail treatment to the extremely specialised 'high risk' cases such as diabetic foot ulcer care, nail surgery, complex biomechanical assessment, and treatment, through to provision of insoles and orthotics.

Community Pharmacy Consultation Scheme

28. The newly introduced **Community Pharmacy Consultation Scheme (CPCS) allows our practices to use the expertise of our community pharmacists to support delivery of care**. If a patient's symptoms can be resolved by a booked consultation with the pharmacist instead of the GP, patients will be given a same-day referral to a pharmacy of your choice.

29. The above initiatives provide alternatives to seeing a GP where appropriate and free – up time for GPs to concentrate on those patients with more serious needs including pro-actively supporting the care of people with long-term conditions.

30. For West Leicestershire and East Leicestershire and Rutland CCG's, there have been a total of 2,793 referrals to this service from 30 of our practices between August and mid-October 2021. The service is proving

highly popular with our patients and GP's and we expect all LLR practices to participate in this service by December 2021.

Active signposting/care navigators

31. This aims to connect patients with the most appropriate source of advice and support which in many cases may not be the GP or other health service. Where it works effectively, active signposting has been shown to significantly reduce unnecessary appointments. Again, this is a very popular service with our staff and patients and has enabled integration across health, care services and the voluntary sector, learning from the model of care piloted with our 'Local Area Coordinator' service across Leicestershire.

Self – care

32. We are currently developing a campaign to support patients to self-care for more minor ailments. Self-care should not be seen simply as a way of diverting the patient elsewhere but a method of empowering patients to be able to deal with minor conditions with confidence.

33. A key element of this campaign will be to promote the role that pharmacists can play in supporting patients.

34. Specific webinars have been run on self-care – from managing diabetes to childhood illnesses. These sessions are run at various points in the day and night and are run by LLR GP's, nurses and our partners in Leicester's Hospitals and Leicestershire Partnership Trust. Further sessions are planned through the winter, particularly focused on mental health for adults, teens and children and common winter illness.

<u>Our plan for Improving Access for Patients and Supporting GP Practices</u>

35. On 14 October, NHSE issued its plan for improving access and supporting GP practices. The plan highlights three areas for action nationally and locally:

    - Increasing and optimising capacity;
    - Addressing variation and encouraging good practice;
    - Improving communication with the public – including tackling abuse and violence against NHS Staff

36. Additional funding is being made available nationally for ICSs to bid for. We are developing our proposals which must demonstrate the impact and that they will increase capacity. In developing our proposals, we have set the following strategic deliverables, directly based on patient feedback:

Tackling variations in appointment models – tackling 'ring at 8am'

37. The model in use for appointment booking across most practices remains for patients to ring at 8am and wait in the queue. Over the years, our local practices have tried various models of access from this model to a 'walk in and wait' model; with both having similar reports of poor patient experience. However, we have not yet explored, nor exploited, what we can now do at a Primary Care Network level to improve this. Some of our PCN's are piloting a 'call centre' type model across the day with one practice taking all calls for the practices within that PCN, triaging the patient and booking them into an appointment across a plethora of services. This would negate patients having to ring at 8am for an appointment but would support access all day. This is in very early stage of pilot, but results are encouraging from both in terms of patient and staff satisfaction.

38. What the pilot does show, however, is that we continue to have a mismatch between 'capacity and demand', 'need vs want' and expected vs actual staffing levels across the County and we need to work with our patients and partners to balance this out. All four of the objectives above are fundamentally linked to these three areas of concern and are not for our GPs to solve alone. This is a system wide issue and our plans to tackle each of the areas will be done in partnership with our patients, practices and partner organisations across health and care.

Increase workforce availability

We continue to work with both practices, our regional colleagues, and national programmes to recruit, develop and retain our very wide primary care workforce. We recognise that to increase access, we need to increase workforce and therefore we are looking at every potential avenue open to us to do this. A range of initiatives to address workforce challenges tackling, supply, recruitment and retention, initiatives are in place and include;

- CCG working with PCNs to maximise the recruitment of new roles utilising the Additional Roles Reimbursement scheme. To date 180 additional roles recruited including clinical pharmacists, paramedics, mental health practitioner, social prescribers, and care coordinators. Further recruitment planned with support being offered regarding induction and training / education.
- Range of successful initiatives to support primary medical care work force education and training including; Practice Nurse Fellowship, GP Fellowship programme and GP Mentor scheme.
- Bespoke Health and Wellbeing offer launched for general practice teams to support resilience during the pandemic and winter period.

Tackling practice level variation

39. We know that there is some unexplained variation in access, outcomes, and usage of services across the county. Our Board GPs are working with our frontline GP colleagues to undertake supported conversations and implement clinical support to tackle this variation. We are identifying practices to target this support through analysing various sources of data relating to patient experience reports, overall appointments, proportion of face to face, higher than expected levels of Emergency Department attends and population demographics. This will involve adopting a quality improvement approach where we facilitate peer to peer conversations, share best practice and address any challenges faced by the practice.

Ensuring delivery of the primary care backlog

40. We know there is a significant 'backlog' of care in primary care, built up over the course of the last 18 months of the pandemic. Our practices are working to catch up with this backlog as well as provide care to those who need it on the same day. To support practices, we have partnered with a leading university to implement a programme called Proactive care @ Home, focusing on optimisation of six of our most prevalent conditions. Between April 2021 and September 2021, 30,239 patients have been optimised and taken off the primary care backlog list (for the 6 Proactive Care @ Home focus conditions).

41. Our patients have also told us they want to be empowered so we have also taken part in the 'Blood pressure @ home' programme - 2250 Blood Pressure monitors have been delivered to practices for use as part of this programme and we will continue to support patients to monitor remotely where feasible.

42. Finally, in recognition of our more vulnerable patients, our 'complex care model' includes growing investment in wider community nursing, therapy, and social care services in more than 150 staff LLR wide during 2021/22. This will support increased delivery of a 2-hour urgent crisis response, multi-disciplinary support to care homes and support our GPs.

Proposals/Options

43. The report outlines activities to improve access to general practice. It outlines the alternatives to seeing a GP and gives details of services e.g., direct referral services, Community Pharmacy Consultation Scheme which promote access to support patients need. The contents for this paper are for members to note

Background papers

44. Supporting papers:

- *National GP Survey results: https://www.ipsos.com/ipsos-mori/en-uk/2021-gp-patient-survey-results-released*

- *GP Appointments data, September 2021– NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice*
- *CCGs Survey of patient experience of primary care:* https://www.leicestercityccg.nhs.uk/get-involved/primary-care-survey/

Circulation under the Local Issues Alert Procedure

45. Not applicable

Appendices

Appendix A: Primary Care Infographics
Appendix B: ELRCCG GP Appointments
Appendix C: WLRCCG GP Appointments
Appendix D: Primary Care Survey

Officer to Contact

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Director of Integration and Transformation
Leicester, Leicestershire and Rutland CCGs
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GP practice appointments
Leicester, Leicestershire and Rutland
September 2021

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

NHS

#YouAndYourGPPractice

603,916
Total appointments booked

295,556
GP appointments

308,360
Appointments with other practice staff e.g. nurse, physiotherapist

66%
403,757
Face-to-face appointments

34,344
online/video consultations

169,703
Telephone appointments

1,129
Home visits

268,734
Same-day appointments

72%
436,463
Appointments within 7 days

Covid vaccines Practice uptake
10,756

Source: NHS Digital

But...

21,061 patients did not attend their booked appointment.

This cost the NHS an estimated £631,830*

*£30 per appointment

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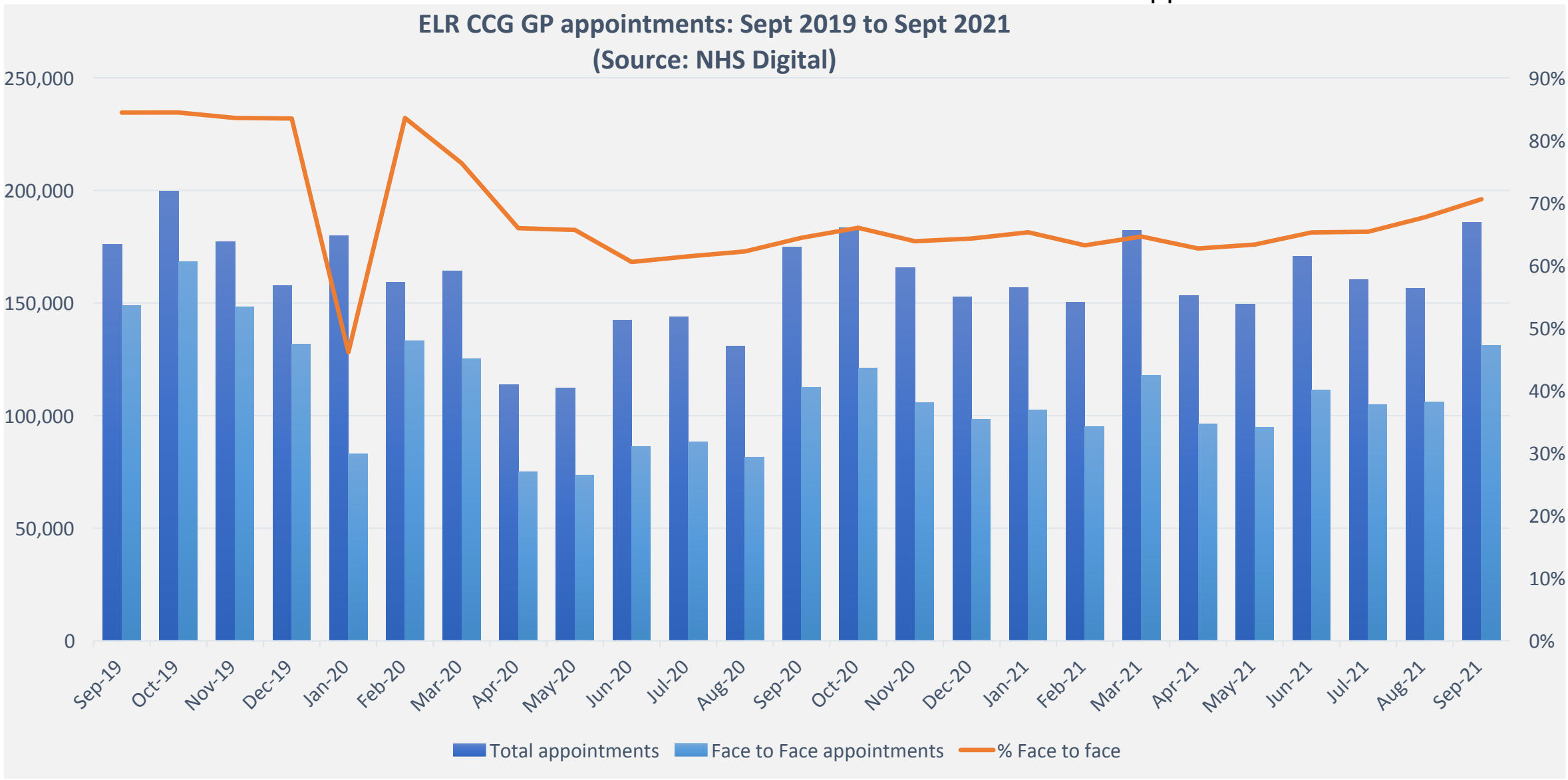
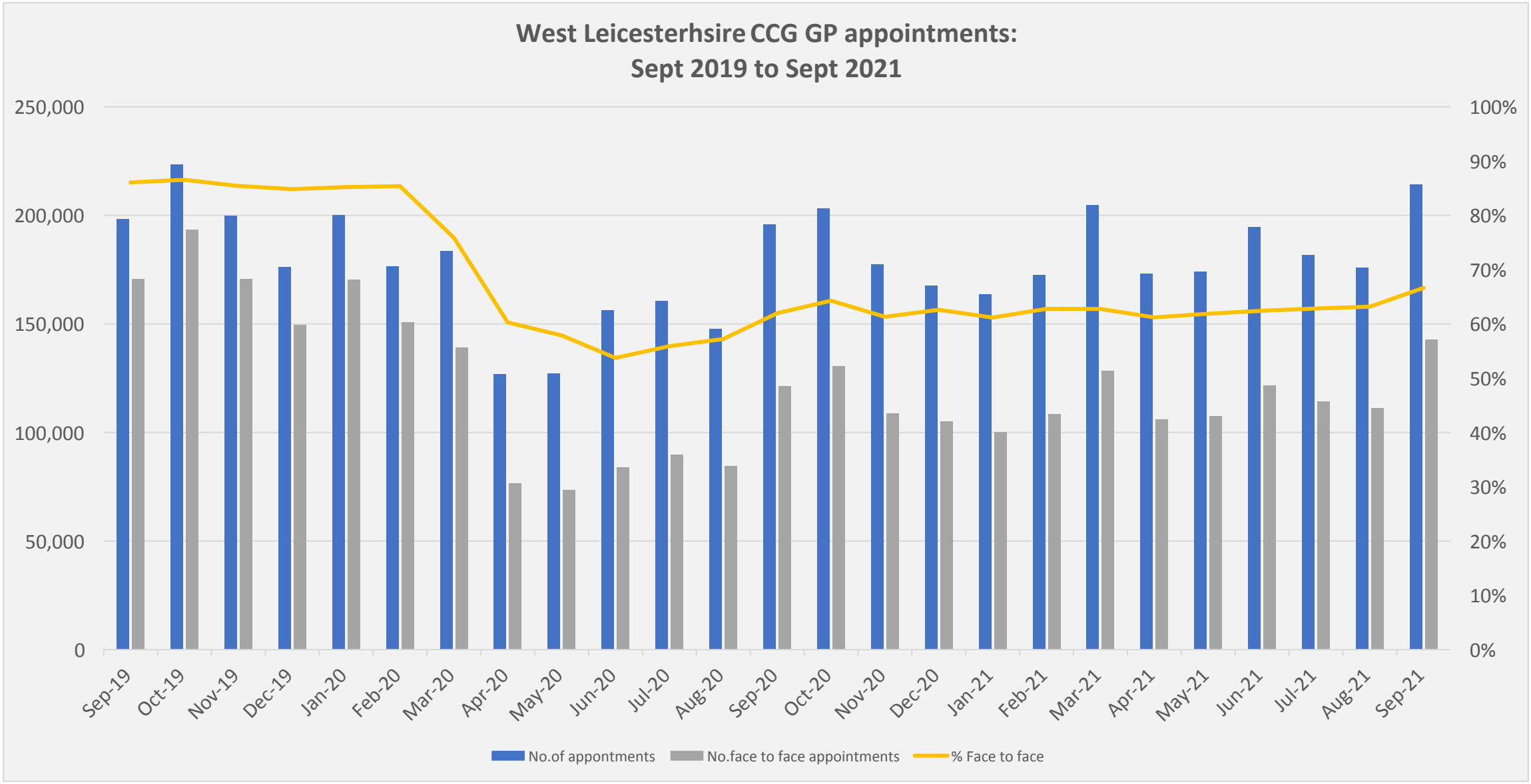
Appendix B


ELR CCG GP appointments: Sept 2019 to Sept 2021
(Source: NHS Digital)
250,000
200,000
150,000
100,000
50,000
0
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Total appointments
Face to Face appointments
% Face to face

Appendix C


West Leicesterhsire CCG GP appointments:
Sept 2019 to Sept 2021
250,000
200,000
150,000
100,000
50,000
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
No.of appontments
No.face to face appointments
% Face to face

Local Primary Care Survey

Summary of Key Findings aligned with national GP practice survey and considered against resilience baseline data

September 2021 *(Revised from 23/08/21)*

Prepared for:

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

NHS

Survey Background

Survey Background

BACKGROUND

The three clinical commissioning groups (CCG) in Leicester, Leicestershire and Rutland (NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG and West Leicestershire CCG) wanted to hear the views and experiences of GP-led primary care services during the Covid-19 pandemic in the Leicester City, Leicestershire and Rutland area in order to help the three CCGs build on the things that people like about the service and to identify areas of care that could be improved for people, their families and friends, as well as helping the three CCGs plan for service delivery in the future.

METHODOLOGY

Primary Care Survey was designed and sent to people currently registered with General Practices and Health Centres which fall within the three CCG areas. The survey covered the following aspects of GP practice services:

- Location, registered GP practice and 'overall health' question;
- Enabling self-care and prevention;
- Impact of the Covid-19 outbreak on General Practice/Health Centre access and services;
- Deciding what to do when you get ill/become unwell;
- Most recent General Practice/Health Centre experience;
- Accessing General Practice/Health Centre services when your practice is closed;
- Communications and generic questions related to General Practices/Health Centres; and
- Demographic information, including equality questions.

CONSULTATION APPROACH

The Primary Care Survey was answered by all respondents online (using the QuestionPro survey tool between **Monday 14th June and Monday 14th July 2021**. Although in some cases the survey was sent to the respondent via post, only one survey returned by post. The survey was open to anyone living in the Leicester City, Leicestershire and Rutland (LLR) areas and the target audience included these groups and communities:

- General Practice Managers in the LLR area;
- PPG (Patient Participation Group) members;
- UHL staff and networks, LPT and NHS CCG LLR staff;
- Citizen's Panel – members of a healthcare views panel who signed up to take part in NHS-related research projects in the LLR area;
- The VCS (Voluntary and Community Sector) in the LLR area;
- Partner organisations and local government organisations; and
- Social media channels (such as NHS Facebook pages and Twitter)

Respondent Profile

RESPONSE LEVELS:

In total, 5,483 usable responses have been included in the analysis for the Primary Care Survey.

The key breakdowns of groups responding to the survey are shown below.

Respondent type	No. responses	% responses
Leicester City resident	944	17%
Leicestershire resident	3,363	61%
Rutland resident	980	18%
Other* (i.e. resident outside of Leicester City/Leicestershire/ Rutland	143	3%
Prefer not to say	46	1%
No information	7	0%

Respondent type	No. responses	% responses
16-24	37	1%
25-34	186	3%
35-44	372	7%
45-54	561	10%
55-64	782	14%
65-74	851	16%
75 or more	395	7%
Prefer not to say	93	2%
No information	2,206	40%

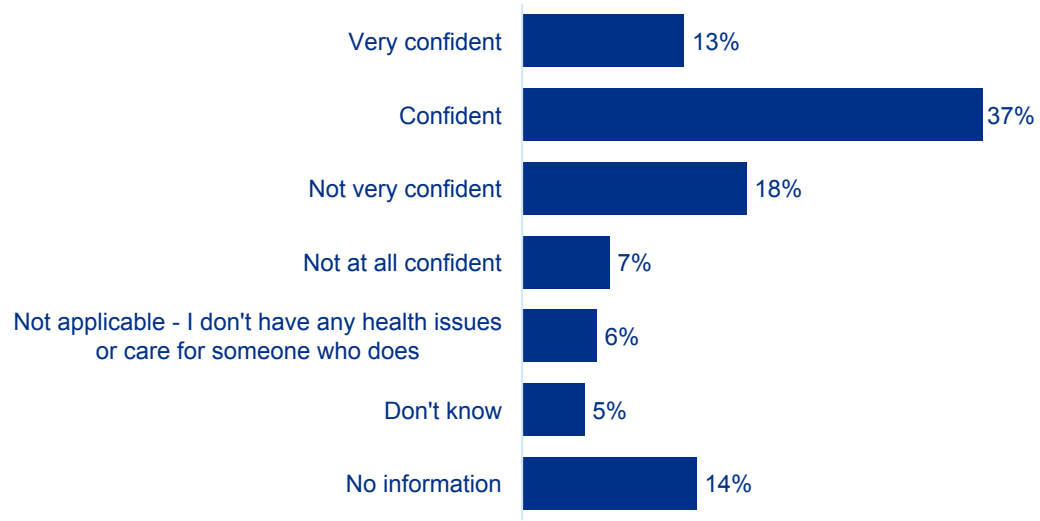
Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	2,996	54%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	104	3%
Black or Black British (i.e. Caribbean, African, or any other Black background)	28	<1%
Mixed (i.e White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	23	<1%
Other	8	<1%
Prefer not to say	112	2%
No information	2,212	40%

Respondent type	No. responses	% responses
Male	815	15%
Female	2,359	43%
Non-binary	6	0%
I identify another way	2	0%
Prefer not to say	87	2%
No information	2,214	40%

Encouraging Self-Care and Prevention

Encouraging Self-Care and Prevention

The Headlines



50% ARE 'CONFIDENT' TO SELF-CARE

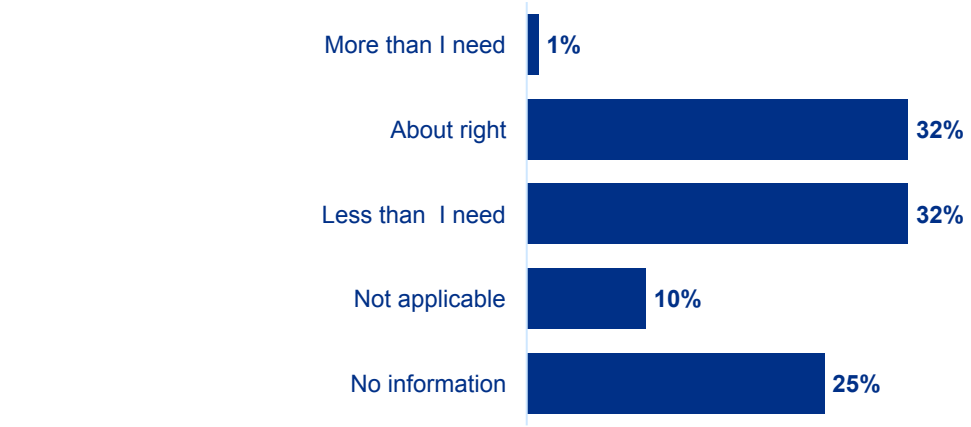
<u>The key driver of self-care appear to be:</u>

Having the confidence to be able to self-care if the right support/advice is easily available and signposted

Having the confidence through already practicing self-care

Having good 'general knowledge'/'common sense' levels

Having current/previous experience of working in the healthcare sector



HOWEVER, 32% ARE CURRENTLY GETTING LESS SELF-CARE SUPPORT/ADVICE THAN THEY NEED

Encouraging Self-Care and Prevention
Some differences by sub-groups

Level of confidence to self-care:

'IN GOOD HEALTH':
57% 'confident'
18% 'not confident'

'IN POOR HEALTH':
32% 'confident'
45% 'not confident'

'WHITE':
59% 'confident'
32% 'not confident'

'BAME':
66% 'confident'
29% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

'IN GOOD HEALTH':
36% 'receive enough'
24% 'do not receive enough'

'IN POOR HEALTH':
22% 'receive enough'
50% 'do not receive enough'

'MALES':
46% 'receive enough'
37% 'do not receive enough'

'FEMALES':
37% 'receive enough'
39% 'do not receive enough'

Leicester City

Level of confidence to self-care:
51% 'confident'
22% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
32% 'receive enough'
32% 'do not receive enough'

Leicester-shire

Level of confidence to self-care:
48% 'confident'
27% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
30% 'receive enough'
35% 'do not receive enough'

Rutland

Level of confidence to self-care:
53% 'confident'
21% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
44% 'receive enough'
23% 'do not receive enough'

MAIN CONCERNS ACROSS ALL GROUPS

Having no medical experience (5%), having too many health issues/concerns already (4%), preference for face-to-face contact with GPs or other healthcare professionals (3%), negative experiences of previous advice/support received (2%), inability to see a GP or healthcare professional for an initial diagnosis to help focus self-care efforts (2%).

Encouraging Self-Care and Prevention

Summary of key messages around self-care

SELF-CARE BARRIERS (ACROSS ALL GROUPS)

Having no medical experience

No need to consider learning about medical matters

No desire to learn about medical matters

Access to medical treatment seen as a 'given'

Having too many issues/ conditions already

Some would have difficulty in accessing self-care services/ advice

Some feel worried about effects of one condition on another

Concern about effect on abilities of carers

Preference for face-to-face contact with GP

Reliance on 'traditional' face-to-face ongoing contact with GP/medical professional

Potential mis-diagnosis through self-care (e.g. unverified internet advice)

Negative experiences of advice/support

Poor or no advice/support received from their own General Practice/Health Centre

Unable to secure support from their own GP/Health Centre

Inability to see a GP or health professional for an initial diagnosis

Concerns about perceived lack of availability of face-to-face appointments currently

Telephone/virtual appointments seen as inadequate

For many those who feel they cannot self-care, it appears that providing easy-to-access support and advice would provide reassurance. However, in the first instance, General Practices and Health Centres must be made more accessible in order for a 'first diagnosis' of health issues/conditions to be conducted.

Encouraging Self-Care and Prevention

Examples of self-care barriers

"I don't have education and I need support from my doctor when I have a health issue."
(Male, 25-34, Leicester City)

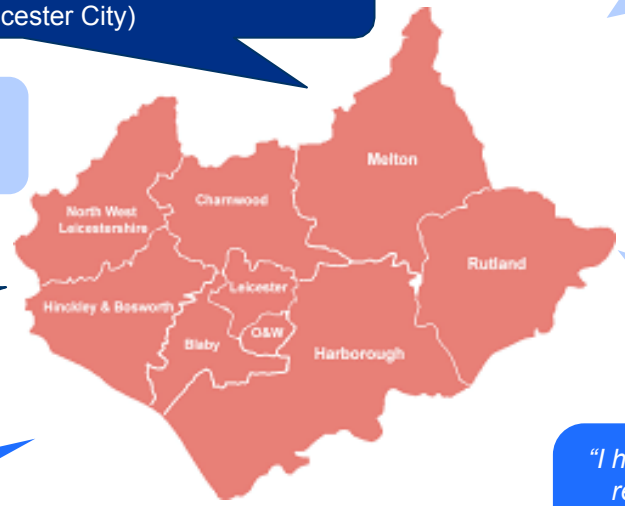
"I feel you should have the right to be assessed properly by a fully trained medical doctor."
(Male, 65-74, Leicestershire)

"I am a carer so I would not be confident dealing with problems my husband has without consultation with a doctor."
(Female, 65-74, Leicestershire)

"I am on too many tablets to feel confident also I like a face-to-face with the doctor to discuss my treatment and how I am feeling."
(Female, 65-74, Leicester City)

"I feel that my GP Surgery does not care about the patients and their welfare."
(Female, 65-74, Leicestershire)

"I have no experience of caring for others and would need help in dealing with certain medical problems."
(Female, 65-74, Rutland)



"You are left to sort everything out for yourself, which I felt scared about."
(Female, 75+, Leicester City)

"My health is poor at the moment and I struggle to keep it under control."
(Female, 55-64, Leicestershire)

"I have not undertaken years of medical training, and as such, rely on professionals to treat me and provide clinical care. Surely that is the point of the NHS? I'm not sure when it has become a 'self-help' service."
(Male, 45-54, Rutland)

"Sometimes certain health problems are best assessed in person, something which you cannot see on a video link"
(Female, 75+, Rutland)

"I need to seek advice from my GP, whom I trust because he always seems to know what he is doing."
(Male, 55-64, Leicester City)

Encouraging Self-Care and Prevention

Summary of desired self-care support

SELF-CARE SUPPORT WOULD LIKE TO RECEIVE FROM GENERAL PRACTICE/HEALTH CENTRE OR THE NHS

‘Being able to get a face-to-face appointment when I need it’

This is seen as vital in order to establish a diagnosis – from which a self-care pathway can be established.

This would provide confidence and reassurance to patients that they are ‘on the right track’.

‘Being able to get access to the appropriate professional’

This could be via any method, as long as the patient feels reassured that they will then have access to the appropriate advice and support to manage their condition as best they can.

‘Being able to get an appointment (of any kind) when I need it’

Patients say that they often encounter frustrations trying to make any contact with their General Practice/Health Centre due to the existing telephone/online booking systems. This is perceived to act as a barrier to accessing advice and support to help with self-care.

‘Better information and signposting to advice/support’

Some of the frustrations encountered with trying to gain access to a GP or other healthcare professional can be tempered by providing even non-personal signposting to reputable and trustworthy advice and information.

Addressing the key issue of accessibility to General Practices and Health Centres – which could be at least partially solved by improvements in reception telephone systems – is likely to reduce patient frustration and also open up a key avenue for the provision of self-care advice, guidance and signposting.

Encouraging Self-Care and Prevention

High Impact Actions

A frustration expressed by some respondents to this survey in various places is that their General Practice website is either out-of-date or not very well designed. Furthermore, this links in to the area of communications – although text messages and emails are preferred ways of finding out NHS information about healthcare issues from the Practice, Practice websites should also hold this information for those who wish to access it in this way. Such information needs to be specifically about self-care help and advice in order to arm patients with as much useful and reliable information as they need in this area.

A significant proportion of patients do not consider themselves to have any real medical knowledge or confidence to go looking for self-care advice or support. When patients do seek out support from their General Practice or Health Centre they often find it difficult to even make contact with an appropriate person.

Many patients express frustrations about not being able to make appointments in general. Often they feel they need to have an initial consultation with a GP or other health professional to identify their medical issue and for the GP or health professional to devise a treatment pathway and provide advice about their condition – many patients see this as the gateway to them being able to look after their own health more effectively.

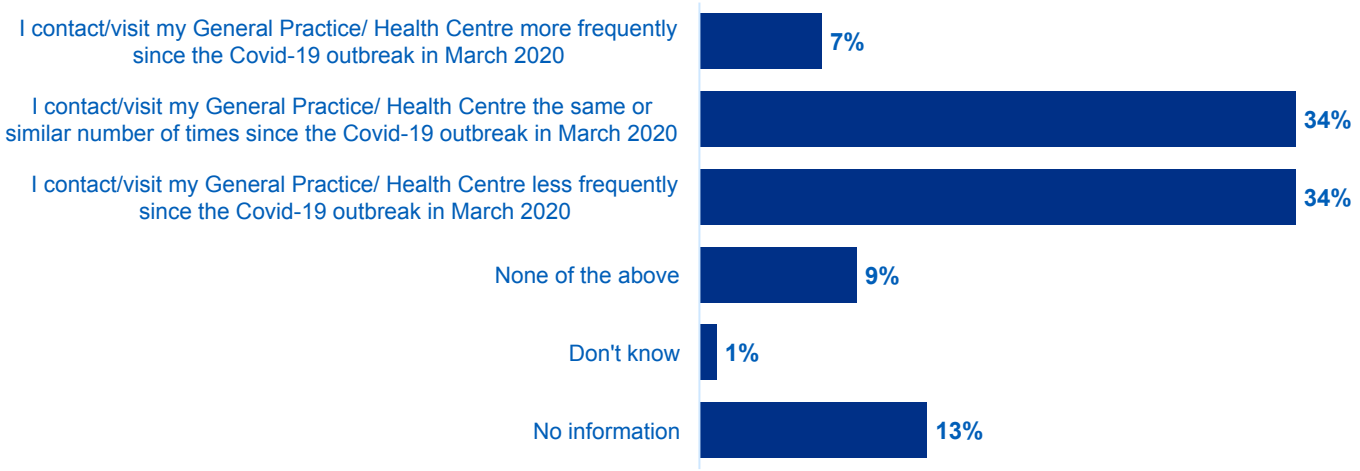
The feedback from the Primary Care Survey shows us that there are significant opportunities for health professionals to directly support those patients in poor health with advice and support to help them manage their conditions, which can often prevent an appointment to urgent and emergency care centre. By aligning this with communications, it is important that the messaging comes from health professionals through their General Practice or Health Centre, which acts as a trusted source of information, because people like receive information directly rather than seek it out.

Working with these sectors, who represent the vulnerable, elderly and those with protected characteristics, will support communities to prevent illness and support their own self-care.

Recent General Practice/ Health Centre Experiences aligned with national GP patient survey

Recent GP/Health Centre Experiences

The Headlines



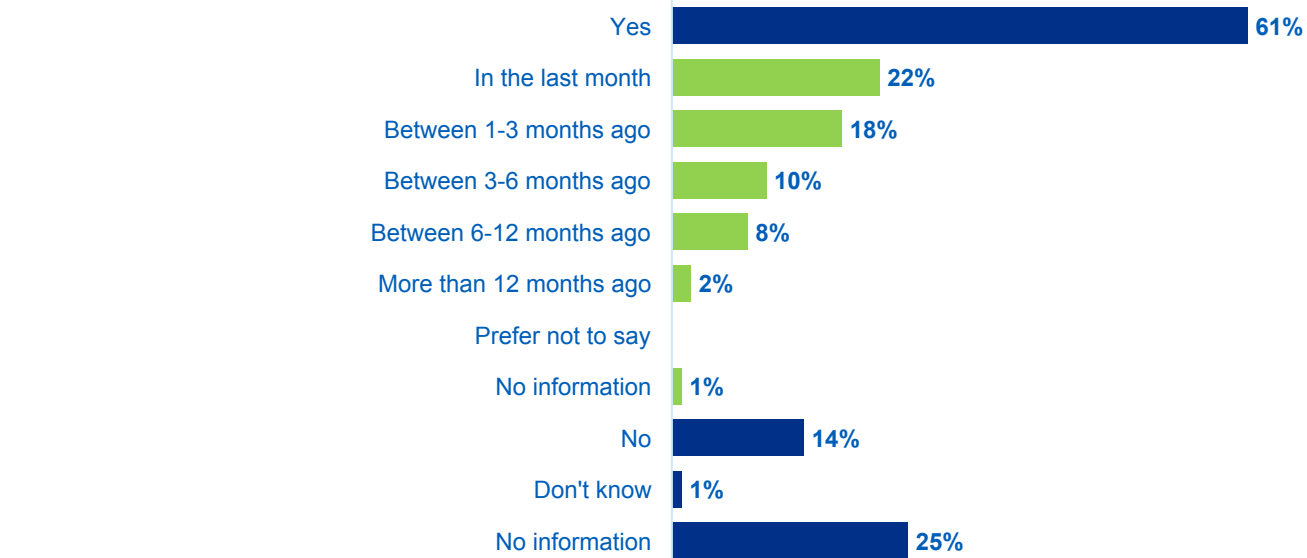
34% HAVE VISITED THEIR GP/HEALTH CENTRE LESS FREQUENTLY SINCE MARCH 2020

<u>The key reasons for this appear to be:</u>

The difficulty of being able to get an appointment of any kind with a GP/healthcare professional.

Only trying to access GP/healthcare professional support when absolutely necessary.

Concern about Covid-19 precautions generally.



61% HAVE MADE AN APPOINTMENT FOR THEMSELVES OR SOMEONE ELSE SINCE MARCH 2020

Recent GP/Health Centre Experiences

Some differences by sub-groups

Visiting General Practices since March 2020:

'IN GOOD HEALTH':
5% contact/visit more
32% contact/visit less

'IN POOR HEALTH':
14% contact/visit more
35% contact/visit less

'WHITE':
8% contact/visit more
42% contact/visit less

'BAME':
12% contact/visit more
36% contact/visit less

Whether made appointment at General Practice since March 2020:

'25-34s': 86% Yes

'35-44s': 87% Yes

'45-54s': 83% Yes

'55-64s': 79% Yes

'65-74s': 77% Yes

'75+': 80% Yes

Leicester City	Leicester-shire	Rutland
9% contact/visit more 30% contact/visit less	7% contact/visit more 37% contact/visit less	6% contact/visit more 32% contact/visit less
54% have made a General Practice/ Health Centre appointment since March 2020	64% have made a General Practice/ Health Centre appointment since March 2020	57% have made a General Practice/ Health Centre appointment since March 2020
16% 'easy' appointment booking 27% 'difficult' appointment booking	18% 'easy' appointment booking 32% 'difficult' appointment booking	27% 'easy' appointment booking 16% 'difficult' appointment booking
30% rate conducting of appointment as 'good' 12% rate conducting of appointment as 'poor'	34% rate conducting of appointment as 'good' 20% rate conducting of appointment as 'poor'	42% rate conducting of appointment as 'good' 10% rate conducting of appointment as 'poor'

Recent GP/Health Centre Experiences

Some barriers to getting an appointment

BARRIERS TO GETTING AN APPOINTMENT (ACROSS ALL GROUPS)

Issues getting a call answered

"It takes too long to get through to them, normally you are number 30 in the waiting list and by the time you get through you are told to ring back the next day as there no appointments." (Leicestershire, Female, 35-44)

Long/complicated recorded messages before you can speak to someone

"During Covid I would manage as well as I could. I tried to call the GP but I have to hear the recorded message lasting some time before I even spoke to a receptionist, only to be told that the phone appointments were all full, so at other times I did not call." (Leicester City, Male, 55-64)

Negative/unhelpful staff attitude

"Because the Practice is no longer patient friendly. Whereas most other areas of the economy during lockdown have, where legally possible, been accommodating and adapting to customer needs, the GP practice has not been. When I have had to visit, I have - with one or two notable exceptions - been made to feel like a burden on the staff rather than a patient to be treated." (Leicester City, Male, 55-64)

Lack of careful listening

"Receptionists ask questions but aren't experienced enough to know whether a patient needs to see a doctor or not. I have had people telling me 'just say it is urgent and you need to see them' and generally they will respond, otherwise you are left trying to talk to someone who doesn't have the listening skills to pick up anxiety and the need for a patient to get some reassurance from a doctor." (Leicestershire, Female, 65-74)

Lack of choice of appointment (appropriate to condition and/or digital capacity/ skills

"Covid restrictions place greater emphasis on telephone/virtual appointments which are not suitable for those who have hearing and visual issues." (Leicestershire, Male, 65-74)

Some conditions do not lend themselves to telephone or digital appointments

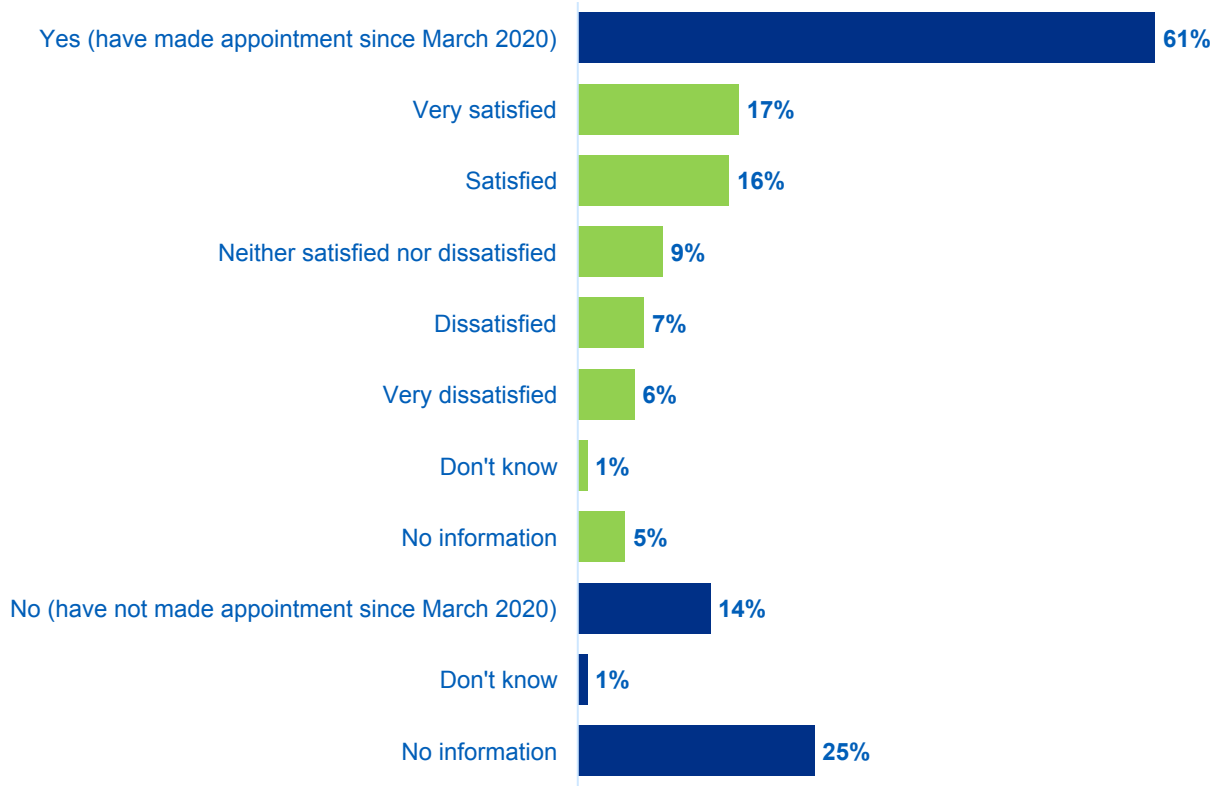
"I feel telephone consultations whilst necessary to start with, do not provide the privacy and complete attention I would like for a more involved consultation about a troubling symptom or condition." (Leicestershire, Female, 55-64)

For many patients, these issues present frustrations which impact on their ability to access care and support from their own General Practices and Health Centres and can often lead to medical issues worsening before they are assessed.

Recent GP/Health Centre Experiences

Overall satisfaction with appointment

OVERALL SATISFACTION WITH APPOINTMENT MADE SINCE MARCH 2020



33% EXPRESS OVERALL SATISFACTION WITH THEIR APPOINTMENT.

HOWEVER, 13% SAY THEY ARE DISSATISFIED WITH THEIR APPOINTMENT TO SOME DEGREE.

Recent GP/Health Centre Experiences

Reasons for satisfaction

REASONS FOR SATISFACTION WITH APPOINTMENT BOOKING

"A very positive experience. She asked the reason for the request and got a doctor to initially phone the same day. This happened on at least four occasions this past 6 months."
(Male, 75+, Leicestershire)

"Good as I got an appointment with the doctor on the same day."
(Female, 35-44, Leicester City)

"Brilliant, they arranged a Zoom-type consultancy with a Nurse Practitioner at a time convenient to myself."
(Male, 65-74, Rutland)

"Easy, she was friendly, she was well briefed and handled the call well. She promised a ring back and it came within an hour. I started at 80+ in a queue and was spoken to about 5 minutes later. It beats phoning Argos or BT!"
(Female, 65-74, Leicestershire)

"Email correspondence (to book an appointment) is much easier and convenient than trying to get through on the phone."
(Female, 45-54, Rutland)

REASONS FOR SATISFACTION WITH APPOINTMENT CONDUCTING

"GP arranged for blood tests forms to be issued electronically, followed up promptly on blood test results and was very professional and caring at all times."
(Female, 55-64, Leicestershire)

"The usual high standard of care with excellent infection precautions in place."
(Male, 65-74, Leicester City)

"Seemed to genuinely care and provided appropriate support and information."
(Female, 35-44, Rutland)

"The doctor was reassuring, social distancing as much as was possible, very polite and respectful."
(Female, 65-74, Leicester City)

"Answered concerns, referred on, tests arranged. Exactly what I wanted."
(Female, 45-54, Leicestershire)

Recent GP/Health Centre Experiences

Reasons for dissatisfaction

REASONS FOR DISSATISFACTION WITH APPOINTMENT BOOKING

"After hanging on for 30 minutes, I was told that there were no appointments and to ring at 8am on Monday morning. I could not get through at all on Monday morning - everyone was told to ring at the same time!"
(Female, 75+, Leicestershire)

"Not nice at all. I know they have a job to do, but some sympathy and knowledge (even though) they are not GPs would go a long way."
(Unknown gender and age, Leicester City)

"Appalling. The receptionist was unhelpful and very reluctant to allocate an appointment."
(Female, 65-74, Leicestershire)

"They were very rude wanted to know why I was calling and then said there were no appointments."
(Female, 65-74, Leicester City)

"I called in at the surgery after being bitten on the arm by a dog in the street, and asked at reception if someone could help and advise me. Even though the wound was bleeding the receptionist said that an appointment would be required, and to call back 3 hours later. I am nearly 80 years old and this was not the help I expected."
(Male, 75+, Rutland)

REASONS FOR DISSATISFACTION WITH APPOINTMENT CONDUCTING

"I am not a 'frequent flyer' with the GP so it seems everyone gets treated to a 30 second consultation where the GP tries to find an easy fix when all I wanted was a referral to the pain clinic. Instead of LISTENING to the patient the GP decided to prescribe a different pain medication. That caused an anaphylactic reaction entailing a trip to A&E"
(Male, 55-64, Leicester City)

"I got a trainee (GP) who did not answer my question but wanted to do treatment his way without explaining the pros and cons."
(Female, 65-74, Leicestershire)

"This should have been a face-to-face appointment. She also prescribed an inhaler which I did not consider necessary but I felt it was done to avoid face to face contact and pacify me as a parent."
(Female, 25-34, Leicestershire)

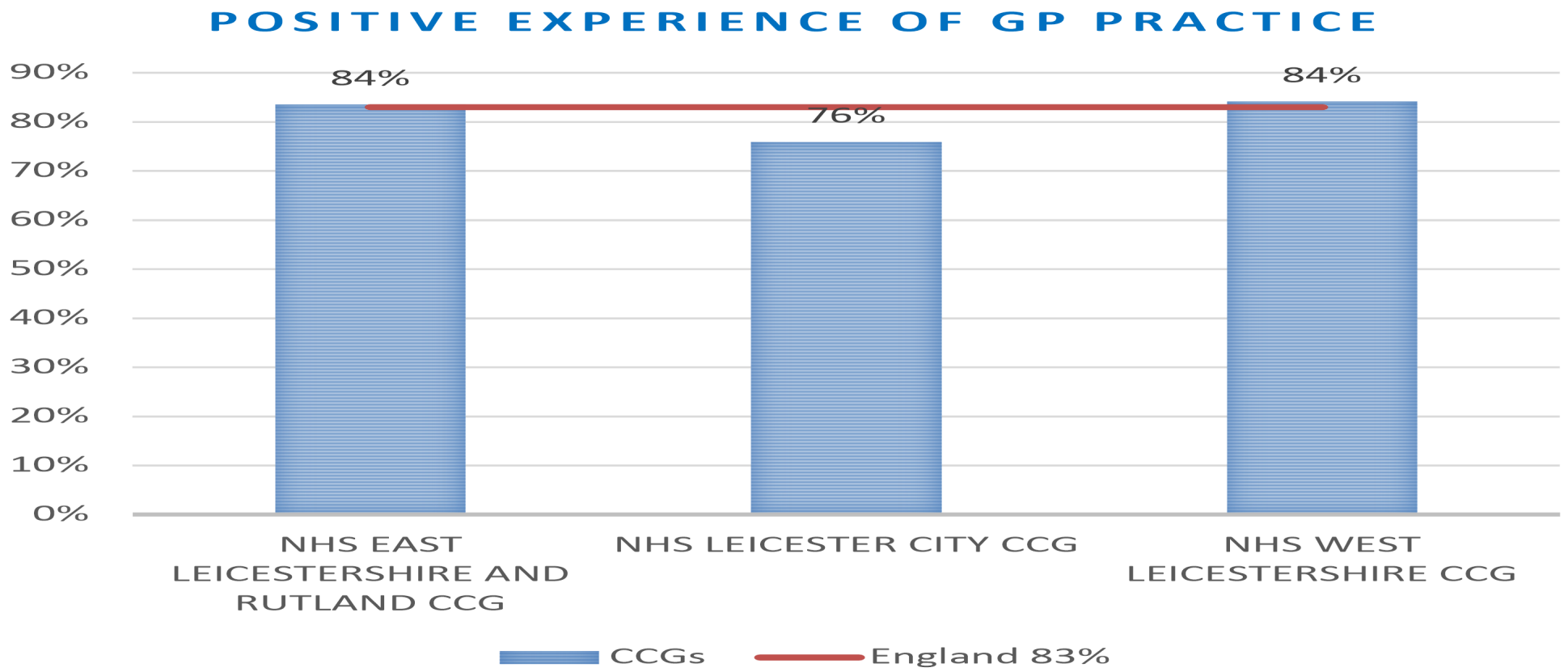
"Sending a photo of the problem did not show the severity of it, (it was) difficult to take the photo. I feel I would have received much faster effective treatment if I had been seen face-to-face. It took 4 days to receive the required medication which was too late when I was suffering a very severe allergic reaction to a chemical."
(Female, 55-64, Rutland)

NATIONAL GP PATIENT SURVEY RESPONSE

For East Leicestershire and Rutland CCG: 3,831 were completed

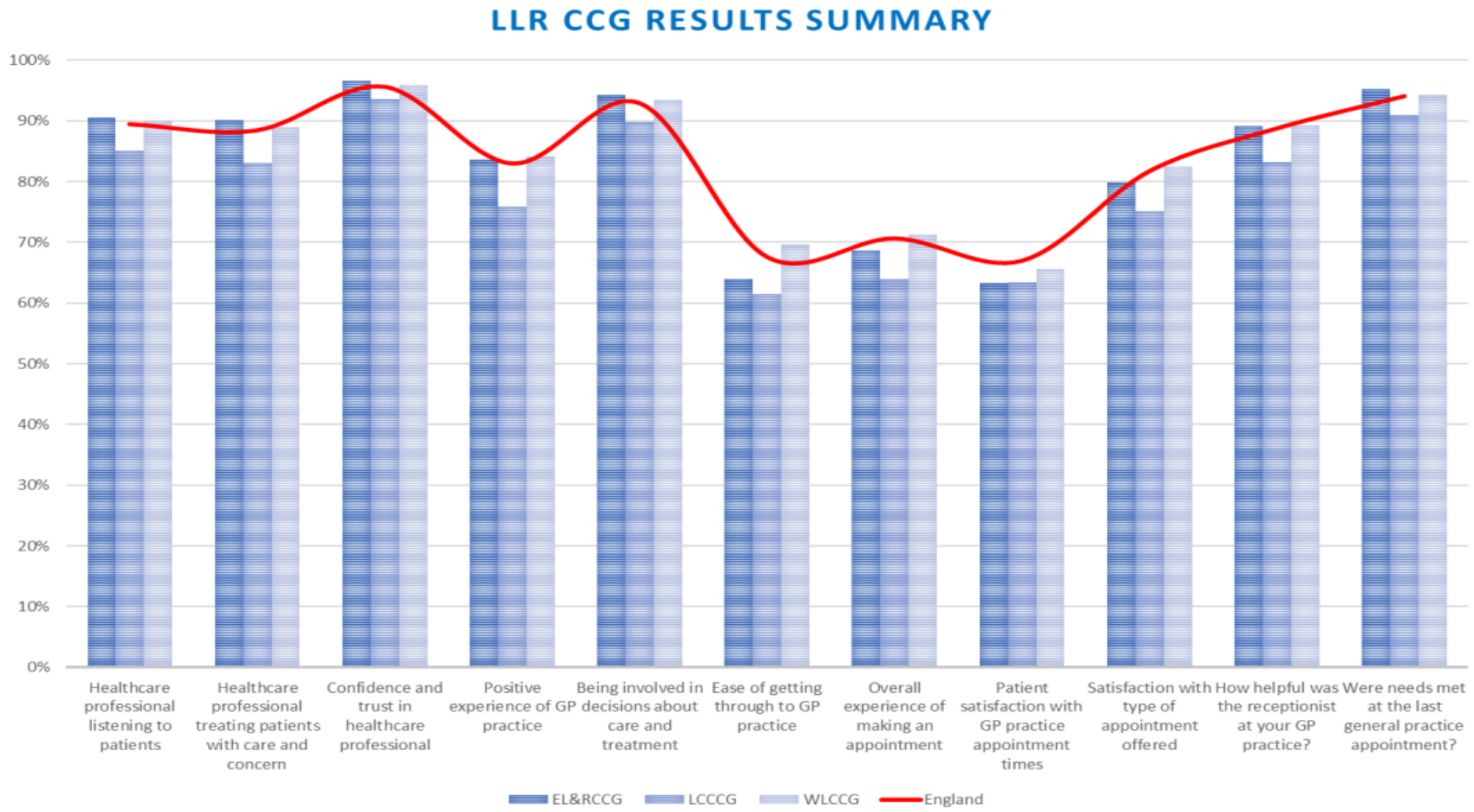
For Leicester City CCG 6,869 were returned completed

For West Leicestershire CCG 6,120 were returned completed



NATIONAL GP PATIENT SURVEY RESPONSE

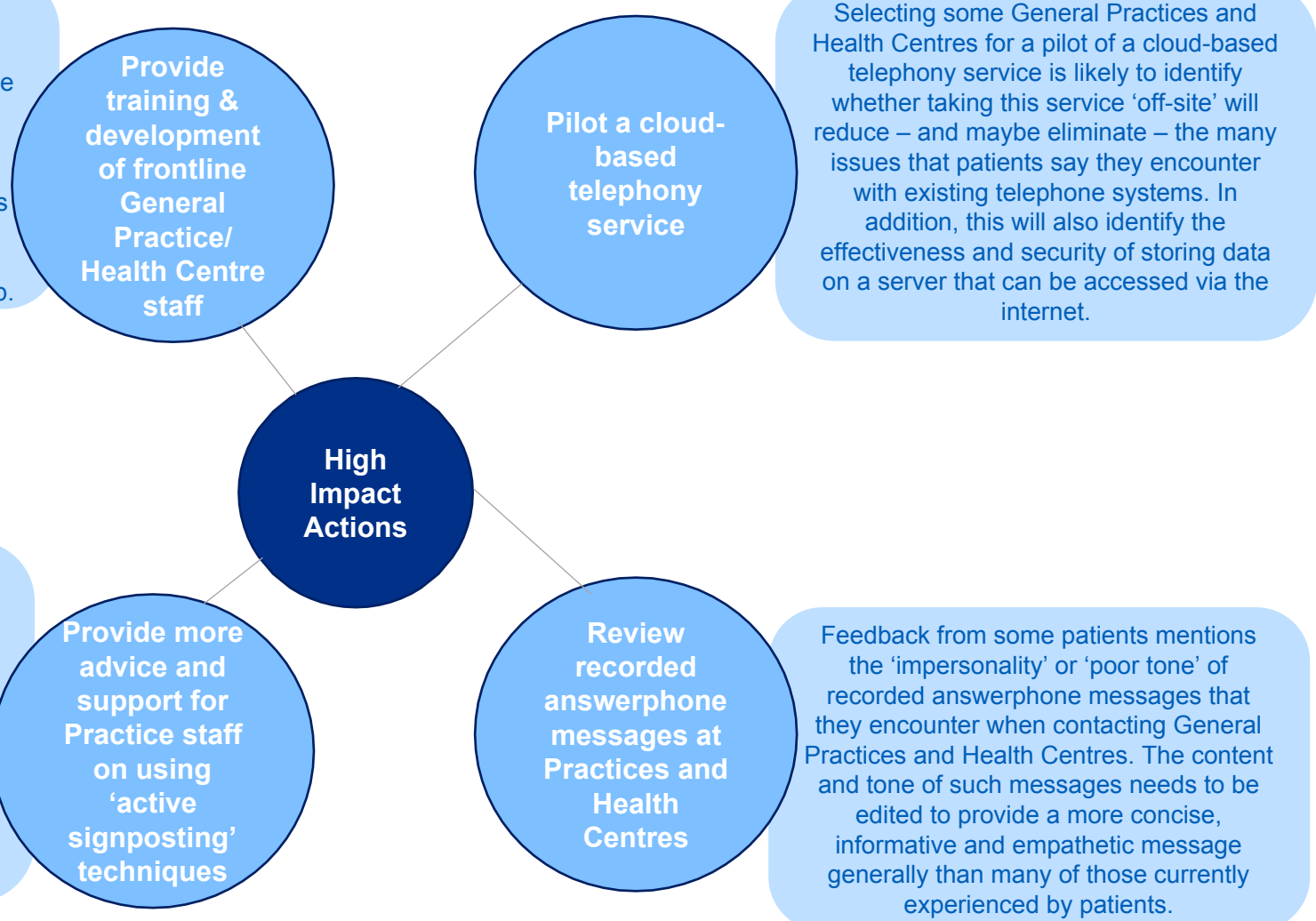
Summary of LLR CCGs across all 11 question domains, highlights LLR as being below the National average in 3 questions, all of which related to Access aligning with local survey



Recent GP/Health Centre Experiences

High Impact Actions

Some of the comments from patients in the Primary Care survey highlight a need for the provision of training and development in 'persuasion techniques' for people who are the 'first point of contact' for patients at General Practices and Health Centres. Such training would cover techniques such as handling difficult patients, building rapport with patients and offering choice – all of which will help in terms of making patients feel more valued generally when they contact Practices for help.



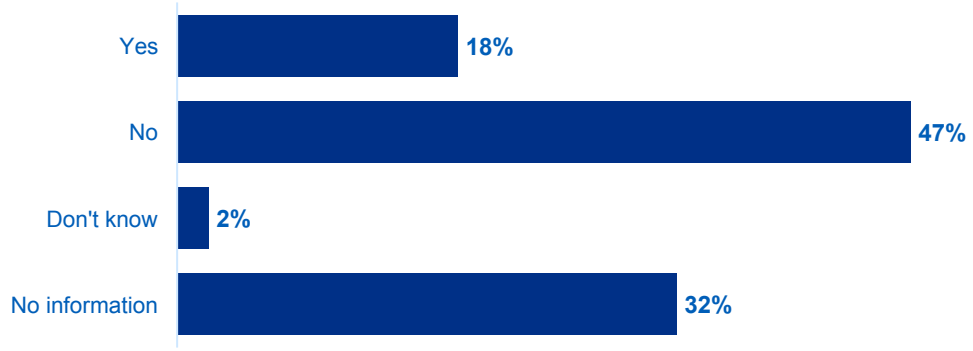
Selecting some General Practices and Health Centres for a pilot of a cloud-based telephony service is likely to identify whether taking this service 'off-site' will reduce – and maybe eliminate – the many issues that patients say they encounter with existing telephone systems. In addition, this will also identify the effectiveness and security of storing data on a server that can be accessed via the internet.

Coupled with the need to develop the 'soft skills' of frontline General Practice/Health Centre staff, there is an opportunity for those in 'first point of contact' positions to assist more with signposting patients to advice and support which they can access immediately – either in lieu of obtaining an appointment with a GP or health professional or to empower them to self-care to a greater level than may currently be the case.

Feedback from some patients mentions the 'impersonality' or 'poor tone' of recorded answerphone messages that they encounter when contacting General Practices and Health Centres. The content and tone of such messages needs to be edited to provide a more concise, informative and empathetic message generally than many of those currently experienced by patients.

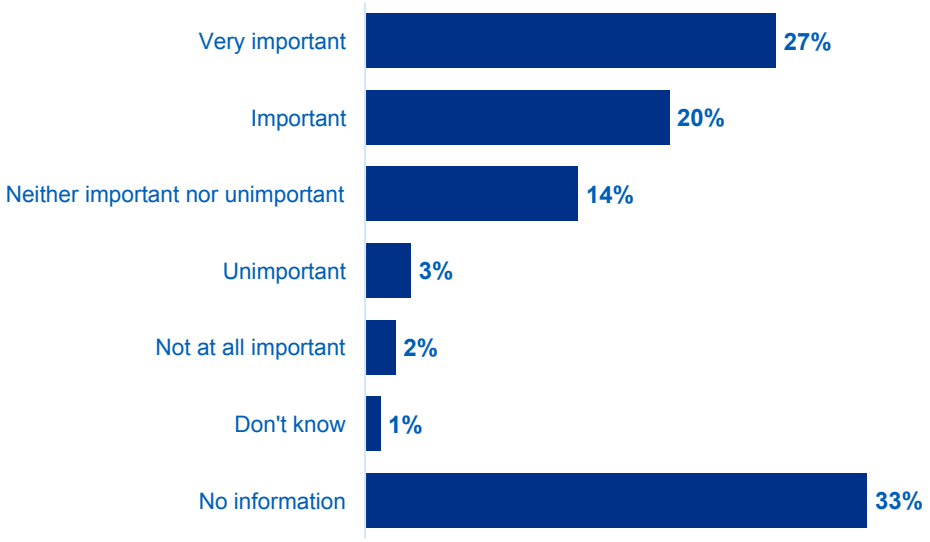
Out-of-Hours Access to General Practices/Health Centres

Out-of-Hours Access to GPs/Health Centres
The Headlines



18% ARE AWARE THAT THEY CAN ARRANGE AN APPOINTMENT TO SEE A GP OR OTHER HEALTH PROFESSIONAL OUT OF REGULAR SURGERY HOURS.

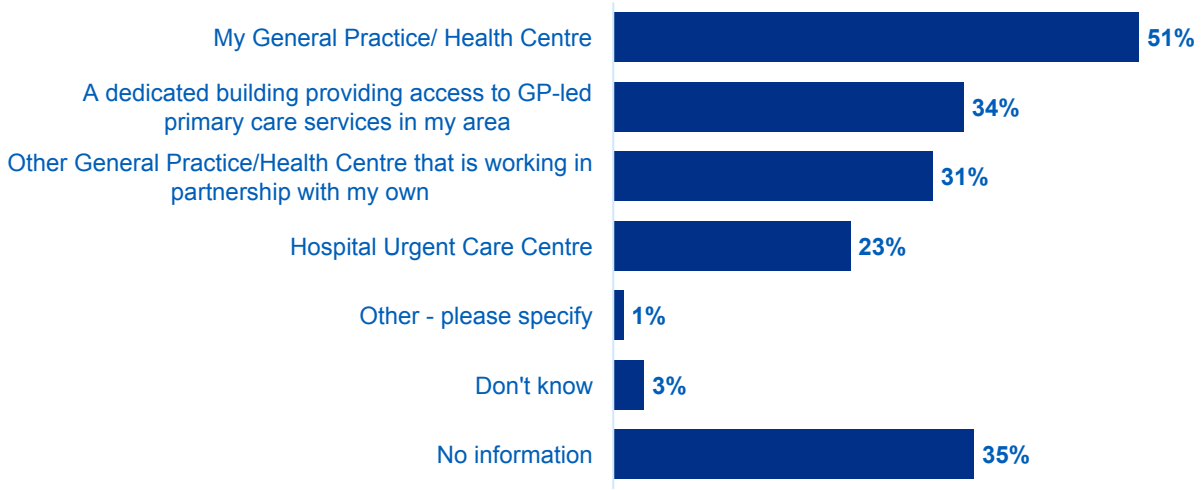
However, 47% are not aware of this.



47% FEEL THAT IT IS IMPORTANT TO HAVE ACCESS TO OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENTS

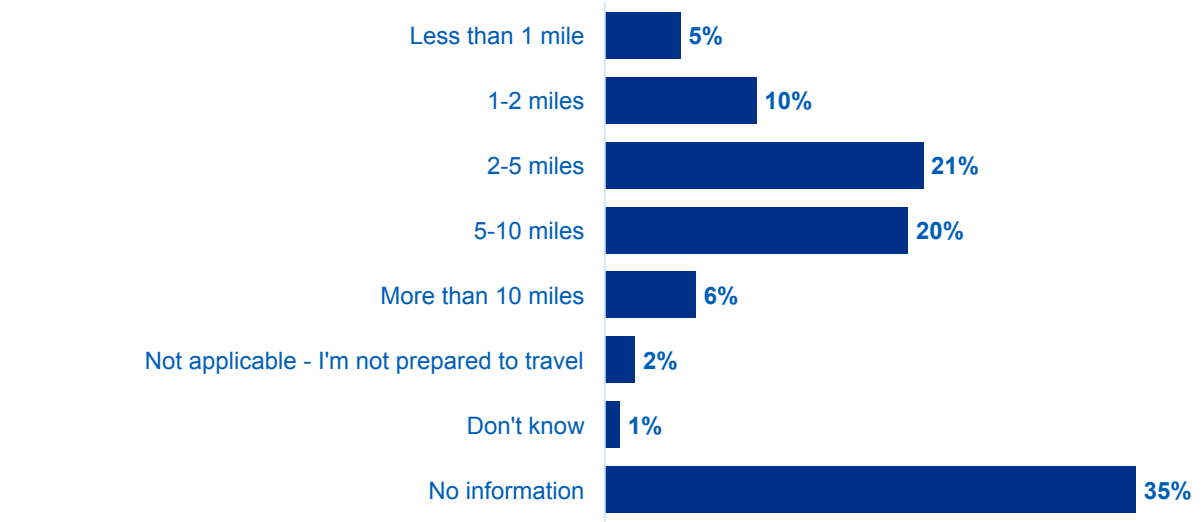
Only 5% indicate that this is not important to them.

Out-of-Hours Access to GPs/Health Centres
The Headlines



51% WOULD CONSIDER ATTENDING AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT AT THEIR OWN GENERAL PRACTICE/HEALTH CENTRE.

However, other locations also hold significant levels of appeal – 46% would consider at least one location other than their own General Practice/Health Centre for an out-of-hours appointment.



36% WOULD NOT BE WILLING TO TRAVEL MORE THAN 5 MILES TO ACCESS AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT.

However, 26% indicate that they would be willing to travel 5 miles or more for such an appointment.

Out-of-Hours Access to GPs/Health Centres
Some differences by sub-groups

25-34s	35-44s	Leicester City	Leicester-shire	Rutland
Awareness of out-of-hours appointments: 19% 'aware' 79% 'not aware'	**Awareness of out-of-hours appointments:** 24% 'aware' 73% 'not aware'	**Awareness of out-of-hours appointments:** 20% 'aware' 37% 'not aware'	**Awareness of out-of-hours appointments:** 18% 'aware' 50% 'not aware'	**Awareness of out-of-hours appointments:** 17% 'aware' 48% 'not aware'
Importance of having access to out-of-hours appointments: 84% 'important' 3% 'not important'	**Importance of having access to out-of-hours appointments:** 81% 'important' 5% 'not important'	**Importance of having access to out-of-hours appointments:** 45% 'important' 3% 'not important'	**Importance of having access to out-of-hours appointments:** 50% 'important' 5% 'not important'	**Importance of having access to out-of-hours appointments:** 40% 'important' 7% 'not important'
75% would consider at least one location other than their own General Practice/Health Centre for such an appointment	77% would consider at least one location other than their own General Practice/Health Centre for such an appointment	39% would consider at least one location other than their own General Practice/Health Centre for such an appointment	49% would consider at least one location other than their own General Practice/Health Centre for such an appointment	44% would consider at least one location other than their own General Practice/Health Centre for such an appointment
How far willing to travel to attend an out-of-hours appointment: 55% 'up to 5 miles' 38% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 54% 'up to 5 miles' 39% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 45% 'up to 5 miles' 6% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 36% 'up to 5 miles' 28% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 23% 'up to 5 miles' 37% '5 miles or more'

Out-of-Hours Access to GPs/Health Centres
Examples of positive impacts

POSITIVE IMPACTS OF HAVING ACCESS TO OUT-OF-REGULAR-HOURS APPOINTMENTS WITH A GP OR OTHER HEALTHCARE PROFESSIONAL

"As a working mum with two children, it means this will make it easier to get an appointment that suits."
(Female, 35-44, Leicestershire)

"Allows speedier access to advice and care for emergency situations that are not life-threatening."
(Male, 55-64, Leicestershire)

"Access at time of crisis when needed. Enables support to be given to family members. It should be available as the norm."
(Female, 55-64, Leicester City)

"Because people get ill at the weekend etc. and having to wait until Monday or burden the A&E department isn't a good solution."
(Male, 35-44, Leicester City)

"As a teacher it can be hard to get an appointment in the week if it's not an emergency round a job where you can't just get time off without notice."
(Female, 45-54, Leicestershire)

"Are many/any of the GP practices making this known? Appointments at these stated times are a step in the right direction."
(Male, 75+, Leicestershire)

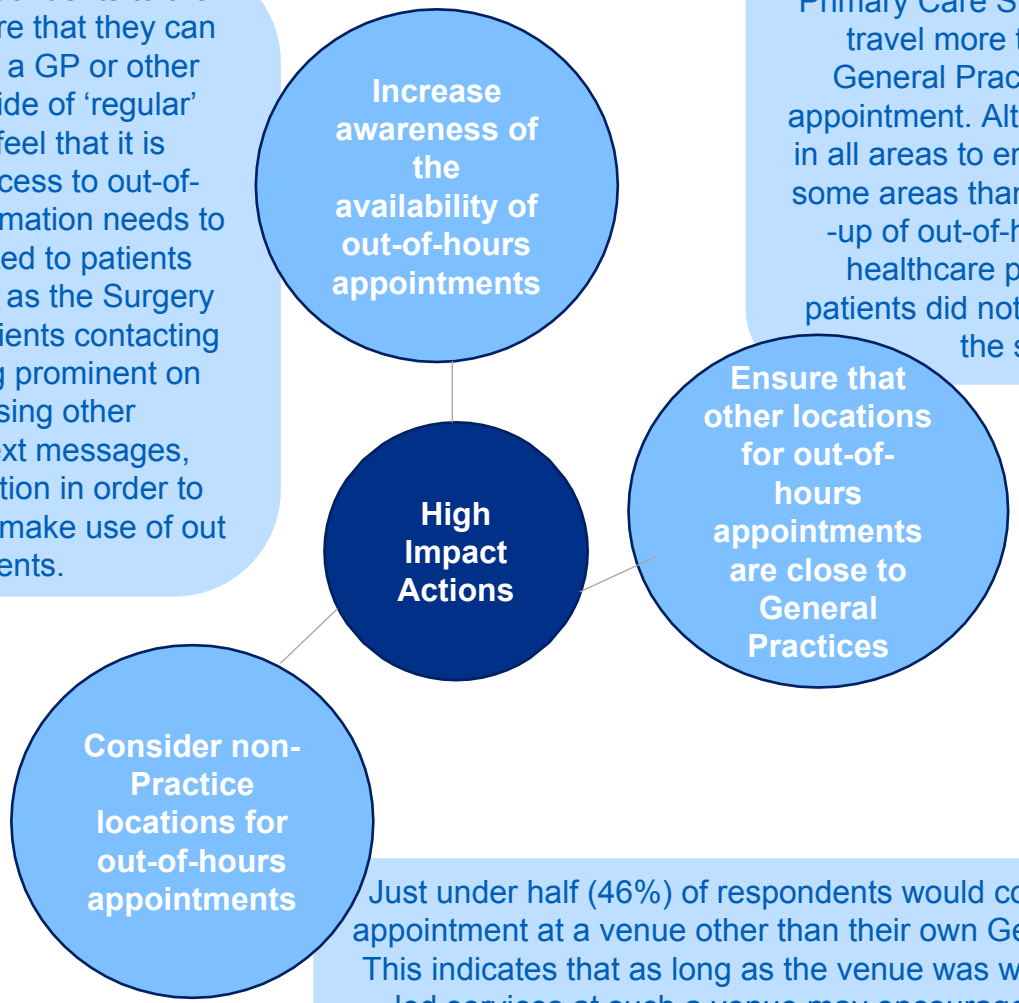
"1 Health emergencies do not run to timetables. 2 If I am visiting a frail relative, (mine live alone and are 3hrs away) I often have limited time to sort things out for them. 3 When working (as a doctor) health issues that were serious enough to warrant attention but not serious enough to cancel clinics etc. were really difficult without OOH (outside of office hours) help."
(Female, 65-74, Rutland)

"Availability at any time is a confidence booster and allows me to monitor any symptoms before contacting a GP."
(Female, 65-74, Leicestershire)

"Easier to see (a GP) before or after work or school. Healthcare problems occur on weekends and bank holidays and if access is not available then people will attend in appropriate places for help such as A&E departments, which then causes delays for those really needing acute facilities such as hospitals."
(Female, 45-54, Rutland)

Out-of-Hours Access to GPs/Health Centres
High Impact Actions

Less than a fifth (18%) of respondents to the Primary Care Survey are aware that they can arrange an appointment with a GP or other healthcare professional outside of 'regular' surgery hours, while 47% feel that it is important to them to have access to out-of-hours appointments. This information needs to be more clearly communicated to patients using a mix of channels, such as the Surgery staff themselves informing patients contacting them, making this messaging prominent on Practice websites and using other communication tools (e.g. text messages, emails) to impart this information in order to ensure that more patients can make use of out-of-hours appointments.



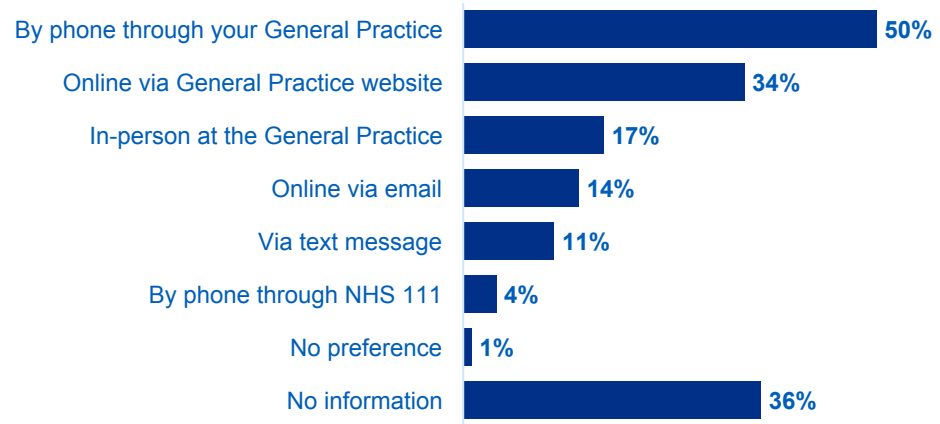
More than a third (36%) of respondents to the Primary Care Survey say they are not willing to travel more than 5 miles away from their General Practice to attend an out-of-hours appointment. Although finding a suitable location in all areas to enable this is likely to be easier in some areas than in others, the likelihood of take-up of out-of-hours access to a GP or other healthcare professional could increase if patients did not need to travel as far to access the service they require.

Just under half (46%) of respondents would consider attending an out-of-hours appointment at a venue other than their own General Practice if it were available. This indicates that as long as the venue was within a 5 mile radius, offering GP-led services at such a venue may encourage more patients to consider this option, especially if Practice-patient communication about the availability of this service is improved and targeted as recommended.

General Practice/ Health Centre Services

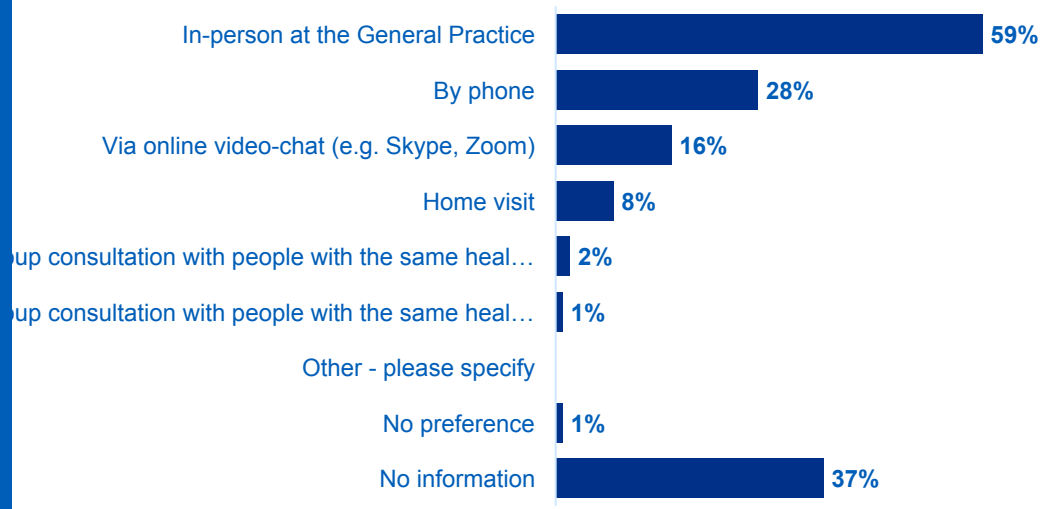
General Practice/Health Centre Services

The Headlines



50% INDICATE THAT THEIR PREFERRED WAY OF BOOKING AT THEIR GENERAL PRACTICE/HEALTH CENTRE IS BY PHONE.

However, 34% say they are happy to book an appointment online.



59% PREFER TO SEE A GP OR OTHER HEALTH PROFESSIONAL IN-PERSON AT THE GENERAL PRACTICE/HEALTH CENTRE

However, 28% indicate that they are happy to have the appointment conducted by phone, while 16% would be content with an online video-chat (e.g. Skype, Zoom).

General Practice/Health Centre Services

Some differences by sub-groups

35-44s

Preferred ways of booking appointment:
74% 'By phone (verbal)'
70% 'Online'
25% 'In person'
27% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
93% 'In person at the General Practice'
49% 'By phone'
35% 'Online video chat'
12% 'Home visit'

65-74s

Preferred ways of booking appointment:
82% 'By phone (verbal)'
54% 'Online'
28% 'In person'
12% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
94% 'In person at the General Practice'
40% 'By phone'
21% 'Online video chat'
12% 'Home visit'

Leicester City

Preferred ways of booking appointment:
44% 'By phone (verbal)'
28% 'Online'
16% 'In person'
13% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
48% 'In person at the General Practice'
26% 'By phone'
13% 'Online video chat'
6% 'Home visit'

Leicester-shire

Preferred ways of booking appointment:
52% 'By phone (verbal)'
40% 'Online'
19% 'In person'
11% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
62% 'In person at the General Practice'
28% 'By phone'
16% 'Online video chat'
8% 'Home visit'

Rutland

Preferred ways of booking appointment:
51% 'By phone (verbal)'
38% 'Online'
11% 'In person'
9% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
59% 'In person at the General Practice'
30% 'By phone'
18% 'Online video chat'
8% 'Home visit'

General Practice/Health Centre Services

Examples of why people prefer in-person GP contact

"xCannot see how some conditions could be diagnosed over the phone or internet."
(Male, 25-34, Leicester City)

"Because health concerns can be subtly nuanced and this may be missed in online consultation. ."
(Female, 55-64, Rutland)

"Phone calls are convenient for minor/ongoing things but (it should be) in person for other (things)."
(Female, 45-54, Leicestershire)

"I don't have access to the internet. I only see the doctor when it's important and prefer to see him/her in person to get the best treatment and to ask questions about treatment."
(Female, 55-64, Leicester City)

"An initial phone call is good but sometimes a face to face is the best and most professional way."
(Male, 65-74, Rutland)

"A doctor can look at a person and help them as they can look at how they walk, sit and respond and tell a lot more about what could be wrong rather than speaking to them on the phone."
(Female, 55-64, Leicestershire)

"I don't mind minor things over Zoom etc. But more worrying problems should be face -to-face."
(Female, 55-64, Leicester City)

"Because I feel that it's only by a face-to-face consultation that some symptoms can be explained ."
(Female, 75+, Rutland)

"a GP cannot make a full diagnosis any other way. It is dangerous as things could be missed."
(Female, 55-64, Leicestershire)

General Practice/Health Centre Services

Examples of why people prefer other forms of GP contact

"I prefer the appointment to be face to face when my concern requires the doctor to see it, however some of my concern can be discussed over the phone, which will save me the time to travel and wait. I'd like to have a choice between a face-to-face visit at the practice and over the phone consultation when booking the appointment. Group meetings do not appeal to me at all and I would not consider it."
(Female, 35-44, Leicester City)

"Most things can be taken care of by telephone (but) at review time it's good to see a doctor in person."
(Male, 65-74, Rutland)

"I like telephone consultations. I have had a good response from my GP (who I feel confident would ask me to come in if they thought it necessary) Telephone hospital appointments during the pandemic for husband have been great ."
(Female, 65-74, Leicestershire)

"It is much easier to have a phone conversation that to have to travel to an appointment and wait around."
(Non-binary, 25-34, Rutland)

"I think that using Zoom, the phone or email can save time for both parties in some circumstances."
(Female, 65-74, Leicester City)

"I don't mind how the GP consultation is done as long as it is appropriate for the condition and enables the practice to maximise the amount of appointments available to meet the needs of everyone who needs it."
(Female, 35-44, Leicestershire)

"It's not always necessary to be physically at the GP. Online and phone consultations are fine for some conditions and are quicker and easier to access."
(Female, 45-54, Rutland)

General Practice/Health Centre Services

'Importance' v 'Experience' Ratings

IMPORTANCE			EXPERIENCE	
% Rating as 'Important'	Importance Ranking	Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	% 'Agreeing'	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to -face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

General Practice/Health Centre Services
'Importance' v 'Experience'

IMPORTANCE OF ASPECTS OF BOOKING & SEEING A GP/HEALTH PROFESSIONAL AT THE GENERAL PRACTICE/HEALTH CENTRE REGISTERED AT

'Being treated respectfully by members of staff at the practice'

This is seen as the most important aspect by respondents to the Primary Care Survey (60% rating it as important).

However, only **44%** agree that they are currently being treated this way by staff members at their practice.

'Getting through on the phone easily'

This is also seen as a very important aspect by patients (59% rating it as important).

However, only **23%** agree that they can get through to their General Practice or Health Centre easily.

'Booking the appointment with the GP/health professional quickly'

This is also seen as a very important aspect by patients (59% rating it as important).

However, only **26%** agree that they can quickly book an appointment with a GP or health professional at their General Practice or Health Centre.

'Being able to book a face to face appointment'

This is also seen as a very important aspect by patients (55% rating it as important).

However, only **24%** agree that they are able to book a face to face appointment with a GP or health professional at their General Practice or Health Centre.

'Being able to choose how the appointment is carried out'

This is also seen as a very important aspect by patients (54% rating it as important).

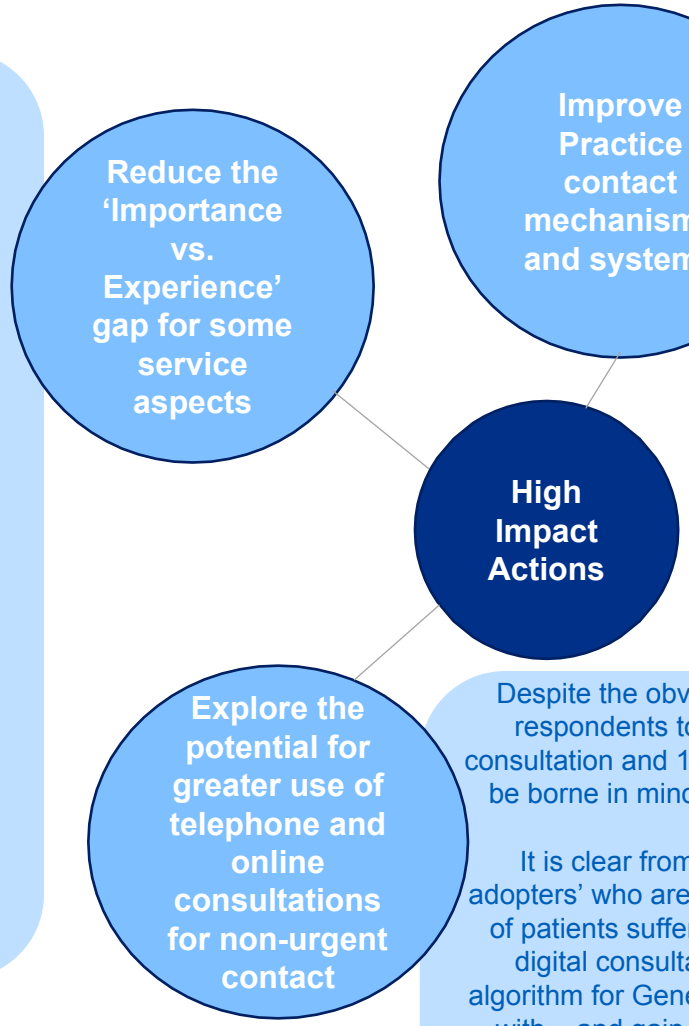
However, only **19%** agree that they are able to book a face to face appointment with a GP or health professional at their General Practice or Health Centre.

Four out of the five most important aspects are ones where current performance is the lowest – targeting these areas for urgent improvement is likely to result in not only improved access to health services generally but also improved patient satisfaction and reassurance.

General Practice/Health Centre Services

High Impact Actions

Some aspects of booking and seeing a GP or other health professional at the Practice that patients are registered with are seen as being more important than others. It is a positive finding that 'being treated respectfully by members of staff at the Practice' is both the most important of the aspects tested and the one where Practices are perceived to perform best. However, much improvement is needed on other aspects of key importance, especially 'getting through on the phone easily' and 'booking the appointment with the GP/health professional quickly', for which patient experiences lag considerably. Significant improvements in these two areas in particular is also likely to have a positive effect on patient outlook in general for many aspects covered in the Primary Care Survey.



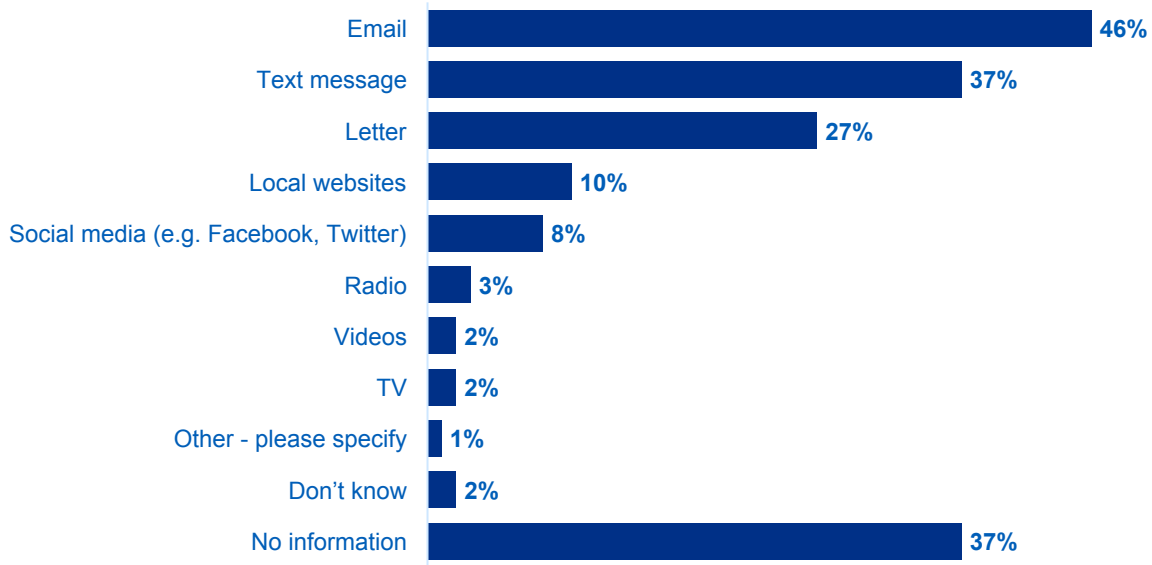
A common frustration expressed in many areas of the Primary Care Survey is the time it takes for patients to actually make contact with Practice staff in order to book appointments with GPs and other health professionals, or to receive some advice or support. There is a perception that Practice telephone systems are either outdated or poorly-designed, and that any online booking systems in existence are not fit for purpose. Given the liking for text message and email communication evidenced in other areas of the Survey, it is recommended that wherever possible (subject to GDPR considerations) more effective use is made of these mediums to assist with the reduction of the long waiting times that many patient endure when trying to book a General Practice appointment. This is likely to not only take the strain from Practice staff workloads at peak times but also to ensure that patients are able to be 'heard' more quickly, especially in times of potential personal stress when either they, or someone they care for, has a medical issue.

Despite the obvious preference for 'traditional' face-to-face appointments by many respondents to the survey, 28% say they are happy to have an initial telephone consultation and 16% feel the same way about online consultations. However, it should be borne in mind that such remote consultations are viewed as acceptable for 'non-emergency' medical issues.

It is clear from a selection of the comments made that some patients are 'early adopters' who are comfortable with digital consultations, and that there is also a cohort of patients suffering with certain conditions indicating that they are comfortable with digital consultations for treatment. For these cohorts, practices should adopt an algorithm for General Practice 'gatekeepers' to ensure that these patients are provided with – and gain benefit from – a digital appointment. NHS England currently give a target for General Practices of seeing 25% of their patients digitally – however, it appears that the wrong patients are being forced into digital appointments, who are either not digitally enabled or digitally confident, or feel that a digital appointment is not appropriate to their medical problem.

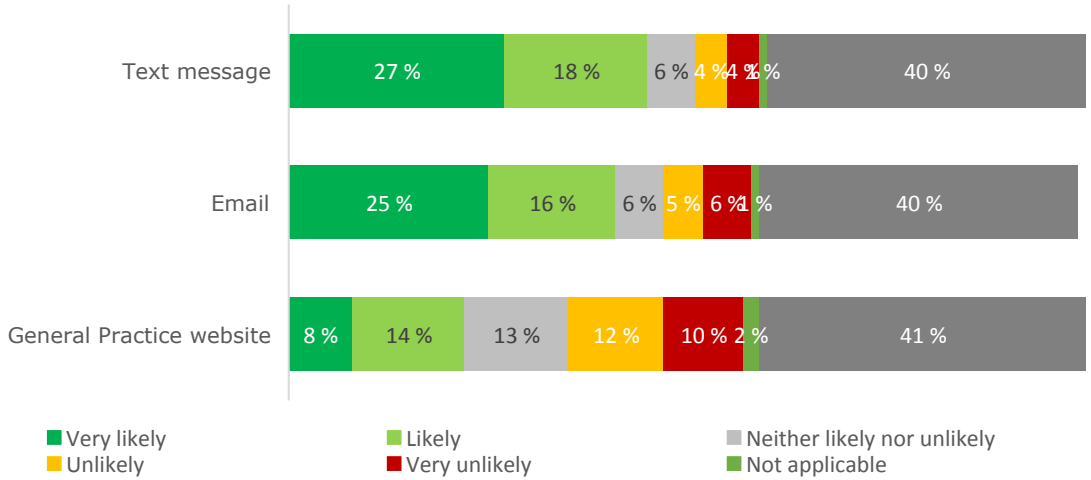
Communications

Communications
The Headlines



46% INDICATE THAT THEY WOULD LIKE TO RECEIVE LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE BY EMAIL.

However, 34% would be happy to receive a text message, while 27% favour a letter for this type of contact.



45% SAY THEY WOULD BE LIKELY TO RECEIVE AND READ LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE IF IT CAME VIA A TEXT MESSAGE.

However, 41% indicate that they would be likely to read an email, while only 22% would actively search for this information if it was on the General Practice/Health Centre website.

General Practice/Health Centre Services

Some differences by sub-groups

25-34s

How would like to receive NHS information from General Practice/Health Centre:
68% 'Email'
62% 'Text message'
37% 'Letter'
22% 'Local websites'
26% 'Social media'

Likelihood to read information if received:
76% 'Text message'
63% 'Email'
32% 'Via General Practice/Health Centre website

75+

How would like to receive NHS information from General Practice/Health Centre:
73% 'Email'
48% 'Text message'
51% 'Letter'
9% 'Local websites'
2% 'Social media'

Likelihood to read information if received:
78% 'Text message'
68% 'Email'
34% 'Via General Practice/Health Centre website

Leicester City

How would like to receive NHS information from General Practice/Health Centre:
32% 'Email'
35% 'Text message'
25% 'Letter'
8% 'Local websites'
5% 'Social media'

Likelihood to read information if received:
39% 'Text message'
32% 'Email'
19% 'Via General Practice/Health Centre website

Leicester-shire

How would like to receive NHS information from General Practice/Health Centre:
48% 'Email'
37% 'Text message'
29% 'Letter'
13% 'Local websites'
11% 'Social media'

Likelihood to read information if received:
45% 'Text message'
42% 'Email'
23% 'Via General Practice/Health Centre website

Rutland

How would like to receive NHS information from General Practice/Health Centre:
45% 'Email'
33% 'Text message'
19% 'Letter'
7% 'Local websites'
2% 'Social media'

Likelihood to read information if received:
49% 'Text message'
48% 'Email'
19% 'Via General Practice/Health Centre website

Communications
Examples of communications preferences

"They (emails and text messages) are directed to me personally rather than remembering to look at the practice website."
(Male, 55-64, Leicester City)

"I am a regular user of electronic communication therefore I usually see messages quickly."
(Male, 75+, Rutland)

"Our website isn't that good and having to go online is not the first choice."
(Female, 65-74, Leicestershire)

"I am more likely to look at and save an email but discard a text message."
(Female, 55-64, Leicestershire)

"You have to know there is something on the website that needs reading, so you need an email or text first."
(Male, 55-64, Rutland)

"Unless I go onto the website I won't see anything on there and unless I have a specific reason to go to the website I won't."
(Male, 35-44, Leicester City)

"The email and phone text would be seen by me within a few hours or sometimes straight away."
(Female, 55-64, Leicester City)

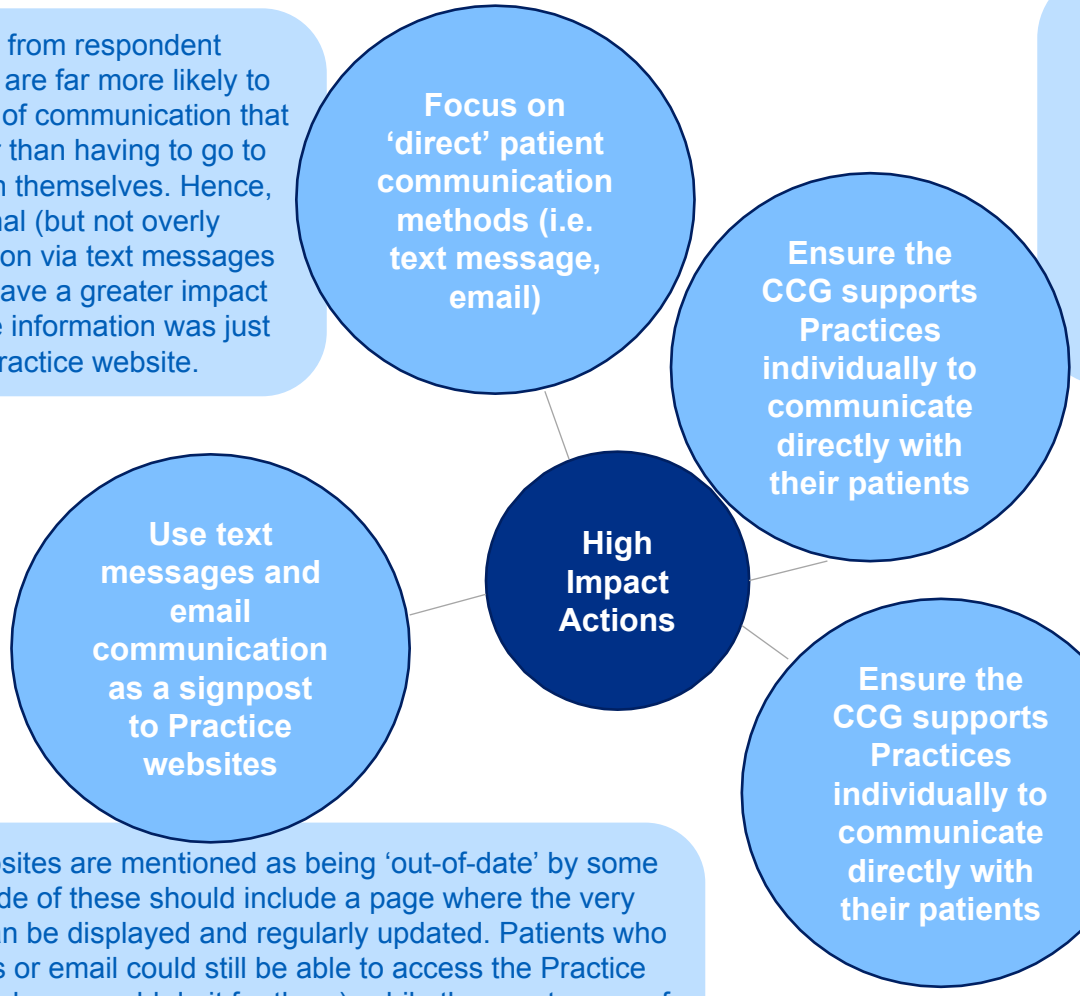
"I read my own emails all day and text messages come through on my watch. I don't have time to visit the GP website."
(Male, 65-74, Rutland)

"I prefer direct communication and have been impressed with texts and e-mail correspondence thus far. The website can be repetitive and, sometimes, overly general in content."
(Male, 75+, Rutland)

"Because the GP practice website should be the first point when wanting advice."
(Female, 55-64, Leicestershire)

Communications
High Impact Actions

A theme emerging from respondent comments is that they are far more likely to receive and take notice of communication that comes to them, rather than having to go to look for the information themselves. Hence, providing occasional (but not overly burdensome) information via text messages and email is likely to have a greater impact and take-up than if the information was just displayed on a Practice website.



Given the finding that patients are far more likely to receive and take notice of communications that come to them, the CCG should support General Practices and Health Centres to individually communicate directly with their patients. This is likely to enhance patient-practice relationships, improve the quality of communications with patients generally, support patient self-care and prevention, provide patients with more reassurance and start to rebuild patient trust.

As General Practice websites are mentioned as being 'out-of-date' by some respondents, an upgrade of these should include a page where the very latest NHS information can be displayed and regularly updated. Patients who do not use smartphones or email could still be able to access the Practice website (or someone they know could do it for them), while the greater use of text messages and emails as 'instant' communication tools by Practices will enable these channels to also act as a signpost to Practice websites and may also help patients to access the latest self-care advice and support more effectively than they do currently.

National survey: Significant areas of best practice were identified, with some LLR GP Practices ranking number 1 out of 6656 practices in certain questions, these included:

- Confidence and Trust in Healthcare Professional
- Being involved in decisions about care and treatment
- How helpful was the receptionist at your GP practice?
- Were needs met at your last GP appointment?

Celebrate successes by sharing this best practice through learning events.

Agenda Item 9

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 10 NOVEMBER 2021

RESTORATION AND RECOVERY OF ELECTIVE CARE

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH SYSTEM

Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the impact of the Covid pandemic on elective care and waiting lists for the patients of Leicester, Leicestershire and Rutland (LLR) with a specific focus on the scale of the impact for those people living in within the Leicestershire county boundary who are on the University Hospitals of Leicester NHS Trust (UHL) list for elective care, diagnostics and/or treatment.

Background

2. Before the pandemic (March 2020), Leicester, Leicestershire and Rutland's (LLR's) health providers had a total of 66,000 on its waiting list. The UHL waiting list includes patients with a physical health need, diagnostics and/or treatments including cancer, for both paediatrics and adults.

3. UHL has an active and regularly reviewed access policy which describes each organisation's committment to ensuring that patients receive treatment in accordance with national standards and objectives. Both the policies and waiting lists include patients undergoing follow up treatment or investigations and criteria for the maximum time a patient could be waiting.

Impact of Covid on Elective Care

4. During 2020/21, through the first two waves of the pandemic, the majority of elective activity was taken down, with only time critical surgery and appointments offered. This represents the strategic response taken by UHL in agreement with local health partners to ensure the immediate safety of both patients and staff, and contributing to the sustainability of emergency, intensive care and other critical services. This was a LLR specific decision made in response to a multitude of local factors including a three site model of care which currently delivers both emergency and elective care pathways concurrently across all UHL sites.

5. During this period, the total waiting list has grown by over 44,000 to a total of over 110,000 patients. 55.6% of these patients live in Leicestershire county or Rutland (are registered to a practice in either East Leicestershire and Rutland CCG or West Leicestershire CCG). The impact of this on people, their families and lives is not underestimated or fully understood, but the restoration and recovery of service for these patients remains a service, organisational and system priority.

6. The challenge to the system is two-fold. Firstly, to restore activity to pre-Covid levels so that waiting list growth is controlled and ultimately, stopped. Secondly, the system must create capacity over and above pre-Covid baselines to enable waiting list to be recovered to 2019 numbers as a minimum.

Waiting List Management

7. A challenge of this size requires a system response to waiting list management (prioritisation), service restoration and service recovery. As a result, a system waiting list process has been established which includes the adoption of the NHSEI digital waiting list prioritisation solution. This solution enables LLR to manage the most clinically urgent patients first, in addition to enabling waiting lists to be managed at a system level, increasing effectiveness of all available capacity.

8. As a result of the introduction of this process, all UHL patients have been clinically reviewed and prioritised with a digital code which guides services when listing patients and also feeds into a wider understanding of the clinical and social risk of patients waiting for care.

9. The digital code process clinically codes each patient from a P1 to a P6. P1 patients require surgery within the next 3 days and therefore are very limited in number on our waiting lists.

10. P2 patients are the next clinical priority as this group includes patients with cancer or potential cancer findings who require treatment. P3 and 4 patients are waiting for non-time critical surgery (from a clinical perspective) with P5 and P6 patients forming a group who have elected to delay care or for whom receiving surgery during a pandemic is not clinically recommended.

11. After the initial surge of wave 2, LLR health organisations began to mobilise services restoration and recovery of planned care. This document describes the approach taken to enable system based planned care service restoration, the plan to recover and progress made to date.

Approach to Service Restoration

12. The restoration of activity is defined as delivering the same activity and access to services as delivered in the same month in 2019 (i.e. pre-Covid). As an example of how this works the following table demonstrates UHL's achievement against the NHSE target of activity in month, versus the same month in 2019.

Activity Type	Apr	May	Jun	Jul	Aug	Sep
Total Elective Activity (Actual or Forecast) 2021 compared with 2019	83.0%	83.4%	91.6%	92.5%	95.1%	94.6%
NHSE Target	70%	75%	80%	85%	85%	85%

13. It is important to note that delivery of the NHSE restoration targets for UHL, contributes to the system accessing its proportion of the national ERF (elective recovery fund). This is important so that LLR can continue to invest into elective care service recovery.

The Continuing Impact of Covid on Service Restoration

14. Prior to July 2021, UHL was on track to fully restore theatre sessions and outpatient clinical by the summer. However, due to the increasing pressures of Covid post-lockdown associated with an increased number of admissions and length of stay (LOS) of Covid positive patients requiring critical care, UHL has again had to look to staff redeployment to ensure safe staffing of critical care units. The staff group with the appropriate skills to support a surge in critical care capacity comes from both operating theatres and recovery, and includes Operating Department Practitioners (ODPs), theatre nurses, recovery nurses and anaesthetists.

15. The impact to date is a further reduction of elective theatres sessions during this financial year for a three month period resulting in a loss of over 2,000 operations for waiting patients. This in turn has meant that although operation dates have been offered to the most clinically urgent patients, it has become more difficult again to offer appointments for those of less direct clinically priority but who have often waited for the longest times.

16. The impact of this for the physical and mental wellbeing of this patient group, and the morale of our surgical teams, is significant. It is therefore

vital that UHL work with other health partners across the system to provider elective care capacity in other ways.

Approach to Elective Recovery

17. Recovery plans include both the use of restored capacity (as previously described) and additional capacity.

18. Additional capacity (that over and above 100% restored substantive capacity), is essential to enable the reduction of the waiting list to pre-Covid levels. Whilst UHL-based capacity is focussed on the safe management of cancer and other clinically urgent patients, additional capacity is focused on working through the longest of waiting patients who may be less time critical in nature.

19. Additional elective recovery capacity is being delivered via the following schemes:

- Waiting list initiatives (UHL staff are remunerated additionally to provide capacity over their contracted hours);
- Use of existing but "dormant" or under-utilised capacity (e.g. improving productivity of theatres in community hospitals, which may also be closer to home for County-based patients);
- Commissioning of additional capacity via insourcing models and working with Vanguard theatre capacity (including 3 session days);
- Further use of the Independent Sector;
- Use of Community hospital capacity (UHL Alliance pillar to include longer session days);
- Transfer of work to neighbouring units who have lower wait times (e.g. mutual aid, can also be a good option for patients living on our county borders);
- Additional community diagnostics in a new hub;
- Mutual aid arrangements with neighbourhood Trusts, for patients for whom travelling is an option;
- Outpatient appointment transformation including trialling of Artificial Intelligence solutions for routine follow-ups.

20. Many of these schemes are being financially enabled via the system's Elective Recovery Fund (ERF). UHL and system elective leads are working in collaboration with NHSE regional elective leads to ensure that all local service recovery opportunities are maximised and that LLR patients are able to access their care as soon as possible.

21. However, the positive impact of such schemes on waiting lists has already been reduced by the operational pressures associated with winter, ongoing numbers of Covid positive patients and the complexity of discharges seen across the health and social care system.

LLR's Recovery Position

22. UHL's current position of losing elective capacity as a result of wave 3 pressures is not unique within the Midlands. The overall number of patients waiting over 104 weeks for treatment has increased by 14% in the last two weeks of August across the region (UHL's has increased by 10%, the position of Derby and Burton FT has also deteriorated by 10% and Birmingham Hospital's by 20%).

23. To understand the scale of the recovery challenge, the number of patients who completed their inpatient or daycase treatment pathway with UHL in 2019/20 was 49,457. For outpatients this number was 204,939. In 2020/21, the number of patients who completed their inpatient or daycase treatment pathway with UHL almost halved to 27,232. Outpatient care was predictably less disrupted with 140,141 patients completing pathways of care.

24. UHL's recovery plans must deliver this specific gap in capacity in addition to restoring normal levels of service to regain previous wait times. This plan is described in the following sections of this paper.

Introduction to the LLR/UHL Restoration and Recovery Plan

25. This plan describes the strategic and tactical ambitions and key milestones of the LLR/UHL elective 9 fold restoration and recovery (R&R) plan, the associated risks with each step of the plan, and the extent of mitigations in place.

26. Whilst UHL are the main provider organisation responsible for the practical delivery of R&R activity, including the contributing to the system Independent Sector (IS) plan and insourcing activity, this plan is owned in collaboration by the health organisations working within and across LLR including the three CCGs. This strategic approach ensures that this plan is a system generated, led and delivered programme of work.

27. It is important to note that 10.4% of UHL's patients waiting for treatment do not live in LLR. However, it remains UHL's role to ensure that the waiting times for these patients are recovered in the same way as those who live locally. This arrangement is reciprocal in that recovery of wait times for Leicestershire patients waiting for treatment in other NHS Trusts remains the responsibility of the host organisation.

28. The 9 Fold R&R Plan is published to describe the strategic R&R plan for LLR, the links between service restoration (to business as usual), the creation of additional/new capacity for service recovery and how these plans will support service transformation, creating sustainability within the plans and reducing the impact of further waves of Covid/winter pressures on patients waiting for care.

Forecasting the Impact of the 9 Fold R&R Plan

Cancer Pathways

29. The cancer backlogs have grown after a period of stabilisation in March/April 2021 with the increase in referrals and conversion rates combined with a reduction in theatre capacity being the root cause across multiple tumour sites. In addition, we have seen a 140% increase in consultant upgrades of referrals from routine to urgent, since April 2020.

30. There is a significant risk for the 31 Day Radiotherapy standard throughout Q2 due to an increase in complexity of treatments as well as the increase in referrals as treatment modalities move from surgical to oncological as some patients have presented later.

Urgent Operations (P2 Patients)

31. P2 recovery trajectories (to return to pre-Covid waiting levels) remained on track for all specialties from April 21 until July 21. Our ambition was to return to pre-Covid levels of number of P2 patients waiting for treatment by the end of August 2021. This has now slipped until November 2021 for all specialties except Cardiology (forecast to recovery early December 2021).

Patients Waiting More Than 104 Weeks

32. UHL had specialty specific plans to reduce the number of patients waiting over 104 weeks to zero by November. Whilst further Covid driven demand has disabled plans to restore the substantive capacity required to treat P2 and cancer patients in a timely way, additional capacity previously intended for long waiter patients, has been reallocated to manage more clinically urgent cases.

33. The 104 week recovery trajectory has therefore now slipped from November 2021 to the end of March 2022 and remains challenging in terms of underpinning risk, particularly around the availability of theatre and anaesthetic staff and elective care beds.

Diagnostics

34. The target is that for a basket of 15 common diagnostics, known as DM01 diagnostics, no more than 1% of patients will wait more than 6 weeks. The return to a 6 week wait for DM01 patients is on track to be delivered by the end of March 2022. However, high activity for DM01 patients may increase conversion rates onto cancer and P2 lists, impacting further on 104 week trajectories.

Patients Waiting More Than 52 Weeks

35. The trajectory for these patients groups is still changing in response to all the other factors described in this paper. This will continue to be the case until 100% of substantive theatre capacity is restored. It is also essential that ACPL (Actual Cases Per List) does not fall, or despite theatre capacity restoration, the waiting list will continue to grow. This is a possibility as patients who have been waiting longer are often more complex when presenting for surgery, meaning that their operation time is longer and less can be performed on the theatre list.

36. The ambition remains to continue to transform outpatient, diagnostics and theatre scheduling pathways over the remaining ERF period, to enable the majority of specialities to recovery their 52 week waits to zero by the end of 2021/22. For 22 specialties, this will not be possible. A further 15 of the 22 specialties, are forecast to recover to zero 52 week waits within 2022/23.

37. 7 specialties have longer trajectories, but LLR's ambition to expedite significant elements of non-admitted and admitted pathway transformation, means the system intends to bring this date forward for every patient to within the 2023/24 financial year.

<u>Support for Patients</u>

38. All patients on a UHL waiting list have been written to by UHL's Medical Director, Mr Andrew Furlong. Patients have been offered an apology for the ongoing service waits and details of how to ensure their clinician learns of any changes in symptoms so that their case can be clinically reviewed and care expedited if indicated.

39. UHL are working with primary care providers (focussing initially on Orthopaedic patients), to provide an additional support to those waiting for surgery. This support includes access to additional services which may be of benefit to an individual and to help patients be as fit and well as possible for their surgery date. This includes development of a new prehabilitation service which will be linked to leisure and sports facilities across the County and emotional support.

Summary

40. UHL's clinical and managerial teams are working together to ensure that normal elective care services are restored to pre-Covid levels as soon as possible. This will enable UHL to recover waiting times for cancer and clinically urgent patients.

41. Programmes to provide additional capacity for patients waiting long periods are advanced in planning and are being mobilised over the second half of 2021/22. This capacity is focussed initially on treating those patients who have waited over 104 weeks for care.

42. Trajectories for all of these patient groups, by specialty, are being planned and tracked weekly to ensure that UHL and partners deliver our ambitions Restoration and Recovery plan.

Circulation under the Local Issues Alert Procedure

43. Not applicable

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 NOVEMBER 2021

EAST MIDLANDS AMBULANCE SERVICE UPDATE INCLUDING CLINICAL HANDOVERS AT UNIVERSITY HOSPITALS OF LEICESTER EMERGENCY DEPARTMENT

Purpose of the Report

1. The purpose of this report is to provide the committee with a general update in relation to East Midlands Ambulance Service (EMAS) with specific exploration in relation to the clinical handovers of patients at University Hospitals (UHL) emergency department.

2. It is intended that the report will provide the committee with an understanding of the current challenges in relation to patient handover, the associated impacts on service delivery, and the system level engagement, collaboration and actions being taken to mitigate and resolve current handover challenges.

Background

3. The national standard set by NHS England and Improvement (NHSEI) is for all emergency departments to take a clinical handover of a patient from the ambulance service within 15 minutes of arrival at the hospital. The clinical handover is the point at which ambulance clinicians convey pertinent information and transfer the care of the patient to the receiving clinical staff at the hospital.

4. The rationale for this standard is clear, a prompt and timely clinical handover correlates to an enhancement in the patient experience and patient safety. Additionally, ambulance services do not have infinite resource to respond to 999 emergency calls and therefore, delays at hospital can compromise service delivery and result in notable patient safety risk for unsighted patients in the community.

5. As a health system Leicester, Leicestershire, and Rutland (LLR) have experienced hospital handover delays for several years, typically occurring through winter during periods of high healthcare demand. Invariably, handover delays are not explicitly a direct reflection of the emergency department but are a symptom of whole system patient flow.

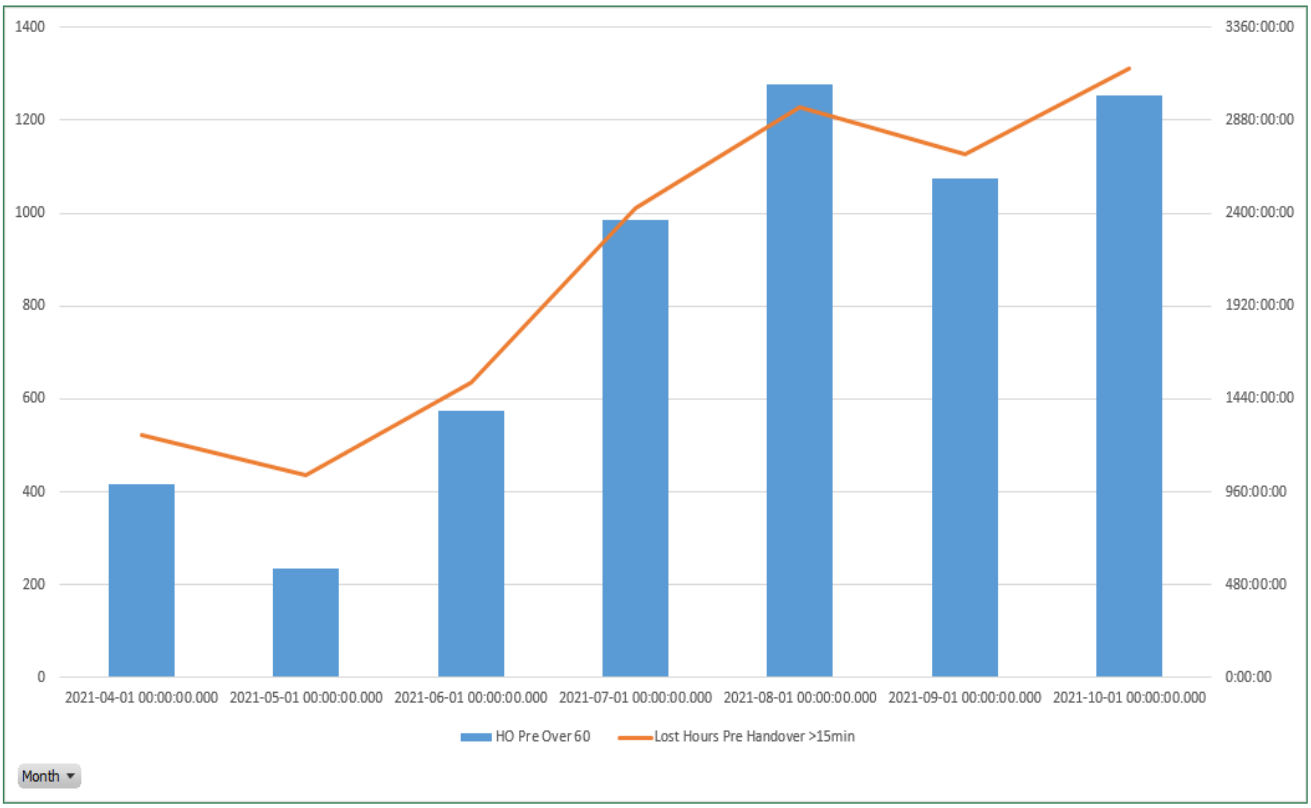
6. Through the course of the summer and coinciding with the lifting of Covid19 related restrictions all LLR health system partners have seen and continue to experience increasing and sustained demand. Notably, this has materialised into significant ambulance handover delays and as such a reduction in these delays is a system priority.

Local Hospital Handover Performance

7. The current year to date (1 April – 28 October) handover performance:
   - 36,799 clinical handovers.
   - Average clinical handover time – 38 minutes.
   - 79% of all clinical handovers delayed over 15 minutes.
   - 3,789 clinical handovers taking between 1 to 2 hours.
   - 1,662 clinical handovers taking between 2 to 4 handovers.
   - 360 clinical handovers taking between 4 to 6+ hours.

8. Any clinical handover time more than the national target of 15 minutes is considered an operational loss from an ambulance perspective. This is time where an ambulance crew is not attending to an unsighted, waiting patient in the community. Based on the above handover performance this lost time is currently 15,039 hours, which in turn manifests into delayed ambulance response times.

9. The below graphic identifies the deteriorating position across the financial year with the blue columns identifying the number of handovers over 60 minutes (Primary Y axis) and the orange line reflecting the lost operational hours (Secondary Y axis).



10. To contextualise the number of clinical handovers received (ie – how many patients are being taken to the emergency department by ambulance) it is the best ambulance performance in the region. EMAS LLR year to date have conveyed 43.6% of incidents attended to an emergency department (this is 41,689 patients, 36,799 of which have been conveyed to UHL). Comparatively this is at least 10% better than the neighbouring counties of Nottinghamshire, Derbyshire, Lincolnshire, and Northamptonshire.

11. Avoidable conveyances are recognised to contribute to handover delays and as such we can deduct from the above that these are being minimised, with 50-60% of ambulance incidents being dealt with away from the emergency department.

Key Actions

12. Health system:

- There is a whole system approach and collaboration in improving patient flow, supported by NHSEI regional Urgent and Emergency Care team.
- There is continuing focus and development of Same Day Emergency Care pathway access for EMAS clinicians, supporting an increasing number of patients into non-ED pathways within UHL, therefore avoiding the need to queue in ED.

13. Internal EMAS:

- Strategic management of ambulance conveyances. During periods of high demand and prolonged handover delays, ambulances can be diverted to other hospitals to support more timely clinical handovers.
- The provision of manager and clinical leadership resource on site at UHL ensuring and maintaining staff welfare and patient safety of those waiting.
- Resource maximisation to mitigate and reduce the impact of lost operational hours secondary to delayed handovers.

Conclusion

14. There is a clear consensus across LLR health system partners that the current ambulance handover performance is exceptionally challenged and unsustainable, with the spread of risk loaded towards EMAS and UHL ED; be that patients waiting for clinical handover or the unsighted patients in the community.

15. The overarching aim of the high-level actions as detailed above is to uphold the safety of patients waiting for clinical handover and those waiting in our communities, through the improvement of system flow and in turn resolving the symptom that is ambulance handover delays.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 10th NOVEMBER 2021

DISTRIBUTION OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) WITHIN LEICESTERSHIRE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE EAST MIDLANDS AMBULANCE SERVICE

Purpose of the Report

1. This report responds to a request by the Committee to examine the availability and coverage of public access defibrillators (PAD) within Leicestershire. Its purpose is to set out such coverage, how a community may go about securing a PAD and to make recommendations that will enable more people in Leicestershire to survive an out of hospital cardiac arrest (OHCA).

Background

2. There are more than 30,000 out of hospital cardiac arrests (OHCAs) per year nationally where emergency medical services attempt to resuscitate the victim. In only one in 20 instances was a public access defibrillator used before the ambulance arrives.

3. The UK survival rate from an OHCA is around 8%, lower than in other developed countries. A recent review found that bystander assistance through cardiopulmonary resuscitation (CPR) and attaching a defibrillator increased the survival rate to 32%, compared to 12% for police or firefighters attaching a defibrillator. Survival rates were even higher for people who had a rhythm that could be treated by a shock from the defibrillator, at 53% following intervention by bystanders. The higher survival rate seen following bystander assistance is probably due to the shorter time response time. Whether it was the speed of first response or cause of cardiac arrest that accounted for these differences, it is clear that members of the public have an important role to play.

4. According to a You Gov survey of 2150 adults carried out by the Resuscitation Council UK, while 93% of respondents would call 999 if they witnessed a cardiac arrest, only 54% said they would probably use a defibrillator.

Overview of AED Provision

5. There are two types of AED in the community:
   - Those that are available to the public and kept in a cabinet;
   - Those that are available only to staff at a particular address, for example a doctor's surgery or sports hall.

   No one has a definitive list albeit the Ambulance Service tends to be informed about the majority of PADs. This is particularly the case in respect of public AEDs above but less likely for those for emergencies at a particular address.

Distribution of AEDs in Leicestershire

6. The data below is taken from the Computer Aided Dispatch (CAD) System within the Ambulance service where AED sites are maintained by EMAS. It considers only those in the first group above. The number of AEDs in the community according to the data is spread by Leicestershire Postcodes as below:

Post Code	AED Total
CV13	31
CV9	6
LE1	17
LE10	21
LE11	35
LE12	86
LE13	17
LE14	46
LE15	85
LE16	61
LE17	42
LE18	15
LE19	11
LE2	43
LE3	36
LE4	31
LE5	25
LE6	10
LE65	13
LE67	49
LE7	59
LE8	31
LE9	45
DE74	23
DE12	27
Total	865

7. Distribution has been driven by a combination of local bodies or individuals responding to the Chain of Survival message of:
    - Early recognition;
    - Early CPR;
    - Early AED use;
    - Early Advanced Life Support.

    This Local drive is then coupled with the suitable position being selected in their village or town. This can be influenced by the location of the village hall or a local phone box.

Managing AEDs in the community

8. The vast majority of AEDs in group 1 are managed by the public. EMAS manage 30 (approx. 3% across Leicestershire and Leicester City of which 25 are in Leicestershire). The EMAS managed AEDS in Leicestershire are:

    1. Barwell Co-Op Pharmacy, 50-54 High Street LE9 8DS;
    2. Coalville Council Offices, Whitwick Road Coalville LE67 3F;J
    3. Coleorton Post Office, Lower Moor Road, Coleorton LE67 8FJ;
    4. Desford, Sport in Desford, The Flying Fields, Peckleton Lane LE9 9JU;
    5. Hermitage FM coffee lounge, Memorial Sq Coalville LE67 3TU;
    6. Hinckley Police Station, Hollycroft, Upper Bond Street LE10 1RJ;
    7. Huncote, The Pavilion, Sportsfield Lane LE9 3BN;
    8. Leicester, Braunstone Police Station, Hallam Crescent East, Braunstone, LE3 1DD;
    9. Leicester, Enderby Police HQ LE19 2BX;
    10. Leicester, Hinckley Road Police Station, 90 Norfolk st 5QJ;
    11. Leicester, Keyham Lane Police Station, Colin Grundy Drive, LE5 1FY;
    12. Leicester, Leicester Forest Post Office, Hinckley Road, LE3 3GH;
    13. Leicester, South Charnwood Leisure Centre, Syston LE7 1LY;
    14. Leicester, South Leicestershire College, Blaby Road LE18 4PH;
    15. Leicester, Wigston Police Station, Bull Head Street LE18 1WX;
    16. Leicester,Tesco, Melton Road, Syston LE7 2ET;
    17. Loughborough Brush Sports & Social Club, 18 Fennel Street LE11 1UQ;
    18. Loughborough Burleigh Springs Leisure Club, Burleigh Court, Ashby Road LE11 3TD;
    19. Loughborough Coroners Office, Southfield Rd LE11 2TX;
    20. Loughborough Leisure Centre, Brown`s Lane LE11 3HE;
    21. Market Harborough Police Station, Fairfield Road LE16 9QJ;
    22. Mountsorrel, Soar Valley Leisure Centre, Kingfisher Road LE12 7F;
    23. Osgathorpe 2 Church Lane LE12 9SY;
    24. Shepshed Post Office, Market Place LE12 9RT;
    25. Woodhouse Eaves Pharmacy, 2a Main Street LE12 8RZ.

9. The other 835 known public access AEDs in Leicester and Leicestershire have been purchased by a variety of people and organisations. Currently

about 120 of these appear to have no guardian and EMAS are currently trying to find details of the owners.

10. EMAS always urge people to register their AEDs on The Circuit, the BHF/Ambulance Service central database that allows communication with our 999 systems

11. The Circuit is improving the way people can communicate with us about the readiness of their AED in the community. It also helps EMAS manage their AEDs by emailing them as a reminder on replacing pads or asking them to check it and even letting them know that has been used in an emergency.

12. The Ambulance Service are currently going through all the AEDs on their database to make sure that they are rescue ready and that the owners understand their responsibilities.

13. For group 2 AEDS, those in individual addresses, although most manufacturers do suggest owners of AEDs to tell the local ambulance service that they have one, but this is no guarantee that the Ambulance Service is told. It is a real challenge to know how many have not been registered. It is assumed that EMAS are aware of a significant proportion of those designed for public use. However, it is not known how many are kept in a building specifically for use by the owners and not the public. Appendix A provides further detail for interested parties considering procuring an AED.

Where do cardiac arrests happen in Leicestershire?

14. A Cardiac Arrest can happen anywhere and at any time. The following table indicates by post code where most cardiac arrests happen. It is difficult to make a direct correlation between the number of Cardiac Arrests and the number of AEDs as in the centre of Leicester one AED might cover a huge population and a small population in a village.

Card 09 (Cardiac or Respiratory Arrest/Death)Post Code	Incident
CV13	12
CV9	2
DE11	5
DE12	17
DE73	1
DE74	19
LE1	46
LE10	104
LE11	104
LE12	107
LE13	43

LE14	38
LE15	52
LE16	57
LE17	36
LE18	87
LE19	26
LE2	285
LE3	276
LE4	265
LE5	234
LE6	21
LE65	24
LE67	135
LE7	86
LE8	69
LE9	83
NG13	6
NG32	1
NG33	1
PE9	8
Unknown	2
Grand Total	**2252**

15. It is difficult to draw conclusion as to whether there is sufficient AEDS in Leicestershire, and whether they are in the right place, at this time At face value, one can say that there are large number of AEDS spread over the County. Once mapping and tracking down the owners is complete the next step can be to look at data for areas that includes response times and coverage from AEDs.

Resource Implications

16. A small percentage of AEDs are funded and maintained by EMAS. The other 97% are privately funded.

Conclusions and Recommendations

17. AEDs have an important role to play as part of the chain of survival in cardiac arrests out of hospital. Widespread CPR and access to AEDs would significantly improve survivability. AEDs need to be known to the Ambulance service, maintained and have good governance to ensure that maintenance and awareness happen. Additionally, we should encourage people to learn life-saving skills such as CPR and the role AEDs play in saving lives.

18. The committee is asked to:

- Note the availability of AEDs in Leicestershire;

- Support the Ambulance Service drive to get owners of AEDs to register them with the Circuit database;
- Note the intention of this population database to support more detailed mapping and equity of access work.

Equality and Human Rights Implications

19. No formal EIHRA has bene completed on AED availability. As per the content of the paper the first step to assessing the equity in access would be having a full understanding of AED availability. Once completed further work on assessing time to AED and access for different sectors of the community could take place.

Appendices

20. Appendix A: Q and A's regarding the cost and maintenance of an AED

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Appendix A

How to manage, buy and maintain an AED

The following are a few extracts around buying, managing and maintaining and AED in the community. This will include costs and estimated running costs.
Communities wanting to buy an AED can approach EMAS for support and advice. They will also be able to benefit from discounts on an AED and cabinet.
The AED document covers the following common questions that somone might have when starting the process of putting an AED in their community

Question
Do I have to have one?
Why wouldn't you have one?
What is an AED?
What are others doing?
Is a rescuer likely to be sued?
What does the Law say?
What are my responsibilities if I do have an AED?
Should I organise training?
How often should AED's be serviced?
Where do I put it?
What are the most common places?
Can I adopt a phone box?
Do I need planning permission?
Should I have a locked or unlocked cabinet?
What else should I consider about the cabinet?
Which AED should I have?
What will it cost initially?
What other costs might there be?
Can I get funding?
What does the EMAS need to know about the project?
Do I have to link it to the 999 services?
How do I get it linked to the 999 services?
What happens in an emergency?
What happens after an emergency?
How do I get started?

The following are the questions around purchasing and AED.

Where do I put it?

The siting of each unit is important and there are a couple of things that you will need to bear in mind:

- Population density – Consider where the groups of people tend to meet or the densest population in the community.
- Accessibility – clearly you need the AED in a location that is accessible 24 hours a day.
- Lighting – if you have a locked cabinet can you see the key pad easily
- Ease of access – Try not to put too many barriers in the way of access it.
- Power supply – there needs to be a small power supply to the cabinet so somewhere to enable this to be connected.
- Range – The AED will only be deployed if the incident is within 500m of the cabinet. So to cover as much of the town as possible this radius needs to be taken into account.
- Storing inside or out of a building – If you store an AED on the inside you restrict its use to the community as it will generally only be available when the building is open and this may mean that it is only available to cardiac arrests at the premises.
- Who owns the building or site? If you don't then you are going to need to enter into negotiations with the owner and this is going to have an impact on the time it takes to get your AED up and running.

What are the most common places?

The locations of AEDs in the community are numerous and vary – the following are some examples of where some AED are stored:

- Phone box.
- Village and Church halls.
- Libraries.
- Village shops.
- Sports centres.
- High foot fall walkways, popular parks.
- Public Houses

WHICH AED SHOULD I HAVE?

There are many AEDs on the market that are designed to work with cardiac arrests. The costs vary enormously but we have selected three by way of example. We have included some technical things and are happy to explain them.
An Ingress Protection (IP) rating looks at the ability of the AED to stand up to the rigors of working in outside conditions. For example, IP54 states that the container has a high level of protection against particles, and a fair amount of protection against water. IP55 demonstrate almost complete protection from particles and a good level of protection against water. Both are acceptable but IP55 is slightly more robust.

	Cardiac Science Powerheart G5	**Physio-Control Lifepak CR2**	**WelMedical IPAD SP1**
Warranty	8 years	8 years	10 years
Battery life	4 years	4 years	5 years
Carry case	No	No	Yes
Operation	Auto/semi auto	Auto/semi auto	Auto/semi auto
Spare pads included	No	No	Yes
Rescue kit included	No	No	Yes
IP rating	IP55	IP55	IP55
Governance	Manual checking process needed	Manual and WIFI processes.	Manual checking process needed
Charge delivery	Biphasic	Biphasic	Biphasic
Charge energy	200, 300, 354 Joules	200, 300, 360 Joules	150 Joules
Paediatric mode	Pads required	Built in	Built in
Paediatric pads required	Yes	No	No
Pads life	2 years	2 years	2 years minimum
CPR coaching language	English	English + 1	English
Patient assessment	2 mins interval	2 mins interval	2 mins interval
ECG assessment	Stop CPR	Whilst CPR on-going	Stop CPR
Storage temperature	-40 to 60 degrees	-30 to 60 degrees	-40 to 60 degrees
Operating temp'	0 to 50 degrees	0 to 50 degrees	0 to 40 degrees

All of the AEDs are acceptable and are supported by EMAS. There are other AEDs available on the market place. Even though there are a few technical things listed, EMAS is happy to explain the differences. Depending on what you are trying to achieve or concerned about then one might be better than another.

WHAT WILL IT COST INITIALLY?

The costs of AEDs are falling all the time and new versions are coming to the market regularly. Below are some example costs of running AEDs.

	Cardiac Science Powerheart G5	Physio-Control Lifepak CR2	WelMedical IPad SP1
AED Cost	£995 + VAT	£999 + VAT	£795 + VAT
Running Costs – assuming no use (VAT Included)			
Year 1	£0	£0	£0
Year 2	£39	£77	£35
Year 3	£0	£0	£0
Year 4	£259	£250	£35
Year 5	£0	£0	£183
Year 6	£39	£77	£35
Year 7	£0	£0	£0
Year 8	£259	£250	£35
Year 9	£0	£0	£0
Year 10	£39	£77	£218
Totals			
Year 8	£596	£654	£323
Year 10	£635	£731	£541
Separate costs			
Mild steel locked heated cabinet	£419 + VAT	£419 + VAT	£419 + VAT
Stainless steel locked heated cabinet	£479 + VAT	£479 + VAT	£479 + VAT
Plastic heated locked cabinet	£470.80 + VAT	£470.80 + VAT	£440 + VAT
AED and Cabinet bundle price			
Discount package price with mild Steel cabinet	£1214 + VAT	£1409 + VAT	£1194 + VAT
Discount package price with Stainless Steel cabinet	£1274 + VAT	£1469 + VAT	£1254 + VAT
Discount package price with plastic cabinet	£1265.80 + VAT	£1460.80 + VAT	£1149 + VAT

Consumables and optional extras			
New pads	£39	£77	£35
Paediatric pads	£65	Not required	Not required
Carry case	£50	£69	Included
Rescue Kit	£23.74	£24.72	£5.94

WHAT OTHER COSTS MIGHT THERE BE?

After the initial outlay of buying the AED and the cabinet, there is likely to be a cost for the installation of the cabinet and attaching it to a power supply.

On-going costs associated with the AED are listed above and there is likely to be a small cost for the electricity. The cabinets have a thermostat that keeps the temperature of the cabinet at least zero degrees. To give you an idea – we understand that the average running costs of a cabinet is about £12 - £15 per annum depending upon the winter weather.
If the AED is used on a patient, then there will be a need to replace the pads – the costs are above.

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Leicestershire Partnership NHS Trust

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 10 NOVEMBER 21

EATING DISORDERS IN CHILDREN AND ADULTS

LEICESTERSHIRE PARTNERSHIP NHS TRUST

Purpose of the Report

1. The purpose of this report is to provide the Committee with information regarding the provision of services for Children and Young People (CYP) and adults with clinical eating disorders in Leicester, Leicestershire and Rutland. The attached slides provide national and local context regarding the impact of the Covid19 pandemic on those living with or predisposed to having an eating disorder through the increase in referrals.

2. The slides show how the local health system is working to keep CYP and adults safe whilst waiting and also outlines the additional investment secured to expand these services in light of the increase in demand. This additional investment includes development of an Avoidant Restrictive Food Intake Disorder (ARFID) pathway, particularly focussed on providing support for people with eating difficulties and co-morbid Autistic Spectrum Disorder.

Policy Framework and Previous Decisions

3. *The NHS Long Term Plan – 2019*

4. *Access and Waiting Time Standard for Children and Young People with an Eating Disorder – National Collaborating Centre for Mental Health – NHS England 2015*

Background

5. The accompanying slides outline the current position regarding service provision for eating disorder services locally and the impact on service delivery from Covid19.

6. Eating Disorders have the highest mortality rate of all the major Psychiatric Disorders and there have been recent high-profile deaths reported nationally.

Resource Implications

5. Resource implications and current funding have been included in the accompanying slides.

Conclusions

6. The committee is asked to receive this update in response to the request to provide information regarding local services.

Appendices

Presentation slides.

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Leicestershire Partnership NHS Trust

Childrens and Adults Eating Disorder Services

LPT - October 21

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THE COSTS OF EATING DISORDERS ON THE UK

16% screens positive for a potential EATING DISORDER
4% find that EATING DISORDER significantly interferes with their lives

EATING DISORDERS can affect people of all ages, gender, race & ethnicity

COSTINGS

Health care costs in 2020 for Anorexia & bulimia cost £1.6 Billion

Carers costs in 2020 for anorexia & bulimia cost £0.9 Billion

Personal finance in 2020 for anorexia & bulimia cost £0.7 Billion

Productivity costs for anorexia & bulimia cost £3.9 Billion

The social costs of OFSED & BED Cost £2.3 Billion

In 2020 eating disorders cost the UK

£9.4 Billion

Only 6% of those dealing with an EATING DISORDER are underweight

Each year there are 21,000 admissions to the NHS which is aproximately only 1% receiving specialist care

There are currently only 455 beds for adults with eating disorders

ALL EATING DISORDERS have an increased mortality rate

50% OF EATING DISORDER sufferers go on to recover. However, only 30% improve and more consequently 20% remain in a chronic condition

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LPT SERVICES

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Key Service Highlights

- LPT leading the new East Midlands Provider Collaborative for Adult Eating Disorders from April 2021
- New CAMHS Inpatient Unit opened November 2020 – includes Eating Disorder inpatient care
- Upgraded Adult ED Inpatient opening 2023 – with improved bedroom facilities and additional outside space
- A home Intervention Team for Children and Young People
- A First Episode Rapid Response Service for first time presentations

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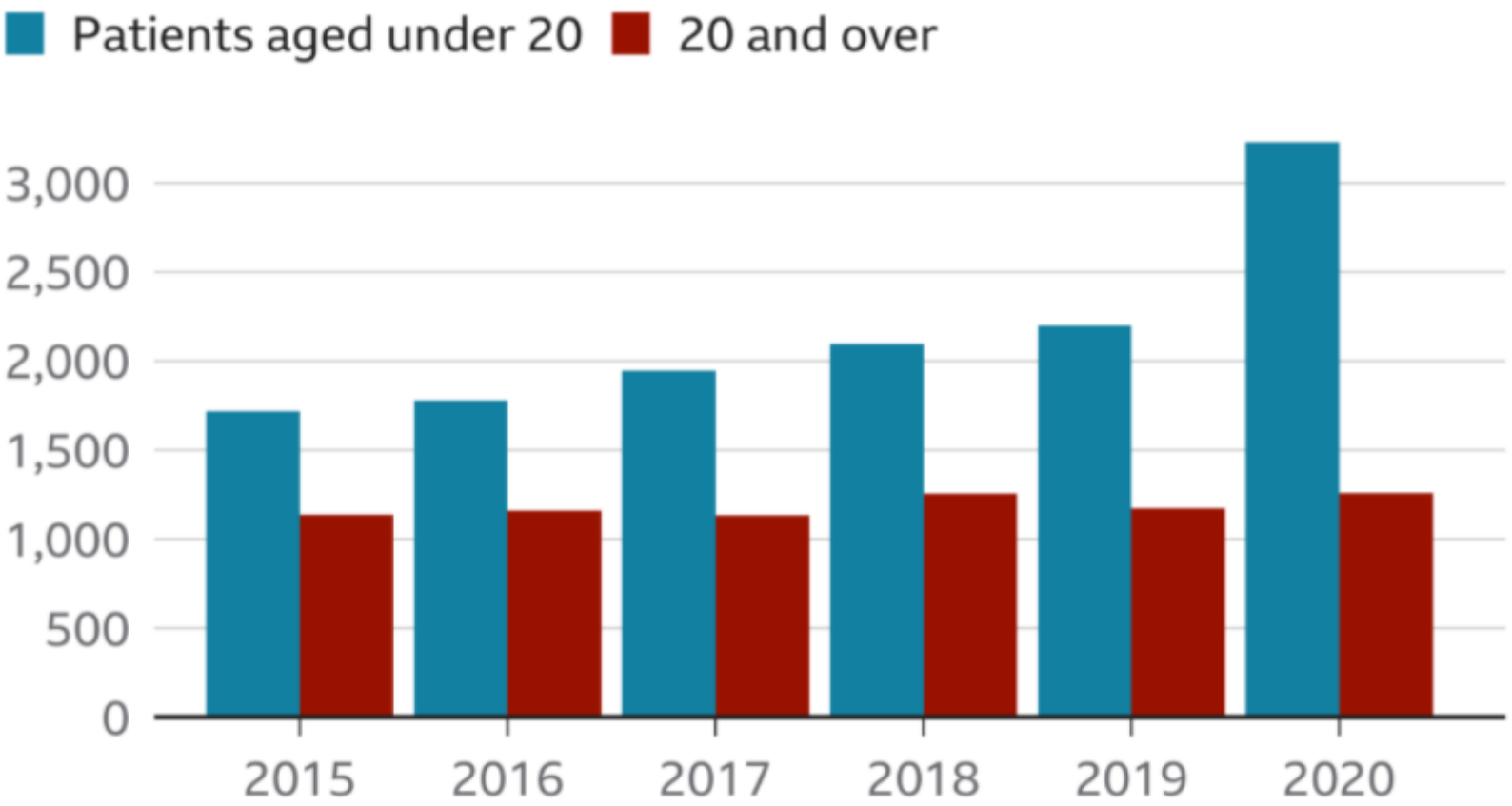
Impact of Covid

There were 19,562 new referrals of under-18s with eating disorders to NHS-funded secondary mental health services in 2020, a rise of 46% from the 13,421 new referrals in 2019.

Eating disorder hospital admissions among under-20s have risen during the pandemic

Admissions where eating disorder is the primary diagnosis



Note: Financial years beginning in the April of the year indicated

Source: NHS Digital

BBC

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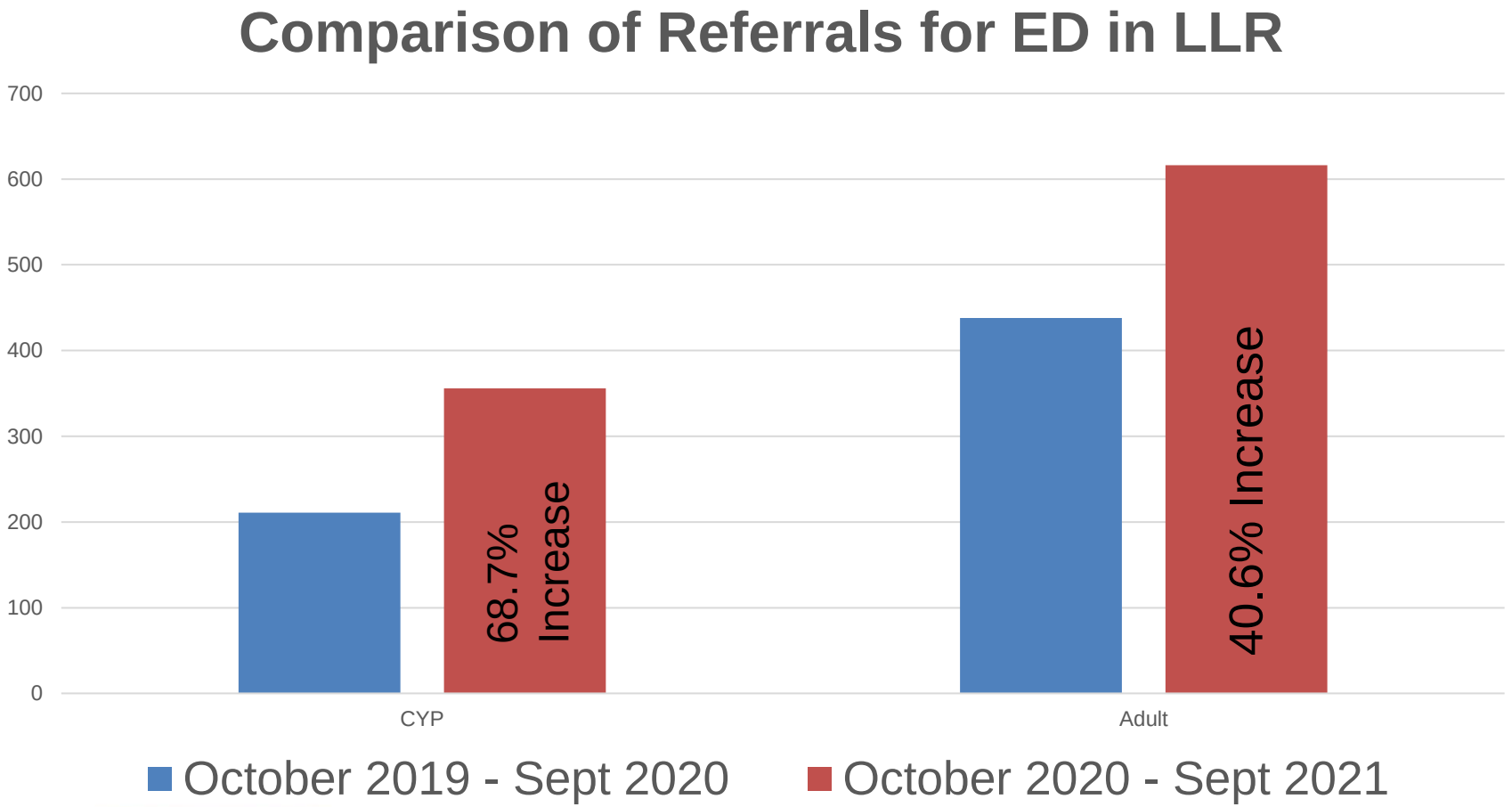
Local data



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Impact

An increase in the waiting times for routine assessment and treatment for both Children and adults as urgent referrals are prioritised

A delay in accessing appropriate inpatient care for some CYP due to lack of suitable bed availability

Reducing the risk of harm

Secured investment for Home Intervention Team

‘Duty’ system for families and CYP to call in for advice

Specific interventions in place for those waiting

Telephone assessment to screen routine referrals which may be urgent

Monitoring clinics for patients who cannot be allocated to first line treatment following assessment.

Signposting to support services whilst waiting

Future Plans

Continue to expand the service provision in line with increased funding (£766K CYP and £268K Adults) including;

- **Expanding the FREED pathway**
- **Working towards national targets for adults**
- **Strengthening pathways with other mental health services**
- **Increase our inpatient capacity**

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 10 NOVEMBER 2021

ENGAGEMENT ON THE COUNCIL'S STRATEGIC PLAN

REPORT OF THE CHIEF EXECUTIVE

Purpose of the Report

1. The purpose of this report is to seek the views of the Health Overview and Scrutiny Committee on the draft Strategic Plan (2022-26), a copy of which is appended to this report. A 12-week public consultation will commence on 1 November 2021.

Policy Framework and Previous Decisions

2. The Strategic Plan is complemented by the Medium Term Financial Strategy (MTFS) which sets out a financial plan supporting the priorities in the Strategic Plan, as well as by the Strategic Change Portfolio which outlines how the Council will transform local services in response to national and local drivers for change whilst seeking to maintain or improve outcomes. The Plan is also underpinned by Departmental Business Plans and strategies which provide further detail on how the Council will deliver the aims and actions in the Plan.

3. On 6 December 2017, the County Council approved the current Strategic Plan (2018-22). This Plan was based on five aspirational outcomes which described the County Council's vision for Leicestershire. On 15th May 2019, the County Council declared a climate emergency. On 8 July 2020, the County Council approved a revised version of the Plan (still to expire in 2022) to reflect the Council's declaration of a climate emergency, with recognition that it would need to be revisited as a result of the coronavirus pandemic.

Background

4. The Strategic Plan sets out the Council's ambitions and priorities for the next four years. It outlines what the Council aims to achieve and how it intends to do it.

5. The current Plan is due to expire in 2022. Work has been undertaken to review and refresh the Plan and to re-assess the Council's strategic priorities, particularly in light of the impact of the Covid-19 pandemic.

Plan Structure and Contents

6. The draft Plan (2022-26) is based on five strategic outcomes which describe the Council's vision for Leicestershire. Each outcome includes four or five sub-outcomes which will need to be achieved to deliver the outcome.

7. The outcomes are broad and aspirational, reflecting the County Council's significant and wide-ranging responsibilities and capacity to influence. Therefore, to ensure that the Plan provides a clear strategic direction for the Council, it also includes specific aims and actions to deliver each outcome over the next four years.

8. The Plan also includes a section on 'enabling services' which is intended to highlight the contributions of the County Council's corporate functions (e.g. Finance, Legal, HR) to outcome delivery as well as sustaining good governance. This is followed by a section on the Medium Term Financial Strategy (MTFS) which highlights the Council's aims and actions to maintain a balanced budget whilst protecting frontline services and weathering the coronavirus crisis. Finally, there is a section on the Strategic Change Portfolio, summarising the aims and actions of the four key pillars of this internal transformation programme.

Strategic Outcomes

9. The outcomes, which are detailed below, are intended to broadly reflect the remits of departments and the portfolios of lead members. However, successful delivery of the Plan will rely upon departments sharing ownership of the outcomes in addition to the outcomes being reflected in all relevant Council plans and strategies.

- 'Clean, Green Future' Outcome: *Reflects the need to protect and enhance the environment and tackle climate change, biodiversity loss and unsustainable resource usage.*

  Sub-outcomes:
  - People act now to tackle climate change;
  - Nature and the local environment are valued, protected and enhanced;
  - Resources are used in an environmentally sustainable way;
  - The economy and infrastructure are low carbon and environmentally-friendly.

- 'Great Communities' Outcome: *Aims to ensure Leicestershire has thriving, inclusive communities in which people support each other and take responsibility for their local area.*

  Sub-outcomes:
  - Diversity is celebrated and people feel welcome and included;
  - People participate in service design and delivery;
  - Communities are prepared for and resilient to emergencies;
  - Cultural and historical heritage are enjoyed and conserved;
  - People support each other through volunteering.

- 'Improving Opportunities' Outcome: *Aims for all children to get the best start for life and to have access to a good quality education. Also aims for everyone to have the opportunities they need to fulfil their potential.*

  Sub-outcomes:
  - Every child gets the best start for life;
  - Every child has access to good quality education;
  - Families are self-sufficient and enabled to be resilient;
  - Everyone is able to aim high and reach their full potential.

- 'Strong Economy, Transport and Infrastructure' Outcome: *Aims to ensure that we build a productive, inclusive and sustainable economy at the cutting edge of science, technology and engineering. Also reflects the need for our infrastructure to meet the demands of a growing population and economy.*

  Sub-outcomes:
  - There is close alignment between skills supply and employer demand;
  - Leicestershire has the infrastructure for sustainable growth;
  - Leicestershire is an attractive place where businesses can flourish;
  - Economic growth delivers increased prosperity for all;
  - Leicestershire has the right homes in the right places to meet needs.

- 'Keeping People Safe and Well' Outcome: *Aims to ensure the people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing. Also reflects the need to ensure people are safe and protected from harm.*

  Sub-outcomes:
  - People are safe in their daily lives;
  - People enjoy long lives in good health;
  - People at the most risk are protected from harm;
  - Carers and people with care needs are supported to live active, independent, and fulfilling lives.

<u>Governance</u>

10. The Council's current Strategic Plan (2018-22) is also based on five strategic outcomes. Its implementation has been led by Outcome Advisory Boards (OABs) responsible for supporting alignment of Departmental Business Plans with the outcomes. A review of this approach identified that the OABs have not influenced Business Plans and seem to have lacked clarity on their specific roles and priorities. This has led to the increased focus in the revised Strategic Plan on defining specific aims for each outcome, as well as the development of a new governance model.

11. The revised model is based on Outcome Boards, which will no longer aim to advise Departments on the contents of their Business Plans. These Outcome Boards will instead focus primarily on monitoring the Council's progress in delivering the aims of their respective outcomes, providing six-monthly reports to Corporate Management Team to highlight key achievements, challenges and priorities. The

Council's Overview and Scrutiny Committees will continue to receive quarterly updates on performance for the areas they cover. The Outcome Boards will also have the capacity to review and inform Council strategies whilst they are being developed, to help ensure that they reflect the aims of their respective outcomes.

Health and Wellbeing

12. The outcome in the Plan with the most direct links to health is the '*Keeping People Safe and Well*' outcome. However, health priorities are also embedded throughout the Plan and it is recognised that all of the outcomes contribute to positive health outcomes by addressing the social and environmental determinants of health. For example, the '*Clean, Green Future*' outcome includes aims and actions to protect population health and wellbeing by tackling climate change, biodiversity loss and unsustainable resource usage. It also includes, for sub-outcome 5.4 'The economy and infrastructure are low carbon and environmentally friendly', an action to encourage and support active and sustainable travel options.

13. Further, the '*Great Communities*' outcome includes, for sub-outcome 6.13 'Communities are prepared for and resilient to emergencies', aims and actions for the Council to work with partners to prepare for, respond to and recover from emergencies and support communities to develop Community Response Plans. This outcome also includes, for sub-outcome 6.4 'Cultural and historical heritage are enjoyed and conserved', actions to support and encourage Leicestershire residents and visitors to obtain the wellbeing benefits from engagement in cultural and historical heritage activities. Further, it includes for sub-outcome 6.5 'People support each other through volunteering', actions to support and promote volunteering across services such as libraries, museums and heritage, social care and environment and waste.

14. Additionally, the '*Improving Opportunities*' outcome includes, for sub-outcome 7.1 'Every child gets the best start in life', an aim for education, health and care services to work in more integrated and collaborative ways to support the health and development outcomes of pre-school children and their families. This is supported by actions such as to work with partners to promote breastfeeding initiation and continuation, develop an integrated Early Years Pathway to ensure vulnerable children are identified and supported early and develop an integrated communication strategy to promote the 1001 Critical Days Children's Manifesto. This sub-outcome also includes an aim to increase the proportion of children achieving a good level of development at foundation stage, which is supported by actions including to support parents and families to build on their understanding of children's needs, protect and strengthen the services of the Council's Children and Family Wellbeing Centres and support families to access free childcare.

15. The '*Improving Opportunities*' outcome also includes, for sub-outcome 7.3 'Families are self-sufficient and enabled to be resilient', a commitment for the Council to develop its support to young people who encounter emotional difficulties or require other targeted early help support. Further, the outcome includes, for sub-outcome 7.4 'Everyone is able to aim high and reach their full potential', aims and actions to help prevent vulnerable young people (e.g. unaccompanied asylum-seeking children, those with special educational needs and/or disabilities, those who are from poorer backgrounds and/or care leavers) from becoming NEET (Not in Education, Employment or Training) as well as to support disadvantaged adults

(such as those with learning disabilities, autism and/or mental health conditions) to access and retain paid employment and live independently.

16. The '*Strong Economy, Transport and Infrastructure*' outcome sets out the Council's aims and actions to support economic growth and to ensure that infrastructure capacity meets the demands of a growing population and economy. It includes specific aims and actions which would support health and wellbeing outcomes. For example, sub-outcome 8.1 'There is close alignment between skill supply and demand', includes an aim and actions to increase opportunities in the labour market for young people and reduce unemployment and job insecurity. Further, sub-outcome 8.4 'Economic growth delivers increased prosperity for all', sets out how the Council will help to ensure that the benefits of increased prosperity are distributed fairly across the County. It also includes, for sub-outcome 8.5 'Leicestershire has the right homes in the right places to meet needs', an action to develop further the Social Care Investment Plan to secure suitable accommodation choices for social care service users, including frail and disabled people.

17. The '*Keeping People Safe and Well*' outcome includes the following specific aims and actions which support health and wellbeing.

Sub-outcome 9.2 'People at the most risk are protected from harm'

Aim: Safeguarding approaches are effective in recovery from Covid-19 and informed by learning from the pandemic

Actions include:

- We will focus on identifying and responding to hidden harm (e.g. self-neglect, mental ill-health and/or learning disabilities, domestic abuse);
- We will support care homes with Infection Control, vaccination, and Personal Protective Equipment support to minimise Covid-19 outbreaks;
- We will risk assess and quality assure care providers to ensure services are safe and protect vulnerable children and adults;
- We will work with partners to review the response to and forward implications of Covid-19 and recovery work regarding safeguarding.

Aim: Vulnerable people are identified and protected from harm and abuse

Actions include:

- We will improve how we work with families to safeguard babies by ensuring robust procedures are in place and raising awareness of risk factors;
- We will develop a communications strategy to support partners to deliver universal safety messages to children and young people;
- We will work with partners to develop joint responses to risk including child sexual exploitation, domestic abuse, gangs, missing from home;
- We will focus on combatting sexual violence and domestic abuse by developing a Domestic Abuse Strategy, protecting all survivors and their families in safe and appropriate accommodation and improving our understanding of perpetrators and how to respond;
- We will develop trauma-informed practices and offer direct work to support children to recover from Adverse Childhood Experiences;
- We will work with communities to prevent people becoming victims and ensure they know how to seek help and have the confidence to do so;

- We will develop understanding of equality and diversity issues and the impact on access to safeguarding services.

Sub-outcome 9.3 'People enjoy long lives in good health'

Aim: Improved healthy life expectancy and reduced health inequalities

Actions include:

- We will focus on breaking down intergenerational cycles of deprivation and poor health, promoting new ways of working to tackle disadvantages;
- Through Healthy Together 0-19 we will provide Health Visiting and School Nursing to support the health and wellbeing of children and young people;
- We will provide information and advice to enable people to access services, facilities and resources which contribute towards wellbeing;
- We will deliver a wider determinants programme of work to address the range of social, economic and environmental factors which influence health outcomes, thereby improving health and reducing health inequalities. This will include for example our work with partners to improve air quality;
- We will embed a Health Equity in All Policies approach to ensure policy decisions help to improve health outcomes and reduce health inequalities;
- We will identify those at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing.

Aim: Increased proportion of residents with a healthy weight

Actions include:

- We will provide weight management support and guidance to residents, so that they can achieve and maintain a healthy weight;
- We will work with partners through Active Together (Leicestershire and Rutland Sport) to support people to get and stay active; ensure physical activity and sport facilities are high quality and accessible and promote the county as a premier location for sport businesses;
- We will work with partners in a 'whole-system' approach to deliver the Healthy Weight Strategy; creating an environment which facilitates healthy choices and supports individuals to be physically active and maintain healthy weight.

Aim: Improved mental wellbeing and reduced proportion of residents experiencing mental ill health.

Actions include:

- We will promote positive mental health and improve awareness of risk factors for poor mental health to increase resilience;
- We will learn from and sustain the excellent customer satisfaction with our cultural, wellbeing and adult learning services; promoting and facilitating access to our libraries, museums and learning centres to promote the wellbeing of residents;
- We will implement Making Every Contact Count Plus to make the most of opportunities to support peoples' wellbeing;
- We will work with partners to improve access to mental health services for all ages to promote recovery and independence;
- We will work with partners to ensure the early detection and treatment of child mental health and wellbeing needs;

Sub-outcome 9.4 'Carers and people with care needs are supported to live active, independent, and fulfilling lives'

Aim: Increase in the proportion of people who find it easy to access information and advice about adult social care services.

Actions include:

- We will improve access to information and advice through our digital plans including the directory of services and First Contact Plus;
- We will work closely with partners to take a more proactive approach to providing advice and information relating to housing, including development of social prescribing and empowering frontline staff to encourage people to take responsibility for their housing needs;
- We will continue to provide good quality information, advice, and guidance for those living with dementia and their informal carers.

Aim: Improvements in the experiences of those who receive adult social care and support.

Actions include:

- We will work with partners to deliver integrated services at the point of delivery with seamless transitions between health and social care;
- We will provide effective crisis response, reablement services, equipment, and technology to enable people to be self-reliant;
- We will review progress on the Living Well with Dementia Strategy 2019-22 and co-produce a new strategy and action plan with our partners;
- We will continue to ensure care services and support procured by the Council provide a good supply and quality of dementia care;
- We will explore solutions to transport issues, enabling older people to remain active and independent and connected to community;

Aim: Carers are recognised, valued, and supported to undertake their caring role, whilst maintaining their own health and wellbeing;

Actions include:

- We will ensure accurate advice, information and guidance is available to assist carers to navigate health and social care services;
- We will develop carer-friendly communities by awareness-raising within existing community groups;
- We will promote health checks for carers to help them to maintain their own physical and mental health and wellbeing.

Consultation and Timetable for Decisions

18. Development of the Plan has so far included engagement with lead officers for supporting strategies and the current (2018-22) outcomes, Department Management Teams, Corporate Management Team and Mrs. P. Posnett CC, Cabinet Lead Member for Community and Staff Relations.

19. A 12-week public consultation on the Plan will begin on 1 November 2021 and run until 21 January 2022. As part of the consultation all of the Council's Overview and Scrutiny Committees and the Scrutiny Commission (from 1 -17 November), key partnership boards such as the Children and Families Partnership and Health and Wellbeing Board (17 and 25 November respectively) will be provided with an opportunity to comment on the draft Plan.

20. Residents, community groups and partner organisations will also be invited to provide feedback on the draft Plan through a variety of methods including a public survey and meetings in which the Plan will be presented and reviewed.

21. Findings from the consultation will be used to inform development of the final Plan and it is intended that, in March 2022, a report will be presented to the Scrutiny Commission for consideration and then to the Cabinet presenting the outcome of the consultation and seeking agreement for the revised draft Plan to be submitted to the County Council for approval on 18 May 2022.

Resource Implications

22. All actions within the Plan are from existing service/business plans and strategies. As such, there should not be any additional resource investment required to deliver the Plan beyond that which has already been approved.

23. However, as referenced in Section 11 of the Plan ('Monitoring Outcome Delivery'), officer resources will be required to monitor delivery of the Plan and ensure that the strategic outcomes are reflected in and supported by all relevant underpinning Council plans and strategies. These tasks will be carried out by Outcome Boards, consisting of representatives from departments and corporate services. As delivery of the Plan will require continued collaboration with partner services, representatives from the Outcome Boards will interact with relevant partnership boards to monitor outcome delivery and promote integration of strategies.

24. The number of Outcome Boards has been reduced following a review of outcome delivery arrangements. Therefore, fewer officer resources will be required than have been utilised to monitor and support delivery of the current (2018-22) Plan.

25. The Director of Corporate Resources and Director of Law and Governance have been consulted on the Plan and will have a further opportunity to comment following the public consultation (prior to the March 2022 Cabinet meeting).

Conclusions

26. It is recommended that the Committee provides its views on the draft Strategic Plan (2022-26) as set out in the Appendix, including the content highlighted in this report.

Background papers

Leicestershire County Council Strategic Plan (2018-2022) **(Previous Plan)**

Circulation under the Local Issues Alert Procedure

27. None

Equality and Human Rights Implications

28. A screening assessment of the Strategic Plan concluded that a full impact assessment is not required. The Strategic Plan is a high-level document which reflects the content of existing Council plans and strategies in order to set out a clear summary of the Council's overall ambitions and delivery approach; it does not include new actions which could have Equality and Human Rights Implications.

29. The Plan will, however, have a positive impact as it promotes Equality and Human Rights, primarily by including, within the section on the '*Great Communities*' outcome (see sub-section 6.1), specific aims and actions to deliver the sub-outcome: 'diversity is celebrated, and people feel welcome and included'. This sub-outcome highlights issues around community cohesion and hate crime along with specific actions which the Council will deliver over the next four years to address these issues. Equality and Human Rights are also embedded throughout the Plan.

Other Relevant Impact Assessments

Crime and Disorder Implications

30. There are no direct crime and disorder implications arising from this report. The Plan promotes community safety by including, within the section on the '*Keeping People Safe and Well*' outcome (see sub-sections 9.1 and 9.2 of the appendix), specific aims and actions to deliver the sub-outcomes 'people are safe in their daily lives' and 'people at the most risk are protected from harm'.

Environmental Implications

31. The Plan raises the profile of environmental issues by including, within the section on the 'Clean, Green Future' outcome, aims and actions to tackle climate change and biodiversity loss and promote sustainable resource usage. Aims to ensure infrastructure supports the transition to net zero carbon emissions are also reflected in the section on the 'Strong Economy, Transport and Infrastructure' outcome (see sub-section 8.2 of the appendix).

Appendices

Appendix: Leicestershire County Council Strategic Plan (2022-26) **(Revised Plan)**

Officer to Contact

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APPENDIX

Leicestershire County Council

Strategic Plan

2022-26

Published October 2021

Table of Contents

1. Glossary 2
2. Foreword 3
3. Vision 4
4. Strategic Outcomes 5
5. Clean, Green Future 6
6. Great Communities 11
7. Improving Opportunities 16
8. Strong Economy, Transport and Infrastructure 22
9. Keeping People Safe and Well 29
10. Enabling Services 36
11. Monitoring Outcome Delivery 37
12. Medium Term Financial Strategy 38
13. Strategic Change Portfolio 39

1. Glossary

Term	Definition
LLEP	Leicester and Leicestershire Enterprise Partnership
VCSE Sector	Voluntary, Community and Social Enterprise Sector
SEND	Special Educational Needs and Disability
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
NEET	Not in Education, Employment or Training
GVA	Gross Value Added
STEM	Science, Technology, Engineering and Mathematics
R&D	Research and Development
SMEs	Small and Medium-Sized Enterprises
GDHI	Gross Disposable Household Income
PM2.5	Fine Particulate Matter
CO2e	Carbon Dioxide Equivalent

2. Foreword

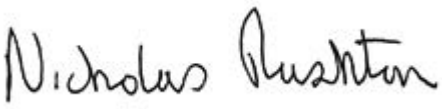
Cllr Nick Rushton
Leader of Leicestershire County Council

This Strategic Plan sets out our ambitions and priorities for the next four years (2022-26). It outlines what we want to achieve and how we intend to do it.

It is based on five strategic outcomes which are aspirational; they outline the end results that we want to see for Leicestershire. For each outcome, we have identified specific aims which we will focus on achieving over the next four years, with corresponding actions. Further detail can be found through the relevant strategies in our Strategy Library.

Whilst the outcomes have been set out in separate sections, it is recognised that there are significant interdependencies between them. For example, reducing our carbon footprint supports not only our aim to tackle climate change but also to ensure positive health outcomes for current and future generations. Further, improving the educational attainment of disadvantaged children ensures they are able to access opportunities to fulfil their potential and supports economic growth in the county. Links between outcomes have been highlighted throughout the Plan and some actions support multiple outcomes.

We will deliver it by building upon our previous achievements, such as being recognised by Impower as the most productive Council in England and Wales, whilst being the lowest funded County Council in the UK. However, the Council alone cannot deliver all the change that will be needed. Through continued collaboration with our partners to coordinate and integrate our plans we hope to make the maximum impact on the most pressing issues that we face and celebrate and build on the success of this great county.



3. Vision

The vision below summarises our ambitions for Leicestershire and puts us on the right path to secure the best possible future for local residents.

An inclusive county in which active communities, great connections and greener living enable everyone to prosper, be happy and healthy.

We want Leicestershire to have welcoming and inclusive communities in which people take responsibility for their local areas and support each other. People are safe and well, living active, independent, and fulfilling lives. The local economy is flourishing with resilient, clean growth delivering increased prosperity for all. Everyone, regardless of their background or personal characteristics, has access to the opportunities they need to aim high and achieve their aspirations. People act now with urgency to protect and enhance the environment and meet the challenges of climate change.

4. Strategic Outcomes

Great Communities

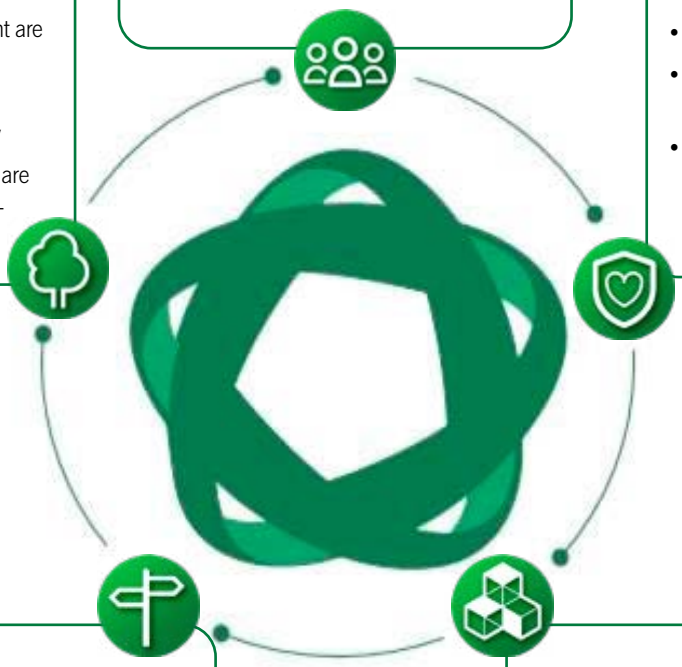
- Diversity is celebrated and people feel welcome and included
- People participate in service design and delivery
- Communities are prepared for and resilient to emergencies
- Cultural and historical heritage are enjoyed and conserved
- People support each other through volunteering

Clean, Green Future

- People act now to tackle climate change
- Nature and the local environment are valued, protected and enhanced
- Resources are used in an environmentally sustainable way
- The economy and infrastructure are low carbon and environmentally-friendly

Keeping People Safe and Well

- People are safe in their daily lives
- People enjoy long lives in good health
- People at the most risk are protected from harm
- Carers and people with care needs are supported to live active, independent, and fulfilling lives



Improving Opportunities

- Every child gets the best start in life
- Every child has access to good quality education
- Families are self-sufficient and enabled to be resilient
- Everyone is able to aim high and reach their full potential

Strong Economy, Transport and Infrastructure

- There is close alignment between skill supply and demand
- Leicestershire has the infrastructure for sustainable growth
- Leicestershire is an attractive place where businesses flourish
- Economic growth delivers increased prosperity for all
- Leicestershire has the right homes in the right places to meet needs

5. Clean, Green Future

This outcome reflects the need to protect and enhance the environment and meet the challenges and opportunities of responding to climate change. Global warming is leading to an increase in the frequency and intensity of storms, flooding and heatwaves and changes in pests and diseases. It will affect social and environmental determinants of health including clean air, safe drinking water, supply of sufficient food and access to secure shelter. It will also damage local infrastructure and services, reduce productivity, increase the likelihood of conflict and climate migration and increase the loss of biodiversity.

There is increasing recognition of, and commitment to, the need to protect, promote and improve the environment at a local, national, and global level. The Paris Agreement of 2015 requires countries to limit global temperature rise to below 1.5 to 2°C. The interconnection between economic development, social equity and inclusion and environmental impacts has also been recognised internationally via the 2030 Agenda for Sustainable Development. The UK Government has prioritised action on climate change through the Climate Change Act 2008 (2050 Target Amendment) Order 2019, requiring the government to reduce the UK's net emissions of greenhouse gases to zero by 2050. This will require transformational action.

On 15th May 2019, Leicestershire County Council declared a climate emergency, making a commitment to achieving net zero carbon emissions from its own operations by 2030 and to work with others and to lobby government to achieve net zero carbon emissions for Leicestershire by 2045.

The Council has different levels of control and influence in protecting the environment and addressing climate change. It is responsible for complying with legislation relating to the environmental impacts from its activities, such as heating and powering our offices, using vehicles and generating waste; managing the environmental impacts from the activities of Leicestershire residents and businesses, such as air pollution from local transport and the reduction, recycling and disposal of household waste; and enforcing environmental legislation on businesses, such as in relation to product packaging, banned substances and energy certificates. It also has capacity to influence wider environmental action by lobbying government and working with partners within Leicestershire.

The Council commits to minimising the environmental impact of its activities and helping to protect the environment of Leicestershire. We will tackle climate change and embed environmental sustainability into everything we do. We will work with partners to deliver sustainable development by recognising and fostering the links between the environment, people, and the economy.

The priorities and commitments to deliver this outcome focus on how the Council will help to protect the environment and tackle climate change through its service delivery and interactions with residents and partners. Further detail on how the Council will reduce carbon emissions from its own operations can be found in the section on the Council's Carbon Reduction Programme.

5.1 People act now to tackle climate change and protect the environment

To achieve net zero carbon emissions in Leicestershire we need communities to be aware of the need for action on climate change and to act now to reduce environmental impacts. There is significant potential for individual action and community-led initiatives to support environmental sustainability (e.g. energy usage, sustainable transport, recycling). Our Community Survey highlights that 97% of residents feel protecting the environment is important. However, only 45% feel informed about what the Council is doing to protect the environment and tackle climate change, and 67% think the Council should be doing more.

Leicestershire has a higher rate of average waste produced per household than comparator counties, which may suggest that there is scope to reduce the amount of waste produced locally. We also have lower rates of electrical vehicle ownership than comparators and fewer electrical vehicle charging points.

There has been a 33% reduction in the rate of domestic CO2 emissions in Leicestershire since 2010. Leicestershire also ranks in the best performing 25% of comparators for the percentage of new-build houses with an Energy Performance Certificate rating of C+. However, the county ranks in the worst 25% comparators for the percentage of *existing* homes with this level of energy efficiency.

What will success look like?

- Residents actively involved in tackling climate change and protecting the environment
- Reduction in the rate of CO2 emissions per capita (average per resident)

Our Commitments

- We will use our interactions with communities to raise awareness of environmental impacts and harness community capacity to address them
- We will provide support and opportunities for learning to local communities, schools, and businesses to promote positive environmental action and collaborative working, leading to constructive behavioural change
- We will support residents to be more resource efficient in their energy and water use, such as through our Warm Homes service which provides free advice and information on managing heating costs and staying warm at home well as grants to deliver first-time gas central heating systems
- We will work with partners to expand zero and ultra-low emissions vehicles and charging, including Heavy Goods Vehicle refuelling, and promote sustainable modes of transport including walking and cycling

5.2 Nature and the local environment are valued, protected and enhanced

Biodiversity describes the enormous variety of life on Earth. Biodiversity and the eco-system cleanse our atmosphere, provide us with the oxygen we breath, the clean water we drink and the food we eat as well as many of the medicines which help to keep us well. The natural capital assets (geology, soil, air, water and all living things) of Leicestershire have an annual value of £388.45 million, with agricultural habitats generating £180.91 million annually.

Intensively managed farmland is poor for wildlife whilst land which is less intensively managed with little or no applications of chemical fertiliser, pesticides and herbicides is much richer in wildlife. In Leicestershire and Rutland where more than 80% of the land is farmed, good habitats for wildlife are now few and far between and much of our wildlife is being squeezed out and continues to decline. Leicestershire and Rutland are amongst the poorest counties for sites of recognised nature conservation value. The best sites (Sites of Special Scientific Interest) represent only about 1%% of the land area in Leicestershire.

Natural green space includes a wide variety of land from scrub and wetland to woodland and meadow. Access to natural green space supports our health and well-being. There is a risk that future development may not sufficiently consider the value of natural capital and green space.

What will success look like?

- Increase in the percentage of county land which promotes diversity of habitat and species

Our Commitments

- We will support awareness raising and education on biodiversity and the value of natural capital to society and the economy
- We will create, protect, enhance, and manage sustainable green infrastructure and biodiversity on Council managed land and assets
- We will seek to improve the biodiversity value and condition of natural capital features on Council managed land and assets
- We will seek to demonstrate and support environmentally sustainable farming practices that support the maintenance and enhancement of biodiversity and the condition of natural capital features
- We will work with partners through the LLEP to develop a Natural Capital Investment Plan, and deliver the roadmap the recent Natural Capital Review Report set out for Leicestershire, minimising the loss of habitats and the impacts of development and encouraging innovative land use

5.3 Resources are used in an environmentally sustainable way

A further environmental crisis we are facing, in addition to climate change and biodiversity loss, is unsustainable resource usage. We are using the planet's resources at a faster rate than they are being replenished and in a way which does not allow most of these resources to be reused within our economic systems. In order to address this crisis, we need to move to a circular economy model. This is a more resource efficient alternative to a traditional linear economy (make, use, dispose) where resources are used for as long as possible, then products and materials are recovered, regenerated, or recycled.

Leicestershire County Council is responsible for the reuse, treatment, recycling, or disposal of the collected wastes. In addition, it has the duty to provide places for the deposit of household waste from residents (Recycling & Household Waste Sites). Compared to other county areas, Leicestershire has a lower rate of household waste which is recycled and has a significantly higher percentage of waste which is landfilled.

What will success look like?

- Increase in the percentage of household waste sent for reuse, recycling and composting and reduction in the percentage landfilled

Our Commitments

- Increase in the percentage of household waste sent for reuse, recycling and composting and reduction in the percentage landfilled
- We will reduce the tonnage of household waste produced in Leicestershire and minimise its environmental impact by applying the waste hierarchy in the priority order of prevention, preparation for reuse, recycling, other recovery, and disposal
- We will continue to encourage appropriate use of the Recycling & Household Waste Sites service
- We will provide a trade waste recycling, treatment and disposal service for businesses in Leicestershire, where practicable and cost-effective to do so
- We will work closely with other Waste Disposal Authorities to share ideas and opportunities for joint working / collaboration and innovation

5.4 The economy and infrastructure are low carbon and environmentally friendly

Decarbonising the economy and infrastructure is the key solution to addressing the climate emergency. Nearly 70% of Leicestershire's emissions come from commercial, industrial and transport sources, with the remaining 30% coming from domestic sources (how we heat and use energy in our homes). Total commercial CO2 emissions in Leicestershire have reduced by xx% since 2005 and industrial CO2 emissions have reduced by xx%. However, transport emissions have only fallen by x%. The move to a low carbon, environmentally-friendly economy will require policy, technological and behavioural changes.

The Leicester and Leicestershire Enterprise Partnership (LLEP)'s survey of local businesses from March-June 2021 found that 35% of businesses had taken action to reduce carbon impact in the past 2 months and 50% planned to take action over the following 6 months.

What will success look like?

- Increase in the percentage of businesses taking action to reduce their carbon impact
- Reduction in CO2 emissions under the Council's influence in the local area

Our Commitments

- We will ensure that our Corporate Asset Investment Fund owns efficient assets which enhance the environment and biodiversity in the county
- We will reduce the impact of the Council's procurement and delivery of goods and services on the environment, including through the reduced use of raw materials and fossil fuels, increased use of renewable energy and deployment of smarter and more efficient processes
- We will work with businesses to raise awareness of the need to act on climate change and to support carbon reduction and circular economy practices
- We will identify and promote business opportunities arising from the move towards a circular economy

- We will work with partners to identify the investment requirements for zero carbon development and develop associated training and skills routes
- We will work with partners to create new, low-carbon business units and managed workspaces for start-ups and small companies
- We will work with partners and developers to ensure developments are low or zero carbon, climate resilient and enhance biodiversity
- We will ensure effective restoration of public transport services following the pandemic and identify opportunities to make transport more efficient
- We will encourage and support active and sustainable travel options, where appropriate, by learning from best practice and encouraging the uptake and use of electric vehicles and micro-mobility as appropriate, including through provision of infrastructure
- We will reduce pollution and contamination in Leicestershire through our Trading Standards service and other areas of control and influence
- We will continue to investigate and pursue opportunities to increase carbon sequestration through nature based solutions, such as tree planting

6. Great Communities

The Great Communities outcome aims to ensure that Leicestershire has thriving, integrated and inclusive communities in which people support each other and take responsibility for their local area. We want communities to frequently tell us what is important to them and how well services are working and to work with us to improve services. Communities also need to be resilient and adaptable during emergencies to ensure a seamless return to normal life.

The communities we live in and the relationships we have are the primary source of our physical and mental health – which in turn affects the kind of life we are able to live and the part we play in society. Our communities are key assets and by investing in them we can cultivate the conditions for people to flourish.

Whilst the pandemic has presented significant challenges for communities, it has also offered many examples of positive community spirit and highlighted the willingness of people to volunteer to help others, particularly the most vulnerable. Leicestershire's thriving and diverse Voluntary, Community and Social Enterprise (VCSE) sector, comprising over 3,000 organisations, has continued to provide essential services. Over 1,000 Covid-19 volunteers have been recruited to support vulnerable people through activities such as providing food and medication, transport to and from appointments, information about support available and check-in/befriending contact. A further 1,250 county volunteers were recruited to support the Covid-19 vaccination programme.

We aim to encourage more people to become active citizens, taking responsibility for their local areas. We will 'help communities to help themselves' by supporting them to take advantage of and build on the assets within their local area (e.g. buildings, people, skills, and networks) to help solve local challenges. We will build upon the successful partnerships and initiatives which have developed during the pandemic to further strengthen and empower communities. We will also provide VCSE organisations with tailored information, advice, and support to build community capacity and strengthen universal services.

The council has a strong record of engaging with communities on services and strategies. This reflects our commitment to openness and transparency and supports informed decision-making on council services. We also encourage and support communities to direct development in their local areas. We aim to increase the involvement of residents in service design, such as by using a wider range of engagement methods and reaching marginalised communities.

Culture is our past, present and future. It's what we have inherited, what we are experiencing now and what we would like to see remembered. It's myths and legends, faiths and religion, buildings, villages, cities and landscapes, art, dance, music, and food, treasured and meaningful objects and possessions, values, beliefs and memories. We will preserve and make accessible our local cultural and historic heritage to enhance the wellbeing of local residents.

Resilient communities are capable of bouncing back from adverse situations. They do this by actively influencing and preparing for economic, social, and environmental change. We will work with partners to support society to avoid, prepare for, respond to, and recover from emergencies.

Our specific priorities and commitments to deliver this outcome are set out in the following pages. To deliver them, we will work closely with residents, VCSE organisations and partner services.

6.1 Diversity is celebrated and people feel welcome and included

Our Community Insight Survey finds that as of Quarter 1 2021/22 the vast majority of residents (92%) agree that their local area is a place where people from different backgrounds get on well together. However, this percentage represents a decrease from 96% in Quarter 2 2020/21. The rate of hate crime has also increased since the EU referendum and during the pandemic.

What will success look like?

- Increased community cohesion
- Better reporting and reduction in hate crime
- Council services are accessible and inclusive for all

Our Commitments

- Our Equalities strategy will focus on providing accessible services, promoting community cohesion and ensuring equity in employment opportunities
- We will sign up to the Race at Work Charter, The Disability Confident Scheme and the Stonewall Workforce Equalities Index
- We will provide guidance, training and support for all staff to address equalities issues
- We will organise and promote civic events throughout the county to celebrate our diverse communities
- We will support the Inter Faith Forum to promote greater understanding and awareness of religion, faith, and belief
- We will support the Leicestershire Equality Challenge Group to provide an independent challenge to our work to ensure service accessibility
- We will work with partners through the Leicestershire Safer Communities Strategy Board to tackle all forms of hate crime

6.2 People participate in service design and delivery

Our Community Survey suggests that 94% of residents are satisfied with their local area as a place to live. The majority of residents (57%) feel well informed about the Council and 67% state that they trust the Council. However, only 33% feel that they can influence Council decisions.

Neighbourhood Plans enable residents to develop a shared vision for local neighbourhoods and to shape the development and growth of local areas. There are now 125 active Neighbourhood Planning groups and there has been an increase in the number of Plans adopted, from 34 in 2019/20 to 38 in 2020/21. There are also 35 communities managing their local library, with many of these being community hubs which support the needs of local people.

What will success look like?

- Increase in the proportion of residents willing to work together and who feel that they can influence Council decisions
- Increase in the number of Neighbourhood Plans adopted

Our Commitments

- We will engage residents, service users and partners in the planning of services, through a variety of means
- We will sign the Consultation Institute's Charter and follow the best practice principles for consultation and engagement
- We will actively encourage community participation through the planning process, for instance through consultation on planning applications
- We will support Neighbourhood Plan development and provide timely and co-ordinated consultation responses from the Council
- We will continue to support Parish and Town Councils in their role as community leaders and providers of community managed services
- We will continue to support communities to plan and deliver devolved services, such as community-managed libraries and heritage sites

6.3 Communities are prepared for and resilient to emergencies

Leicestershire County Council aims to ensure that communities are ready for emergencies and prepared to respond. This can be supported through the development of Community Response Plans, which help communities to identify the skills, knowledge and resources that can be mustered to help those within the community who have been affected. There are currently 53 Community Response Plans across Leicestershire.

What will success look like?

- Increase in the number of active Community Response Plans

Our Commitments

- We will work with the Leicester, Leicestershire, and Rutland Resilience Partnership to prepare for, respond to and recover from emergencies
- We will support communities to develop Community Response Plans, so they are in a position to help themselves in exceptional circumstances
- We will provide advice and assistance to businesses and voluntary organisations to ensure effective business continuity management
- We will take action to support the resilience of the County to the existing and predicted changes in climate
- We will undertake the Lead Local Flood Authority statutory duties including reviewing Leicestershire's Local Flood Risk Management Strategy
- We will maintain our Resilient Highways Network, targeting works to ensure that traffic is kept moving despite disruptive events (e.g. severe weather)
- We will work with partners through the Signposting and Community Support Service to provide emergency short-term food and fuel support

6.4 Cultural and historical heritage are enjoyed and conserved

There was an 8% reduction in visits to heritage sites between 2018/19 and 2019/20. The pandemic has also had a significant impact on the county's museum and heritage sites and library services, with premises having closed during the restrictions. However, services have adapted through digital delivery including virtual museum tours, whilst libraries have seen an 89% increase in the number of e-loans from 2019/20-2020/21.

What will success look like?

- Increase in the number of Leicestershire residents and visitors engaging in cultural and heritage activities

Our Commitments

- Our libraries, heritage, country parks and adult learning programmes will promote wellbeing by providing free and accessible community facilities, exhibitions and parks and outdoor activities and offering a range of learning opportunities
- Our Audience Development Team will ensure that new audiences obtain the wellbeing benefits associated with cultural participation and support communities through the Cultural Communities Network to develop their own bespoke programmes of cultural events and activities
- Our Creative Learning Services will support schools with a wide range of resources, pupil sessions and professional help to stimulate reading for pleasure and creative learning across the curriculum
- Our Record Office will preserve and provide access to resources which can be used to research Leicestershire's history and culture
- Our Museums', Curatorial and Collections teams will maintain the County's natural history, artefacts, specimens, information and objects as well as the stories of the people who have made Leicestershire their home for thousands of years
- Through GoLearn! (Leicestershire Adult Learning Service), we will offer a wide range of online adult learning courses in venues across Leicestershire

6.5 People support each other through volunteering

As highlighted previously, there has been a surge in prospective and mobilised volunteers during the pandemic, which is reflected nationwide; 750,000 people registered to volunteer for the NHS Volunteer Responders scheme within four days of its launch in April 2020 and over 4,000 mutual aid groups formed. Locally, 1,077 volunteers were recruited to support vulnerable people at the beginning of the pandemic and a further 1,250 recruited to support vaccination. However, pre-pandemic there was a long-term downward trend in volunteer numbers and our latest Community Survey finds that 39% of resident respondents had given unpaid help in the last 12 months, suggesting that there may be scope to increase the rate of volunteering.

VCSE organisations have taken a leading role in ensuring the provision of support for vulnerable people throughout the pandemic, however they have faced significant financial pressures due to reduced income, the costs of making facilities Covid-19 secure and increases in demand.

What will success look like?

- There is a sustained increase in volunteering post-pandemic

- VCSE organisations remain financially viable and maintain service delivery

Our Commitments

- We will continue to provide communities with up-to-date information and advice to support and promote volunteering
- We will develop and maintain a volunteering offer across services such as libraries, museums and heritage, social care and environment and waste
- We will encourage Council employees to volunteer to develop their skills and experience, build links with communities and support local initiatives
- We will support volunteers to maintain their health and wellbeing
- We will support the growth and development of VCSE organisations by providing targeted grants and funding
- We will commission an ongoing programme of support for VCSE groups in areas such as governance, income generation, commissioning support, representation, and establishment

7. Improving Opportunities

This outcome aims to ensure that all children get the best start for life and have the opportunities they need to reach their potential, regardless of where they grow up, or the family circumstances they are born into. This reflects evidence that the first 1001 critical days of life (from pregnancy to age two years) have a significant influence on neurological brain development and lifelong outcomes for the child. We believe children are best supported to grow within their own families and as such the outcome also reflects the need to ensure families are resilient and self-sufficient. Further, it aims to ensure that disadvantaged adults, such as those with learning disabilities, autism and/or mental health conditions, are able to aim high and achieve their aspirations.

The impact of family and community disadvantage is felt before a child enters school and is likely to have a significant impact on their future educational attainment and life chances. Whilst the term 'disadvantage' is usually linked to a family's income, a wider definition incorporating the child's vulnerability in the context of their family or community is more useful. For example, children living in a home where there is domestic abuse, a parent has poor mental health and/or problematic usage of drugs or alcohol, are at greater risk of experiencing mental illness and engaging in harmful behaviours. We also know that children with special educational needs and/or disabilities may be disadvantaged.

A report from the Association for Young People's Health suggests that many of the risk factors for poorer outcomes amongst children and young people have been exacerbated by the pandemic, including financial hardship, poor emotional health and wellbeing and academic pressures. Young people already facing challenges in their lives (such as living in poverty, with a disability and/or in challenging family situations) seem to have been hardest hit.

Early education has the potential to drive social mobility and improve outcomes for the next generation. It is therefore essential that children arrive at school ready to learn. High quality care in the early years of a child's life supports better readiness for school, stronger cognitive skills and speech and language development. Investing in children's development in the early years leads to large payoffs for children, communities and the wider economy. It is estimated that individuals with five or more good GCSEs have average lifetime productivity gains of £100,000, compared to those with qualifications below this level.

Our services will be flexible and responsive to the needs of children and families, providing the right level of support at the right time. Wherever possible children's and families' needs will be met by universal services, however we will also invest in effective, targeted services that identify and support vulnerable families at an early stage. Supporting families requires effective collaboration between partner services. We will therefore work closely with partners, including through Leicestershire's Children and Families Partnership - a sub-group of Leicestershire's Health and Wellbeing Board which brings together local authorities, police, health, schools, probation and the voluntary sector - to help ensure children and young people reach their full potential.

7.1 Every child gets the best start in life

The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. These 1,001 days are a critical time for development, and we are committed to improving how we support families during the 1,001 critical days.

Leicestershire generally performs well in child and maternal health, with a lower rate of under-18 conceptions, smoking at the time of delivery and low birth weight babies than England. It also currently has a slightly higher percentage of children achieving a good level of development at age 5 than the national average, although performance on this measure has historically tended to be below comparators.

However, Leicestershire ranks in the worst 25% of county areas for the percentage of children achieving the expected level of development at age 2-2.5yrs. It also performs poorly in terms of the percentage of eligible 2 year olds taking up free early education in Leicestershire (an initiative focused on the most socio-economically deprived households) and the percentage of children eligible for free school meals who achieve a good level of development at age 5. There is also further work to do around maintaining breastfeeding rates after initiation across the County.

There are 2 tiers of support for children with special educational needs (SEND): 'SEN Support' and 'Education, Health and Care Plan' (EHCP). EHCPs are the higher level of support. In Leicestershire, the percentage of children with SEND who have an EHCP and achieve a good level of development by age 5 is significantly higher than national average. However, for children on SEN Support, performance is below the national average.

For the past 10 years in Leicestershire there has been a year-on-year increase in the rate of children who are looked after in our care. Locally, as of 2019, Looked After Children were working below age related expectations when they start school - 72% were below age related expectations for Personal, Social and Emotional Development and 78% were below in Communication, Language and Literacy.

What will success look like?

- Services working in more integrated and collaborative ways to support pre-school children and their families
- Increase in the proportion of young children achieving a good level of development at foundation stage

Our Commitments

Services working in more integrated and collaborative ways to support pre-school children and their families

- We will focus on strengthening collaboration between partners to improve early education, health and wellbeing outcomes for pre-school children
- We will work with partners across education, health and care to promote breastfeeding initiation and continuation
- We will develop an integrated Early Years Pathway to ensure that vulnerable children are identified and supported early
- We will develop an integrated communication strategy to promote the 1001 Critical Days Children's Manifesto
- We will join up how services for pre-school children and their families report on performance to support a coherent understanding of our progress and where we need to improve
- We will help to ensure staff across health, care and education are informed about the needs of children with SEND and available support

Increase in the proportion of children achieving a good level of development at foundation stage

- We will focus on narrowing the development gaps that affect children and families who are at the greatest disadvantage (e.g. those who live in poverty or have a poor home environment, have special educational needs and/or are in our care)
- We will support parents and families to build on their understanding of children's needs so that they are able to get their children off to a good start

- We will help families access free childcare and provide high-quality childcare and early education that is fully inclusive and accessible
- We will support all childcare providers to offer sufficient high-quality early education places
- We will protect and where possible strengthen the service provided by our Children and Family Wellbeing Centres
- We will provide greater clarity on what success looks like when children are ready for school and on how we can support schools to be ready

7.2 Every child has access to good quality education

As of 2018/19, Leicestershire had a higher proportion of primary and secondary schools rated either good or outstanding than the national average. The vast majority of children and families are offered their first preference of school placement. Leicestershire also has better overall educational attainment rates than the national average from key stages 1-4, although outcomes at A-Level are consistently below comparator levels.

Although children in our care have significantly poorer educational outcomes than their peers, Leicestershire performs well compared to other counties in this area. Additionally, educational attainment for children with SEND who have an EHCP is better in Leicestershire than the national average at all key stages except key stage 2. However, for children on SEN Support, educational attainment is consistently below comparator levels. Further, for children in receipt of free school meals, educational attainment rates at key stages 2 and 4 are consistently lower locally than the national average.

One of the key challenges in Leicestershire is a growing need for school places. Demand for EHCPs to support children with SEND has also increased significantly locally, at a rate higher than regionally or nationally. We recognise that the majority of children with SEND can and should have those needs supported in a mainstream setting at the SEN Support stage, without the need for an EHCP.

What will success look like?

- Sufficient, high quality mainstream school places and specialist SEND provision to meet growing demand
- Improved educational attainment amongst disadvantaged pupils (e.g. those in receipt of free school meals, with SEN and/or a disability)

Our Commitments

Sufficient, high quality mainstream school places and specialist SEND provision to meet growing demand

- We will work with partners to ensure that admissions arrangements promote diversity and choice and meet the needs of vulnerable groups
- We will ensure a sufficient supply of high-quality school places by monitoring capacity and extending or building new schools where required
- We will implement an ambitious sufficiency programme to develop SEND provision across the local area, including development of resources in pre-school settings and mainstream schools to promote inclusion and expansion of existing special schools

- We will maintain strong arrangements for the management of our assets, and strengthen our relationship with Academies, to ensure all school buildings (irrespective of their designation and funding arrangements) are fit for purpose

Improved educational attainment amongst disadvantaged pupils

- We will aim to help school pupils catch up with learning missed during the pandemic and continue to improve educational attainment
- We will focus on ensuring all children in our care access appropriate, stable education placements and positive educational experiences. Our Virtual School will ensure children in care and care leavers receive the best education possible and develop skills and knowledge for a successful future.
- We will work with partners through the SEND and Inclusion Board to ensure the culture of all mainstream schools and providers is inclusive and staff are well-equipped and supported to meet the learning needs of the vast majority of children, including those with SEND.
- We will work with further education colleges to develop opportunities for a more individualised learning experience for young people with SEND.
- We will focus on improving the quality of EHCPs and developing the EHCP process and Annual Reviews both within the local authority and between the local authority, clinical commissioning group and provider services
- We will ensure that when a child or young person needs move to a different educational provision or service, this is done in a timely manner with the appropriate information being made available so that needs are well understood

7.3 Families are self-sufficient and enabled to be resilient

Many families have emerging or complex needs which require support to enable their children to achieve good outcomes in life. To provide an effective response, we need to identify issues early, ensure joined-up working between services and work directly with families.

In 2019/20, Leicestershire County Council achieved its target for the number of families achieving significant and sustained progress through the Troubled Families programme, which aims to improve the lives and outcomes for England's most complex and 'troubled' families.

Disruption in family lives can lead to children missing education, with the impacts felt by children themselves, families and society. Leicestershire has low rates of children missing education. The number of elective home-educated (EHE) children has increased from approximately 150 six years ago to over 790 children which highlights the need to ensure families are well-equipped and supported to provide a suitable education.

Leicestershire has a high rate of children with SEND who have an EHCP and this has increased in recent years. As the majority of children with SEND can and should have those needs supported in a mainstream setting at the SEN Support stage without the need for an EHCP, this may suggest a need to develop the confidence and capacity of families to manage the needs of children with SEND.

What will success look like?

- Families are able to identify their own support networks and feel more able to deal with issues as they arise
- The Council continues to achieve its target for the number of families achieving significant and sustained progress

Our Commitments

- We will develop the Leicestershire Information and Support Directory and Local Offer to help families access information, guidance, and support
- We will support the delivery of Citizens Advice services and crisis and hardship support for people in need
- We will we work positively with parents and carers opting for EHE, offering a range of support to ensure that statutory duties are met
- We will work across the early help partnership to ensure all agencies are able to identify families who may require additional support at the earliest possible opportunity, and will work with partners to make sure families receive the best response to their needs
- We will continue to prioritise investment in preventative services to help to avoid the need for children to become looked after. We will ensure children who are at risk of family breakdown receive timely and, if necessary, intensive support to help them to remain living with their families
- We will develop our support to young people who encounter emotional difficulties or require other targeted early help support

7.4 Everyone is able to aim high and reach their full potential

Only 2% of children aged 16-17 in Leicestershire are not in Education, Employment or Training (NEET), below the national average (2.7%). The sub-groups we know are most likely to be NEET are care leavers, young carers, young offenders, young parents, and young people with learning and/or other disabilities. For example, the proportion of children with SEND who have an EHCP and are NEET at ages 16-17 is 9.4%; above the national average (8.9%).

The percentage of young people aged 19 with at least a level 2 qualification is consistently higher locally than the national average, however for those from poorer backgrounds who claimed free school meals during school, performance is consistently lower locally than the national average.

Leicestershire is in the best performing 25% comparators for the percentage of care leavers who are in education, employment, or training as well as for the percentage of care leavers who are living in suitable accommodation.

It is also in the best performing 25% comparators for the proportion of people aged 18-64 with a learning disability who are in paid employment and the proportion who are living in their own home or with their family. However, it is in the worst 25% of comparators for the proportion of those in contact with secondary mental health services who are in paid employment, and below the average amongst comparators for the proportion who are living independently.

What will success look like?

- Below national average rate of vulnerable young people (e.g. unaccompanied asylum-seeking children, those with SEN and/or disability, those who are from poorer backgrounds and/or care leavers) who are NEET
- Above national average rates of disadvantaged adults (e.g. those with learning disabilities, autism and/or mental health conditions) who are in paid employment and living independently

Our Commitments

Below national average rate of vulnerable young people who are NEET

- We will challenge schools in relation to statutory individualised careers guidance for vulnerable groups
- We will monitor the progress of learners beyond age 16 to ensure good progress and identify those at risk of becoming NEET in order to target them for additional support to participate in education or training and make positive and well-informed choices
- We will identify the interests and skills of children in our care and provide them with information and advice about educational and career options
- We will raise employers' awareness of the issues affecting care leavers to help ensure they offer the right support to care leaver employees
- Through our Teenagers with Babies Action Group, we will deliver actions to reduce NEET amongst Teenage parents, such as ensuring seamless support pathways and improving access to educational opportunities
- Our Youth Offending Team will provide young offenders with dedicated Education Worker and Careers Advisors to ensure they are actively engaged in education, training or employment and will advocate for them with schools, colleges, alternative providers, and employers
- We will expand the range of alternative providers for young offenders and others for whom formal educational placements are not suitable

Above national average rates of disadvantaged adults who are in paid employment and living independently

- We will maintain a person-centred process to support navigation through transition, from child to adulthood
- We will continue to offer engaging 'first steps' learning opportunities through our Adult Learning Service as a way of increasing participation for disadvantaged learners, and to prepare them for a more formal programme of learning
- We will work with all partners to promote and extend opportunities for supported employment for disadvantaged people
- We will support people to live in the least restrictive environments possible, by developing more supported accommodation, including 'step down' temporary accommodation, and exploring the benefits of single accommodation units with on-site shared support for adults with mental ill-health

8. Strong Economy, Transport and Infrastructure

This outcome aims to ensure that, using our local capabilities, innovations, and skills – we build a productive, inclusive and sustainable economy at the cutting edge of science, technology and engineering. It also reflects the need for our infrastructure to meet the demands of a growing population and economy, by providing great connections and sufficient employment space and housing of a range of types and tenure.

Our economy is primed for success. We have unrivalled assets such as a world-class university with one of the UK's largest science parks, a central location with the largest distribution park in Europe and the UK's 2nd largest freight airport. Our strong and growing manufacturing sector forms the backbone of our economy. Recently, the East Midlands Airport and Gateway Industrial Cluster sites in North West Leicestershire were selected for Freeport Status. This could provide a significant boost to manufacturing and logistics industries and create up to 60,000 additional jobs.

However, our economy faces significant challenges including lower productivity than the UK. This may be in part due to a lack of training, investment and innovation. Productivity helps businesses to grow more profitable and is a key determinant of the pay and living standards of residents.

The pandemic has also had a significant impact; leading to many jobs being classified as 'vulnerable' (particularly in hospitality, tourism, retail and manufacturing) and a contraction in job vacancies and hiring. This has impacted workers in low pay and/or insecure jobs the most and increased the risk of lower-skilled workers facing unemployment and job insecurity. Young people have been particularly affected by a reduction in entry level positions and apprenticeships. The capacity and capability of many businesses has also been significantly stretched in terms of their resilience and financial health, and rural areas have experienced disruptions to harvesting and demand for agricultural produce, as well as supply chain disruptions in the food and drink sector.

Pre-Covid, the Leicester and Leicestershire economy generated £24.5 billion in GVA, with 42,000 businesses and 538,000 jobs. Testament to its resilience and growth potential, we expect this to increase, despite the impacts of the pandemic, to £30.2 billion and 568,000 jobs by 2030.

The specific priorities and commitments for this outcome, outlined in the following pages, will enable the economy to recover from the Covid-19 pandemic and support long-term growth. To deliver them, we will continue to work in close partnership with public sector partners, businesses, and universities. We will focus on ensuring that people have the skills they need to access employment, as this will support a good quality of life and help businesses to grow. We will ensure that infrastructure provides excellent connectivity, enabling access to opportunities and opening up sites for development. As highlighted in the Clean, Green Outcome, we also need to ensure that economic growth and infrastructure development supports the transition to net zero carbon emissions.

8.1 There is close alignment between skill supply and demand

Manufacturing and logistics are the key employment sectors in Leicester and Leicestershire, and we aim to accelerate growth in these areas. However, we also want to increase employment in business and financial services, tourism and hospitality and creative design, as well as facilitate growth in life sciences, environmental/low carbon technologies and space and aerospace. Local skills needs will also be driven by the shortfall in overseas workers, caused by Covid-19 and the fall in EU workers. This is likely to have a significant impact on the social care sector, which has already been facing recruitment and retention

difficulties for many years. There will be a need to encourage life-long learning, and to improve skills attainment across all of these priority sectors.

Leicestershire performs well in terms of the percentage of working-age population qualified to Levels 2+ and 3+, and the percentage of residents qualified to NVQ Level 4+ is similar to the national average. It also has a good supply of graduates to the local labour market and a strong and improving further education sector which provides a wide range of vocational training to meet local employer needs. However, there are insufficient numbers of local young people choosing to pursue careers in Science, Technology, Engineering & Mathematics (STEM), which is critical for our growth sectors.

Leicestershire has lower levels of in-work training than comparators and employers are reporting a lack of skilled workers in key sectors which is impacting business performance. The Leicester and Leicestershire Enterprise Partnership (LLEP)'s survey of local businesses in 2021 found that 21% of businesses had recruitment difficulties, 60% required improvement in basic work-based skills and over a third in digital skills.

Leicestershire has a lower unemployment rate than the national average. However, the rate has increased locally during the pandemic; the rate of Job Seekers Allowance and Universal Credit claimants increased from 1.6% in March 2020 to 3.3% in June 2021. Young people are likely to be disadvantaged due to missing education, reduction in apprenticeship opportunities, a more competitive labour market and lack of workplace digital skills.

What will success look like?

- Improvement in population skills and reduction in the proportion of employers reporting skills shortages or gaps
- Increased opportunities in the labour market for young people and reduced unemployment and job insecurity

Our Commitments

Improvement in population skills and reduction in the proportion of employers reporting skills shortages

- We will work with partners through the LLEP to:
  - Capture and analyse labour market information to identify skills shortages and growth businesses
  - Support the Further Education sector to expand and improve their facilities, especially where there is a strong link to growth sectors
  - Develop Skills Plans for priority sectors to promote relevant job opportunities and help businesses meet their recruitment and skills needs
  - Create a Leicester and Leicestershire Digital Skills Partnership to address digital skills deficiencies in the workplace and wider society
  - Focus on embedding employability skills so that individuals are well-prepared for employment and attractive to employers
  - Provide flexible leadership and management skills development programmes
  - Promote enterprise skills programmes to help people think about self-employment and support start-ups and existing businesses

Increased opportunities in the labour market for young people and reduced unemployment and job insecurity

- We will provide information, advice, and guidance on the labour market to parents, teachers and young people and promote STEM careers
- We will work with partners to identify pathways into employment and support youth engagement in emerging, productive, and buoyant sectors
- We will work with partners to continue provision of youth, employment, and career services such as Careers Hub and Youth Employment Hub
- We will work with partners to support the graduate careers and retention initiatives of local universities and to incorporate graduate skills into enterprise support, innovation, and growth initiatives
- We will work with partners to produce an Apprenticeship Action Plan to address the decline in apprenticeships due to Covid-19
- Our Kickstart scheme will provide employment placements for young people aged 16-24 at risk of becoming long-term unemployed
- We will work with local authorities, businesses, and education providers to support Leicestershire people back into employment following the Covid-19 crisis through re-training/job matching and stimulating entrepreneurialism
- Our Work + scheme will provide free one-to-one support, advice and information to people looking for secure paid employment or training

8.2 Leicestershire has the infrastructure for sustainable growth

We need our infrastructure to support continuous economic growth, whilst helping to tackle the climate emergency. There is a need to develop and promote sustainable forms of transport and decarbonise road transport.

Leicestershire's population is projected to rise to 860,618 by 2043 – an increase of 23% from 2018. Leicester and Leicestershire's Strategic Growth Plan identifies the need for 96,580 more homes by 2031 and a further 90,500 dwellings from 2031-50. Just under 200,000 new homes are therefore set to be built by 2050. These will need to be supported by new roads, schools, transport, and other infrastructure – estimated to cost £600m over the next 25 years.

The Strategic Growth Plan also identifies the need for an additional 367-423 hectares of land for employment use by 2031. Since 2010, there has been a transformation of the provision of world class business locations and premises in Leicester and Leicestershire; brand new Grade A office, technology and manufacturing premises accommodate 5,000 high-technology jobs. There is a need to continuously explore how existing employment areas can be supported and where new growth should be directed.

Road networks in Leicestershire are in fair condition with a relatively low percentage of roads requiring consideration of structural maintenance, although the percentage is higher for unclassified roads. However, unreliable journey times and congestion on local roads in county towns and on parts of the strategic road network (M1 Junctions) are a frequent complaint. Further, the predominantly rural nature of the county presents viability challenges for medium and long-distance public transport, which in turn means that it can be difficult to identify opportunities to travel by sustainable modes. Where mid or long-distance bus and rail opportunities exist, they may be infrequent, with long journey times, and stops located at potentially inconvenient locations.

In terms of digital infrastructure, the pandemic has accelerated the pace of digital transformation of businesses and public services, with employers expecting digital skills to become increasingly important.

Whilst this has created opportunities for enhanced business efficiency, productivity and resilience, it has also exposed the 'digital divide' in society with residents unable to afford and/or use digital devices, rural areas lacking access to high speed broadband or 4G or 5G services and independent retailers in our Towns and Rural areas struggling to sell on-line or advertise themselves by social media.

What will success look like?

- Infrastructure capacity and capability supports growth, whilst supporting net zero carbon emissions
- Sufficient employment sites and premises for growth

Our Commitments

Infrastructure capacity and capability supports growth, whilst supporting net zero carbon emissions

- Through our Corporate Asset Investment Fund, we own and manage a diverse portfolio of property and other investment assets. We will use this to support growth in the county and ensure there is a diverse range of properties and land assets available to meet the aims of economic development
- We will continue to provide safe, suitably maintained highways that support and encourage new housing development and economic growth and employ a flexible approach to reviewing, amending, and developing the network to reflect changing travel demand and traffic patterns
- We will maximise opportunities from technological innovations; utilising evidence gathered on the Major Road Network and from key radial routes to support end to end journey planning and better traffic management
- We will continue to press Government for long-term funding streams to help us maintain our highway assets and support passenger transport services
- We will work in partnership with local bus operators to promote and champion the provision of affordable, frequent, and high-quality passenger transport services and support with the recovery of the passenger transport market following the Covid-19 pandemic by identifying opportunities to provide access to essential services in the most cost effective and efficient way
- We will engage with the freight and logistics sector, to better understand the needs of the sector and ensure that schemes are developed which support the efficient movement of freight into, around, and out of Leicestershire
- We will work with partners through Midlands Connect to invest in strategic road and rail improvements to reduce congestion, improve journey times and support housing growth (e.g. Midlands Rail Hub proposal - rail infrastructure improvements to provide better rail links across the Midlands)
- We will continue engaging with HS2 Ltd to ensure that Leicester and Leicestershire's interests are protected and/or advanced throughout construction
- We will encourage and support active and sustainable travel options, where appropriate, by learning from best practice and encouraging the uptake and use of electric vehicles and micro-mobility as appropriate, including through provision of infrastructure
- We will work with partners through the LLEP to improve digital connectivity through broadband, Wi-Fi and 5G connectivity in rural blackspots and will define and implementing the Council's first digital connectivity strategy

Sufficient employment sites and premises for growth

- We will work with partners to renew existing employment sites and premises where there is demand
- We will work with partners to maintain confidence and momentum of development of strategic sites and the Freeport

8.3 Leicestershire is an attractive place where businesses flourish

The Leicestershire economy is dominated by small businesses - with 89.2% of businesses micro-sized (employing 9 or fewer people). Building on the support from our growth hub and successful partnership initiatives, we can continue the substantial progress made in the last 10 years, as evidenced by the growth in number of businesses (+18% between 2014 and 2019) and improvements in start-up and survival rates.

However, productivity rates are lower locally than the national average. Investment in research and development (R&D) is a key driver of innovation and productivity growth. Investment in R&D in Leicestershire has however been consistently below the national average; In 2016 R&D expenditure was equivalent to 1.5% GVA for Leicestershire, Rutland, and Northamptonshire – below the UK average (1.7%), and government target of 3% in the longer-term. This highlights the need to increase investment and activity in R&D and innovation and to lever existing R&D capabilities from our leading corporations.

Leicester and Leicestershire is a prime location for international businesses – with 18% of all businesses exporting overseas in 2020, and 83% of exporters selling to markets in the EU. Over the next 10 years, businesses must adapt to the new challenges and opportunities posed by Covid-19 and EU-Exit, as illustrated by the value of goods exported from the UK declining by 16% throughout 2020 – the largest drop since comparable records began.

What will success look like?

- Growth and expansion of existing innovation and R&D strengths
- Further increase in business density; particularly in growth sectors and knowledge-based businesses

Our Commitments

Growth and expansion of existing innovation and R&D strengths

- We will work with partners through the LLEP Innovation Board to drive forward accelerated innovation priorities
- We will work with partners to ensure the R&D sector has sufficient skills, capabilities and support to retain and attract new R&D programmes
- We will support R&D funding bids, innovation and knowledge transfer initiatives and increase public and private investment in R&D and innovation
- We will work with partners to increase opportunities for collaboration, knowledge exchange, pooling of resources, and applied problem solving
- We will support development of business and university networks to promote technology adoption and digital transformation
- We will work with businesses to improve the culture of innovation and awareness of the business performance benefits

Further increase in business density; particularly in growth sectors and knowledge-based businesses

- We will continue to support the key growth sectors of life sciences, space and earth observation, sports and sport science, advanced engineering, ICT, food and drink, logistics and professional and financial services – as well as the locally important sectors of agriculture, textiles, creative and cultural, construction, tourism and the visitor economy, and the voluntary and non-profit sectors
- We will work with partners to encourage and support international business expansion, including in the Freeport site
- We will develop and implement the Freeport strategy and SME support for exporting, identifying key sectors and opportunities
- We will continue to provide advice and support to businesses to assist recovery from Covid-19 and adaptation to the new EU trading relationships

8.4 Economic growth delivers increased prosperity for all

We aim for local economic growth to advance equality by creating opportunities for all, and for the benefits of increased prosperity to be distributed fairly.

Leicestershire is not deprived overall; the county is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation, where 1st is the most deprived. However, pockets of significant deprivation exist; four neighbourhoods in the county fall within the most deprived decile in England.

There is a lower number of children living in poverty locally than the average amongst county authorities and a lower percentage of children in secondary schools receiving free school meals. However, the percentage is higher than comparators for nursery and primary school children. Further, Gross Disposable Household Income (GDHI) is lower locally than average amongst county authorities.

Leicestershire has a low rate of households assessed as being at risk of homelessness, ranking in the best performing 25% comparators. However, financial pressures on residents are likely to increase as government Covid-19 support measures end. Local survey data suggests that over half of residents are worried about the economic wellbeing of their friends and family and significantly more are worried about their own economic well-being.

What will success look like?

- Growth in Gross Value Added (GVA) corresponds with an increase in GDHI and a reduction in the percentage of children receiving free school meals

Our Commitments

- We will focus on supporting inclusive economic growth in the disadvantaged areas and groups of Leicestershire
- Our Work + scheme will provide free one-to-one support, advice and information to people looking for secure paid employment or training

8.5 Leicestershire has the right homes in the right places to meet needs

Housing is generally an area of good performance, as Leicestershire ranks in the best performing 25% of comparators for the rates of new houses and affordable houses built. However, expensive house prices in rural areas puts housing out of reach for many and Leicestershire has a high rate of local authority owned homes which are 'non-decent' (an issue in Charnwood, Hinckley and Bosworth, North West Leicestershire and Melton). As highlighted, there is a need for 187,096 new houses by 2050, with 96,580 of those required by 2031. These will need to be low carbon developments and include affordable housing. The number of older people living in Leicestershire is also forecast to increase significantly, and many will require specialist accommodation.

What will success look like?

- Leicestershire is on track to deliver the 187,096 new dwellings required by 2050

Our Commitments

- We will work with developers, landowners, and statutory agencies to remove the barriers to development
- We will focus development in major strategic locations to reduce the amount that takes place in existing towns, villages, and rural areas. This will allow us to plan for new housing and employment with new and improved roads, public transport, schools, health services, shops, and open space
- We will explore ways to secure financial contributions through development to support essential infrastructure (e.g. highway capacity, schools etc)
- Through the Leicestershire Rural Housing Group, we will guide work to assess and meet the housing needs of people in the villages of Leicestershire
- We will work with partners and developers to help ensure all housing developments are low carbon and enhance biodiversity
- We will develop further the Social Care Investment Plan to secure suitable accommodation choices for social care service users

9. Keeping People Safe and Well

This outcome aims to ensure the people of Leicestershire live in a healthy environment and have the opportunities and support they need to take control of their health and wellbeing. It also aims to ensure people are safe and protected from harm.

Health and wellbeing is an asset to individuals, communities and wider society. Good mental and physical health is a basic precondition for people to take an active role in family, community, and work life. However, these benefits are undermined by health inequalities. Those living in the most disadvantaged areas often have poorer health outcomes, as do some ethnic minority groups and vulnerable people. Health inequalities have been further exposed by Covid-19 as it has taken a disproportionate toll on groups already facing the worst health outcomes.

Health inequalities are driven by factors beyond age, gender, genetics, lifestyle, social and community networks, socio-economic, cultural and environmental factors. The Council has influence and responsibility over some of these 'wider determinants of health' such as education, housing, transport, culture and clean air. It also fosters economic opportunity which is reflected in the supply and quality of jobs in the local area. Further, it empowers people to help themselves and each other, for example through volunteering and local initiatives.

We will work with partners through Leicestershire's Health and Wellbeing Board to improve the health and wellbeing of children and adults and reduce health inequalities. This will include addressing the wider determinants of health, with a focus on breaking down intergenerational cycles of deprivation and poor health outcomes. We will ensure that everyone has access to information and advice which supports their wellbeing and enables them to think ahead and plan for their future. We will promote wellbeing by building upon peoples' strengths and community assets. We will identify people who may be at risk of needing social care support in the future and help them to gain or regain the skills to live independently. We will also enable those requiring further support to take control of their health and wellbeing and to live active, independent, and fulfilling lives through easy access to effective, personalised care.

To help keep people safe, we will work with partners through Leicestershire's Safer Communities Board to strengthen links between work-streams being undertaken to reduce crime and disorder within communities. We will also fulfil our statutory duties to safeguard vulnerable children and adults who have experienced, or may be at risk of experiencing, abuse, or neglect. This will include work with partners through the Leicestershire and Rutland Safeguarding Adults' Board and Safeguarding Children's Partnership to coordinate and continuously review and improve safeguarding practices.

9.1 People are safe in their daily lives

Total crime levels are relatively low in Leicestershire compared to other areas and have reduced in recent years. The number of people killed or seriously injured on the County's roads is also low and public satisfaction with road safety is high. Leicestershire also has low rates of youth offending.

However, during 2020/21 there were significant increases in: hate crime (+32%); sexual offences (+32%); drug offences (+24%) and violence with injury (+13%). There was also an increase in reported anti-social behaviour across the County during 2020/21. There has been a reduction in the percentage of residents who feel safe when outside in their local area after dark, from 88% in 2019/20 to 79% in 2020/21. A survey by the Leicestershire Police and Crime Commissioner found that respondents tended to attribute this to a lack of street lighting and the proximity of anti-social behaviour and crime.

From 2018/19 to 2020/21, there has been a year-on-year reduction in the number of referrals to child safeguarding for child sexual exploitation. However, the rate of referrals for child criminal exploitation has

however increased slightly from 140 in 2019/20 to 145 in 2020/21. There is a risk that child criminal exploitation and violence related to young people may increase or become more visible during Covid-19 recovery.

What will success look like?

- Less crime and fear of crime and increase in the percentage of residents who feel safe when outside in their local area after dark
- Fewer children and young people involved in and impacted by criminal behaviour

Our Commitments

Less crime and fear of crime and increase in the percentage of residents who feel safe when outside in their local area after dark

- We will work with Police and other agencies to ensure anti-social behaviour is dealt with swiftly and effectively
- We will work with partners to raise awareness of and tackle all forms of hate crime in which people are targeted based on their personal characteristics
- We will help to reduce the prevalence of modern slavery and trafficking by ensuring our suppliers adhere to the highest standards of ethics and working with the Leicester, Leicestershire, and Rutland Modern Slavery Action Group to raise awareness, disrupt crimes and safeguard victims
- We will work closely with partners and communities through the Violence Reduction Unit to prevent serious violence
- We will work with partners to raise awareness of and tackle scammers and rogue traders who exploit vulnerable consumers
- We will enforce standards related to food and product safety

Fewer children and young people involved in and impacted by criminal behaviour

- We will deliver a robust, whole-family approach to prevent children and young people from engaging in criminal behaviour
- We will work with partners to provide safe spaces for children and young people to play, without the risk of being groomed into criminal exploitation
- We will deliver preventative street-based work with young people targeted in areas with high levels of anti-social behaviour
- We will identify and address the exploitation of children and young people and provide care and support to those affected

9.2 People at the most risk are protected from harm

There is an upward trend in demand for child safeguarding, with an increase in the rate of Section 47 enquiries (initiated to decide whether action should be taken to safeguard a child suspected to be suffering or at risk of suffering harm) and children on child protection plans. The rate of children looked after by the local authority has also increased year-on-year for the past 10 years.

Whilst the rate of reported domestic abuse-related incidents remains below the national average, it has increased in Leicestershire from 21.1 per 1,000 population in 2017/18 to 23.1 in 2019/20 and during

2020/21 there was a 20% rise in Domestic Violence with Injury and a rise in psychological abuse. Domestic abuse has also been a more prominent feature in child safeguarding cases during the last year.

What will success look like?

- Safeguarding approaches are effective in recovery from Covid-19 and informed by learning from the pandemic
- Vulnerable people are identified and protected from harm and abuse

Our Commitments

Safeguarding approaches are effective in recovery from Covid-19 and informed by learning from the pandemic

- We will focus on identifying and responding to hidden harm (e.g. self-neglect, mental ill-health and/or learning disabilities, domestic abuse)
- We will support care homes with Infection Control, vaccination, and Personal Protective Equipment support to minimise Covid-19 outbreaks
- We will risk assess and quality assure care providers to ensure services are safe and protect vulnerable children and adults
- We will work with partners to review the response to and forward implications of Covid-19 and recovery work regarding safeguarding

Vulnerable people are identified and protected from harm and abuse

- We will improve how we work with families to safeguard babies by ensuring robust procedures are in place and raising awareness of risk factors
- We will develop a communications strategy to support partners to deliver universal safety messages to children and young people
- We will work with partners to develop joint responses to risk including child sexual exploitation, domestic abuse, gangs, missing from home
- We will focus on combatting sexual violence and domestic abuse by developing a Domestic Abuse Strategy, protecting all survivors and their families in safe and appropriate accommodation and improving our understanding of perpetrators and how to respond to them
- We will develop trauma-informed practices and offer direct work to support children to recover from Adverse Childhood Experiences
- We will ensure that work with young people to reduce risk and vulnerability assists prevention of adult safeguarding need
- We will work with communities to prevent people becoming victims and ensure they know how to seek help and have the confidence to do so
- We will develop understanding of equality and diversity issues and the impact on access to safeguarding services
- We will review and change systems to ensure that the new Liberty Protection Safeguards Legislation and codes of practice are in place

9.3 People enjoy long lives in good health

The health of people in Leicestershire is generally better than the England average, as it is one of the 20% least deprived counties in England. Life expectancy for both men and women is higher in Leicestershire than the England average. However, healthy life expectancy (an estimate of how many years people might live in a 'healthy' state) is only marginally higher than the national average and there are significant health inequalities in the county, as life expectancy is 6.3 years lower for men and 5.0 years lower for women in the most deprived areas of Leicestershire than in the least deprived areas.

As highlighted, health outcomes are influenced by a range of social, economic and environmental factors, known as the 'wider determinants of health'. Air pollution, particularly fine particulate matter (PM2.5), is a significant health hazard. PM2.5 is the 3rd leading cause of preventable deaths in Leicestershire.

Additionally, two thirds of adults, and one third of children in year 6, are either overweight or obese. This increases their risk of having long-term conditions like type 2 diabetes and reduces expected lifespan. There has also been a rise in adults classified as physically inactive from 19.5% in 2018/19 to 21.9% in 2019/20. Whilst these figures are similar to the national average, some areas of the county have higher rates of overweight/obesity and physical inactivity than England. Physical inactivity has also been exacerbated by the pandemic, with the deconditioning of the population during lockdown restrictions.

In terms of mental health and wellbeing, Leicestershire has a high rate of people reporting a low happiness score and a high rate reporting a high anxiety score. Although there is a low rate of suicides in Leicestershire compared to other counties, the county has a high rate of excess deaths amongst those aged under 75 with a severe mental illness. These excess deaths are explained not only by suicides and accidents but also physical illnesses; studies show that that all-cause mortality in people with severe mental illness is 2 to 3.5 times higher than in the general population. There has also been a significant increase in the number of cases referred to adult social care mental health teams during the pandemic, which has also occurred across the country. Surveys and cases also suggest that ongoing Covid-19 restrictions are having an impact on mental health of children and young people.

What will success look like?

- Improved healthy life expectancy and reduced health inequalities
- Increased proportion of residents with a healthy weight
- Improved mental wellbeing and reduced prevalence of mental ill health

Our Commitments

Improved healthy life expectancy and reduced health inequalities

- We will focus on breaking down intergenerational cycles of deprivation and poor health, promoting new ways of working to tackle disadvantages
- Through Healthy Together 0-19 we will provide Health Visiting and School Nursing to support the health and wellbeing of children and young people
- We will provide information and advice to enable people to access services, facilities and resources which contribute towards wellbeing
- We will deliver a wider determinants programme of work to address the range of social, economic and environmental factors which influence health outcomes, thereby improving health and reducing health inequalities. This will include for example our work with partners to improve air quality.

- We will embed a Health Equity in All Policies approach to ensure policy decisions help to improve health outcomes and reduce health inequalities
- We will identify those at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing

Increased proportion of residents with a healthy weight

- We will provide weight management support and guidance to residents, so that they can achieve and maintain a healthy weight
- We will work with partners through Active Together (Leicestershire and Rutland Sport) to support people to get and stay active; ensure physical activity and sport facilities are high quality and accessible and promote the county as a premier location for sport businesses
- We will work with partners in a 'whole-system' approach to deliver the Healthy Weight Strategy; creating an environment which facilitates healthy choices and supports individuals to be physically active and maintain healthy weight

Improved mental wellbeing and reduced proportion of residents experiencing mental ill health

- We will promote positive mental health and improve awareness of risk factors for poor mental health to increase resilience
- We will learn from and sustain the excellent customer satisfaction with our cultural, wellbeing and adult learning services; promoting and facilitating access to our libraries, museums and learning centres to promote the wellbeing of residents and their communities
- We will implement Making Every Contact Count Plus to make the most of opportunities to support peoples' wellbeing
- We will work with partners to improve access to mental health services for all ages to promote recovery and independence
- We will work with partners to ensure the early detection and treatment of child mental health and wellbeing needs

9.4 Carers and people with care needs are supported to live active, independent, and fulfilling lives

Leicestershire's reablement services effectively support those with physical or mental health needs to maintain or regain their independence and avoid unnecessary admissions to hospital or residential care; In 2020/21 Leicestershire ranked in the best 25% of comparators for reablement outcomes. Additionally, Leicestershire has low rates of adults aged either 18-64 or 65+ being permanently admitted into residential or nursing care. This is important because residential care is an expensive resource for individuals and the local authority and research suggests that people tend to prefer alternative options.

Leicestershire also has a high proportion of people with social care needs who are in receipt of a direct payment or personal budget; enabling people to access personalised care and support by choosing provision which is suitable to meeting their outcomes.

However, there is a need for improvement in the proportion of people who find it easy to access information about adult social care services and in the quality of life and overall satisfaction of those who receive care and support. In 2019/20, Leicestershire also ranked in the worst 25% comparators for the proportion of adult service users who felt safe or that they had control over their daily lives. The level of

social contact in the daily lives of carers and users of social services also remains comparatively low and an area for improvement, something which the Covid-9 crisis has made worse.

As mentioned, the number of older people, and those living with dementia and/or mobility problems, is forecast to increase significantly. Some will require housing adaptions to meet their changing needs and others will need more specialist accommodation or support.

What will success look like?

- Increase in the proportion of people who find it easy to access information and advice about adult social care services
- Improvements in the experiences of those who receive adult social care and support
- Carers are recognised, valued, and supported to undertake their caring role, whilst maintaining their own health and wellbeing

Our Commitments

Increase in the proportion of people who find it easy to access information and advice about adult social care services

- We will improve access to information and advice through our digital plans including the directory of services and First Contact Plus
- We will work closely with partners to take a more proactive approach to providing advice and information relating to housing, including development of social prescribing and empowering frontline staff to encourage people to take responsibility for their housing needs
- We will continue to provide good quality information, advice, and guidance for those living with dementia and their informal carers

Improvements in the experiences of those who receive adult social care and support

- We will implement activities identified through research with our customers to improve satisfaction with our adult social care services
- We will work with partners to deliver integrated services at the point of delivery with seamless transitions between health and social care
- We will provide effective crisis response, reablement services, equipment, and technology to enable people to be self-reliant
- We will review progress on the Living Well with Dementia Strategy 2019-22 and co-produce a new strategy and action plan with our partners
- We will continue to ensure care services and support procured by the Council provide a good supply and quality of dementia care
- We will explore solutions to transport issues, enabling older people to remain active and independent and connected to community
- We will support people in receipt of direct payments and Personal Assistants to choose the provision suitable to meeting their outcomes
- We will develop further the Social Care Investment Plan to secure suitable accommodation choices for social care service users

- We will work with providers of services to maximise peoples' opportunities for independence, health, and wellbeing

Carers are recognised, valued, and supported to undertake their caring role, whilst maintaining their own health and wellbeing

- We will work with partners to identify carers and ensure they are signposted, if required, to relevant information and services
- We will ensure accurate advice, information and guidance is available to assist carers to navigate health and social care services
- We will listen and involve carers in the development of services that enable them to continue to provide their caring role
- We will develop carer-friendly communities by awareness-raising within existing community groups
- We will promote health checks for carers to help them to maintain their own physical and mental health and wellbeing
- We will work with housing and other organisations to ensure carers can access technology, equipment, or adaptations
- We will ensure carers have access to assessments which will determine if social care services have a statutory duty to assist them

10. Enabling Services

Delivery of this Plan is dependent on a wide range of 'back-office' services such as Finance, IT, HR, Legal, Communications, Property Services, Strategy and Business Intelligence, Democratic Services and Business Support. These organisation-wide functions support frontline services by providing business support based on specialised knowledge, best practice and technology. They also support good governance, ensuring that:

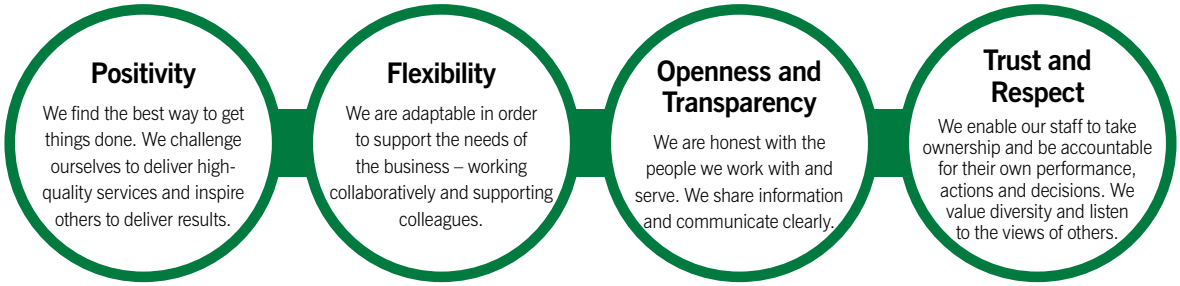
- Resources are directed in accordance with agreed policy and according to priorities
- There is sound and inclusive decision making
- There is clear accountability for the use of those resources

Good governance is about ensuring the Council is doing the right things, in the right way and for the benefit of the communities it serves. It leads to high standards of management, strong performance, effective use of resources and positive outcomes. The diagram to the right illustrates the core principles of good governance which the Council is committed to and how they relate to each other: Principles A and B permeate implementation of principles C to G.

Back-office services have a key role in ensuring that the Council adheres to these principles and achieves positive outcomes for service users. For example, Strategy and Business Intelligence support principle C by assisting decision-makers in defining the Council's overall vision and outcomes. Additionally, Finance support Principle F by enforcing financial discipline, strategic resource allocation and efficient service delivery.

10.1 Leicestershire County Council Values and Behaviours

Good governance flows from shared values and culture. Our values, set out below, underpin everything we do and describe how we will deliver this Plan.



11. Monitoring Outcome Delivery

Council officers will oversee delivery of this Plan through Outcome Boards which will meet on a quarterly basis. These will ensure that the Council maintains focus on achieving the outcomes throughout service planning and delivery and that the aims of this Plan are reflected in all relevant supporting strategies.

The Council's Scrutiny Committees will receive quarterly reports on progress in delivering the outcomes in this Plan and our Annual Performance and Benchmarking Reports will provide a summary of progress each year.

Progress in delivering the outcomes will also be monitored internally by the Outcome Boards through updates on delivery of key activities supporting outcome delivery along with reviews of Leicestershire's performance on the Performance Indicators set out in Appendix A. Updates on outcome delivery and performance will be shared with our Corporate Management Team, led by the Chief Executive, to inform strategic decision-making and resource allocation.

12. Medium Term Financial Strategy

The Council's Medium Term Financial Strategy (MTFS) provides information on its financial planning over a four year period. Our latest Strategy, covering 2021-25, focuses on protecting frontline services and weathering the coronavirus crisis. The MTFS, along with other plans and strategies such as the Strategic Change Portfolio, aligns with and underpins the Strategic Plan.

The Council continues to operate in an extremely challenging financial environment following a decade of austerity and spending pressures, particularly from social care. The position has also been severely affected by Covid-19 and the ongoing financial impacts of the pandemic are unclear. There is also significant uncertainty and risk around future funding levels.

What will success look like?

- A credible 4-year financial plan to deliver at least 2-years of balanced budget followed by 2-years with a financial gap that is at a manageable level
- A financial plan that reflects the council's key priorities
- Delivery of planned savings and active pipeline of new initiatives
- Sustainable level of service growth, particularly in social care
- SEND capital and revenue costs contained within designated external funding streams
- Capital programme that balances support for the Council's priorities with financial sustainability
- Balance-sheet that supports the Council's resilience to financial shocks
- Above 'normal' share of eligible funding schemes secured and sufficient developer contributions towards the cost of local infrastructure
- Progress on Fair Funding to increase Leicestershire's share of national funding

Our Commitments

- We will raise awareness inside and outside of the Council of our financial position and the challenges faced
- We will maintain transparency around our savings proposals
- We will target efficiency savings and new income generation before service reductions
- We will ensure regular updating of assumptions to support the efficient flow of resources to Council priorities
- We will promote a culture of forward planning to ensure there is time for corrective action
- We will embed financial discipline in decision making to increase value for money assurance for Council Taxpayers
- Through our Corporate Asset Investment Fund, we will continue to invest in commercial schemes which support the Council's budget

13. Strategic Change Portfolio

The Council has long held an internal approach to transformation that ensures we respond effectively to national and local drivers of change, including the need to transform local services whilst seeking to maintain or improve outcomes. The Council's Strategic Change Portfolio (SCP) brings together the collective response to these drivers of change, delivered through four primary programmes:

- Sustainable Finances
- Customer & Digital
- Carbon Reduction
- Ways of Working

Overseen by the Council's Transformation Delivery Board, and managed through Departmental Change and Programme Boards, the SCP contains key targets and deliverables for each programme as described below.

13.1 Sustainable Finances Programme

The savings requirements contained within the Council's annually refreshed Medium Term Financial Strategy remain a central driver for the Council's change portfolio. However, the scale of the financial and transformation challenge is increasing, with the simple changes having been made and the straightforward savings long-since delivered. What remains is complex change, often involving multiple partners and many risks.

The body of work contained within the portfolio, refreshed annually, currently represents future savings targets in excess of £48m, including £21m for SEND.

13.2 Customer & Digital Programme

The Covid-19 pandemic has changed customer expectations of how our services should be delivered and the need for more immediate access to information and support via a broader range of channels is greater than ever before. In response to the changing needs of our citizens we will focus on developing and delivering against an improved, council-wide customer and channel strategy which supports the delivery of modern and effective services in the most efficient and sustainable way. By promoting innovative, digital ways of working, we will seek to shape the Council's interaction with its customers as part of our digital revolution and to enable improved customer journeys leading to an enhanced customer experience and faster, first time resolution of customer needs.

By 2024...

- Innovation will be our business as usual
- Automation and digital will have improved services and reduced cost
- Customer journeys for staff and residents will be simple

What will success look like?

- Customers directed to the right channel, at the right time, in the most efficient way
- Our customer channels maximise citizen value whilst reducing the cost of service
- A whole system approach is taken to designing our customer journey and back office processes

Our Commitments

Customers directed to the right channel, at the right time, in the most efficient way

- We will further develop our Customer and Digital strategies to shape our delivery of services
- We will increase our customer understanding and actively involve our customers to inform our channel development
- Through engagement with groups such as the Leicestershire Equalities Challenge Group, we will continuously seek to understand and mitigate the impact of digitalisation and channel development on those with protected characteristics, to ensure services remain accessible to all
- We will improve our front-end communications interfaces to support the routing of customer enquiries to the right channel at the right time
- We will deliver a new target operating model for our Customer Service Centre
- We will support high-quality, consistent customer experience council-wide
- We will enhance the customer experience through improved digital services

Our customer channels maximise citizen value whilst reducing the cost of service

- We will increase the amount of automation for repetitive, low value activities and integrations
- We will increase customer adoption of improved digital solutions driving a cultural shift to “digital by choice”
- We will improve our ability to resolve queries on first contact using the optimal channel
- We will identify opportunities to reduce the cost of service provision through more effective deployment of resources and/or efficiency savings

A whole system approach is taken to designing our customer journey and back-office processes

- We will work jointly with departments to develop and deliver improved customer journeys
- We will improve our contact and system data to inform continuous improvement activity
- We will seek to exploit emerging technologies and system integration where possible to enable more streamlined end-to-end working

13.3 Carbon Reduction Programme

The Carbon Reduction Programme aims to achieve net zero carbon from the Council’s own operations by 2030, with an interim target of 64% reduction in greenhouse gas emissions by 2025 (compared to 2016/17 emissions)

The Council’s emissions are set out in our annual Greenhouse Gas Emissions Report (GHG) and expressed in a standard measure of tonnes of carbon dioxide equivalent (CO2e) in line with national guidance which follows the international Greenhouse Gas Protocol Corporate Accounting and Reporting Standard. Existing

efforts and future opportunities to reduce our carbon emissions from internal operations were documented, resulting in the development of a draft roadmap to net-zero emissions by 2030.

The Council is in a good position in comparison to many other authorities due to the quantity and quality of data we have in relation to our emissions and our historic efforts to reduce emissions which date back as far as 2008/09 Overall, in 2019/20, the council had reduced its greenhouse gas emissions from its own operations by 67% to 11, 663 tCO2e compared to 35, 778 tCO2e 2008/09.

The impact of Covid-19 has been seen most significantly in business mileage and to a lesser degree in emissions from our estates, and an emerging objective is to look to retain as much of these carbon reductions as possible, primarily through close engagement with our Ways of Working Programme. Even before the impacts of Covid-19 on carbon emissions are considered, Leicestershire County Council is ahead of target in the delivery of net-zero emissions by 2030.

As highlighted, the recognition of the climate and biodiversity emergencies mean that there is increased local, national and international policy commitments to address the issues. This has led to increasing opportunities to secure external funding and investment. The most recent success has been in our bid for decarbonisation funding, securing £3.6m towards works on our key buildings, including expansion of the biomass heating system across County Hall.

However, meeting the ambitious net-zero 2030 target remains a significant challenge, particularly in light of the challenging financial position of the council and demands on staff resources There is also the risk that national legislation or local policies change, impacting on our baseline or possible solutions to decarbonise our operations.

What will success look like?

- Net-zero carbon emissions from the Council's own operations by 2030, with an interim 64% reduction by 2025
- Leicestershire County Council is a climate active organisation – carbon reduction and adapting to climate change are included in decision making

Our Commitments

- We will complete an assessment of the cost and technology implications of achieving net zero carbon by 2030 for the council
- We will produce a Net Zero Carbon 2030 Plan for the council
- We will reduce our demand for energy, increase our use and generation of clean energy
- We will explore opportunities to remove carbon from the atmosphere through nature based solutions such as tree planting
- We will include net zero carbon criteria in our decision making
- We will create a culture for carbon reduction through communications, training, tools and guidance

13.4 Ways of Working Programme

The Covid-19 pandemic saw a huge shift in organisational culture – with many working from home for the first time. This brought about a change in mentality around how we work with each other and how we serve our customers. It led to a wholescale rethinking of how departments and teams need to operate in the future; including the need for a higher degree of flexibility and more remote working than previously thought possible.

In the latter half of 2020, the Workplace Programme Board, along with wider stakeholders came together to rescope the vision and objectives into a new programme called "Ways of Working" – building on the already great foundations and principles established through the workplace programme as well as key learnings and opportunities presented throughout the pandemic in relation to changing ways of working.

What will success look like?

- All staff are provided with the technology and training needed to do their job effectively
- The way we work embodies continuous improvement, innovation, and ambition
- Council-operated workplaces are a shared resource based on need, where staff and customers can collaborate

Our Commitments

All staff are provided with the technology and training needed to do their job effectively

- All staff will have an assigned 'worker style' and the IT kit they need
- All IT equipment will be centrally owned and replaced in good time to ensure technology is effective and productive
- All staff will have the ability to work remotely through specialist technology, software, and remote access – no one will be tied to a specific location
- Where appropriate, staff meetings will be 'digital by default' - hybrid and face-to-face meetings will be supported with investment in workplace technology and collaboration spaces

The way we work embodies continuous improvement, innovation, and ambition

- We will focus on objectives and outputs not on presenteeism for office-based staff
- Staff - in consultation with managers - will be empowered to choose the right location to deliver their work - freedom to choose with responsibility to meet service and customer needs first
- Senior leaders and managers will lead by example – champion > role model > challenge

Council-operated workplaces are a shared resource based on need, where staff and customers can collaborate

- Our workplaces will be set up to better support collaboration, productivity, wellbeing, and customer service
- We will prioritise space for activities, not individuals - flexibility will be the norm and use of fixed desks will be kept to a minimum
- We will all work in the most appropriate location for the task we are doing rather than being at a council office or workplace by default
- Staff will be encouraged to work as flexibly as possible, using a mix of workplaces (offices, working from home, remote working) to best meet service and customer needs, and support staff wellbeing.

Leicestershire County Council