Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 19 January 2022 at 2.00 pm**

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

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

Email: **Euan.Walters@leics.gov.uk**

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

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AGENDA

Item		Report by
1.	Minutes of the meeting held on 10 November 2021.	(Pages 5 - 14)
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.

A petition is to be presented by Mrs. A. J. Hack CC in the following terms:

> "We, the undersigned, are opposed to the Forest House Medical Centre's proposal to close its Park Drive surgery. This proposed closure will severely disadvantage many of its patients. These proposals are causing worry and distress in the community.
>
> We, therefore, call on the local East Leicestershire Clinical Commissioning Group in consultation with the Local Primary Care Network, and the Leicestershire County Council Health Scrutiny Board to reconsider the proposal and work to achieve a satisfactory solution for patients."

At the time of publishing this agenda the petition had 1,284 signatures.

8.	Draft Leicestershire Joint Health and Wellbeing Strategy 2022-2032.	Director of Public Health	(Pages 15 - 52)
9.	Medium Term Financial Strategy 2022/23 - 2025/26	Director of Corporate Resources and Director of Public Health	(Pages 53 - 64)
10.	Health Performance Update.	Chief Executive	(Pages 65 - 104)
11.	Commentary against Quality Accounts.	Chief Executive	(Pages 105 - 112)

12. Date of next meeting.

The next meeting of the Committee is scheduled to take place on Wednesday 2 March 2022 at 2.00pm.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website https://www.cfgs.org.uk/

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

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Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 10 November 2021.

PRESENT

Mr. J. Morgan CC (in the Chair)

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

In attendance

Rachna Vyas, Director of Integration and Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minute 34 refers).
Paula Vaughan, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 35 refers).
Richard Lyne, Divisional Director, East Midlands Ambulance Service (minute 36 refers).
Fiona Lennon, Deputy Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 36 refers).
Ben Ryrie, County Co-ordinator & Training Officer, East Midlands Ambulance Service (minute 37 refers).
Paul Williams, Head of Service, Leicestershire Partnership NHS Trust (minute 38 refers).
Mark Powell, Deputy Chief Executive Officer, LPT (minute 38 refers).

27. Minutes of the previous meeting.

The minutes of the meeting held on 1 September 2021 were taken as read, confirmed and signed.

28. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

29. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

30. Urgent items.

There were no urgent items for consideration.

31. 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.

32. Declarations of the Party Whip.

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

33. Presentation of Petitions.

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

34. Access to Primary Care Services.

The Committee considered a report of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) which provided an update on access to GP practices in Leicestershire, the challenges faced by general practice and details of the initiatives being taken to improve access. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachna Vyas, Director of Integration and Transformation, LLR CCGs. In an update to the data provided in the report Rachna Vyas informed members that from September 2019 to September 2021 appointment availability at GP Practices had increased from 351,000 to 378,000 a rise of 7.6%. Face to face appointments had risen to 67% for West Leicestershire and 71% for East Leicestershire and Rutland.

Arising from discussions the following points were noted:

(i) In response to Members' concerns regarding the variation in the services offered by GP Practices across Leicestershire the CCGs gave reassurances that they were systematically monitoring which practices had so far returned to the pre-pandemic levels of service and were tackling the issue of variation. The CCGs were working with and supporting 20 GP Practices where service availability was currently not at the required level. Prior to the Covid-19 pandemic many GP Practices in Leicestershire had been allowing patients to book appointments online but this practice ceased during the pandemic and calling the Practice at 8.00am had become the only option for patients to book appointments. This policy had caused congestion on the phone lines early in the morning and led to some discontent amongst the public. It was hoped that by resuming the online booking service many of these problems would be resolved and as the pandemic had eased some practices had begun re-introducing the online service but not all had. To gain a better understanding of patient need the CCGs were using the Adjusted Clinical Group Data Set which divided patients into stratified risk categories and showed where there was unexplained variation across GP Practices.

(ii) The care navigators that answered the phone at GP Practices were trained to ask questions and if possible refer a patient to the appropriate service, such as a

physiotherapist, without having to book a GP appointment, which further helped reduce congestion.

(iii) In response to concerns raised about the quality of care provided by GP Practices reassurance was given that a multidisciplinary team monitored quality but no major issues had been observed.

(iv) Although the number of GPs working in Leicestershire was reducing, partly due to retirements, the hours GPs were working was increasing. Some of the appointments which were traditionally carried out by GPs were now being carried out by pharmacists. Discussions were taking place with local dental and optical committees to see what further assistance those sectors could provide.

(v) There was confusion amongst patients regarding where to go to be seen by a medical professional out of hours. To tackle this issue a map had been created which explained where patients could go at any point during a 24 hour period. Early checks had demonstrated that the map was easy to understand for patients but further testing with patient groups was being undertaken. The map would be published in both paper form and online.

RESOLVED:

That the update on access to GP practices in Leicestershire and the initiatives being taken to improve access be noted.

35. Restoration and Recovery of Elected Care.

The Committee considered a report of the Leicester, Leicestershire and Rutland (LLR) Health System which provided an update on the impact of the Covid pandemic on elective care and waiting lists with a specific focus on the scale of the impact for those people living in within the Leicestershire county boundary who were on the University Hospitals of Leicester NHS Trust (UHL) list for elective care, diagnostics and/or treatment. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item Paula Vaughan, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The term 'restoration' referred to returning elective activity to pre-covid levels and 'recovery' referred to adding additional capacity to that which was normally available to enable waiting lists to be recovered to 2019 numbers. In response to a question from a member it was confirmed that the NHS was not accepting the current situation as 'the new normal' and the ambition was to return to pre-covid levels of service as a minimum.

(ii) The amount of incidents where patients had to wait over 52 weeks for treatment was currently at 6,162 and the amount waiting over 2 years for treatment was 387. It was clarified that these figures related to the number of pathways of care rather than the number of individual patients. An individual patient could be waiting for more than one pathway of care therefore a patient could be included more than once in the figures. It was agreed that future reports to the Committee would include the data for the number of patients as well as the number of pathways.

(iii) The amount of cervical screening (smear tests) taking place had not yet returned to pre pandemic levels but it was expected that smear testing levels would soon be back to normal. A member raised concerns that people with daytime jobs were unable to attend smear test appointments and asked that consideration be given to changing the access model.

(iv) GPs with special interests and skills were being used to help with the backlog of elected procedures.

(v) Concerns were raised regarding the impact of waiting on patients and the possibility that their condition could worsen during the wait and they could ultimately require more invasive treatment once they finally got an appointment. In response reassurance was given that patients on the waiting list were clinically reviewed and provided with physical and emotional support whilst they were waiting. Patients that required orthopaedic procedures were being prioritised and offered additional support including access to physiotherapy.

(vi) Work need to take place with partners on the wider impacts of the pandemic and population health management.

(vii) A member stated that more data was required on the nature of the procedures patients were waiting for and giving a breakdown of the geographical areas the patients were from. The member was of the view that there needed to be greater partnership working and information sharing between the NHS and local authorities.

(viii) A piece of work was to be undertaken which would gain feedback from those patients on waiting lists about their experiences, and the support of members in collecting this feedback would be welcomed.

RESOLVED:

That the update on the impact of the Covid-19 pandemic on elective care be noted.

36. <u>East Midlands Ambulance Service update.</u>

The Committee considered a report of East Midlands Ambulance Service (EMAS) which provided a general update in relation to EMAS with specific exploration in relation to the clinical handovers of patients at University Hospitals of Leicester (UHL) Emergency Department. A copy of the report, marked ‘Agenda Item 10’, is filed with these minutes.

The Committee welcomed to the meeting for this item Richard Lyne, Divisional Director, EMAS and Fiona Lennon, Deputy Chief Operating Officer, UHL.

Arising from discussions the following points were noted:

(i) The national standard set by NHS England and Improvement (NHSEI) was for all emergency departments to take a clinical handover of a patient from the ambulance service within 15 minutes of arrival at the hospital. In response to concerns that the target was no longer achievable it was explained that the target had been set several years previously and decisions on whether the target was updated needed to be made at a national level.

(ii) The handover delays were a result of backlogs throughout the health and care system in Leicestershire not just at the Emergency Department. Patients at UHL were occupying beds for much longer and taking longer to be discharged. In addition Emergency Department attendances were currently higher than for the same period in 2019. There had also been an increase in the amount of patients walking into the Emergency Department without having been conveyed there by EMAS.

(iii) To avoid patients requiring admittance to the Emergency Department EMAS were able to take patients directly to some UHL departments for example to Glenfield Hospital for cardiac and respiratory matters. The Urgent Treatment Centre at the Leicester Royal Infirmary site was also available for those patients with primary care needs. Where appropriate, patients were being directed to a pharmacist rather than being seen in the main Emergency Department.

(iv) The Emergency Department at the LRI was also making use of the Emergency Care Improvement Support Team (ECIST) to ensure that good practice was shared.

(v) Concerns were raised that patients that were not able to access primary care appointments and were confused about where else they could go were attending the Emergency Department even though their medical issue was not suitable for the Emergency Department. An audit of patients attending the Emergency Department had recently been completed which indicated that approximately 150 patients per day were presenting with purely primary care needs and a further 100 more patients a day were presenting with injuries that could have been dealt with elsewhere.

RESOLVED:

That the update in relation to EMAS and particularly the clinical handovers at the Emergency Department be noted with concern.

37. Distribution of Automated External Defibrillators in Leicestershire.

The Committee considered a joint report of the Director of Public Health and East Midlands Ambulance Service (EMAS) regarding the availability and coverage of public access defibrillators (PAD) within Leicestershire. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Committee welcomed to the meeting for this item Ben Ryrie, County Co-ordinator & Training Officer, EMAS.

Arising from discussions the following points were noted:

(i) Whilst the defibrillators managed and maintained by EMAS were known about and logged, there was a lack of information regarding the numbers of defibrillators at private addresses. It was possible that many of these had never been used and had not been maintained so that if they were required to be used they would not be in good working order. It was important to recharge the batteries and replace the electrode pads. Nationally only 1 in 20 defibrillators had actually been used, though the figures for Leicestershire were not available.

(ii) Those people responsible for defibrillators were asked to ensure that EMAS were made aware of their locations so they could be used in an emergency. They could do this by registering with The Circuit – The National Defibrillator Network which connected defibrillators to NHS ambulance services across the UK.

(iii) It was important that the public were educated and received training on administering CPR and how to use a defibrillator. Organisations such as HeartWise and the Joe Humphries Memorial Trust ran training events and carried out a lot of work to raise awareness but more could be done. First Aid had recently become part of the National Curriculum and was being taught in schools therefore any additional training and awareness raising needed to be targeted at older generations that had not had the benefit of this training.

RESOLVED:

(a) That the update regarding the availability and coverage of defibrillators within Leicestershire be noted.

(b) That Committee members be requested to assist with publicising the need for defibrillators to be registered and maintained.

38. Eating Disorders in children and adults.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) regarding the provision of services for Children and Young People (CYP) and adults with clinical eating disorders in Leicester, Leicestershire and Rutland and some 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. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

The Committee welcomed to the meeting for this item Paul Williams, Head of Service, LPT and Mark Powell, Deputy Chief Executive Officer, LPT.

Arising from discussions the following points were noted:

(i) Eating Disorders were being more widely spoken about and there had been some high profile deaths in recent years. Eating disorders had the highest mortality rate of all psychiatric disorders with some deaths being caused by malnutrition and others as a result of suicide. In response to a question from a member it was agreed that the precise figures for mortality rates would be provided to members after the meeting.

(ii) There had been a significant rise in referrals for eating disorders during the Covid-19 pandemic and these were believed to be partly due to a general rise in anxiety which exacerbated eating disorders, and also an increased use of social media during the pandemic. LPT staff had received additional training in how social media could exacerbate eating disorders and were using this training during their interactions with service users. It was also likely that because parents and children had been confined to the family home during the pandemic more parents had become aware of eating disorder related behaviours in their children which had also contributed to the increase in referrals.

(iii) It was not known exactly how the pandemic would progress in the coming months and years therefore it was difficult to predict whether there would continue to be a rise in eating disorder referrals and exactly what measures would need to be taken to manage those referrals. However, LPT had invested in services in order to cope with the extra demand. Patients were triaged to ascertain the level of urgency and there was a duty system which monitored both children and adults whilst they were waiting for a formal appointment. The Home Intervention Team provided community outreach support to those people acutely unwell including intensive psychological support, mealtime support and physical health monitoring.

(iv) In response to a question from a member regarding the numbers of new adults being dealt with it was explained that some of these people had previously been categorised as children and recently become adults and some were people that were already adults that had suddenly developed eating disorders. It was agreed that the precise figures and breakdown would be provided to members after the meeting.

(v) Early intervention in eating disorder cases was key. LPT was taking part in a pilot for the First Episode Rapid Early Intervention for Eating Disorders (FREED) pathway which aimed to prevent first episode cases being on the waiting list. This pathway related to both adults and children and young people.

(vi) There were specific guidelines in place for monitoring pregnant women for example regularly checking their blood to ensure that the eating disorder would not have a negative impact on the baby.

RESOLVED:

That the update regarding the provision of services for Children and Young People and adults with clinical eating disorders in Leicester be noted.

39. Engagement on the Council's Strategic Plan.

The Committee considered a report of the Chief Executive, the purpose of which was to seek the Committee's views on the draft Strategic Plan (2022 – 26) as part of the 12-week public consultation period which commenced on 1 November 2021. A copy of the report marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Whilst the Strategic Plan contained specific Strategic Outcomes relating to health and keeping people safe and well, the work of the Public Health department linked in with many more of the Outcomes in the Plan not just those which specifically referred to health. For example, Public Health would be involved in partnership working with regards to domestic abuse, substance misuse, mental health and environment and transport. Whilst the County Council could achieve some of the aims in the Strategic Plan by itself others required working with partners such as District Councils, National Highways and the community sector.

(ii) Some of the health related actions in the Strategic Plan would be fairly generic across County Councils however the Plan also included key aims and actions which were unique to Leicestershire.

(iii) Concerns were raised by members that the 4 year period of the Strategic Plan was insufficient length to achieve some of the outcomes in the plan and the Council needed to plan much further ahead. In response it was explained that whilst the outcomes reflected the Council's long-term vision and aspirations, they were accompanied by specific aims which set out how the County Council would work towards achieving the outcomes over the following 4 years.

(iv) The actions in the Strategic Plan were not exhaustive and as the 4 years went on departments would be asked to add in more actions to achieve the aims.

(v) In response to concerns raised that the 12-month health checks for babies did not always take place, the Director of Public Health acknowledged that conversations needed to take place between the Public Health commissioning leads and Leicestershire Partnership NHS Trust to resolve these issues.

(vi) In response to concerns that public sports facilities were not always open, it was noted that those facilities were the responsibility of District Councils, but the County Council could play a role through Active Together in encouraging the public to undertake physical activity.

(vii) The public needed to be as well informed as possible when making decisions so they understood the consequences of certain actions.

(viii) The Strategic Plan set a target for the amount of disadvantaged adults in Leicestershire (e.g. those with learning disabilities, autism, and/or mental health conditions) who were in paid employment and living independently to exceed the national average, however members were of the view that this target was not ambitious enough and it was therefore agreed that further consideration would be given to how the target could be more ambitious.

(ix) In response to a suggestion from members that other targets in the Plan should be made more specific such as by including quantitative figures it was agreed to incorporate quantitative targets where feasible.

(x) Unpaid carers needed more help making their views known and consideration needed to be given to whether any advocacy work could be done on their behalf. In future this could be added as an additional action in the plan if it was deemed appropriate.

RESOLVED:

(a) That the update on the work undertaken to review and refresh the Council's Strategic Plan be noted.

(b) That the Chief Executive be requested to give consideration to the comments now raised as part of the consultation on the Council's Draft Strategic Plan (2022 – 2026).

40. Director of Public Health Update on Covid-19 and vaccinations.

The Committee received a verbal update from the Director of Public Health regarding the spread of Covid-19 in Leicestershire and progress with the vaccination programme.

As part of the update the following points were made:

(i) During the first week of the half term period in Leicestershire Covid-19 rates had dropped and this was at a time when the Covid rates in the rest of England were rising because the schools elsewhere were open. Then during the second week of half term in Leicestershire Covid rates rose locally by 20% and this was believed to be due to children being looked after by extended family and friends. The Covid rates in Leicestershire had continued to fluctuate over the following weeks.

(ii) Hospital admissions and deaths had remained stable.

(iii) Overall vaccination rates in Leicestershire were at 68% of the population, and in the over 50s rates were much higher than that, however vaccination rates decreased significantly in the under 50 age groups. Reassurance was given that Public Health, District Council and NHS colleagues were taking every measure possible to encourage people in the under 50 age groups to have the vaccine. Communications were being disseminated and social media was being used to raise awareness. Walk-in Covid-19 vaccination clinics were running at the King Power Stadium in Leicester.

(iv) The vaccination programme for 12-15 year olds had not progressed as well as had been hoped and approximately one quarter of that age group had been vaccinated so far. The model for providing vaccinations in schools was to change so that those schools that had not yet had a visit from the Covid vaccination clinic (35 schools in Leicestershire) would now receive the Covid and flu vaccinations on the same day. Those schools that had already been visited by the Covid vaccination clinic would receive the flu vaccination on a separate date. Those schools which were being visited by GPs and pharmacists rather than the Vaccine and Immunisation Service would continue as planned.

(v) In response to a question from a member regarding progress of the vaccine booster programme in care homes the Director of Public Health agreed to check the situation and provide an update after the meeting.

RESOLVED:

That the contents of the update be noted.

41. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 19 January 2022 at 2.00pm.

2.00 - 4.30 pm CHAIRMAN
10 November 2021

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Agenda Item 8

Leicestershire County Council

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

NHS

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 19 JANUARY 2022

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND EXECUTIVE DIRECTOR, STRATEGY AND PLANNING, LEICESTER, LEICESTERSHIRE AND RUTLAND CCGS

DRAFT LEICESTERSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2022 - 2032

Purpose of the Report

1. The Health Overview and Scrutiny Committee is asked to comment on the Draft Joint Health and Wellbeing Strategy (JHWS) 2022 – 2032 and support the circulation of the survey to partners, residents and communities.

Background

2. The development of a JHWS is a statutory requirement of the Health and Wellbeing Board (HWB) which should set out the strategic vision and priorities for Health and Wellbeing across Leicestershire over the next 10 years. The draft Strategy is aligned with the Integrated Care System's (ICS) requirement for the development of a Place Based Plan.

3. There is recognition regarding the opportunities of bringing together ICSs and place based HWBs to align and compliment supporting workstreams and priorities. The HWB has a statutory duty to develop a JHWS under the Health and Social Care Act 2012 and the current strategy is due to expire in 2022. This provides a timely opportunity for Leicestershire to align the new strategy and place-based plan to create one clear strategic vision for place.

The draft Joint Health and Wellbeing Strategy 2022 – 2032

4. Considerable collaboration and partnership efforts have driven the development of the JHWS through the establishment of a JHWS Project Board and subgroups (Needs Assessment, HWB Development Session and Consultation and Engagement Group).

5. The HWBs Development Session was held virtually on the 23rd September 2021 to consider the data, engagement activity, current linked strategies from across the partnership and inequalities and challenges local communities faced.

6. HWB members and invited colleagues engaged with discussions based on the needs assessment pre-read covering the life course approach and cross cutting themes. Colleagues worked together to shape the specific priorities under each outcome. The session was well evaluated with positive feedback welcoming the collaborative approach

Proposed Outcomes

7. The proposed overall vision for the JHWS is, '*Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives*,' with the strategic priorities aligning to the life course ICS transformational priorities as approved at the July HWB. The key draft priorities are detailed below;

    a. Best Start For Life
        i. First 1001 Critical Days
        ii. School Readiness
        iii. Preparing for Life

    b. Staying Healthy, Safe and Well
        i. Building Strong Foundations
        ii. Enabling healthy choices and environments

    c. Living and Supported Well
        i. Industrialising prevention and self-care
        ii. Effective management of frailty and complex care

    d. Dying Well
        i. Understanding the need
        ii. Normalising end of life planning
        iii. Effective transitions

8. It is acknowledged that there are key workstreams covering the whole life course and these are part of a cross-cutting section to improve Mental Health, reduce health inequalities and consider Covid-19 recovery. Key principles and enablers are also suggested in the strategy to support effective implementation of the strategy.

Delivery of the Strategy

9. The HWB acknowledges that partners across the system make a significant contribution to improving the health and wellbeing of the Leicestershire population both individually and collectively. Therefore, the HWB has a responsibility to ensure that the JHWS

priorities have clear ownership, accountability and governance. As a result, the approved approach is 'do, sponsor, and watch' to allow the HWB to proactively set the agenda around key health and care integration and partnership priority areas, whilst allowing partners to continue to deliver and drive change through their subgroups and organisations without blockages across the system. This approach is outlined in the paper that was considered by the HWB in July 2021 and will be further detailed as part of the delivery plan presented in February 2022.

10. It is acknowledged that whilst the Joint Health and Wellbeing Strategy provides an overall vision for health and wellbeing across Leicestershire, it is important it is aligned to other partnership plans and strategies, including the County Council's Strategic Plan which is currently out for consultation.

11. The JHWS refresh provides a timely opportunity to refresh and revive the HWB with further clarity on its mandate and purpose. Therefore, a review of the current HWB terms of reference and current HWB subgroups will be presented to the HWB in February 2022.

Monitoring delivery of the strategy

12. To enable the HWB to track progress against the outcomes, a high-level Delivery Plan is being developed which will capture specific actions to address the identified priorities and highlight any gaps. It is recommended that the HWB receives quarterly progress reports against the Delivery Plan and that revisions are made to reflect progress against the priorities.

13. An iterative approach has been taken to the drafting of the JHWS and Delivery Plan and this will be maintained throughout the duration of the Strategy so that the HWB can ensure it adapts and responds to the changing policy landscape. This will include an annual review of progress and more in depth review every three years. This will enable it to stay relevant and will support the HWB in its aim to complement and contribute to the wider health and care system across LLR.

Consultation/Patient and Public Involvement

14. The HWB has approved an eight-week consultation exercise, which is live until the 23rd January 2022, to help shape the JHWS and clarify that the priorities identified represent the needs of Leicestershire residents and communities. The consultation will engage with the public and key stakeholders in a variety of ways:

    a. Information and an online questionnaire will be publicly available on LCC's Have Your Say consultation and engagement site. This will be the main response tool – to be shared and promoted by all Board members and via social media;

b. Paper copies and easy read versions are available from phpool@leics.gov.uk or by calling 0116 305 0705;

c. A presentation is available for organisations/partners to use to promote to user groups and members of the public if required;

d. The draft strategy will be presented to key stakeholder meetings.

15. Partners within the consultation, engagement and communications working group led by the County Council and CCG Communication Teams will support communications. Health Overview and Scrutiny Committee Board members and wider partners support is requested in promoting the survey.

16. The feedback from the consultation and engagement will be regularly analysed by the County Council's Business Intelligence and used to inform the development of the final Strategy and delivery plan.

Timetable for Decisions

17. The consultation is now live until the 23rd January 2022 and the final JHWS will be presented to the HWB in February 2022, along with the delivery plan and a bespoke dashboard.

18. To ensure the ambitions within the Strategy can be realised, HWB members noted that a review of the governance structure of the Health and Wellbeing Board would be undertaken, including its Terms of Reference and those of the subgroups.

Background papers

19. Report to the Health and Wellbeing Board – 8 July 2021 - Joint Health and Wellbeing Strategy Refresh

http://politics.leics.gov.uk/documents/s162246/JHWS%20Refresh%20paper%20-%20July%20HWB.pdf

Relevant Impact Assessments

Equality and Human Rights Implications

20. The draft strategy has a cross cutting theme to reduce health inequalities and is linked into the wider LLR Health inequalities framework. However, a full Equality and Human Rights Impact Assessment will be presented with the final strategy to the HWB in February 2022. The results from this impact assessment will be incorporated into the final draft.

Crime and Disorder Implications

21. To ensure crime and disorder implications are considered, links to the Leicestershire Safer Communities Strategy Board and wider Office of the Police and Crime Commissioner have been made through the attendance at the JHWS Project Board and working groups. The Staying Healthy, Safe and Well priority will ensure the health considerations of the Community Safety Strategy Board are linked into the HWB.

Environmental Implications

22. The JHWS strategy uses the Dahlgren and Whitehead (2006) social model of health to recognise the importance of the wider determinants on health on our health and wellbeing. This includes the importance of the impact of the environment in which we are born, live and grow. To ensure environmental implications are considered, links to the County Council Environment and Transport department and Public Health department have been made through attendance at the JHWS Project Board and working groups. Key priorities have been identified such as air quality, access to green space, active transport and having healthy places.

Partnership Working and associated issues

23. Success of the JHWS and HWB development is dependent on high quality, trusted partnership working and ownership. Through developing an alliance approach to the JHWS and HWB, it is hoped that further progress can be made across multiagency boundaries to improve the health and wellbeing of the Leicestershire population. The aim is to develop a JHWS that is developed and owned across the partnership with the multiagency JHWS Project Board as a key enabler in ensuring this happens.

Risk Assessment

24. The key risk the JHWS and HWB development will face is maintaining the ongoing stakeholder support and buy in through the implementation of the 10 year strategy. Partners investment of resource and time may be impacted on by a number of factors including the Covid-19 pandemic, winter pressures and national, local or organisational changing priorities. Although feedback and engagement has been positive so far, LCC Transformation Unit are providing regular project management support to monitor the risk and issues associated with the programme of work. This will allow early identification and mitigation of risks as needed.

Appendix

Draft Joint Health and Wellbeing Strategy

Officers to Contact

Mike Sandys
Director Public Health
Leicestershire County Council
0116 3054239
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Vivienne Robbins
Public Health Consultant
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Sally Vallance
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Appendix

Draft

Leicestershire Joint Health and Wellbeing Strategy 2022-2032

Contents

Glossary

Abbreviation	Definition
FSM	Free School Meals
HWB	Health & Wellbeing Board
ICS	Integrated Care System (Leicester, Leicestershire and Rutland)
LLR	Leicester, Leicestershire and Rutland
NEET	Not in Education, Employment or Training
SEND	Special Educational Needs and Disability
PCN's	Primary Care Networks
BCF	Better Care Fund
JSNA	Joint Strategic Needs Assessment
ACEs	Adverse Childhood Experiences
LTC	Long term condition

Foreword

As chair of the Leicestershire Health and Wellbeing Board, I am honoured to be part of an ambitious and motivated forum of health and care system leaders, who have the responsibility of coming together to improve health and wellbeing and reduce health inequalities across Leicestershire.

Health and Wellbeing is important to all of us and a healthy population is one of our most important assets, supporting positive social and economic outcomes both for the individual and society as a whole. As we start to rebuild communities and reset services as part of our recovery from the Covid-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities. Across the country, the health and care system and other public services are experiencing increasing demand and financial challenges with the population continuing to grow and a need to ensure a good quality of life.

It is recognised that health and wellbeing is generally good in Leicestershire compared with England overall, however there are significant inequalities and challenges in certain communities. Health inequalities are underpinned by social determinants of health, or the circumstances in which people are born, live, work and grow, and evidence suggests that people from affluent communities in Leicestershire live over 8 years longer for men and 5.4 years longer for women than those living in the most deprived. It is also expected for the population of Leicestershire to grow by 20.7% by 2043 with the biggest increase expected in the 60+ age group.

Working together in collaboration we are evolving to face the challenges of the future and opportunities of the developing Integrated Care System. A focus on preventable ill health and early intervention being critical to the long-term sustainability of our health and care system.

Creating the conditions for good health and wellbeing cannot be achieved overnight and this strategy recognises that to truly see an improvement and notice a difference, a more longer-term vision is required. My thanks to Health and Wellbeing Board members who have created this aspirational strategy collectively. We have a clear and ambitious plan outlined below which we are committed to delivering together, and our challenge is to work in partnership and identify what we as individuals, as communities and as organisations can do to improve health and wellbeing in Leicestershire.

Mrs Richardson

Lead Member for Health

Chair of the Health and Wellbeing Board

Leicestershire County Council

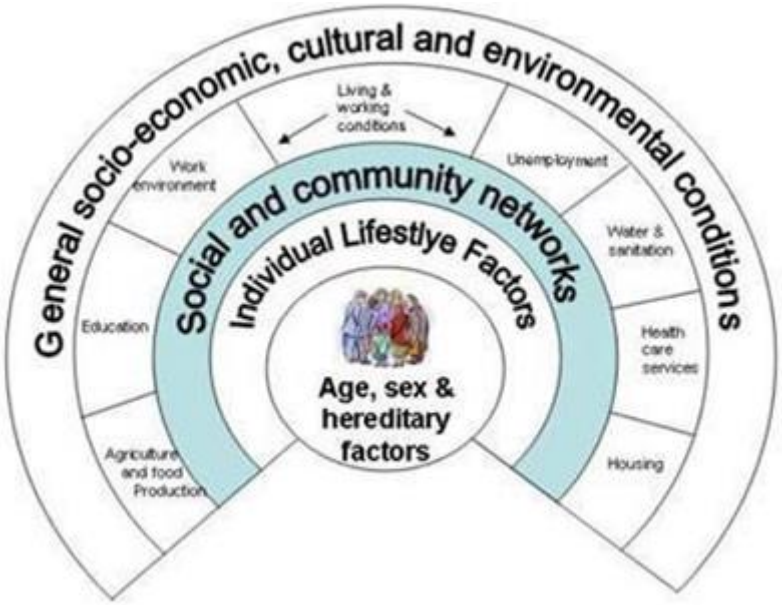
1. Introduction

1.1. Background

Health can be defined as: "*a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness*"[i] (Marks, 2005). This recognises the social model of health (as defined by Dahlgren and Whitehead (2006)[ii]) and identifies all but age, sex and hereditary factors as modifiable to change and therefore lying within the scope of this strategy, particularly in relation to primary prevention.

Figure 1 summarises this model and highlights the wider determinants of health including social, economic and environmental factors which influence people's mental and physical health. Systematic variation in these factors constitutes social inequality, an important driver of health disparities. Therefore on a population level, improving the wider determinants of health (the "causes of the causes") will have a much greater effect on reducing inequities in health compared to NHS interventions alone. Hence this strategy will embed the social model of health and include priorities across the wider Health and Wellbeing Board (HWB) partnership which include the wider determinants of health.

Figure 1 A Social Model of Health, Dahlgren & Whitehead (2006)[ii]



1.2. National Context

The NHS Long Term Plan (NHS England, 2019)[iii] created Integrated Care Systems (ICS's), giving a platform for partnership working and integration at a system level, bringing together local authorities, the voluntary and community sector, NHS bodies and others to look collectively at the needs of the population they serve.

Alongside this, the Long Term Plan created Primary Care Networks (PCN's) which brought together general practices to form new collective contracts, enabling different funding routes and an expectation on these PCN's to take a proactive approach to managing population health, assessing needs, and targeting support.

In January 2021, the Department for Health and Social Care published the white paper Integration and innovation: working together to improve health and social care for all (DoHSC, 2021)[iv]. This put ICS's on a statutory footing and created an ICS Health and Social Care partnership. This partnership is responsible for developing a plan to meet the populations health, prevention, and social care needs. This system level plan should develop from an understanding of the needs of the population of Leicestershire (along with Leicester City and Rutland), gained through the Joint Strategic Needs Assessment and collectively addressed in this Joint Health and Wellbeing Strategy which sets out the Leicestershire approach to addressing need.

One of the ways that key agencies have been working together for some time is through the Better Care Fund (BCF) which provides a pooled budget for delivering health and care functions through an integrated approach. This budget is spent in accordance with a joint, local plan to deliver health and care services that delay or prevent people from needing hospital care, reduce the length of time spent in hospital or that improves outcomes for people being discharged from hospital. These plans and this work continue in Leicestershire but become part of the wider strategy for health and wellbeing.

The ICS for LLR was approved in April 2021 in shadow form, coming into full existence in April 2022. Whilst many relationships were established long before the ICS, this still represents a change in function and responsibility for many of the partners involved. Our partnership working will be established across system (LLR collectively), place (Leicester, Leicestershire and Rutland separately) and neighbourhood (at locality level).

The development of the ICSs has also introduced neighbourhood/ locality level Community Health and Wellbeing Plans to understand more detailed local need in relation to health and wellbeing. It is important to consider how the priorities emerging from the Community Health and Wellbeing Plans align across the place and furthermore how the Leicestershire strategic vision is translated into deliverables and accountability at system and neighbourhood/locality level.

1.3. Leicestershire's Current Health and Wellbeing

Leicestershire is a predominantly rural County and comprises of seven local authority districts, each with its own distinctive character. Just under 70.0% of the population of Leicestershire live in areas classed as Urban City and Town, while 20.1% live in Rural Town and Fringe and the remaining 10.6% live in areas classed as Rural Village and Dispersed.

The total resident population of Leicestershire in 2020 was 713,085. The highest proportion of residents were in the 40-59 age group (26.9%), followed by the 60+ age group (26.6%), 20-39 age group (24.0%) and 0-19 age group (22.5%).

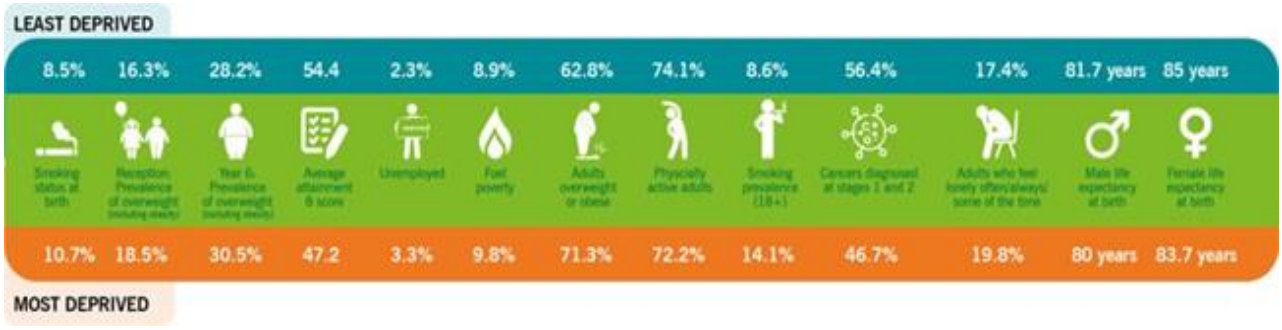
Leicestershire County faces the challenge of an ageing population. The population in Leicestershire is expected to grow by 20.3% (145,501 people) between 2020 and 2043 with the biggest increase expected in the 60+ age group (38.9%), followed by the 0-19 age group (15.3%), 40-59 age group (13.1%) and 20-39 age group (12.6%). With our ageing population we need to consider what plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on preventable ill health, particularly in working age adults. Health needs are likely to increase with age due to the increased the risk of developing multiple chronic conditions. Therefore, without significant prevention interventions, there will be more older people with complex needs who will require input from all parts of the health and social care system.

Even though Leicestershire is a relatively affluent County, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville falling into the 10% most deprived

neighbourhoods in England. The Education, Skills and Training deprivation domain and Barriers to Housing and Services deprivation domain for Leicestershire have a higher number of neighbourhoods in the top 10% deprived nationally compared to some of the other deprivation domains.

According to the Leicestershire County Council Community Insight Survey (2017-2021), 82.7% of respondents reported being in good/very good health, whilst 3.5% reported being in bad/very bad health. Life Expectancy at birth in Leicestershire has remained significantly better than the England average since 2001-03. Healthy life expectancy (HLE) at birth in Leicestershire for males (63.5 years and females (63.6 years) is similar to the national average in 2017-19. For males, HLE has decreased since 2015-17 and for females, HLE has decreased since 2014-16. There is an eight year difference in life expectancy at birth between males in the most deprived decile and least deprived decile of the population. The equivalent figure for females is 5.4 years. Figure 2 below shows the difference in health inequalities that exist between the most and least deprived districts within Leicestershire over the life course. In order to reduce this inequality, more focus needs to be toward those in greatest need and working together to reduce any factors that may have a negative influence on their health.

Figure 2 Health Inequalities across Leicestershire



Source: Public Health England, Fingertips, 2021.

Note: Please note this data is based on data available at district level and based on IMD score for most and least deprived districts in Leicestershire. Most deprived area data reflects North West Leicestershire and least deprived area data reflects Harborough.

Figure 3 Overview of Health and Wellbeing in Leicestershire (The following Statistics will be converted to an infographic)

Indicator	Time period	Leicestershire value	Unit	Leicestershire RAG	England value
General Fertility Rate	2019	53.5	Per 1,000 live births	Lower	57.7
Year 6: Prevalence of overweight (including obesity)	2019/20	30.6	%	Better	35.2
Admission episodes for alcohol-specific conditions (Persons)	2019/20	407.0	per 100,000	Better	644.0
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	12.0	%	Similar	13.9
Percentage of physically active adults	2019/20	67.6	%	Similar	66.4
Life Expectancy at birth-Males	2017-19	80.9	Years	Better	79.8

Life Expectancy at birth-Females	2017-19	84.3	Years	Better	83.4
Depression recorded prevalence (aged 18+)	2019/20	13.3	%	Higher	11.6
Estimated dementia diagnosis rate (aged 65 and over)	2021	61.2	%	Worse	61.6
Hip fractures in people aged 65 and over	2019/20	800.0	per 100,000	Worse	572.0

For further information and evidence for some of the priorities in the Joint Health and Wellbeing Strategy 2022-2032, please see Leicestershire's Joint Strategic Needs Assessment (2018-2021) accessed via the following link:

https://www.lsr-online.org/leicestershire-2018-2021-jsna.html

2. Overall Vision

Our overall vision is;

'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives'

We want to ensure the communities of Leicestershire have the opportunity to have the best health and wellbeing they can across the life course. This includes putting equal weight on their mental and physical health and ensuring we have healthy places, cultures and environments to support this. We want to embed a strength-based approach to allow individuals, families and communities to support each other, aim high and thrive.

We know that not everyone achieves the same level of health and wellbeing across Leicestershire and there is a gradient of health and wellbeing outcomes linked to deprivation and specific characteristics or communities. We will work to 'level up' this gradient and ensure everyone has an equitable opportunity to support their health and wellbeing. To do this we must use the social model of health (Figure 1) and consider the impacts of the wider determinants of health as well as access to health and care services.

A life course approach has been used to identify high level strategic, multi-organisational priorities for the next 10 years and provide clear accountability to the Leicestershire health and wellbeing board. These are summarised in figure 4 below. Further detail on the actions associated with each priority are discussed in section 6.

Figure 4 Summary of the Joint Health and Wellbeing Strategy

To allow everyone across Leicestershire the best opportunity to live long, good quality, happy lives we will where possible, embed the following principles in our priorities and actions;

- **Providing person centred care and support.** We want to ensure that this strategy and delivery plan is built around and for all individuals across Leicestershire. We will build and strengthen the engagement with local people, listening and reflecting their views and experiences as the strategy evolves and develops. We will co-design services wherever possible.
- **Embedding prevention in all that we do**. We know that if we can prevent individuals developing risk factors and disease in the first place this will improve their longer term health and wellbeing outcomes and reduce costs across the system.
- **Enabling independence and self care** to support those that have chronic conditions to manage them effectively, stop or delay disease progression and prevent development of further multimorbidity.
- **Health and equity in all policies approach.** This will ensure that inequalities and health and wellbeing are systematically considered by partners across a range of wider determinants of health.
- **Prioritising mental and physical health equally.** Mental health issues will affect at least one in four people at some point in their life. We know that to have good health and wellbeing both your physical and mental health needs must be supported and met.
- **Supporting Covid-19 pandemic recovery.** The Covid-19 pandemic has been a long and difficult period for many of us, and will continue to impact on our health and wellbeing for some time. Throughout the strategy we will acknowledge the population's loss and will continue to strengthen the innovation that has emerged.
- **Trauma informed approach.** Evidence suggests that trauma is felt throughout lives, especially in the early years, and can have long term impacts on our health and wellbeing. Therefore, we must ensure the four phases (aware, sensitive, responsive, informed)) of trauma informed practice are carefully considered through the delivery of our services.

To allow the strategy to have the best chance of success there are a number of enablers that will support progressing the work. These include;

- **Partnership and collaboration.** Working together where we can add value or reduce duplication through a joint approach. We will work to build an alliance across Leicestershire that provides a supportive and constructive culture the drives innovation, change and outcomes.
- **A strong, skilled and supported workforce.** Our workforce is a key asset to drive the implementation of the strategy. We need to support our health and care workforce to grow and flourish, acknowledging the strength they have shown through the pandemic and the need to ensure Leicestershire is seen as great place to work and develop.
- **Digital improvement.** The pandemic has shown the breadth of innovation, access and efficiency that can be delivered through harnessing digital technology. We want to further embed a digital offer across our services, whilst avoiding digital exclusion.
- **Effective communication and engagement.** This strategy is a partnership across partners of Health and Wellbeing Board (HWB), but also without local communities. We will start the conversation through the development of the strategy but aim to ensure all Leicestershire stakeholders (residents and staff) are able to see how they fit into the wider vision.
- **Anchor institutions**. Collectively HWB partners hold a significant amount of assets across Leicestershire, whether these are cultures, people or estates. We will utilise this resource to ensure organisations are clear on their ask to improve the health and wellbeing of Leicestershire.

- **Population health management** is an important tool to support embedding a population approach to health and care planning and delivery. It also ensures we consider the wider determinants of health.
- **Data gathering and sharing** is an important way in which we build a picture both of an individual and their needs, but also the needs of our population. Data sharing can help to reduce the burden on a person telling their story over again to each agency they work with but must be carefully managed to put the person in control of how their data is used.

3. Strategic Priorities Across the Life Course

3.1. Best Start for Life

We want to give our children the best start for a happy, healthy, long life. We want them to fulfil their potential, allowing them to have positive educational attainment, strong emotional wellbeing and resilience, life skills, contribute to their community and thrive. We know that the families, communities and environments that we are born, grow and develop have a significant impact on health and wellbeing outcomes in later life. This is especially important in the first 1001 critical days (from conception to aged two years) where there is significant neurological brain development that influences lifelong outcomes for the child[vvi][i].

To give our children to have the best start for life we will prioritise a range of actions covering the broader children's age range of 0-19years (or 0-25 years for Special Educational Needs and Disability (SEND)). The key priorities are detailed below.

3.1.1. First 1001 Critical days

We know the building blocks for lifelong emotional health and wellbeing are developed in the first 1001 critical days i.e. from conception to the age of two. This is due to the underdevelopment of human babies at birth who cannot walk or fend for themselves until they are approaching two years of age. The human brain is also only partially formed at birth and becomes hard wired by early childhood experiences including those in pregnancy, which impact across the life course. For example, we know children with secure attachment to their parents and carers develop into resilient adults, build strong relationships at home and work, and are well equipped to raise their own children. This is due to early social and emotional experiences that build baby brains[v]. On the flip side of this, people who lack nurture from one or more caring adults in the first 1001 days of their lives achieve less in education and in the workplace; are more likely to behave anti-socially, and are less healthy, physically and mentally, than individuals who were given a better start. Furthermore, the harm done to them is likely to be perpetuated in an inter-generational cycle when they have children of their own[vii][2]. We also know that those children living in 'disadvantaged' families due to income, deprivation or vulnerability are likely to have poorer health and wellbeing outcomes. For example, those with special educational needs or disabilities (SEND) or living in a household of poor mental health, domestic or substance abuse may require additional support. We therefore aim to develop Leicestershire as a place where every baby and family is nurtured to fulfil their potential. This will embed a society of strong emotional health and wellbeing, employment potential and community cooperation, which will in the longer term will generate savings across the health and care system.

Where are we now?

Leicestershire performs similarly or better than the England average for a number of Best Start for Life indicators. However, Leicestershire performs significantly worse than England for the proportion of New Born Visits completed within 14 days and the percentage of caesarean section births. With regards to immunisations, Leicestershire performs significantly better than the benchmark (>95%) for most indicators. However over the last five years the trend for population vaccination coverage for Dtap/IPV/Hib (1 year old and 2 year old boosters) has been decreasing and getting worse. Over the last five years, the rate of A&E attendances in 0-4 year olds/under 1 year olds and admissions of babies under 14 days has been significantly increasing and getting worse. Breastfeeding rates in Leicestershire significantly decline from birth to discharge and from 10-14 days to 6-8 weeks.

What does success look like?

- Increase in breastfeeding initiation and continuation rates.

- Increase in immunisation rates, especially for the boosters at age 1 and 2years.
- Improvement in maternal mental health.
- Reduction in proportion of caesarean births.
- Positive local feedback from families confirming that they feel supported, through a range of integrated start for life services to develop their babies in the first 1,001 critical days.

Our commitments to Leicestershire

- We will embed the Governments vision for 'The best start for life. A vision for the 1,001 critical days' through a local 1001 Critical Days Children's Manifesto and communication campaign.
- We will have joined up, accessible pre -school services, family hubs, an empowered workforce and clear local and national direction, vision and service improvement. This will include an integrated Early Years Pathway to identify and support vulnerable children.
- Embed the additional 3-4month and 3.5 year checks into our public health nursing service.
- We will invest in evidenced based breastfeeding support for mothers across Leicestershire. Supporting them to initiate and continue breastfeeding for as long as they choose. Support will be prioritised for those in white other ethnic groups and younger mothers.
- We will work to further increase uptake of childhood immunisations programmes especially boosters due at age 1 and 2years.
- We will empower parents to feel confident and supported to grow and develop their families. This will include support to access the most appropriate services for emotional health and wellbeing, minor aliments (including gastro, respiratory/ bronchitis and head injuries) and home safety.

3.1.2. School Readiness

Preparing our children for school is an important transition in their lives, to allow them to have a positive start to their formal educational journey. We want the pre-school children of Leicestershire to be equipped with the skills they need to enjoy and flourish as they enter foundation years at school. To do this we need to ensure they have the opportunity to develop their communication, gross motor, fine motor, problem solving and personal-social skills at their 2-2.5year checks.

Where are we now?

Leicestershire performs significantly worse than England for the child development indicators, however it should be noted that there are concerns with data quality for these indicators. School readiness in those children accessing free school meals (FSM) in Leicestershire, is also significantly worse than England, however, the trend over the last five year indicates that performance is increasing and getting better.

What does success look like?

- Increase in the proportion of children achieving a good level of development at 2-2.5years and foundation stage across all development areas (fine and gross motor, communication)
- Reduce the gradient in developmental outcomes in those from disadvantaged backgrounds as compared to those in the most advantaged (i.e. split by deprivation, FSM and SEND).
- Family feedback that services are working in more integrated and collaborative ways to support pre-school children and their families.
- Families are clear on what good development in foundation looks like and what support is available to support their children to achieve this.

Our commitments to Leicestershire

- We will take a proportionate universalism approach and focus on narrowing the development gaps that affect children and families who are at the greatest disadvantage (e.g. those who access FSM, live in poverty or have a poor home environment, have SENDs 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 understand what good looks like and get their children off to a good development start.
- We will provide support to embed physical activity into young children's lives through interventions that improve fine and gross motor skills.
- We will ensure access to support early development of speech, language and communication.
- We want to help families access free high-quality childcare and early education that is fully inclusive and accessible.
- We will support improving maternal mental health and physical activity to allow parents and carers to be in the best position they can be to support their children.

3.1.3. Preparing for Life

Children today are our adults of tomorrow. We need to ensure they are equipped to navigate and thrive in society. This may be through good education, employment and training, understanding how to survive independently, stay safe and maintain good health and emotional wellbeing. We therefore want to support our young people to transition seamlessly from children into young and prosperous adults. We have a great educational infrastructure which is driving good educational outcomes in key stages 1-4, however children in care, those with SEND, disability or FSM and A-levels results are consistently achieving poorer outcomes than comparators. We know that health and wellbeing outcomes for children in care are poorer than the wider children population and our numbers of children in care are increasing.

The Covid-19 pandemic has had a huge impact on the education, health and emotional wellbeing of our young people. We will therefore need to support our young people to manage the varying demands of the pandemic, build their physical and emotional resilience and enjoy being back.

Where are we now?

As of 2018/19, Leicestershire had a higher proportion of primary and secondary schools rated either good or outstanding than the national average, however educational outcomes for children in care, those with SEND or FSM and A-levels results are poorer than our comparators. Although below the England average, the rate of looked after children in Leicestershire is increasing, like nationally. There has been a 39% increase in numbers of children in care between 2015 and 2020 (from 471 to 654.)

With regards to health, the most recent data shows that Leicestershire performs significantly worse than England for HPV (Human papillomavirus) vaccination coverage for males, and prevalence of underweight Year 6 pupils. People with a learning disability are more likely to be either underweight or overweight. Over the last five years, the HPV vaccination coverage for females has been significantly decreasing and getting worse. A&E attendances in under 18s in Leicestershire are significantly worse than the England average. Over the last five years the trend for A&E attendances has been significantly increasing and getting worse. Nationally we know that 1 in 5 children have 4+ Adverse Childhood Experiences (ACEs), suggesting that significant proportions of Leicestershire children are likely to have ACEs[viii].

What does success look like?

- High uptake of Covid vaccination in 12-17year olds
- Increase uptake of HPV vaccination in males and females
- Stabilising numbers and rates of looked after children
- Reduction in A&E attendances in under 18's, including those caused by self harm
- Increased proportion of children at a healthy weight (not under or overweight/ obese, especially in SEND)
- Increased proportion of young people reporting strong emotional health and wellbeing
- Reduction in Adverse Childhood Experiences risk factors and increased proportion of young people that have a trusted adult in their life.

Our commitments to Leicestershire

- We will work with young people, partners, parents and schools in increase HPV and Covid-19 vaccination uptake
- We will investigate the causes of the increasing levels of children in care and work with families to prevent this whenever possible.
- We will ensure there are opportunities for all 16-17 years olds to gain education, employment and training.
- We will develop the Healthy Schools and secondary school children's public health service to help build informed, healthy, resilient young people that are ready to enter the adult world.
- We will ensure there is appropriate emotional and mental health support for children and young people as part of the Covid recovery.
- We will ensure that children and young people have access to the services they need to gain and maintain a healthy weight.
- We will support the workforce to embed a Trauma Informed Approach to reduce the impact of Adverse Childhood Experiences on later life.
- We will ensure that children with learning disabilities have a seamless transition into adult services.

4. Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing is an asset to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want to give everyone in Leicestershire the opportunity to live happy, healthy, long lives without illness or disease for as long as possible. However, to achieve this we must consider the social model of health (Figure 1) which confirms the importance of strong communities, health behaviour and the wider determinants of health (housing, work, education and skills, built and natural environment, income and transport) and that all factors are modifiable apart from age, sex and hereditary factors. Evidence shows us that clinical care only contributes towards 20% of health outcomes (see Figure 5)[ix], therefore improving the wider determinants of health (the "causes of the causes") will have a much greater effect on improving health outcomes and reducing inequities in health compared to NHS interventions alone.

Modifying these risk factors will take time to evolve and improve, however having a 10 year strategy allows Leicestershire to be bold in ambition and make true, sustainable action to improve the 'cause of the causes', which will transform the population's health and help break cycles of intergenerational inequality. Key priorities to drive this change are detailed below.

Figure 5 Contributors to health outcomes

4.1.1. Building strong foundations

We want to support people of Leicestershire to have strong foundations so they can build, develop and thrive. We recognise people and communities have and influence assets which can shape their health and wellbeing. We want to develop a strengths-based approach to the strategy working with our community on areas that are important to help them flourish. We know this is dependent on having secure building blocks such as good work, good homes and a safe and healthy environment.

Where are we now?

Leicestershire generally performs well compared to England for employment rates (80.1% in 2020 compared to 75.7% for England). We have diverse employment industries with varying health and wellbeing risks and needs. The largest sector is Manufacturing (12.5%), followed by Professional, Scientific & Technical (11.5%) Industry and Retail (8.7%) / Education (8.7%) having the highest proportion of employees in Leicestershire. However due to the Covid pandemic there was a 6% (7% nationally) take up of the Furlough scheme at the end of June 2021 especially in the 'accommodation and food services' and 'arts, entertainment and recreation' sectors.

Although these sectors are starting to return, the pandemic has hit many businesses across Leicestershire and claimants for Job Seekers Allowance or Universal Credit have significantly risen (with 13,865 claimants in July 2021). Leicestershire performs significantly worse than England for sickness absence and performs less well for adults with mental health conditions in employment or living independently.

The Leicestershire population is expected to grow by 147,533 or 20.7% between 2020 and 2043, with the biggest increase expected in the 60+ age group which is expected to increase by 39.7%. Therefore at least 63,667 additional homes are expected to be built by 2036. On top of this in September 2021, 141 single and 110 family households were homeless across Leicestershire.

Leicestershire performs significantly worse or lower than England for the percentage of adults walking for travel 3x per week, access to travel (disabilities or no car) and use of park and ride. We

also have variation in air pollution impacts on health and who can access green space within a 10minutes walk across the County.

Although overall crime numbers are generally low across Leicestershire, an increase (57.6%) in hate incidents (specifically racially motivated incidents) has been witnessed over a 12 month period (to June 2021) compared to the previous year.

What does success look like?

- Maintaining and increasing the employment rate. Specially for those with adult mental health.
- Improvement in sickness absence rate.
- Reduction in the number of homeless single and family households.
- Improved numbers of adults with mental health living independently.
- Ensure the appropriate, equitable infrastructure (including health services) is in place for the planned housing growth addressing health inequality through design.
- Increasing access and uptake of active travel.
- Improvement in air quality and its impact on health across Leicestershire.
- Maintain low levels of crime especially violent and hate crime.
- Reduction in fear of crime.
- Reduction in the proportion of Leicestershire residents that experience fuel poverty.

Our commitments to Leicestershire

- We will work with partners to deliver the Leicestershire wider determinants action plan, this will include a Health and Equity in all Policies approach to all we do.
- We will further grow Leicestershire's economy and support recovery from the Covid pandemic.
- We will work to ensure everyone has 'good work' for them. Supporting people to enter and maintain good employment/ skills and support those with health and care needs to keep their jobs, with particular attention to sickness absence (due to musculoskeletal and mental health conditions) and considering an aging workforce.
- We want everyone to have access to a good home. We will work with partners to ensure high quality new and current housing that has access to green space and supports good health and wellbeing. We will also prevent homelessness whenever possible.
- We will work with system partners to support adults with mental health challenges to live independently.
- We will effectively and equitably plan for our growing and older population to ensure everyone has access the services and infrastructure they need.
- We will work with Community Safety Partnerships to maintain low levels of crime and support community cohesion.
- We will implement the Air Quality and Health action plan.
- We will collaborate with the Leicestershire planning system and developers to explore a new approach to the design of our residential, employment and town centre environments to increases active travel, green infrastructure and reduction in motorised transport.
- We will work to further develop active travel across Leicestershire including a review of 20minute neighbourhoods to understand how these impacts on healthy behaviour and environments.
- We will support families out of fuel poverty and into affordable warmth.

- We will review the health impacts of climate change to support wider environmental workstreams to embed a health lens into their approach.

4.1.2. Enabling Healthy Choices and Environments

Everyday we make choices about what we eat, drink or how we spend our time. These choices impact on our health and wellbeing, with health behaviours (including smoking, diet, exercise, alcohol use or poor sexual health) contributing towards 30% of our health outcomes. However, making these choices is not straightforward and are heavily influenced by our social connections and the environment that we live in. Research suggests that ease of access to formal and informal green space and active travel significantly improves physical and mental health. By building social capital, community resilience and creating opportunity for people to help their own communities, Leicestershire can support each other to advance their health outcomes. Therefore, we want to encourage and enable people and communities to make healthier choices, creating an environment to empower them to do so and to respond proactively to any barriers that may exist. We need to connect and collaborate with those services and providers who design and develop our built environment to ensure that the physical and mental health of residents is more central to what is designed and developed.

Where are we now?

Leicestershire performs either significantly better than or statistically similar to England across a range of health behaviour indicators including smoking and substance misuse. Although the percentage of physically active/inactive adults and adults who are overweight/obese in Leicestershire are similar to the national average, these have historically been an area of lower performance compared to other county areas and these have a direct impact on general health and wellbeing. With regards to sexual health, rates of STI's diagnosis (particularly chlamydia detection and HIV testing) are relatively poor in comparison to England. The trend for total abortions and abortions in over 25s is significantly increasing and getting worse as seen nationally. According to the Active Lives Survey, in Leicestershire, 21% of adults reported feeling lonely often/always or some of the time.

In terms of immunisation and screening, Leicestershire performs significantly worse than the benchmark for Flu vaccination coverage (<75% in 2019/20) and Shingles vaccination coverage (<50% in 2018/19). However, over the last five years the trend in flu vaccination has improved, and the Shingles vaccination indicator is new due to changes in vaccination coverage collection. Leicestershire performs significantly worse than England for the percentage of eligible population who received an NHS Health check, at 31.7% in comparison to the national average of 33.4%. Cancer screening coverage for breast and cervical cancer is significantly better than the national average at 77.6% and 79.4% respectively, over the last five years the trend is decreasing and getting worse.

What does success look like?

- Maintain and improve performance on smoking prevalence and substance misuse.
- Reduced proportion of overweight/ obese adults and increased proportion of physical activity.
- Improved access and uptake of five fruit and vegetables a day.
- Increased proportion of Leicestershire residents who have access to green space within 10minutes walk.
- Improved Chlamydia detection and HIV testing rate.
- Levelling and reversing the increasing trend in abortions for over 25’s.

- Reduction in loneliness, improvement in community cohesion and resilience.
- Improved vaccination rates for Flu and Shingles, that are comparable to the areas with the best uptake rates in England.
- Reversing the decline in cancer screening rates and more cancers diagnosed at Stages 1 and 2
- Health Check coverage is on par with our ONS comparators in England.

Our commitments to Leicestershire

- We will embed Making Every Contact Count training and social prescribing approach across our collective workforce.
- We will deliver targeted, effective and consistent health and wellbeing communications to empower Leicestershire to make healthy choices.
- We will work with partners to deliver the Leicestershire Healthy Weight strategy and Food Plan.
- Through the Leicestershire Sexual Health Strategy, we will improve sexual health outcomes including chlamydia detection, HIV testing and combatting the increasing levels of abortion.
- We will further develop the ABCD, strength-based approach to build social capital and strong, connected and resilient communities.
- We will work with businesses to support enabling healthy choices through their shop/ supermarket.
- We will work with planners and licensing officers to further build a healthy environment across Leicestershire reviewing fast food outlet and alcohol premise density.
- We will invest in improving vaccination and screening rates (including cancer and health check coverage). This will include understanding the reasons for the decline in cancer screening rates and a targeted approach for those populations most at risk of premature mortality from cancers.

5. Living and Supported Well

As people age, become unwell or develop one or more Long Term Conditions (LTCs), it is important that they are supported to live as independently as possible, for as long as possible while maximising their quality of life. We know the more LTCs people have (rather than age), the greater amount of health and social care support they will need, and that this can be progressive. With a targeted population health management approach, we can focus on supporting those with multiple LTCs, to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

5.1. Industrialising Prevention and Self Care

As people age, develop chronic illnesses or require additional support to remain independent, we want to help them to feel more in control of their condition by equipping them with knowledge and skills around how to stay as well as possible and minimise the impact of their health. In addition, if we can encourage people to be more proactive about their health and wellbeing and focus on preventing deterioration by staying healthy and well, then people will live healthier lives for longer.

We understand that no one understands a person's condition, like themselves. Approaches that help patients learn new skills and gain confidence to manage their condition(s) better have been shown to increase feelings of support, confidence and control, while improving health outcomes and quality of life. As more and more people have access to technology at home and the market for assistive technology continues to grow, we want to utilise new ways of helping people to stay independent and well for longer. Whilst support in person will always be important, it will also be crucial to

ensure that we want to use developing technologies to assist with prevention, self-care, and independence.

Where are we now?

Leicestershire performs significantly worse than the benchmark (<66.7%) for estimated dementia diagnosis rate at 61.2% (2021).

We need to ensure that we make the best use of universal services such as libraries, museums and learning. These services deliver a range of activities that can play a role in preventing or delaying people's progress to more resource-intensive care arrangements. The appropriate identification and commissioning of services within available resources will ensure that our universal services are used to their full effect.

We have a responsibility to ensure that people have access to appropriate information, advice and guidance as their support needs develop. Customer feedback suggests that this is an area for improvement across all channels.

What does success look like?

- Slowing the number of people who progress from living with 1 or 2 LTC's to 5 or more
- Qualitative feedback that suggests multi-disciplinary, holistic care planning and self-management support packages that enable people to live well with long term conditions for longer, with less need for acute care
- An asset-based approach is taken to recognise and build on the strengths of individuals, families and communities
- Reduction in rates of falls across Leicestershire for people aged 65+, being on a par with the best performing authorities

Our commitments to Leicestershire

- We will empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of expert patient programmes, digital approaches, assistive technology and accessible diagnostics.
- We will deliver the Adults and Communities strategy including building asset-based approaches and social prescribing to work with and for people and communities.
- We will reduce the number of falls that people over 65 experience, including people in residential and nursing care homes

5.2. Effective management of frailty and complex care

We know that people with poorer health and multiple LTC's are the biggest users of health and social care resources. If we can utilise a Population Health Management approach to identify those at greatest risk of hospitalisation and deterioration of their health, we will be more able to introduce care planning and interventions early, which will help prevent or minimise episodes of acute health and social care required. This will include work to understand barriers to those with multiple LTC's undertaking physical activity, as maintaining and improving physical condition can have a positive impact upon stopping further decline in health and admissions.

We want to further strengthen this approach by embedding effective care planning across the system, linking different parts of the health and social care network together to plan support more holistically for the people of Leicestershire. By supporting staff to manage a defined level of risk in settings other than hospital (i.e. in the community, care homes, primary care etc), and ensuring effective and timely discharge from hospital with appropriate care packages in place, people will be

supported to live independently for as long as possible, even when episodes of acute care are required.

Across Leicester, Leicestershire and Rutland unpaid carers contribute around £2 billion worth of support every year, which has a significant positive impact on demand experienced across the health and social care sector. However, carers can experience some negative consequences associated with their role, such as strain, physical injury or other impacts upon their own health and wellbeing. It is crucial that we support and recognise carer's contribution to the health and social care sector, and the vital role they play in the quality of life experienced by those they care for.

Where are we now?

Leicestershire performs significantly worse than England for hip fractures in those aged 65+, and over the last five years the trend is significantly increasing and getting worse. The rate of emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) is significantly better than England, but the trend over the last five years shows the rate is significantly increasing and getting worse. Over the last five years, GP practices' Quality & Outcomes Framework disease registers show prevalence for Diabetes and Stroke is significantly increasing, most likely due to better case finding and coding of patients, whilst for coronary heart disease, the trend is significantly decreasing.

It is increasing numbers of long-term conditions (LTCs) rather than age that drive health and care costs. In Leicestershire, there are 51,101 people who have 5 or more LTC and 15,802 people with 8 or more. People with 5 LTC will, on average, use 7 times more elective care than those with 1 chronic condition; for those with 8 LTCs, this will increase to an average of 14 times the amount of secondary care activity, on average.

Census data (2011) tells us that there are over 105,000 unpaid carers across Leicester Leicestershire and Rutland (LLR).

What does success look like?

- Early identification of patients at high risk of hospitalisation and social care needs using a Population Health Management approach.
- Reduced levels of hip fractures and admissions for COPD.
- Reduction in emergency bed days for those with 5 or more Long Term Conditions
- 95% of people identified as vulnerable have a co-produced care plan, which takes into account their wider needs e.g., multiple LTC's, social/psychological elements and carer arrangements
- Improved performance on the Better Care Fund metrics: reduced permanent admissions to residential and nursing care, increases in the number of people (aged 65+) still at home 91 days after discharge into rehabilitation/reablement services, reduction in delayed transfers of care from hospital and reduced non-elective admissions into hospital.
- Improved patient satisfaction and coordination in complex care pathway and care coordination across the system especially for those with multimorbidity (5+ chronic conditions)
- Improved quality of life for carers
- Improved identification of people with moderate or severe frailty in the short term, followed by a reduction in the number of people with moderate or severe frailty as a result of proactive action.

Our commitments to Leicestershire

- We will build on the LLR Population Health Management framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.
- We will provide joined up services that support people and carers to live independently for as long as possible. Supported by health and social care this will ensure that the patient sees the right person for your problem at the right time.
- We will deliver an effective health and care integration programme that will deliver the Home First step up and step down approach for Leicestershire.
- We will seek to develop a more qualitative, holistic approach to care planning and risk management, exploring ways in which this could be delivered by a wider range of professionals across Leicestershire.
- We will improve the quality and coverage of joined up care planning for the most vulnerable including strengthening care planning links across primary and secondary care to achieve 95% of the vulnerable population having a care plan in place.
- We will continue to implement the LLR Carers strategy for Leicestershire.
- We will work to measure and reduce the number of emergency bed days people with Long Term Conditions experience.
- We will offer a two hour crisis response for people that may otherwise need to attend hospital (target 80% by April 2022).
- We will reduce the number of permanent admissions to residential and nursing homes.
- We will ensure eligible people receive reablement within 2 days of discharge.

6. Dying Well

End of life is an inevitable part of the life course, but we know that it is a difficult subject for many people to openly acknowledge and discuss. We want to support Leicestershire to understand, normalise and plan for this stage of life to ensure everyone has choice about their care and treatment, and support for loved ones and carers. This needs to be a personalised approach for the individual, their friends and family.

It is important for us to understand the kinds of support people would like at this stage of life, whether this is accessing practical advice about financial affairs, knowing what bereavement support is available for friends and family to access, or care planning as an option for all. We can then work with people to inform and support them in end-of-life planning.

For many people, the transition from living with one or many conditions into planning for the end of life can occur gradually. This chapter focusses on this transition and seeks to understand and respond to the needs of people through this final phase.

6.1. Understanding the need

We would like to better understand the holistic needs of people nearing the end of life and the needs of those that love and care for them. We already have a strong set of services and ambitions for end-of-life care in Leicestershire, but we want ensure these reflect of the latest data and views of the people of Leicestershire.

Where are we now?

We know that good quality communication is key for people nearing end of life. Dignity and respect, consistency and continuity, speed and access were key themes for the people that have shared

views with us along with the need for people to be treated with empathy. We also know that some people report a gap between expectations and services available and that people can feel 'done to' rather than empowered to make choices about their care.

We know that many people would prefer to die at home or in their care home than in hospital. Leicestershire performs significantly lower than England for the percentage of deaths occurring in hospital (all ages) and over the last five years, the trend is significantly decreasing. The LLR target is to reduce deaths in hospital to 35% (for adults aged 18+).

What does success look like?

- Reduction in the percentage of deaths occurring inside of hospital, aiming to achieve LLR target of a maximum of 35% in adults aged 18 and over.
- Clear qualitative understanding of what 'dying well' looks like across Leicestershire and what support is needed to ensure this happens.

Our commitments to Leicestershire

- We will carry out a Joint Strategic Needs Assessment chapter looking at end of life specifically
- We will seek to gather views from people to understand what dying well means to them and how this could be achieved.

6.2. Effective transitions

We want to support people through the transition from living with a long-term condition(s) or frailty into dying well. This often means informing people about what might happen, and about the choices they have before they reach this stage. It also provides an opportunity for conversations about people's fears and concerns and allows time for people to take action or make decisions to ensure their wishes are respected at the end of life.

Where are we now?

Many people make this transition in an informed way, but we know that not all people have this experience. We'd like to know more about the advice and support people already get, what people would like to know about or be prepared for and about gaps in information or advice available.

What does success look like?

- Increased proportion of people planning for late stages and end of life at a time when they are still able.
- Qualitative feedback that people know and have support on what to expect and what choices are available to them. They have the time to consider and plan for these decisions and to discuss them with family, friends and carers should they wish.

Our commitments to Leicestershire

- We will seek your views on what planning for late and end of life should look like and how you should be informed about your choices.
- We will ensure there is a clear transition in care planning from living with long term conditions into the later and end of life.
- We will ensure there is appropriate support for carers following the bereavement of a loved one so they can have a supportive transition into the next stage of their lives.

6.3. Normalising end of life planning

We would like to create a system that normalises end of life planning with people that wish to plan. For some this can mean practical planning for finances and wills, for others this will mean making choices about the care they receive and their treatment choices in advance.

Many people with poor health or in need of support, agree a care plan with their health and care professionals and we would like to increase the number of people with care plans in place. The ReSPECT process allows for conversations between people nearing the end of life or those with complex health needs, their families and carers and health or care professionals. It enables people to discuss and record some key decisions about their care and treatment including decisions about whether resuscitation should be attempted if they wish. We want to continue to support people with setting out their care and treatment choices and are keen to normalise planning for all aspects of end of life where people tell us there is a need.

Where are we now?

The majority of vulnerable people in Leicestershire have a care plan in place, but we know there are some that do not. This is a similar position for ReSPECT plans. Whilst some people may not wish to have a care or ReSPECT plan, we would like to offer this to everyone with opt out as a choice. We know that the numbers of people with a care or ReSPECT plan in place has fallen during the pandemic.

We know there is advice and guidance in our wider system and in communities that helps people with broader aspects of end-of-life planning. We would like to understand the demand for support that goes beyond care and ReSPECT planning and what this might look like.

What does success look like?

- Care plans offered to all vulnerable people that may benefit from having one with a target of 95%, this should include a ReSPECT plan.
- High levels of take up with people specifically opting out of having a plan in place rather than being missed from the offer of one.
- Qualitative feedback that Leicestershire feels comfortable and supported to plan for the end of life.
- End of life as everyone's business – an educated and compassionate workforce that can support people at end of life.
- Care co-ordination for people in the last days and weeks of life operates well.

Our commitments to Leicestershire

- We will offer care plans and ReSPECT plans to all vulnerable people, with a take up target of 95%.
- We will use our better understanding of needs through the JSNA chapter to consider other aspects of end-of-life planning.
- We will develop a social marketing campaign based on insight to normalise end of life planning.
- We will educate our workforce so that everyone understands how to support people at end of life
- We will improve co-ordination of care at end of life, as measured through patient feedback

7. Cross Cutting Priorities

7.1. Improved Mental Health

Good mental health is an important part of our overall health, and the impacts of poor mental health are wide reaching including lower employment, reduced social contributions and reduced life expectancy. The NHS 5 year forward view for mental health and recently the NHS Long-term plan[iii] have highlighted that mental health has been proportionally under-funded and had insufficient focus through statutory services[x].

The national strategies set out a commitment to achieve parity of esteem of funding and outcomes between what has traditionally been framed as offers to meet mental health needs in comparison to physical health needs. A sizeable investment programme was put in place for enhancing and increasing offers targeting mental health needs including:

- Accessible mental health self-management, guidance and support
- Joining up mental health, physical health, wider care, voluntary sector around local geographical areas
- Increasing access and strengthening offers for children and young people, and for women and families before, during and after pregnancy.
- Earlier intervention for people presenting with early signs of psychosis
- Psychological offers for the full range of defined mental health conditions
- Increasing retention and attainment of employment for people with mental health illness

The LLR vision for mental health of both children and adults across the system is '*We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs*.' In Leicestershire, we are keen to support this system work whilst being clear on the mental health and wellbeing needs of those living in Leicestershire specifically in order to champion their needs and support delivery of prevention, care and treatment that improves their experiences.

Where are we now?

The estimated number of children and young people aged 5-17 years with mental disorders in Leicestershire is 12,440. Leicestershire performs significantly better than England for percentage of school pupils (secondary and primary age) with social, emotional and mental health needs and children in care (<18 years), however, over the last five years the trend is increasing and getting worse.

The estimated proportion of the population aged 16 & over who have a common mental disorder in Leicestershire is 13.7% which equates to 77,698 people and 8.6% for those aged 65 and over, which equates to 11,997 people. Leicestershire performs significantly worse than England for the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate. Leicestershire also falls short of the NHS England dementia diagnosis target of 67%, achieving 61.2% in 2021. LCC Adult Social Care experienced increased demand for mental health support amongst working age adults in 2020/21: contacts with the Council increased by 19% on the previous year whilst those in receipt of long-term services increased by 4%.

There has been significant engagement with the Leicestershire population as part of the 'Step up To Great Mental Health' consultation in 2021. This highlighted common themes such as highlighting experience of patients being bounced between service offers, difficulties accessing specialist service offers for mental health (both in location of services and in long waits), insufficient support for carers and services not working together or centred on individual needs.

What does success look like?

- Increased proportions of Leicestershire experiencing good mental health and wellbeing.
- Qualitative feedback that good emotional health and wellbeing is actively promoted and supported across the county including for carers and that services are joined up and meeting patient's needs at the right time and place.
- Reduction in the proportion of people with mental health challenges that need intensive and specialist offers.
- Reduction in rate suicide.
- Increase dementia diagnosis rates to meet NHSE target of 67% and clear links made between healthy lifestyle and the risk of dementia.
- To increase the proportions of people with mental health challenges that:
    - Access and take up high quality advice, support and access to local amenities, including activities and groups to strengthen mental health and wellbeing
    - Live as independently as possible
    - Be supported around their individual recovery goals
    - Access to education, employment, training and housing and are supported by their employer/ institution
    - Have easy and timely access to the right, local, coordinated service
    - Have their physical health needs monitored and key health / lifestyle needs supported
    - Have their carers and families caring and mental health needs identified and supported

Our commitments to Leicestershire

- We will prioritise Mental Health on an equal basis to physical health in plans, investment and focus.
- We will seek to co-produce a Prevention Concordat for Better Mental health for Leicestershire to align organisations to further support mental health and wellbeing and prevent poor mental health.
- We will continue to focus on reducing the incidence and impact of suicide.
- We will continue to support the system work on children and young people's emotional health and well being.
- We will listen and respond to the Leicestershire population in the 'Step up to Great Mental Health' consultation and propose (consultation results) to deliver a variety of changes for our population through the LLR and Leicestershire specific Step up to Great Mental Health programme and associated Mental Health investment.
- We would support key recommendations of the Dementia JSNA Chapter and LLR Dementia Strategy (due to be reviewed in 2022). This will include improving dementia diagnosis rates and ensuring clear links between healthy lifestyle and risk of dementia through MECC Plus and Health Checks.

7.2. Reducing Health Inequalities

"Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that **arise from the unequal distribution of social, environmental and economic** conditions within societies" (NHS England, 2021)[xi]

Overall Leicestershire is an affluent county, that generally performs well in terms of health and wellbeing. However, not everyone enjoys the same prospects or opportunities for good health and wellbeing. As discussed above, health inequalities are underpinned by social determinants of health,

or the circumstances in which people are born, live, work and grow. Evidence suggests that those living in the most deprived areas of the county often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are not only more likely to get ill, but less likely to access services when they are unwell. This is known as the inverse care law.

We know that health inequalities have been further exposed by the Covid-19 pandemic, which has taken a disproportionate toll on groups already facing the worst health outcomes. For example, nationally the mortality rate from Covid-19 in the most deprived areas has been more than double that of the least deprived. In addition, some ethnic minority communities and people with disabilities have seen significantly higher Covid-19 mortality rates than the rest of the population. The economic and social consequences the pandemic response have worsened these inequalities further, with young people, informal carers, those in crowded housing, on low wage, unstable and frontline work experiencing a greater burden and transmission of the virus. We also know that older and more clinically vulnerable people have experienced extended periods of physical deconditioning through limited activity, and also social isolation, both of which may have longer term impacts on their health and wellbeing.

To help reduce these inequities the five NHS priorities for reducing health inequalities include;

- Priority 1: Restore NHS services inclusively
- Priority 2: Mitigate against digital exclusion
- Priority 3: Ensure datasets are complete and timely
- Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Priority 5: Strengthen leadership and accountability

The aim of these approaches is to achieve equitable access, excellent experiences and optimal outcomes for all across Leicestershire.

Where are we now?

Inequality in life expectancy is estimated using a summary measure called the slope index of inequality (SII). The higher the value of the SII, the greater the inequality within an area. Nationally, the inequality in life expectancy at birth is 9.4 years in males and 7.6 years in females in 2017-19. The SII for males and female life expectancy in Leicestershire in 2017-19 was 6.4 years and 5.0 years respectively. From 2016-18 to 2017-19, the slope index of inequality decreased by 0.1 years for males and has remained the same for females.

In males life expectancy in the least deprived decile has increased from 82.1 years in 2010-12 to 84.0 years in 2017-19. For the same time period, in the most deprived decile, life expectancy at birth in males has remained at 76.0 years. In females life expectancy in the least deprived decile has increased from 85.4 years in 2010-12 to 86.2 years in 2017-19. In the same time period in the most deprived decile life expectancy at birth in females has increased from 80.5 years to 80.8 years. Hence showing that inequalities in life expectancy are growing across Leicestershire, with increases in life expectancy growing at a fast rate in the least deprived deciles as compared to those in the most deprived deciles.

What does success look like?

- Reduction in the slope index of inequality or ‘levelling up’ of the social gradient

- A greater rate of improvement in life and health life expectancy in the most deprived communities and vulnerable groups across Leicestershire (including those from specific ethnic or vulnerable groups and disabilities.)

Our commitments to Leicestershire

- We want equitable access, excellent experiences and optimal outcomes for all those using health and care services across Leicestershire. To do this we will embrace a proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. This means that although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people, that will aim to bring those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes. (I.e. developing the national CORE20PLUS5 initiative.)
- We will translate the Leicester, Leicestershire and Rutland Health Inequalities framework for Leicestershire. This will include embedding a Health and Equity in all policies approach, utilising anchor institutions, training our leaders on health inequalities and ensuring we are collating data to analyse health inequalities effectively.
- Within the NHS we will also prioritise the five key clinical areas of health inequalities including early cancer diagnosis (screening & early referral), hypertension case finding, chronic respiratory disease (driving Covid & Flu vaccination uptake), annual health checks for people with serious mental illness and continuity of maternity carer plans[xii].

7.3. Impact of Covid-19

The Covid-19 pandemic has and will continue to have a significant direct and indirect impact the health and wellbeing of residents in Leicestershire. The Joint Health and Wellbeing Strategy acknowledges the population's loss and will continue to strengthen the innovation that has emerged through this difficult time.

Where are we now?

The weekly Covid-19 rates in Leicestershire have followed a similar trend to the national rates throughout the pandemic. During the 2nd national lockdown, the Leicestershire rates rose above the national average, whilst in the 3rd lockdown the Leicestershire rates dropped below the national rate. From early August 2021 the Leicestershire rates have increased above the national rate.

The age standardised mortality rate for deaths involving Covid-19 (2020/21) for all persons in Leicestershire was 154.6 (per 100,000 population), this is significantly lower than the national rate of 181.7 (per 100,000 population).

Since the beginning of the pandemic to week 34, 2021 (27th August) there have been 1,600 death occurrences mentioning Covid-19 in Leicestershire and 3,434 hospital admissions in Leicestershire residents. Since implementation of the Covid-19 vaccination programme significant reductions in Covid-19 related hospitalisations and deaths have been seen across Leicestershire. However, no vaccine is 100% effective and we need to continue to work with our communities to support them to live with Covid-19 in the longer term.

What does success look like?

- High uptake of the Covid-19 vaccination
- Reduction in hospitalisations and deaths due to Covid-19
- Patient feedback that health and care services are equipped to manage the Covid-19 in the longer term

- Numbers of people accessing support for Long Covid

Our commitments to Leicestershire

- We will support our population to get timely access to the Covid-19 vaccinations that are appropriate to them.
- We will ensure our health and care services are equipped to manage the impact of Covid-19 directly and indirectly for the longer term.
- We will use the results from the Covid-19 Impact Assessment to target specific interventions and vulnerable groups throughout the wider strategy implementation.
- We will support Leicestershire to live with Covid-19 circulating within our population in the longer term.
- We will ensure we maintain a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.

8. Next Steps

8.1. Evolution of the HWB

We want to ensure we have the correct mechanisms in place to monitor and evaluate the progress against the priorities discussed above to ensure we are making a true difference to improving health and wellbeing outcomes for Leicestershire. The HWBs is a statutory Board that is crucial in making this happen across Leicestershire as a place. It is a key forum established with collaborative decision makers, and commissioning leads from across the County Council, Borough and District Councils and the NHS, informed by the views of patients, people who use services and other partners who bring expert knowledge of the local community to enhance the JSNA and Joint Health and Wellbeing Strategy (JHWS).

Membership of the Leicestershire HWB include:

- Leicestershire County Council
- Clinical Commissioning Groups/ Integrated Care System
- Elected Members
- Lead District Officer for Health and Housing
- Healthwatch
- NHS England
- University Hospitals of Leicester
- Leicestershire Partnership Trust
- Leicestershire Police
- Office of Police and Crime Commissioner

The HWB acknowledges that partners across the system make a significant contribution to improving the health and wellbeing of the Leicestershire population both individually and collectively. Therefore, the HWB will evolve a 'partnership pf partnerships' approach with other key boards, and have agreed to evolve and ensure that the JHWS priorities have ownership and are accountable. As a result, the approved approach is 'do, sponsor, and watch' to allow the board to proactively set the agenda around key integration and partnership priority areas, whilst allowing partners to continue to deliver and drive change through their subgroups and organisations without blockages across the system. The approach is summarised below:

- **Do** – The JHWS will identify 1-2 key priorities for action in each of the life course stages. The HWB will ensure there is the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. Therefore, each priority will have a named Senior Responsible Officer, with appropriate metrics and action plans developed. The HWB agenda will ensure adequate, dedicated time is allocated throughout the priorities development and implementation to ensure all HWB partners are clear about their role and accountability in progressing the specific priority.
- **Sponsor** – Additional key work streams including from the HWB Sub-groups and LLR ICS Design Groups, will be supported by a sponsor from the HWB who is accountable to ensure outcomes are delivered on. These workstreams will have clear objectives and would not be routinely discussed by the board unless the sponsor highlights the need for this to happen. A highlight report will be submitted to the board on an annual basis and the list of 'sponsor' workstreams will be reviewed on an annual basis.
- **Watch** – Workstreams including specific health pathways, organisational service reviews, support for carers and dementia etc that are still important to prevention and reducing health inequalities, but are more aligned to a single organisation. This is business as usual

and may include areas that are already ongoing, only escalating to the HWB when required. Again the 'watch' list will be reviewed on an annual basis and each workstream will have a Board link to ensure escalation to the Board is made as needed.

8.2. How will we know we have made a difference?

The key to getting things right is embedded in leadership and accountability. The best way of knowing if this strategy has made a difference is to ensure effective and regular monitoring of the actions that address the identified priorities, highlight any gaps and continue the conversation with residents, communities and partners through the JHWS Engagement Strategy. The aim is to regularly check in with residents to see if the priorities reflect the local experiences of health and wellbeing, and that our actions are making a true difference to the local population. The HWB will receive progress reports against the JHWS delivery plan at every meeting. The delivery plan sets out the specific change we would expect to see and the actions that will be taken. Following the approach outlined above, HWB members will be required as a sponsor for priorities to be held accountable and identified as a point of contact for organisations to explore actions being taken.

To ensure the strategy remains relevant, major review and evaluation gateways will take place on a 3-year cycle (aligning with the Community Health and Wellbeing Plans) along with minor reviews and progress updates on an annual basis reflecting both stakeholder, residents and communities feedback. The JHWS will be tailored and operationalised to reflect varying locality need and this will feed up to shape the wider LLR ICS vision at system and neighbourhood. This will enable the JHWS to stay relevant and will support the HWB in its aim to improve health and wellbeing outcomes across Leicestershire, while complementing and contributing to the wider health and care system across LLR.

9. References

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Agenda Item 9

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19th JANUARY 2022

MEDIUM TERM FINANCIAL STRATEGY 2022/23 – 2025/26

JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF CORPORATE RESOURCES

Purpose of Report

1. The purpose of this report is to:

   a) provide information on the proposed 2022/23 to 2025/26 Medium Term Financial Strategy (MTFS) as it relates to Public Health; and

   b) ask the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2021. This has been the subject of a comprehensive review and revision in light of the current economic circumstances. The draft MTFS proposed for 2022/23 to 2025/26 was considered by the Cabinet on 14th December 2021.

Background

3. The MTFS is set out in the report to Cabinet on 14th December 2021, a copy of which has been circulated to all members of the County Council. This report highlights the implications for the Public Health Department.

4. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 31st January 2022. The Cabinet will consider the results of the scrutiny process on the 11th February 2022 before recommending an MTFS, including a budget and capital programme for 2022/23, to the County Council on the 23rd February 2022.

Service Transformation

5. The 2021/22 settlement for Leicestershire was £25.515m, a 1.1% increase on the 2020/21 grant. The uplift to the grant also includes additional funding to

cover the costs of routine pre-exposure prophylaxis (PrEP) commissioning. The outcome of the recent review of commissioning arrangements for health visiting, school nursing and sexual health services that was originally set out in the NHS Long Term Plan has resulted in no substantive movement of responsibilities back to the NHS. The review has called for a collaborative commissioning approach to Sexual Health Services but further guidance on how this will work in practice is awaited.

6. During 2021/22, the Department received Contain Outbreak Management funding of £3.0m to continue to support test, trace and contain activity. This money supports the delivery of the authority's Outbreak Control Plan which outlines how the department is managing the response to Covid-19 across the county.

7. The Department and the services it commissions and delivers continue to be structured in line with statutory duties and the Target Operating Model as set out in the Early Help and Prevention Review. The Department will consider the in-house provision of services as a preferred option, where appropriate, recognising that specialised health improvement treatment services will continue to be externally commissioned through the NHS and third sector markets.

Proposed Revenue Budget

8. Table 1 below summarises the proposed 2022/23 revenue budget and provisional budgets for the next three years thereafter. The proposed 2022/23 revenue budget is shown in detail in Appendix A.

Table 1 – Revenue Budget 2022/23 to 2025/26

	2022/23 £000	**2023/24 £000**	**2024/25 £000**	**2025/26 £000**
Original prior year budget	-1,323	-1,446	-1,446	-1,546
Budget transfers and adjustments	-23	0	0	0
Add proposed growth (Appendix B)	0	0	0	0
Less proposed savings (Appendix B)	-100	0	-100	-90
Proposed/Provisional budget	**-1,446**	**-1,446**	**-1,546**	**-1,636**

9. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.

10. The central contingency also includes provision for an annual 1% increase in the employers' contribution to the Local Government Pension Scheme based upon the 2019 triennial actuarial revaluation of the pension fund.

11. The total gross proposed budget for 2022/23 is £33.2m with contributions from health, transfers and various other income sources totalling £9.1m. The ring-fenced grant allocation for 2022/23 is estimated to be £25.515m.

12. The proposed net budget for 2022/23 of - £1,446k is distributed as shown in Table 2 below:

Table 2 - Net Budget 2021/22

	£000	**%**
Public Health Leadership	-2,152	-8.9
Local Area Co-ordination	1,689	7.0
Quit Ready	611	2.5
First Contact Plus	707	2.9
Other Public Health Services	172	0.7
Programme Delivery	1,513	6.3
Public Health Advice	761	3.2
Weight Management Service	284	1.2
NHS Health Check Programme	500	2.1
Children's Public Health 0-19	9,124	37.9
Domestic Violence	435	1.8
Sexual Health	4,187	17.4
Substance Misuse	4,184	17.4
Physical Activity	1,146	4.8
Obesity Programmes	190	0.8
Health Protection	649	2.7
Tobacco Control	70	0.3
Active Together (formerly Leicestershire and Rutland Sport)	0	
Total	**24,069**	**100.0**
Public Health Ring Fenced Grant	**-25,515**	
Total Net Budgeted Spend	**-1,446**	

Budget Changes and Adjustments

13. A budget transfer for Ways of Working (a decrease of £23k) is to be made during the 2021/22 financial year.

14. Growth and savings have been categorised in the appendices under the following classification;

* item unchanged from previous MTFS
** item included in the previous MTFS, but amendments have been made
No stars - new item

15. This star rating is included in the descriptions set out for growth and savings below.

16. Savings have also been classified as ‘Eff’ or ‘SR’ dependent on whether the saving is seen as efficiency or service reduction or a mixture of both. ‘Inc’ denotes those savings that are funding related and/or generate more income.

GROWTH

17. Growth bids made by Public Health are in response to national issues faced by all public health authorities and not internally generated initiatives; as a result they are kept to a minimum and for MTFS 2022 are zero.

SAVINGS

18. Details of proposed savings are set out in Appendix B and total £0.1m in 2022/23 rising to £0.3m per annum by 2025/26. These are detailed in the following paragraphs.

19. *PH1: Eff/SR Early Help and Prevention Review - review of externally commissioned prevention services; £65,000 in 2022/23

    The Early Help and Prevention Strategy was approved by Cabinet on 17 June 2016 and was comprised of savings in the following key areas: Homelessness Prevention, Substance Misuse Treatment Services, YP Tobacco Programme and Adults & Communities, Support for Carers Contract. To date, savings of £1,249k have been delivered.

20. PH2: Eff/SR Redesign of integrated lifestyle service pathways; £100,000 in 2024/25

    Opportunities for the redesigning of integrated lifestyle service pathways is underway with potential changes to service delivery being reviewed with support from the Transformation Unit and Strategic Finance. At this stage no risks have been identified but this may change as opportunities are reviewed.

21. PH3: Eff/SR Review of Commissioned services; £35,000 in 2022/23 rising to £125,000 in 2025/26

    The department is working with the Transformation Unit to identify opportunities for savings across its portfolio of commissioned services. To date £35,000 has been identified and work is underway to identify the remainder of the saving for this line. The department is confident that savings will be reached within the time scales and with political agreement.

Savings under Development

22. Early Help and Prevention

Explore potential to expand Early Help and Prevention to include a review of services currently in other departments across the authority and realise additional savings to those already delivered to ensure interventions are efficient and effective.

23. Internal Infrastructure Costs (Weight Management)

A review of the infrastructure costs that are paid to organisations will be conducted to determine whether this funding is still needed.

24. Health Checks

Redesign of the Health Check programme to see what scope there is for delivering this service in a different way whilst still ensuring the statutory element of the service is provided

25. Clinical Commissioning Group (CCG) Prescribing Recharges

CCGs in Leicestershire currently recharge Public Health for prescription items related to Public Health activity. However, in many authorities this isn't the case. There is an opportunity to ensure a standardised approach as CCGs move towards an integrated care model.

26. Service Efficiencies

A review of the costs of each interaction with service users to see what opportunities there are to provide services, more efficiently whilst still delivering desired outcomes.

27. Commercialisation of elements of the school offer

Selling some of the current PH services to schools and workplaces. This will initially be explored in the County but given the ability of the Public Health service to deliver services in house, the opportunities to provide services outside Leicestershire could also be explored.

External Influences

28. Demand Led Activity

Sexual Health services are required to be provided on an open access basis and therefore there is a risk to the achievement of the MTFS. Health Checks are also demand driven.

29. Inflation

The department continues to be at risk of inflationary pressures. Although there has been an increase to the Public Health Grant in 2021, there is an ongoing requirement for the Department to meet increased provider costs.

30. Public Health Grant

There continues to be uncertainty around the Public Health Grant due to the lack of business rate retention reform. We are anticipating that the grant will be extended for a further year into 2022/23.

Other Funding Sources

31. There are several funding sources that contribute to the overall budget for Public Health.

Funding Source	**Description**	**Value £000**	**RISK RAG**
Public Health Grant	Public Health Grant Allocation 2021/22(awaiting announcement for 2022/23 allocation).	25,515	G
Sport England Grant	Leicester-Shire and Rutland Sport receive funding to deliver a number of programmes. Funding varies each year, according to the programmes supported.	759	G
Better Care Fund	Funding allocation for First Contact Plus.	159	G
Rutland County Council	The provision of Public Health support to the authority and a section 113 agreement for Mike Sandys as the DPH.	297	G
Office of the Police and Crime Commissioner	This funding is a contribution to the (drugs) treatment contract.	145	G
Clinical Commissioning Groups	To meet the costs of contraceptive devices which are fitted to treat an existing medical condition.	100	G

Background Papers

Cabinet 14th December 2021 - Medium Term Financial Strategy 2022/23 to 2025/26

http://politics.leics.gov.uk/documents/b17344/Item%204%20-%20MTFS%20-%20Supplementary%20Report%20Tuesday%2014-Dec-2021%2014.00%20Cabinet.pdf?T=9

Circulation under Local Issues Alert Procedure

None.

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List of Appendices

Appendix A – Revenue Budget 2022/23
Appendix B – Growth & Savings 2022/23 – 2025/26

Equality and Human Rights implications

32. Public authorities are required by law to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share protected characteristics and those who do not; and
- Foster good relations between people who share protected characteristics and those who do not.

33. Many aspects of the County Council's MTFS may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

34. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.

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APPENDIX A

PUBLIC HEALTH DEPARTMENT

REVENUE BUDGET 2022/23

Net Budget 2021/22 £		Employees £	Running Expenses £	Internal Income £	Gross Budget	External Income £	Net Budget £
-25,515,000	**Public Health Ring-Fenced Grant**	0	0	0	0	-25,515,000	-25,515,000
	Department						
2,171,620	Public Health Leadership	2,196,545	542,000	-4,593,785	-1,855,240	-296,362	-2,151,602
919,213	Local Area Co-ordination	1,701,115	72,830	0	1,773,945	-85,371	1,688,574
543,608	Quit Ready	372,527	259,750	0	632,277	-21,000	611,277
272,026	First Contact Plus	865,135	700	0	865,835	-158,640	707,195
209,010	Other Public Health Services	0	171,510	0	171,510	0	171,510
778,096	Programme Delivery	922,853	829,577	-58,900	1,693,530	-180,333	1,513,197
310,720	Public Health Advice	0	760,720	0	760,720	0	760,720
270,963	Weight Management Service	252,093	41,500	0	293,593	-10,000	283,593
500,000	NHS Health Check programme	0	500,000	0	500,000	0	500,000
5,975,256	**Total**	**6,310,268**	**3,178,587**	**-4,652,685**	**4,836,170**	**-751,706**	**4,084,464**
8,233,236	**0-19 Childrens Public Health**	0	9,447,341	-323,000	9,124,341	0	9,124,341
	Safer Communities						
385,258	Domestic Violence	0	434,703	0	434,703	0	434,703
4,076,070	Sexual Health	0	4,286,875	0	4,286,875	-100,000	4,186,875
4,025,932	Substance Misuse	0	4,399,624	0	4,399,624	-215,818	4,183,806
8,487,260	**Total**	**0**	**9,121,202**	**0**	**9,121,202**	**-315,818**	**8,805,384**
	Physical Activity and Obesity						
1,110,951	Physical Activity	0	1,145,951	0	1,145,951	0	1,145,951
190,000	Obesity Programmes	0	190,000	0	190,000	0	190,000

1,300,951	**Total**	**0**	**1,335,951**	**0**	**1,335,951**	**0**	**1,335,951**
102,204	**Health Protection**	608,437	41,830	0	650,267	-1,500	648,767
70,000	**Tobacco Control**	0	70,000	0	70,000	0	70,000
0	**Active Together**	1,240,442	1,836,427	-1,660,723	1,416,146	-1,416,146	0
-1,346,093	**TOTAL PUBLIC HEALTH**	**8,159,147**	**25,031,338**	**-6,636,408**	**26,554,077**	**-28,000,170**	**-1,446,093**

APPENDIX B

References				2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
			GROWTH				
			Demand & cost increases				
			TOTAL	**0**	**0**	**0**	**0**
			SAVINGS				
*	PH1	Eff/SR	Early Help & Prevention Review - review of externally commissioned prevention services	-65	-65	-65	-65
	PH2	Eff/SR	Redesign of integrated lifestyle service pathways	0	0	-100	-100
	PH3	Eff/SR	Review of Commissioned services	-35	-35	-35	-125
			TOTAL	**-100**	**-100**	**-200**	**-290**

* items unchanged from previous Medium Term Financial Strategy

** items included in the previous Medium Term Financial Strategy which have been amended

Eff = Efficiency saving; SR = Service reduction; Inc = Income

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Agenda Item 10

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 19 JANUARY 2022

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data at the end of December 2021.

Background

2. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the CCG Commissioning Support Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

NHS Oversight Framework

3. At a national level the health performance reporting model has been influenced by the NHS Oversight Framework, issued in August 2019. The Framework summarised the overall approach to oversight. The Framework has informed reporting related to CCG performance set out later in this report.

4. There are also a wide range of separate clinical and regulatory standards that apply to individual services and providers. The Public Health Outcomes Framework (PHOF) sets out metrics on which to help assess public health performance and there is a separate framework for other health services. Adult social care outcomes are covered by the Adult Social Care Outcomes Framework (ASCOF) and the Better Care Fund is subject to separate guidance.

Changes to Performance Reporting Framework

5. A number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take account of the above developments, as well as any particular areas that the Committee might wish to see included.

6. The following 4 areas therefore form the basis of reporting to this Committee: -

   a. Some contextual information related to Covid-19 locally:
   b. CCG Performance for the East and West Leics CCG areas:
   c. Quality - UHL Never Events/Serious incidents:
   d. Leicestershire public health outcome metrics and performance: and
   e. Performance against metrics/targets set out in the Better Care Fund plan.

Coronavirus and Covid-19 Contextual Intelligence

7. Due to the impact and prioritisation of the Covid-19 response, usual data collection and reporting were paused in a number of areas. Some elements of national data collection and release, such as around delayed transfers of care, were put on hold to help providers focus on tackling the immediate coronavirus emergency. So previous data is not able to be reported in a small number of areas.

8. Business intelligence services have been redirected significantly to help the NHS, Local Resilience Forum, County Council and other agencies to better understand and help manage the response to the pandemic, including creating a range of new analysis, intelligence sources, statistics, management reporting, system modelling and surveys. These range from Covid-19 cases, deaths, excess deaths, bed capacity and modelling, health and care provider intelligence, testing, vaccinations, body storage and crematoria capacity, shielding of vulnerable individuals and vulnerable children's school attendance.

9. Attached as Appendix 1 is the weekly Covid-19 intelligence report showing data from 1 March 2020 up to 29 December 2021. This shows the wider context of Covid-19 in Leicestershire including pillar 1 and 2 cases, age profile of cases, district breakdown and per 100k population, cumulative cases per 100k, cases and rates by middle super output area and Ward.

10. Appendix 2 covers the week 51 position (data on 4 January) in terms of local Covid-19 related deaths, excess deaths, areas with a higher percentage of deaths, and weekly incidence rates, a district level summary, the vaccination uptake position and admissions to UHL with Covid-19. There were no excess deaths in LLR in the latest week though that is likely to be due to delays in reporting over the Christmas period. There has been a modest level of excess deaths reported in most weeks during the autumn period. There were 5 deaths

mentioning Covid-19 on the death certificate in the latest week, down from 11 in week 50. There has so far been a total of 1,767 deaths involving Covid-19 recorded in Leicestershire.

11. As of 2 January 2022, Leicestershire has recorded a total of 149,694 lab-confirmed cases of Covid-19. From January 2021 to the beginning of May 2021 cases had been decreasing. From then to mid-July the cases increased, before decreasing in w/c 19 July. Since then the weekly counts have shown an increasing trend with the exception of the weeks between 20 September and 1 November. Over the last 8 weeks the weekly counts of cases have shown an increasing trend. The latest weekly data shows 12, 285 cases have been confirmed in Leicestershire in the last week. Over the last 4 weeks the data has moved from 4,115 to 6151, to 8677 and now 12, 285. Having been around 2 to 3 thousand cases during the autumn.

12. The incidence rate in Leicestershire (1691.9 per 100k pop) was slightly higher than the national rate (1588.1 per 100k pop) as at 27 December 2021. As of week 50, to 19 December, Leicestershire was ranked 63rd highest of 149 upper tier local authorities and ranked 6th highest out of its CIPFA similar areas. In week 52 to 1 January 2022 there were 123 admissions with covid-19 made to UHL by Leicestershire residents (compared with 80 and 43 in the 2 weeks prior); 58 (48%) of these admissions were patients aged 60+.

CCG Performance

NHS Oversight Framework

13. The CCG Performance Overview section of this report provides an update on Leicestershire, and Rutland operational performance against key national standards.

14. Leicestershire cannot currently be identified separately to Rutland as national performance metrics are reported publicly by Clinical Commissioning Group (West Leicestershire and East Leicestershire and Rutland) or Integrated Care System (Leicester, Leicestershire and Rutland).

15. Detailed performance reporting on the NHS System Oversight Framework 2021/22 (https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/) is being presented quarterly to the LLR Integrated Care System Quality and Performance Improvement Assurance Committee (QPIAC) and for the first time in early January 2022.

16. Each month QPIAC receives a high-level overview around the areas which are most under scrutiny by regulators. This focuses on primary care, Priority 2 patients, elective long waiters, cancer, ambulance handovers, urgent care, mental health and covid vaccinations.

17. The following table provides an explanation for key Constitutional indicators. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	Latest 2021/22 Performance	Local actions in place/supporting information
Cancer 62 days from referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	**National Target >85%** October 2021 **East Leicestershire & Rutland CCG (ELR) patients at all providers** 39% **West Leicestershire CCG (WL) patients at all providers** 47%	Monthly cancer tumour site meetings are in place to support services with recovery, transformation, and escalation. These are system-wide collaborative meetings to ensure end-to-end pathway review and all opportunities for development are explored. Robust action plans are in place. Maintaining clinical priority for Priority 1 and Priority 2 cases. Continued utilisation and further opportunity of the Independent sector, the Alliance and Primary care including dermatology and breast. Funding has been allocated to support Chemotherapy and Radiotherapy until April 2022. A long-term plan has been agreed for these services to ensure stability and to accommodate the increasing activity requirements.
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	**National Target: % of patients treated, admitted or discharged >95%** **November 2021 UHL A&E department and LLR Urgent Care Centres** 64% **UHL A&E only** 54% (22,080 pts seen/ treated in Nov	There is a focus on flow through hospital and improving discharge processes. Root causes include: Crowding in Emergency Dept due to poor outflow: High inflow of both walk-in and ambulance arrivals: and High UHL bed occupancy. Actions in place include: Overnight Emergency Dept consultant locum shift available: Additional funding provided via

	21) **LLR Urgent Care Centres only** 91% (10,640 pts seen/treated in Nov 21)	winter monies for registrars: Number of redirection and pre-hospital actions in place to reduce occupancy and overall attendances: and maximising the use of the on-site UTC
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**National Target** **% of patients treated within 18weeks >92%** **ELR & WL patients at all Providers** 54% October 2021 **Total Number of ELR & WL patients waiting at all Providers** 74,844 at the end of October 2021 **Total Number of ELR & WL patients at all Providers waiting over 52weeks** 8,383 at the end of October 2021 **Total number of ELR & WL patients at all Providers waiting over 104weeks** 724 at the end of October 2021.	The system has an agreed and jointly owned 104 week recovery trajectory to be achieved by March 2022. Weekend insourcing is underway in multiple specialties including maxillofacial, urology and paediatric surgery. Further conversations are happening for theatre capacity for orthopaedics in December and January 2022. University Hospitals Coventry and Warwickshire have agreed to take additional patients off the UHL waiting list, UHL will be looking to identify more patients where appropriate.
Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure improvements in access to psychological therapy services for people with depression and/or anxiety disorders Recovery levels are a useful measure of patient outcome and helps to	**Number of adults accessing IAPT services** Sept 2021 1400 ELR & WL patients accessing IAPT services in Sept 2021, against a target of 1435 **% of people who complete treatment who are moving to**	IAPT access rates (the number of people entering IAPT services) have been improving since the start of the financial year with the commencement of the new LLR provider. The percentage of patients moving to recovery (where a patient is not classed as a clinical case at the end

inform service development	**recovery** **National target >50%** Sept 2021 64% ELR 55% WL	of their treatment, measured by scores from questionnaires tailored to their specific condition) continues to achieve the national standard of 50%.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations	**National Target >66.7%** Leicestershire - November 2021 60.5%	Dementia Board now represented fully at Mental Health design group. Additional post to support Dementia, with key deliverables to increase County diagnosis and to work jointly with local authorities. Care homes subgroup engaged in conversations to ensure equity of access. Grant schemes to be managed by Dementia Board include care homes equity of access as an outcome measure.

Other Cancer Metrics

18. The latest October 2021 performance for the Cancer Wait Metrics is set out below: -

Metric	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times				
The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Oct-21	93%	80%	79%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Oct-21	93%	56%	50%
The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Oct-21	96%	83%	80%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Oct-21	94%	75%	73%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Oct-21	98%	97%	100%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Oct-21	94%	75%	85%
The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Oct-21	85%	39%	47%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Oct-21	90%	38%	65%
% of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Oct-21	No national target	72%	65%

Never Events at UHL

19. There have been 6 Never Events from April 2021 to Sept 2021 at University Hospitals Leicester. In 2020/21 UHL reported 7 Never Events and in 2019/20 UHL reported 2 Never Events. Most recently 2 Never Events occurred in September 2021, one for Wrong Site Surgery and one for Retained Foreign Object Post Procedure. Appropriate immediate actions and full investigations to identify further learning took place. A Never Event reduction plan has been discussed at the Executive Team meeting and with System colleagues – a detailed action plan was presented to the November 2021 Quality Committee. The trust-wide 'Time to Train' half day on 13 October 2021 focused on Safer Surgery and Interventional Procedures and Never Event learning.

Areas of Improvement

20. There are some areas which are worth commenting on, that have shown recent improvement:

- There has been an overall increase in the number of GP appointments across Leicester, Leicestershire & Rutland (LLR) in October 2021 to 614,249, the highest number since October 2019.
- In addition, the number of face-to-face appointments in LLR has also increased and accounted for 420,246 appointments in October 2021 (68% of all appointments).
- IAPT recovery has achieved target over the past 12 months.

Future Reporting

21. The format of the CCG performance improvement report has changed due to the move to become an Integrated Care System, resulting in reporting at System, Place and Neighbourhood level. LLR ICS Quality and Performance Improvement Assurance Committee (QPIAC) receives System Level documents. Work is also progressing on a new Place level dashboard linked to the new County Health and Wellbeing Strategy. Therefore, moving forwards, the Committee can:
    - continue to receive the format of this report, covering West Leicestershire and East Leicestershire & Rutland CCG high level performance until CCG level reporting ceases:
    - receive a similar report to that presented at the ICS Public Board, being aware that this will cover LLR only, and therefore include Leicester City performance:
    - progress discussions around Place Led Plans and reporting for the County with updates to the Health and Wellbeing Board and Scrutiny:
    - receive a combined report from a combination of these data sources.

Public Health Outcomes Performance – Appendix 3

22. Appendix 3 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 38 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

23. Analysis shows that of the comparable indicators, 18 are green, 13 amber and 2 red. There are 5 indicators that are not suitable for comparison or have no national data. Of the eighteen green indicators, the following indicators; prevalence of overweight (including obesity) persons aged 4-5 years, cancer screening coverage-bowel cancer (persons, 60-74 years old), cancer

screening coverage-cervical cancer (females, 25-49 years old) and New STI Diagnoses (exc Chlamydia aged <25) have shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old) and cervical cancer screening coverage (females, 50-64 years old) have shown a significant declining (worsening) performance over the last five time periods.

24. More recent data has been published for life expectancy at birth (2018-20). This shows Leicestershire continues to perform significantly better than the national average for males and females. Compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.2 years for females, a similar pattern has been witnessed nationally. Other indicators related to life expectancy such as healthy life expectancy and inequality in life expectancy are still to be published.

25. The under 18 conception rate in Leicestershire remains significantly better than the national average, however in 2019 an increase has been witnessed compared to the previous year, whereas nationally a decrease has been witnessed.

26. With regards to the two red indicators; smoking status at time of delivery in Leicestershire is ranked 8 out of 16 in 2020/21, and chlamydia detection rate per 100,000 persons aged 15-24 years in Leicestershire is ranked 10th out of 16 for in 2020. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of the new Health and Wellbeing Strategy implementation and the public health service plan development process.

27. Leicestershire and Rutland have combined values for the following two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

Better Care Fund and Adult Care Health/Integration Performance

28. A new updated Better Care Fund Plan for Leicestershire was submitted to NHS England for 2021/22 by the deadline of 16 November 2021. The plan includes ambitions associated with five Better Care Fund (BCF) metrics and includes targets and current data. In relation to improving outcomes for people discharged from hospital the BCF Plan focuses on improvements in the key metrics of 'reducing length of stay in hospital for longer than 14 and 21 days' and 'improving the proportion of people discharged home, using data on discharge to their usual place of residence.'

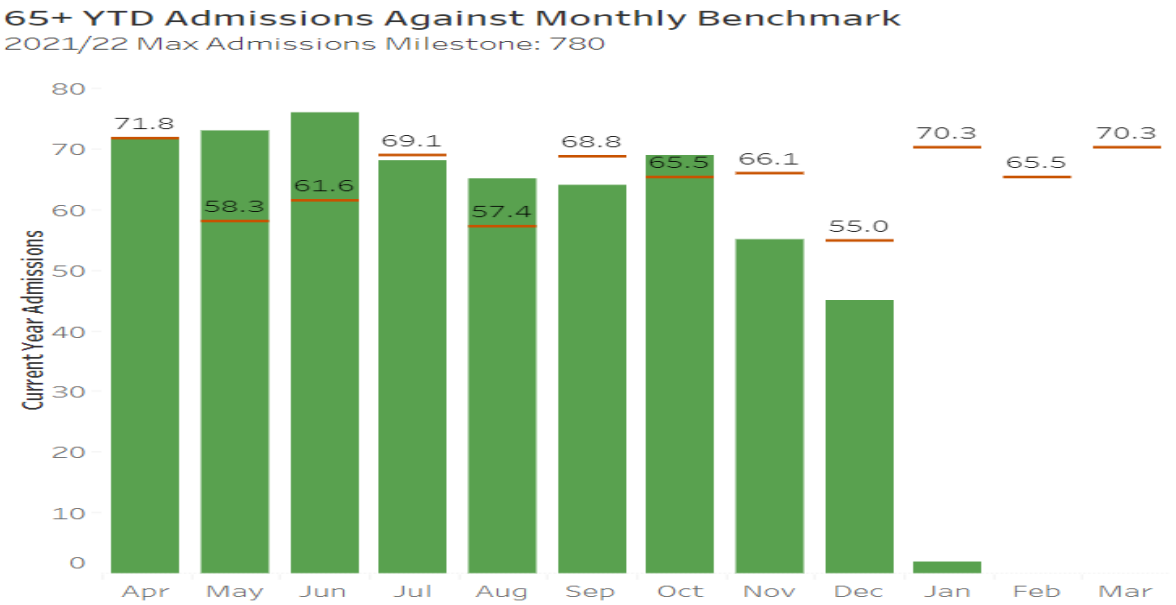
29. The framework also retains two existing metrics from previous years BCF Plans: -
    - Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
    - The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

30. In addition to the two metrics in paragraph 28 and the two in 29 above, local systems also have to agree targets associated with a fifth metric – reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

31. In relation to the targets they involve: -

    - a 7% reduction on 2019/20 figures for unplanned admissions for chronic ambulatory conditions:
    - 85.1% of older people still at home 91 days after hospital discharge via reablement:
    - 93.1% discharged from acute hospital to their normal place of residence:
    - 10% in hospital for 14 days+ and 4.6% for 21 days+: and
    - 519 aged 65+ admitted to residential/nursing care per 100k (a 3% reduction on the 2019/20 figure).

32. In relation to the 2 metrics in para 29 the latest information is included here. Permanent admissions of older people to residential and nursing care homes per 100k pop is currently forecast at 550.2.



33. The % of those discharged from hospital into reablement and at home 91 days after is 91.8% against a target of 85% as at the end of November 2021.

List of Appendices

Appendix 1 and 2 – Coronavirus and Covid-19 Contextual Information
Appendix 3 – Public Health Performance Dashboard

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

Officers to Contact

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Andy Brown – Operational BI and Performance Team, Leicestershire County Council
Andy.Brown@leics.gov.uk Tel 0116 305 6096

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APPENDIX 1

Weekly COVID-19 Surveillance Report in Leicestershire

Leicestershire County Council

Cumulative data from 01/03/2020 - 29/12/2021

This report summarises the information from the surveillance system which is used to monitor the cases of the Coronavirus Disease 2019 (COVID-19) pandemic in Leicestershire. The report is based on daily data up to 29th December 2021.

The maps presented in the report examine counts and rates of COVID-19 at Middle Super Output Area. Middle Layer Super Output Areas (MSOAs) are a census based geography used in the reporting of small area statistics in England and Wales. The minimum population is 5,000 and the average is 7,200.

Disclosure control rules have been applied to all figures not currently in the public domain. Counts between 1 to 5 have been suppressed at MSOA level.

An additional dashboard examining weekly counts of COVID-19 cases by Middle Super Output Area in Leicestershire, Leicester and Rutland can be accessed via the following link:
https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/COVID-19PHEWeeklyCases/WeeklyCOVID-19byMSOA

Data has been sourced from Public Health England. The report has been complied by Business Intelligence Service in Leicestershire County Council.

Weekly COVID-19 Surveillance Report in Leicestershire

Leicestershire County Council

Cumulative data from 01/03/2020 - 29/12/2021

Breakdown of testing by Pillars of the UK Government's COVID-19 testing programme:

Pillar 1 + 2
combined data from both Pillar 1 and Pillar 2 of the UK Government's COVID-19 testing programme

Pillar 1
data from swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers

Pillar 2
data from swab testing for the wider population, as set out in government guidance

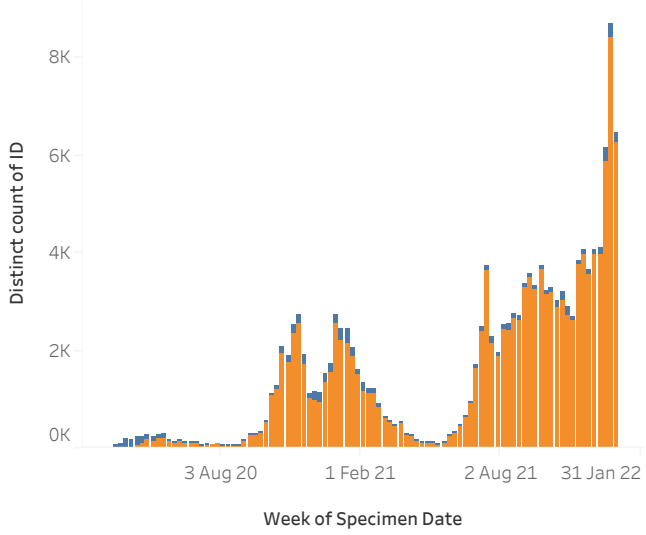
COVID-19 cases | Cumulative data from 01/03/2020 - 29/12/2021

143,861 cases | 8,329 Pillar 1 cases | 135,532 Pillar 2 cases

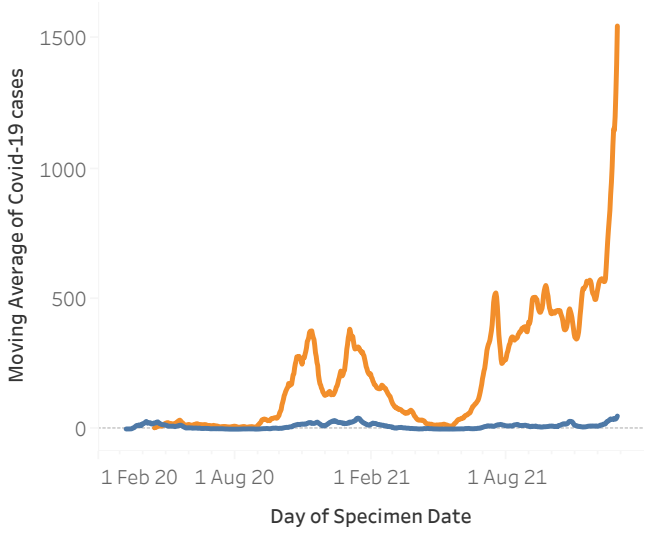
COVID-19 cases | Weekly data from 23/12/2021 - 29/12/2021

11,190 cases | 359 Pillar 1 cases | 10,831 Pillar 2 cases

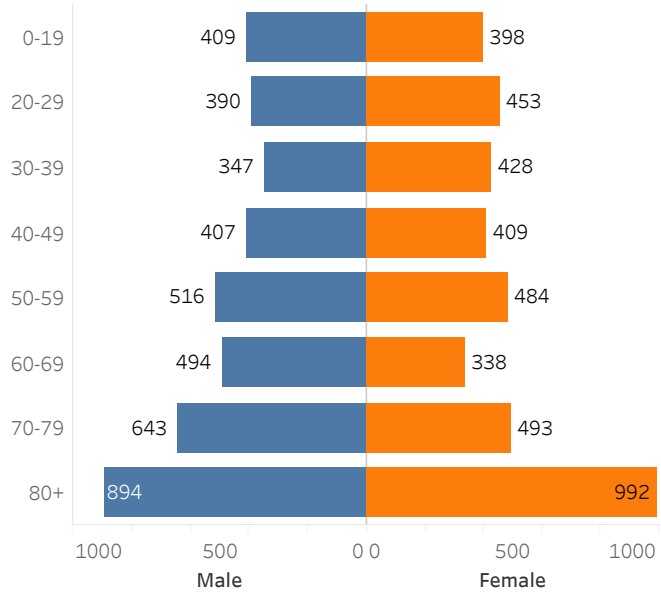
Cases per week



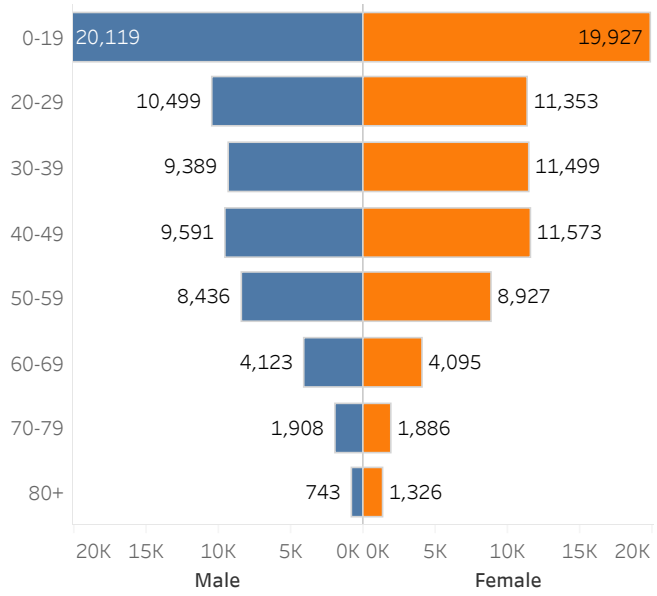
Moving average of cases per day



Population pyramid of Pillar 1 cases



Population pyramid of Pillar 2 cases



57 years median age*

32 years median age*

* median age is the middle value in a range - half of the cases are younger than this age and half are older

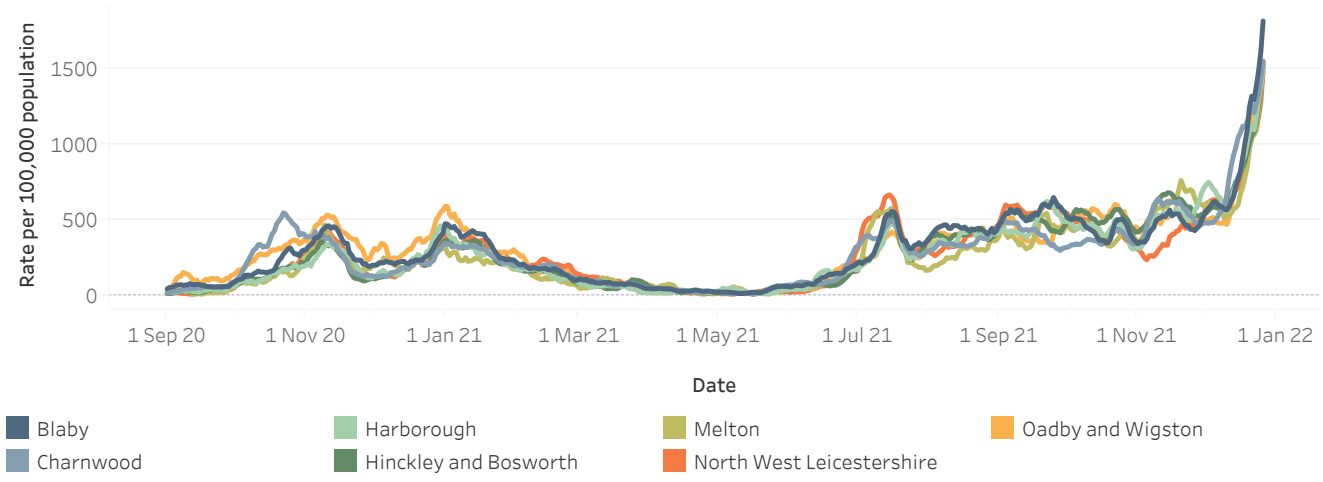
Weekly COVID-19 Surveillance Report in Leicestershire

Leicestershire County Council

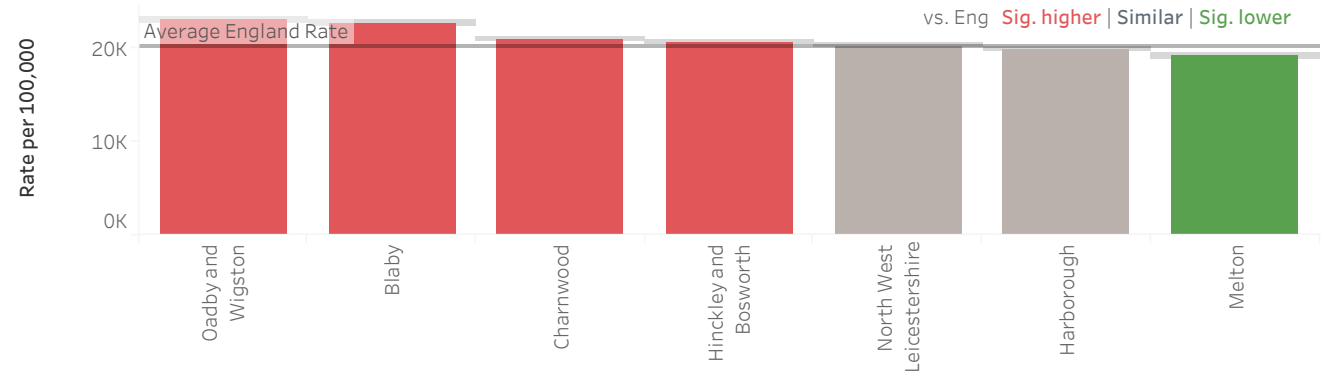
Tiering Indicators by district (weekly) 23/12/2021 - 29/12/2021

	Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston
Weekly count of cases	1,859	2,926	1,443	1,740	801	1,559	862
Weekly incidence rate per 100,000 population (All Ages)	1,823.4	1,552.9	1,510.4	1,530.8	1,558.5	1,487.5	1,504.0
Weekly incidence rate per 100,000 population (60+)	796.3	790.5	791.9	726.6	776.2	600.4	750.6
Percentage change in cases from previous 7 days	66%	35%	49%	61%	83%	64%	47%

Trend of Incidence per 100,000 population by district (weekly)



Rate of cumulative cases per 100,000 population by district



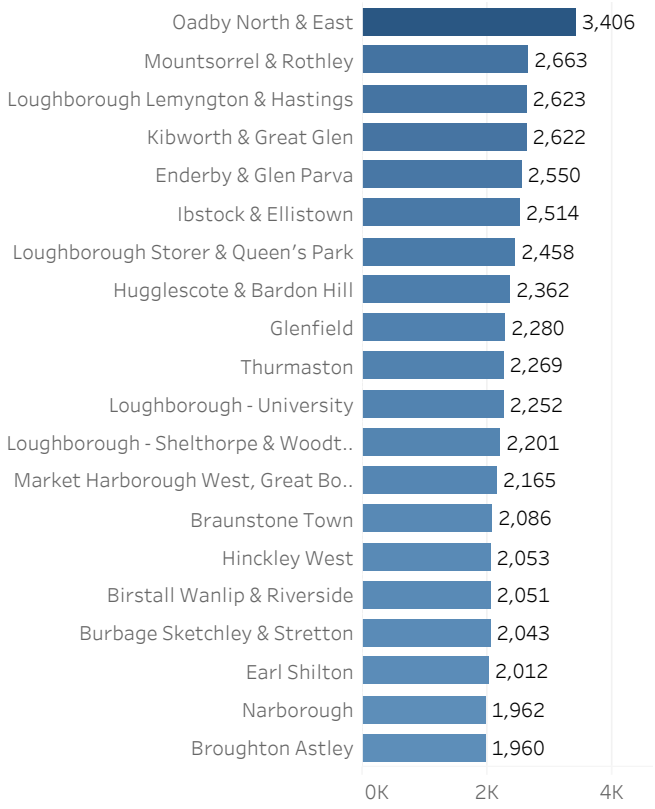
COVID-19 by MSOA | Total case results

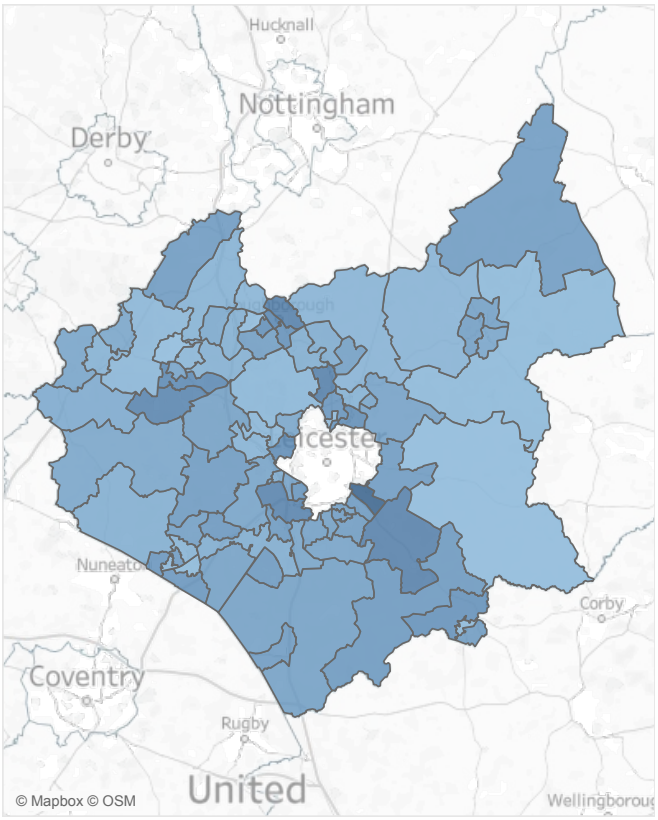
143,861 cases | 8,329 Pillar 1 cases | 135,532 Pillar 2 cases

Specimen Date
01/03/2020 to 29/12/2021

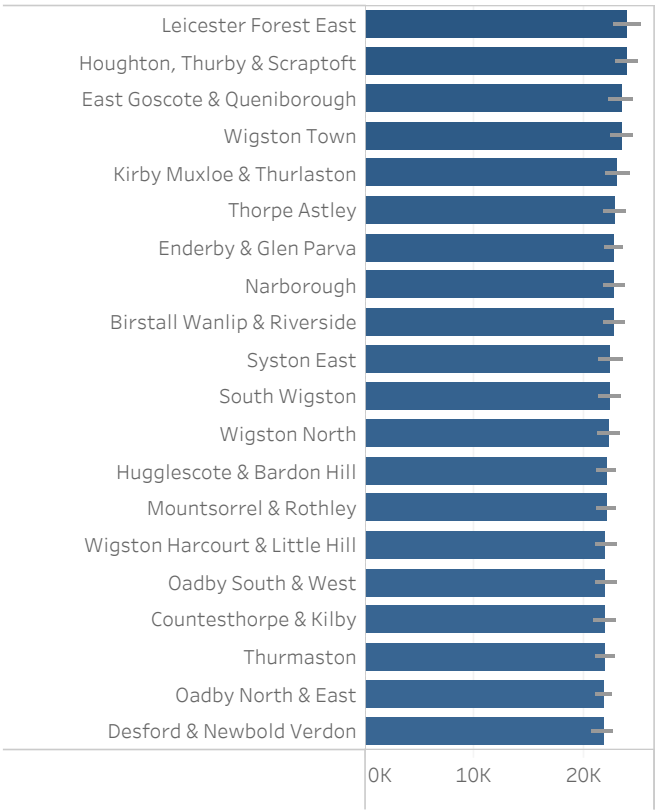
Pillar
All

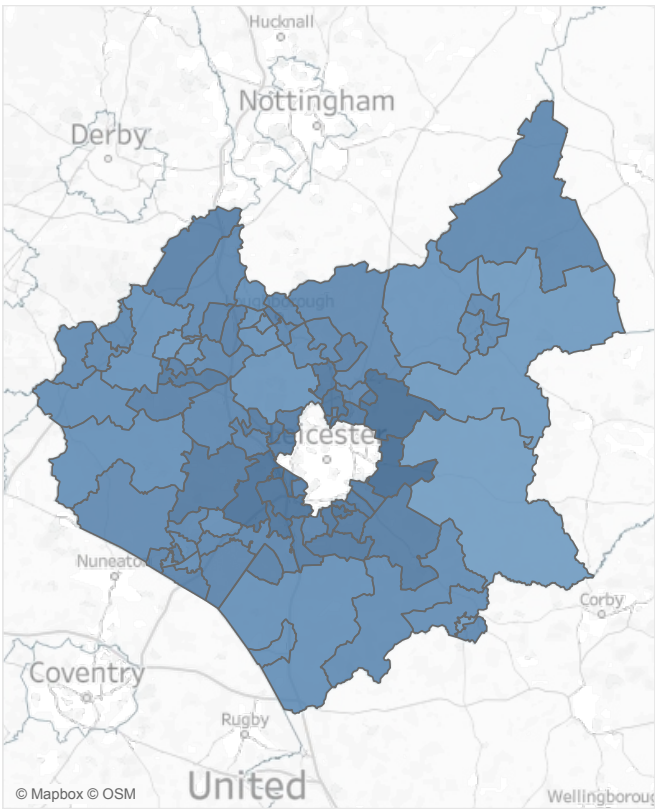
Confirmed COVID-19 cases by MSOA





Confirmed COVID-19 rates per 100,000 population by MSOA





COVID-19 by MSOA | Case results for the last seven days

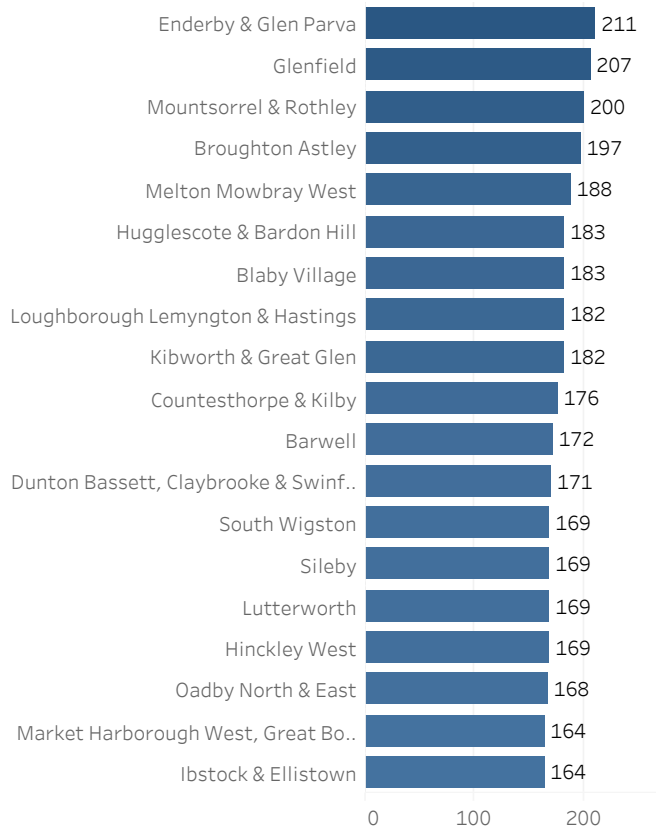
11,190 cases | 359 Pillar 1 cases | 10,831 Pillar 2 cases

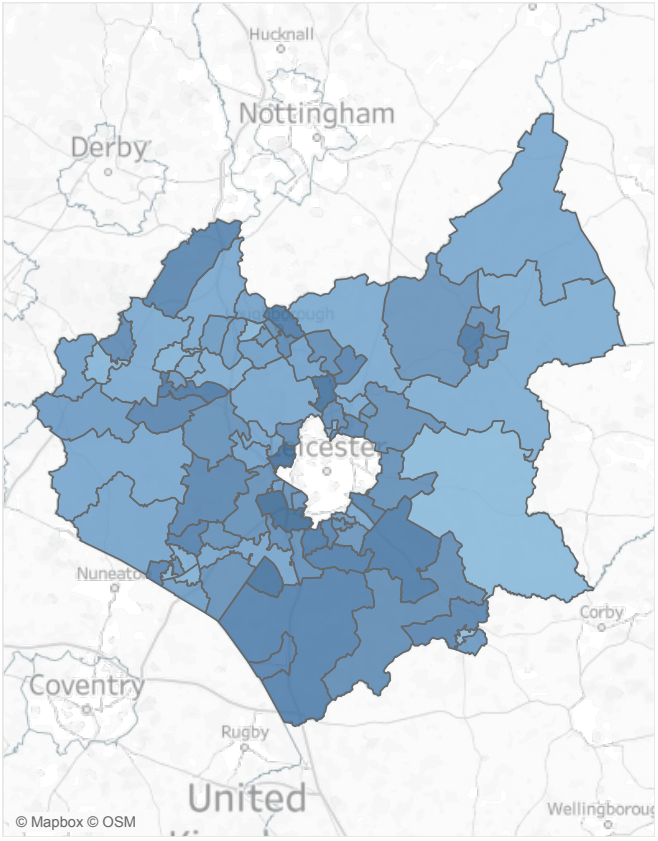
Specimen Date 23/12/2021 to 29/12/2021

Pillar All

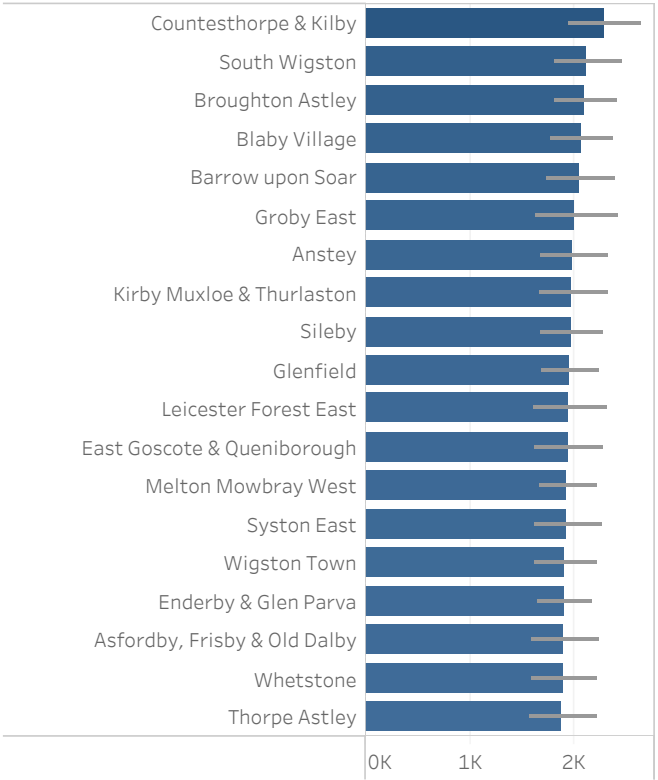
NB-Case counts below 5 have been suppressed and are shown as grey on the map, blank areas indicate no cases in that area.

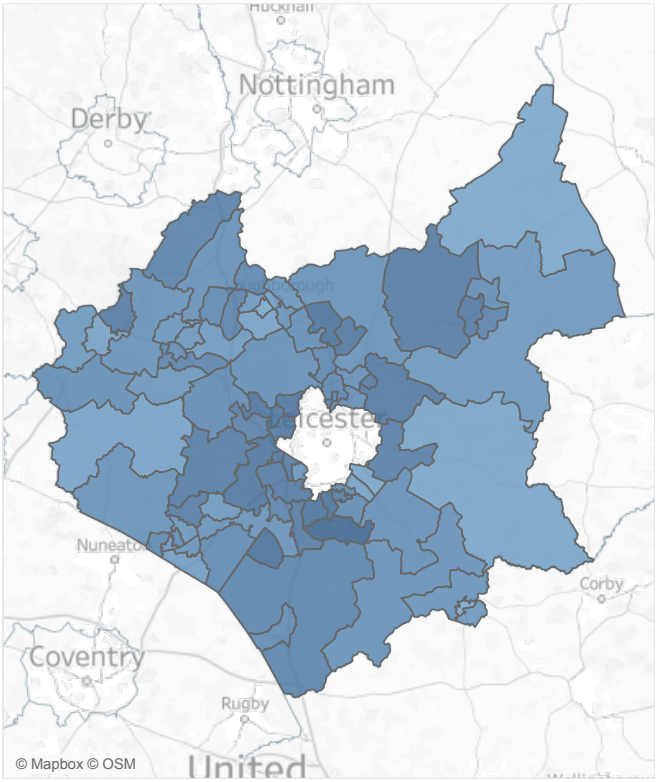
Confirmed COVID-19 cases by MSOA





Confirmed COVID-19 rates per 100,000 population by MSOA





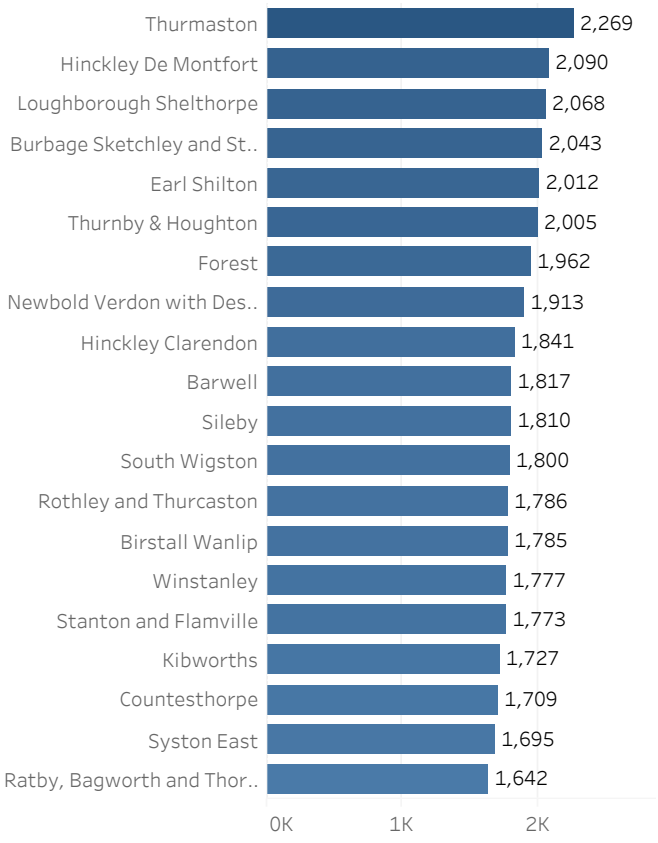
COVID-19 by Ward | Total case results

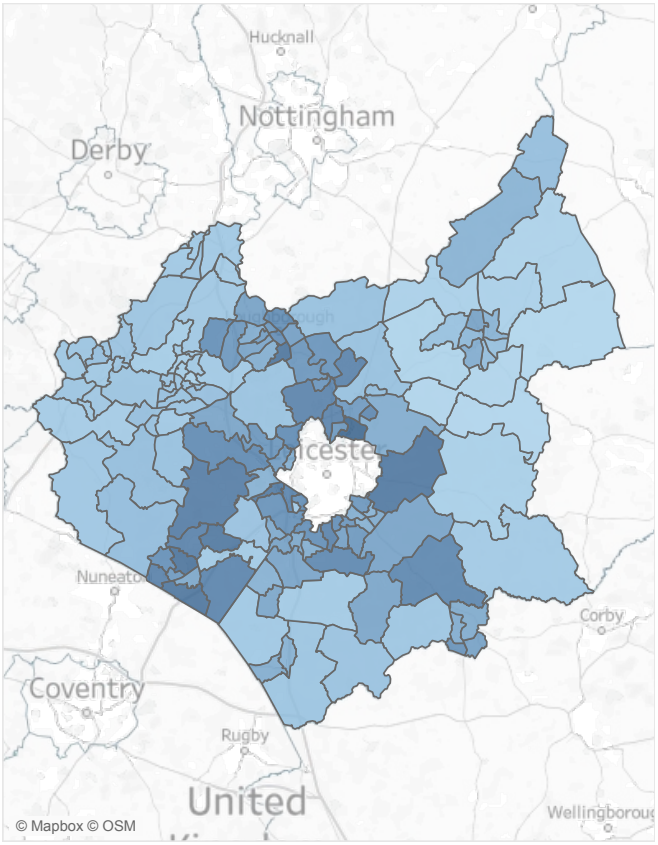
143,861 cases | 8,329 Pillar 1 cases | 135,532 Pillar 2 cases

Specimen Date 01/03/2020 to 29/12/2021

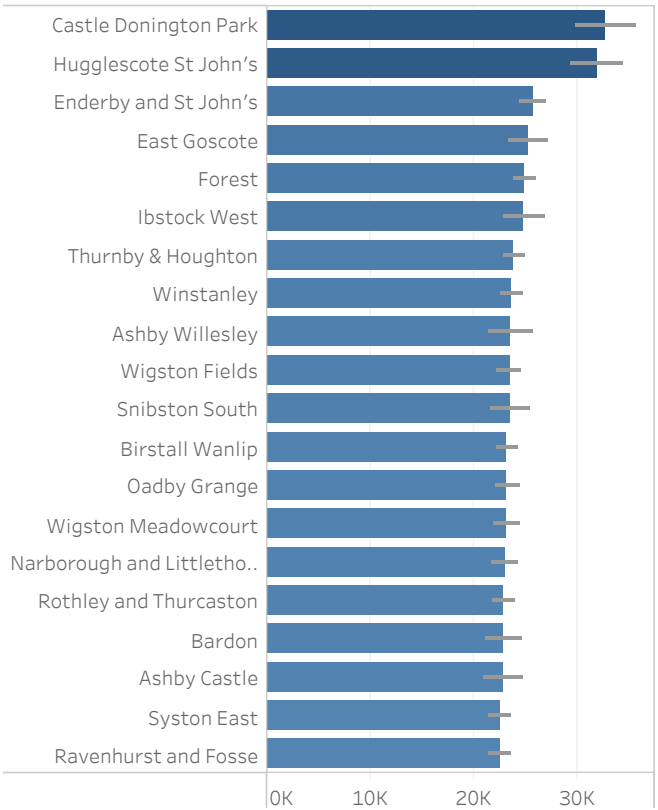
Pillar All

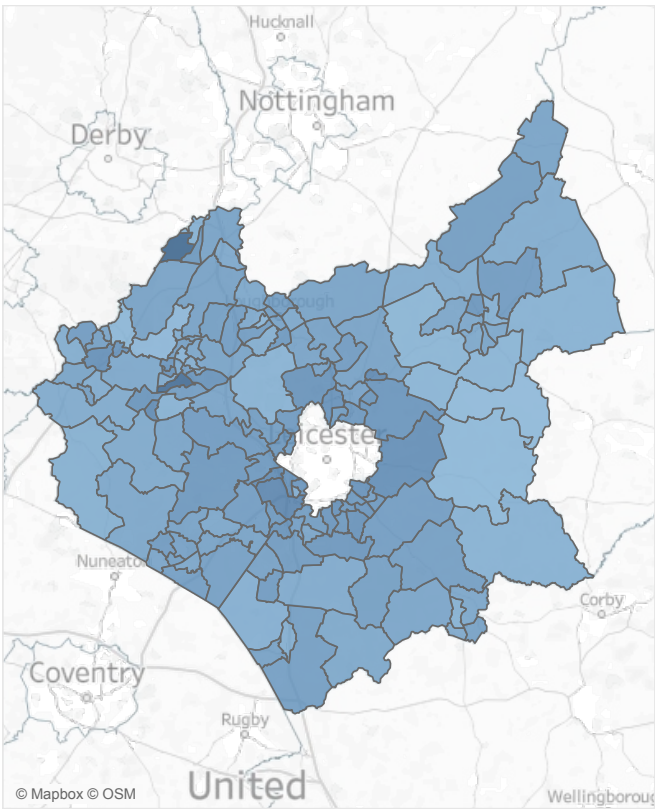
Confirmed COVID-19 cases by Ward





Confirmed COVID-19 rates per 100,000 population by Ward





COVID-19 by Ward | Case results for the last seven days

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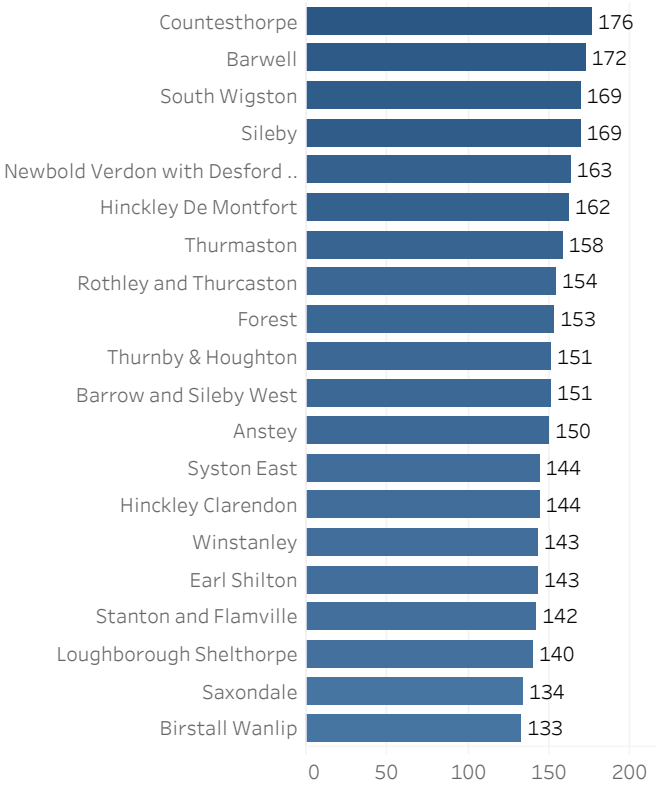
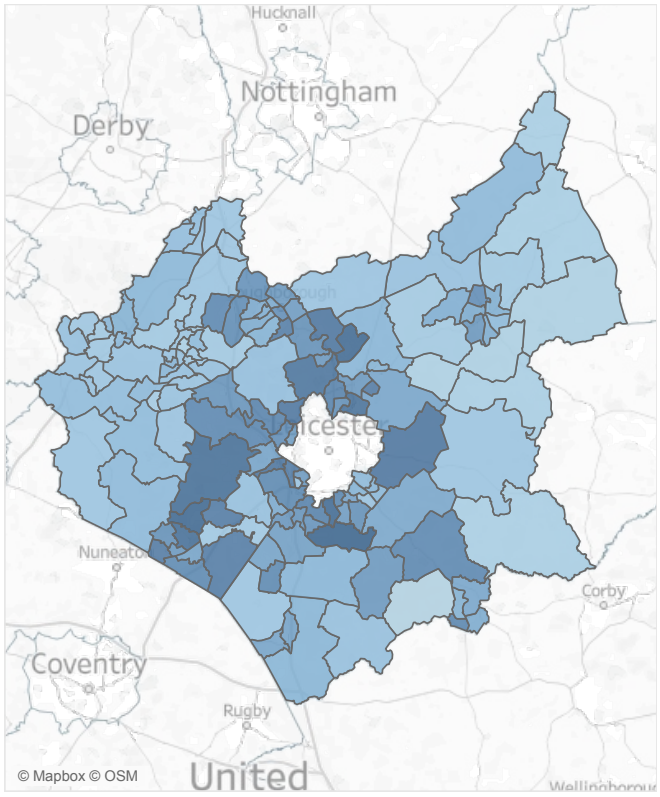
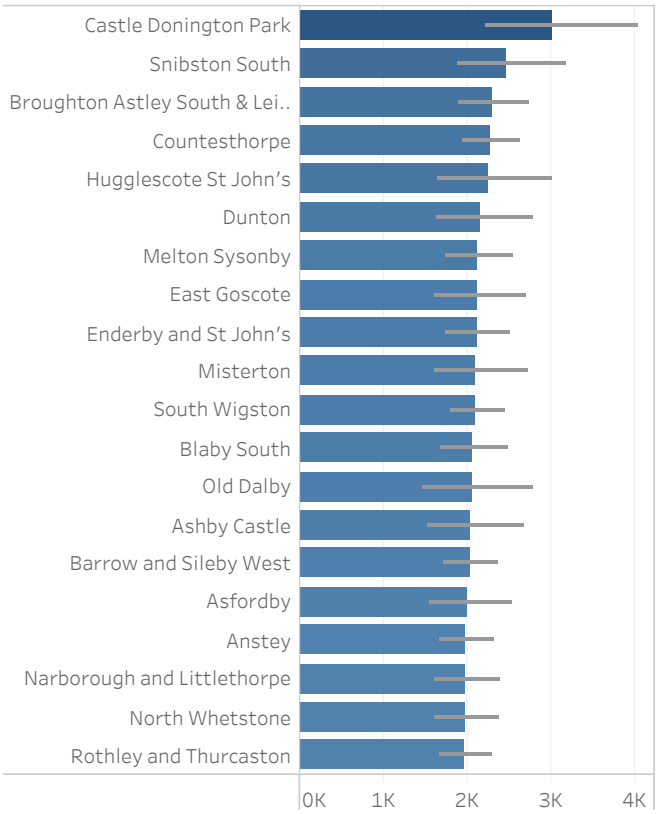
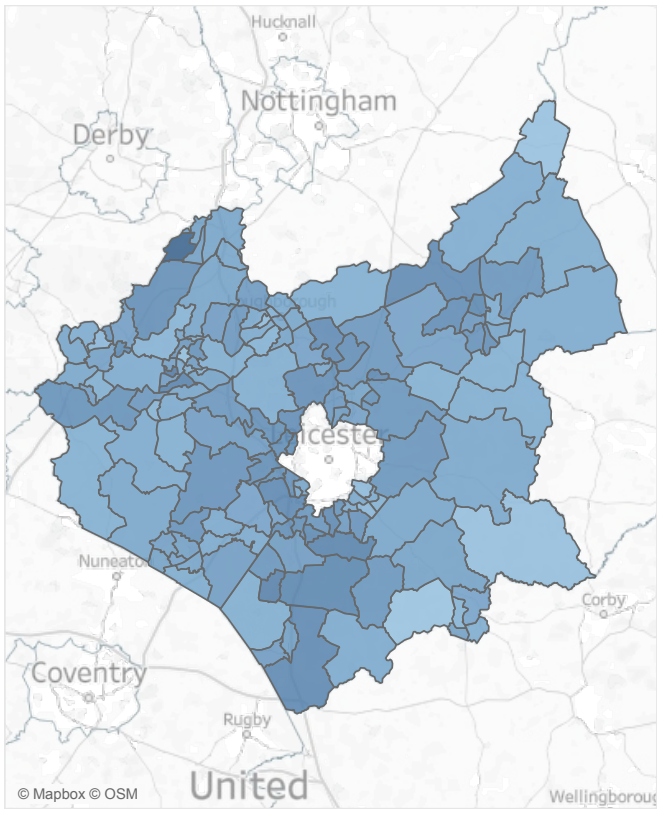
Confirmed COVID-19 cases by Ward





Confirmed COVID-19 rates per 100,000 population by Ward





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APPENDIX 2

Leicestershire County Council

COVID-19:

Data Update for Leicestershire

Week 51 of 2021

4th January 2022

Business Intelligence Service
Chief Executive's Department
Leicestershire County Council
County Hall, Glenfield
Leicester LE3 8RA

Tel 0116 305 6059
Email: kajal.lad@leics.gov.uk

Produced by the Business Intelligence Service at Leicestershire County Council.

What have we learnt from the newly released Covid-19 data?

A series of publicly available dashboards examining Covid-19 cases, deaths involving Covid-19 and a district summary are available at the below links. A summary narrative to support the data in these dashboards then follows.

- **Deaths involving Covid-19**
- **Covid-19 Summary at District Level**
- **PHE Weekly Covid-19 Cases**

1. Five deaths[1] involving Covid-19 were recorded in Leicestershire in the last week

- As of week 51 2021 (up to 24th December), there has been a total of 1,767 deaths in Leicestershire. The weekly count of deaths has decreased from eleven deaths in week 50 of 2021 to five deaths in week 51 of 2021.
- Of all deaths involving Covid-19 in Leicestershire, 1,203 (68.1%) were in hospital and 424 (24.0%) were in a care home.
- In week 51 in Leicestershire, there were three deaths in a hospital, one death in an 'other' setting and one death in a care home.

[1] Death counts are based on death occurrences. The death is counted as involving Covid-19 if Covid-19 was mentioned on the death certificate. Please note, Covid-19 may not have been confirmed by a test. Source: Office for National Statistics (2021)

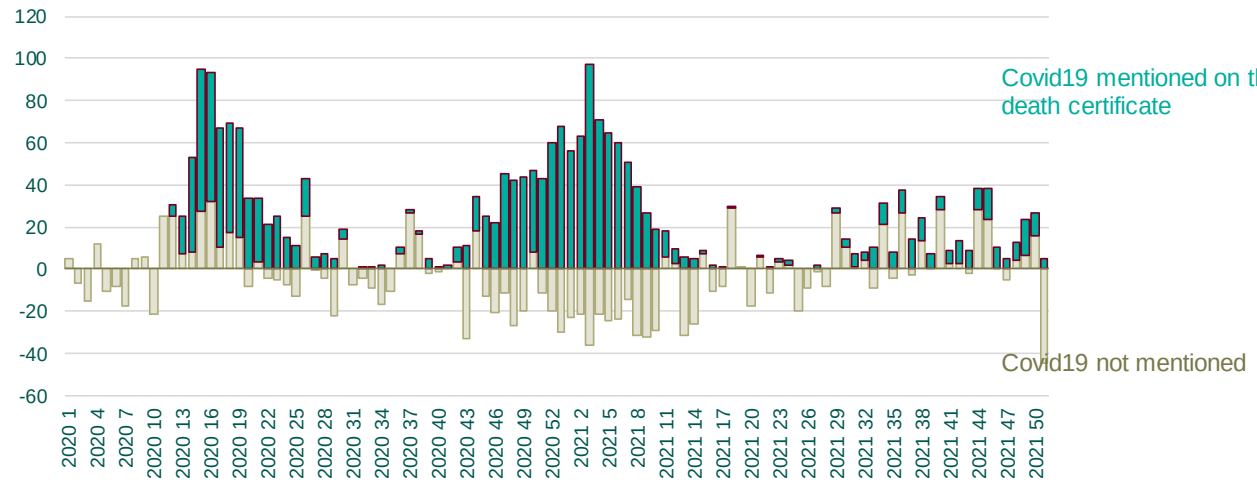
Deaths (numbers) by local authority and place of death, for deaths that occurred up to 24th December but were registered up to 1st January.

	Care Home		Elsewhere		Home		Hospice		Hospital		Total				Population
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	LCI	UCI	
Blaby	49	48.1	7	6.9	14	13.7	1	1.0	191	187.3	262	257.0	226.8	290.1	101,950
Charnwood	107	56.8	8	4.2	21	11.1	6	3.2	272	144.4	414	219.7	199.1	241.9	188,416
Harborough	58	60.7	3	3.1	12	12.6	2	2.1	125	130.8	200	209.3	181.3	240.5	95,537
H&B	65	57.2	0	0.0	15	13.2	5	4.4	199	175.1	284	249.9	221.6	280.7	113,666
Melton	44	85.6	1	1.9	7	13.6	1	1.9	76	147.9	129	251.0	209.6	298.2	51,394
NWLeics	52	49.6	2	1.9	19	18.1	6	5.7	193	184.1	272	259.5	229.6	292.3	104,809
O&W	49	85.5	2	3.5	8	14.0	0	0.0	147	256.5	206	359.4	312.0	412.0	57,313
Leicestershire	424	59.5	23	3.2	96	13.5	21	2.9	1203	168.7	1767	247.8	236.4	259.6	713085
Rutland	33	81.5	0	0.0	7	17.3	2	4.9	39	96.4	81	200.1	158.9	248.7	40476
Leicester City	155	43.8	26	7.3	86	24.3	2	0.6	750	211.8	1019	287.8	270.4	306.1	354036
LLR	**612**	**55.3**	**49**	**4.4**	**189**	**17.1**	**25**	**2.3**	**1992**	**179.8**	**2867**	**258.8**	**249.5**	**268.5**	**1107597**

2. There were no excess deaths recorded in Leicestershire in the last week

- Counts of excess deaths in Leicestershire have fluctuated over the last 10 weeks. The number of all deaths seen has decreased from week 50 2021 to week 51 2021. The latest figures from ONS show that 95 deaths occurred in Leicestershire in week 51 of 2021. There were no excess deaths reported in the last week.
- The latest weeks data shows that there were five deaths that mentioned Covid-19 on the death certificate in week 51.

Weekly provisional figures on deaths occurring, minus the weekly average (2015 to 2019) plus death counts where coronavirus
Leicestershire



Covid-19 - Weekly occurences
Based on a chart by David Spiegelhalter

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

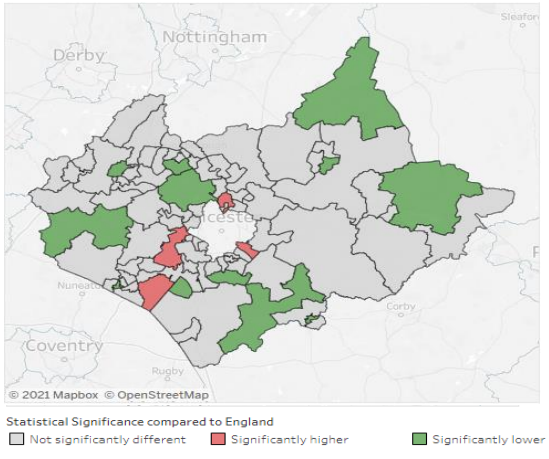
3. Two areas in Blaby, one area in Charnwood and one area in Oadby and Wigston has a significantly higher percentage of deaths involving Covid-19 than the national percentage

Note: There is no further update available for this data.

- The map below examines the statistical significance compared to England, of the percentage of deaths involving Covid-19 by Middle Layer Super Output Area (MSOA) in Leicestershire and Rutland. These deaths occurred between 1st March 2020 and 30th April 2021.
- Stoney Stanton, Sapcote & Sharnton in Blaby recorded 33 deaths involving Covid-19 in this time period, this represented 27.3% of all deaths. Kirby Muxloe and Thurlaston in Blaby recorded 31 deaths involving Covid-19 in this time period, this represented 26.7% of all deaths. Birstall Wanlip & Riverside in Charnwood recorded 30 deaths involving Covid-19 in this time period, this represented 24.6% of all deaths. Oadby North & East in Oadby and Wigston recorded 38 deaths involving Covid-19 which represented 23.6% of all deaths.
- Nationally, deaths involving Covid-19 made up under a fifth (17.1%) of all deaths.
- 12 MSOAs in Leicestershire and Rutland have a significantly lower percentage of deaths involving Covid-19 compared to England. These are:
    - Market Bosworth, Barlestone & Sheepy Magna in Hinckley and Bosworth (11, 10.0%)
    - Bottesford, Harby & Croxton Kerrial in Melton (12, 9.9%)
    - Loughborough – Outwoods in Charnwood (10, 9.6%)
    - Market Harborough Central in Harborough (10, 8.7%)
    - Broughton Astley in Harborough (8, 8.6%)
    - Thurcaston, Woodhouse & Bradgate in Charnwood (8, 8.3%)
    - Market Overton, Cottesmore & Empingham in Rutland (6, 8.3%)
    - Countesthorpe & Kilby in Blaby (6, 8.3%)
    - Thringstone & Swannington in North West Leicestershire (7, 7.8%)
    - Hinckley Clarendon Park in Hinckley and Bosworth (5, 7.7%)
    - Melton Mowbray South in Melton (7, 7.2%)
    - Fleckney, Kilworth & Foxton in Harborough (7, 5.7%)

- Further data examining deaths involving Covid-19 by local area is available in the dashboard available at [this link.]

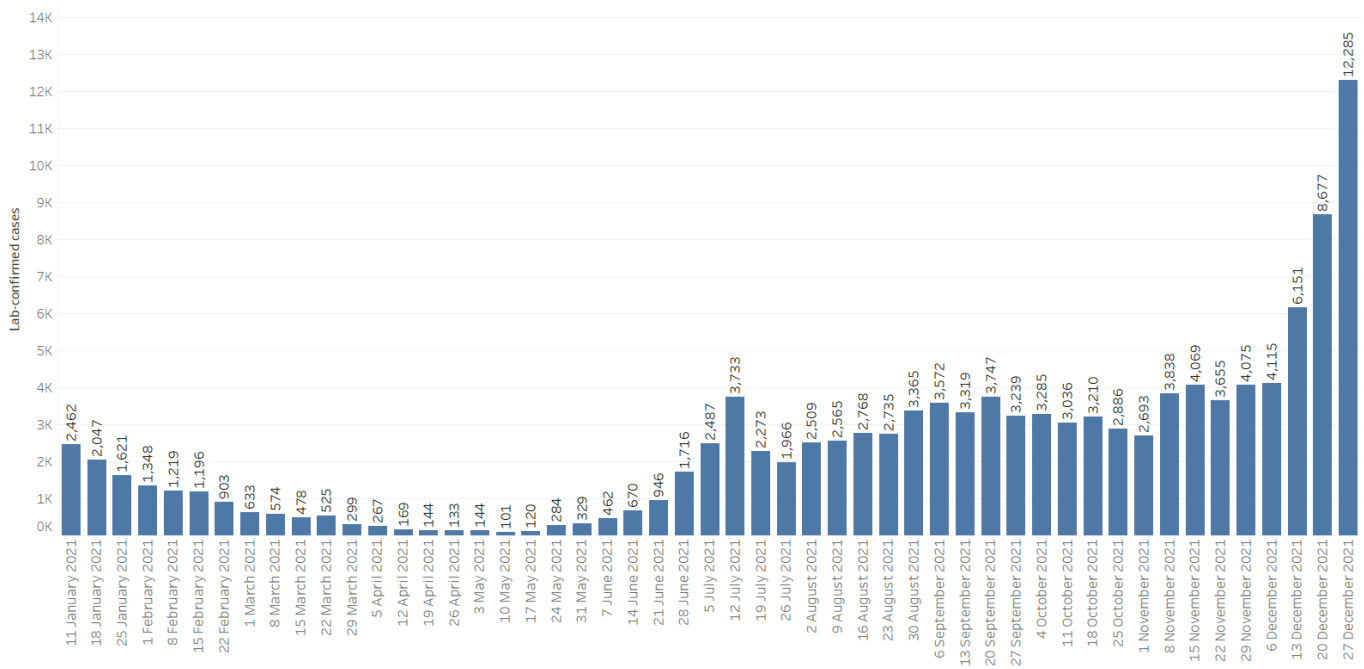
Statistical Significance compared to England of the deaths involving Covid-19 by Middle Layer Super Output Area, Leicestershire and Rutland, deaths occurring between 1st March 2020 and 30th April 2021.



4. Weekly counts of cases have increased in the past week in Leicestershire

Note: Public Health England has updated the way cases are reported in England. Reported cases are sometimes removed if subsequent tests are negative. This happens when cases identified through a positive rapid lateral flow test are followed by polymerase chain reaction (PCR) tests within 3 days that are all negative. This means cases may be retroactively removed or changed and as such the data may fluctuate.

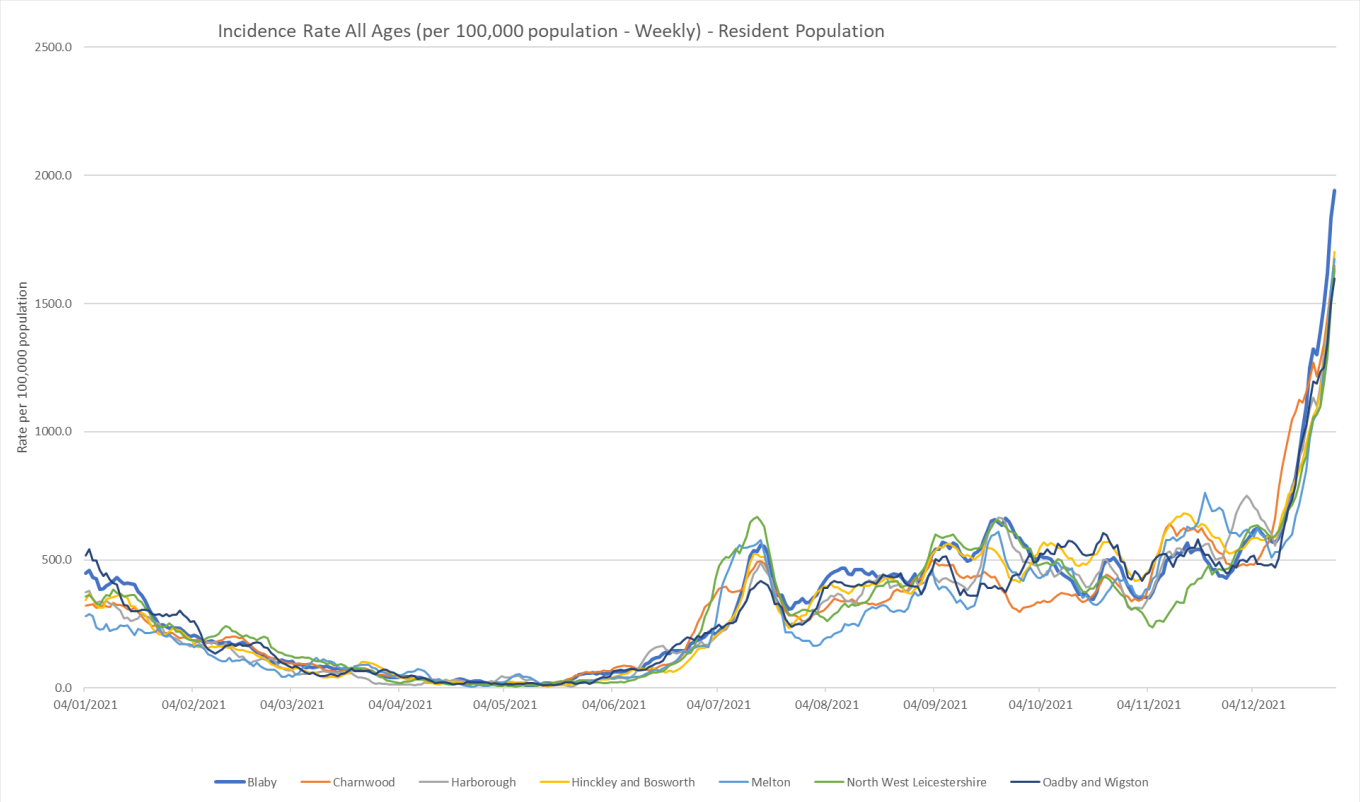
- As of 2nd January, Leicestershire has recorded a total of 149,694 lab-confirmed cases of Covid-19. This data relates to pillar 1 and 2 cases.
- From January 11th to the beginning of May, cases had been decreasing. From then to mid July the cases increased before decreasing in w/c 19th July. Since then, the weekly counts of cases have shown an increasing trend, with the exception of the weeks between the 20th September and the 1st November where the weekly counts of cases showed a decreasing trend. Over the last 8 weeks the weekly counts of cases have shown an increasing trend.
- The latest weekly data shows 12,285 cases have been confirmed in Leicestershire in the last week. This count has increased compared to the previous week where 8,677 cases were confirmed.



5. Blaby has the highest weekly incidence rate of Covid-19 cases for people of all ages in the county

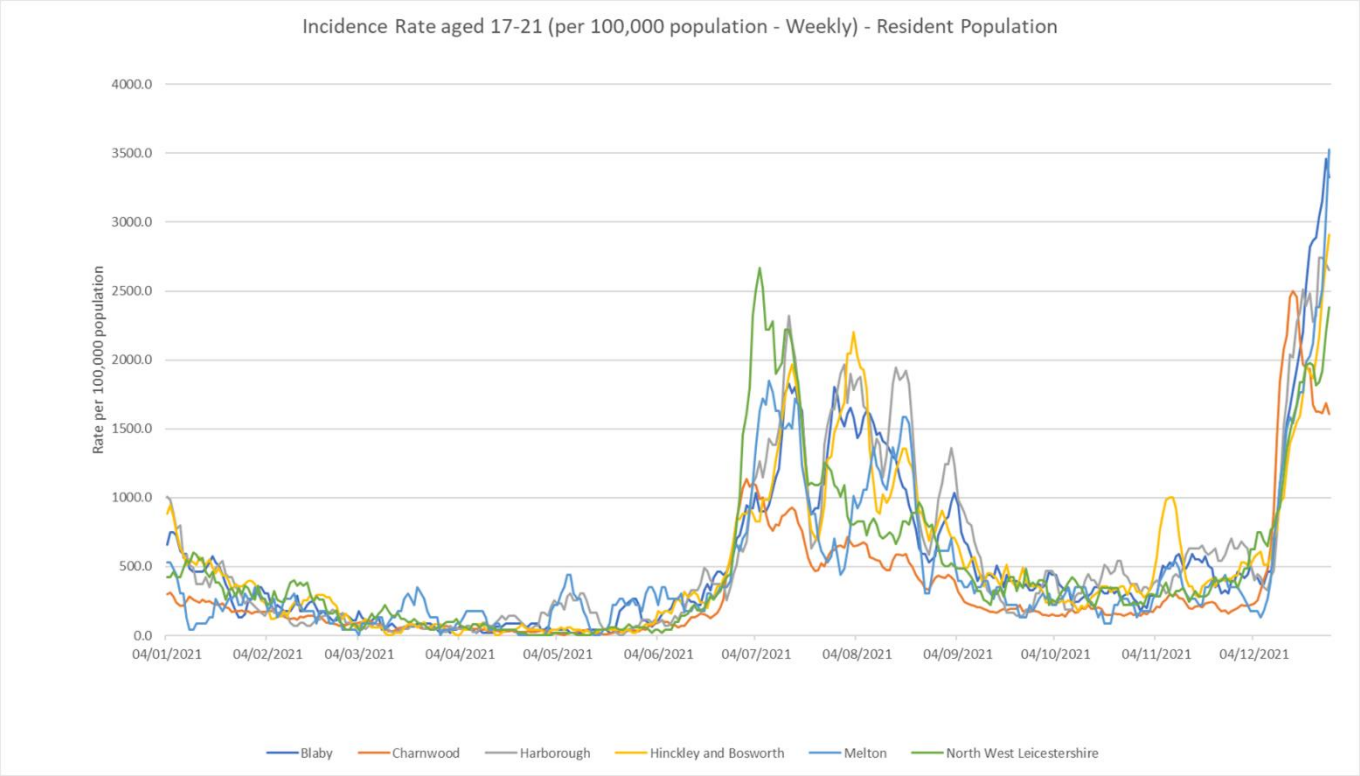
Note: Public Health England has updated the way cases are reported in England. Reported cases are sometimes removed if subsequent tests are negative. This happens when cases identified through a positive rapid lateral flow test are followed by polymerase chain reaction (PCR) tests within 3 days that are all negative. This means cases may be retroactively removed or changed and as such the data may fluctuate.

- The incidence rate for Covid-19 cases in Leicestershire had shown a declining trend between the beginning of January and the final week of April. The incidence rate in Leicestershire then fluctuated between the final week of April and the middle of May. The incidence rate then increased until the 16th of July. Between then and the end of October, the incidence rate fluctuated before showing an increasing trend. The incidence rate in Leicestershire (1691.9 per 100,000 population) is higher than the national rate (1588.1 per 100,000 population) as of 27th December 2021.
- The latest weekly incidence rates of Covid-19 cases for people of all ages (as of 27th December) show that the following area rates in Leicestershire are higher than the national rate (1588.1 per 100,000 population):
    - Blaby; 1942.1 per 100,000 (1980 cases)
    - Hinckley & Bosworth; 1703.2 per 100,000 (1936 cases)
    - Melton; 1675.3 per 100,000 (861 cases)
    - Charnwood; 1647.9 per 100,000 (3105 cases)
    - North West Leicestershire; 1635.4 per 100,000 (1714 cases)
    - Harborough; 1626.6 per 100,000 (1554 cases)
    - Oadby & Wigston; 1596.5 per 100,000 (915 cases)
- Rutland has a lower incidence rate of Covid-19 cases (1232.8 per 100,000) than England for people of all ages. This equates to 499 cases.



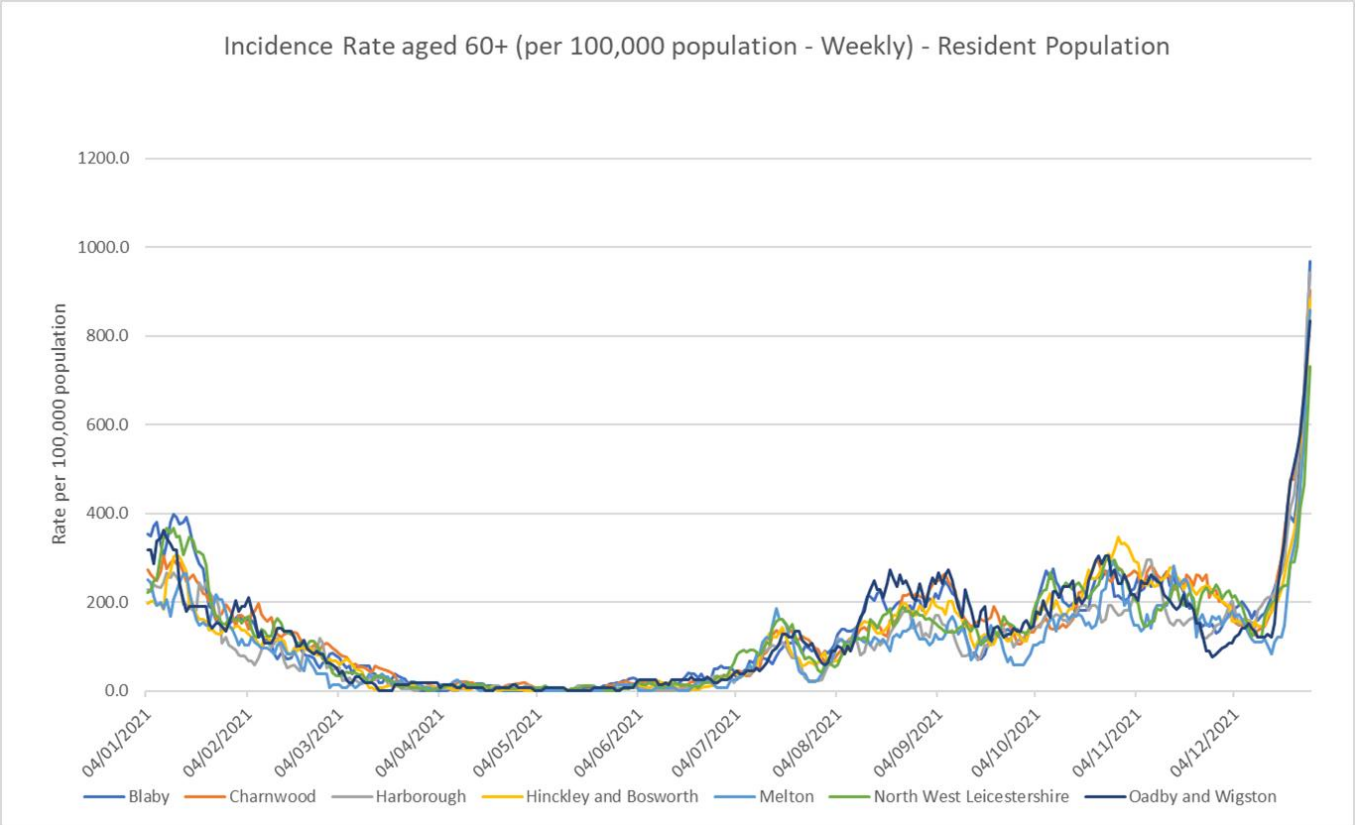
6. Melton has the highest weekly incidence rate of Covid-19 cases for people aged 17-21 in the county

- Between the 5th of January and the 5th of April the weekly incidence rate of Covid-19 for people aged 17-21 had been declining. From the 5th of April to the end of May the rate fluctuated. Since then the weekly incidence rate of Covid-19 for people aged 17-21 in Leicestershire has shown an increasing trend, with the exception of the period between the 14th of July and the 23rd of July and the 5th of August to the 5th of October where the incidence rate declined, and the 5th October to the 31st of October and the period between the 8th November and 4th December where the rate fluctuated.
- As of the 27th of December, the rate for Leicestershire (2274.3 per 100,000 population) is higher than the national rate for people aged 17-21 (1487.8 per 100,000 population).
- The latest weekly incidence rates of Covid-19 cases for people aged 17-21 (as of 27th December) show that the following area rates in Leicestershire are higher than the national rate (1487.8 per 100,000 population):
    - Melton; 3527.3 per 100,000 (80 cases)
    - Blaby; 3326.0 per 100,000 (151 cases)
    - Hinckley & Bosworth; 2911.1 per 100,000 (148 cases)
    - Harborough; 2649.5 per 100,000 (113 cases)
    - North West Leicestershire; 2383.8 per 100,000 (118 cases)
    - Oadby & Wigston; 1933.4 per 100,000 (79 cases)
    - Charnwood; 1609.7 per 100,000 (281 cases)
- Rutland has a higher incidence rate of Covid-19 cases (2473.5 per 100,000) than England for people aged 17-21. This equates to 42 cases.



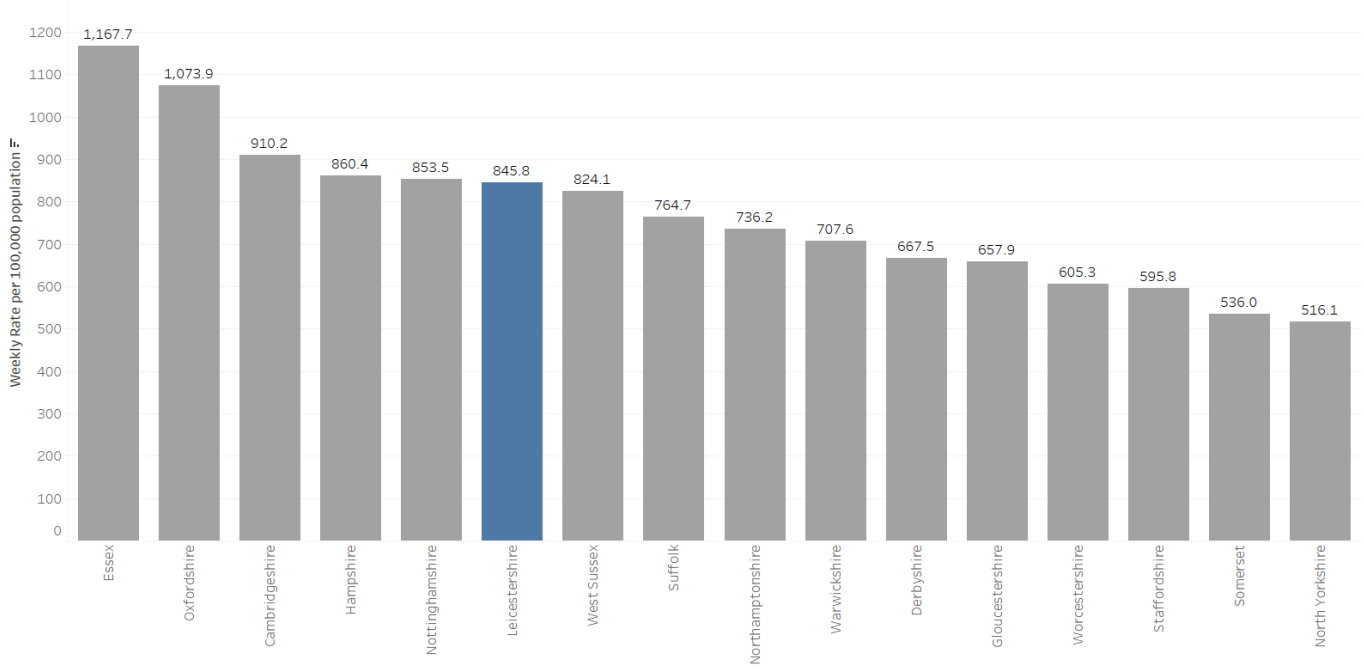
7. Blaby has the highest weekly incidence rate of Covid-19 cases for people aged 60+ in the county

- The incidence rate for Covid-19 cases in people aged 60+ in Leicestershire showed a declining trend between the beginning of January and the middle of May, with the exception of the first two weeks of April where the rate showed an increasing trend. From the middle of May to the first week of June the rate showed an increasing trend, before fluctuating for two weeks. Since then the rate has shown an increasing trend, with the exception of the period between the 18th of July and the 30th of July and the 5th of September and the 3rd of October where the incidence rate fluctuated and between the 26th of October and the 9th of Decemeber where the rate showed a decreasing trend. The rate for Leicestershire (880.5 per 100,000 population) is higher than the national rate (851.9 per 100,000 population) as of 27th December.
- The latest weekly incidence rates of Covid-19 cases for people aged 60+ (as of 27th December) show that the following area rates in Leicestershire are higher than the national rate (851.9 per 100,000 population):
    - Blaby; 967.5 per 100,000 (260 cases)
    - Harborough; 942.9 per 100,000 (256 cases)
    - Charnwood; 903.1 per 100,000 (401 cases)
    - Hinckley & Bosworth; 884.3 per 100,000 (286 cases)
    - Melton; 859.6 per 100,000 (134 cases)
- The following area rates in Leicestershire are lower than the national rate (851.9 per 100,000 population):
    - Oadby & Wigston; 833.3 per 100,000 (131 cases)
    - North West Leicestershire; 731.4 per 100,000 (201 cases)
- Rutland has a lower incidence rate of Covid-19 cases (583.5 per 100,000) than England for people aged 60+. This equates to 76 cases.



8. Leicestershire has seen an increase in the weekly rate of Covid-19 cases

- There has been an increase in the weekly rate of Covid-19 cases in Leicestershire from 564.0 (per 100,000 population) in week 49 of 2021 to 845.8 (per 100,000 population) in week 50 of 2021.
- As of week 50 (13th December to 19th December 2021), Leicestershire is ranked 63rd (highest) out of 149 upper tier local authorities and ranked 6th (highest) out of its CIPFA similar areas.

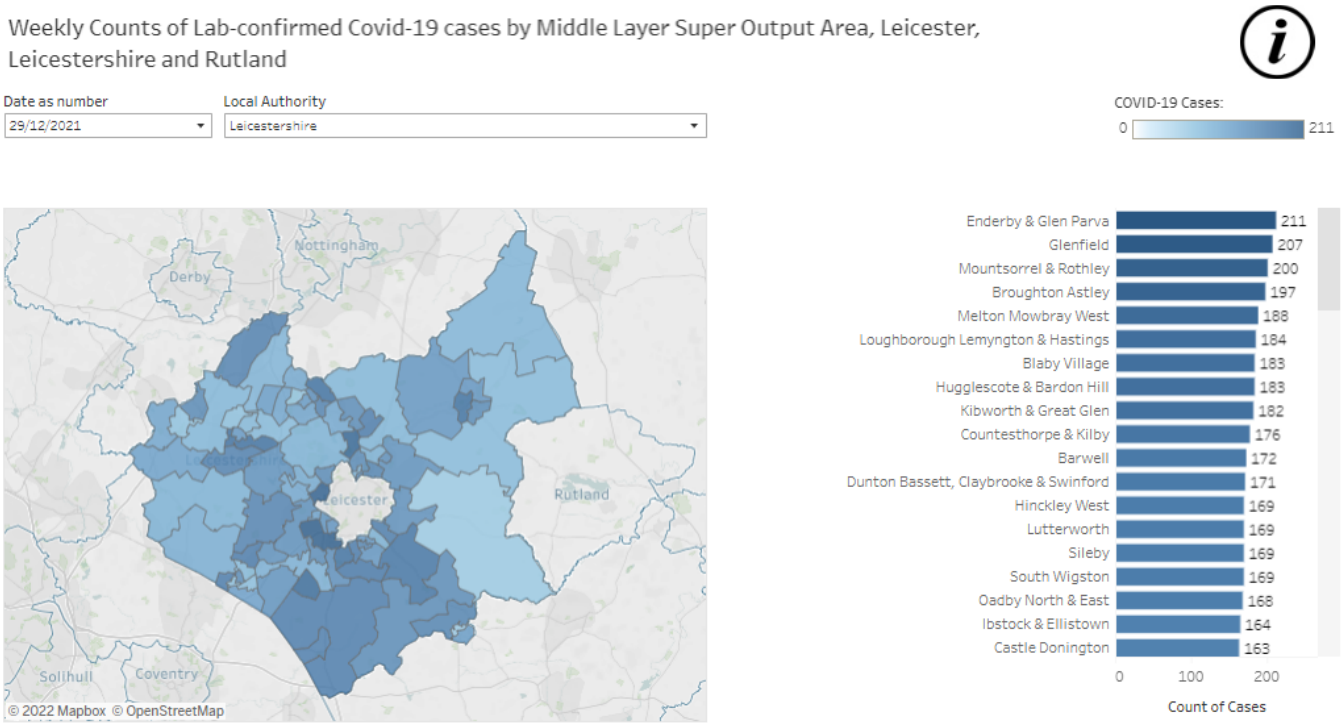


9. The MSOA with the highest count of Covid-19 cases in the last week was Enderby and Glen Parva in Blaby

- Up to 29th December (week 52 of 2021), the Middle Super Output Area (MSOA) with the highest count of confirmed cases of Covid-19 was Enderby & Glen Parva with 211 reported cases.
- This was followed by:
    - Glenfield (207)
    - Mountsorrel & Rothley (200)
    - Broughton Astley (197)
    - Melton Mowbray West (188)
    - Loughborough Lemyngton & Hastings (184)
    - Blaby Village (183); Hugglescote & Bardon Hill (183)
    - Kibworth & Great Glen (182)
    - Countesthorpe & Kilby (176)
    - Barwell (172)
    - Dunton Bassett, Claybrooke & Swinford (171)

- All other areas recorded less than 170 cases in the last week.

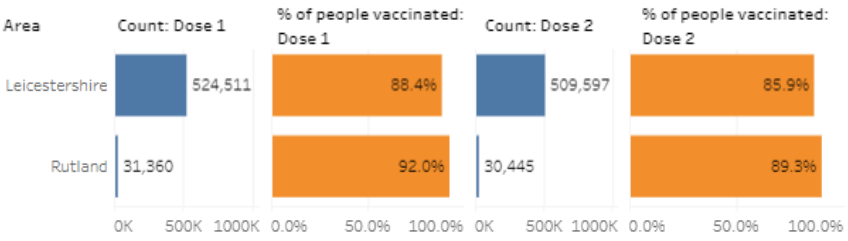
- Areas that recorded between zero and two cases in the last week have been suppressed due to data disclosure and are represented as white in the map below.



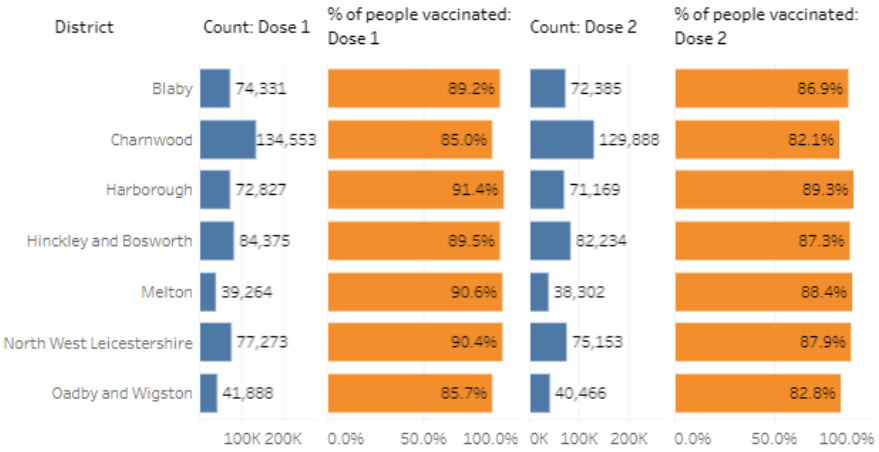
10. Covid-19 Vaccination Uptake Summary

The following tables show a summary of Covid-19 vaccination uptake by Local Authority and District with a breakdown for the over 18 age cohort.

- Up to 19th December 2021, the Covid-19 dose 1 vaccination uptake for the over 18 age cohort was 88.4% in Leicestershire and 92.0% in Rutland. The Covid-19 dose 2 vaccination uptake for the over 18 age cohort in Leicestershire was 85.9%, whilst the dose 2 uptake in Rutland was 89.3%.

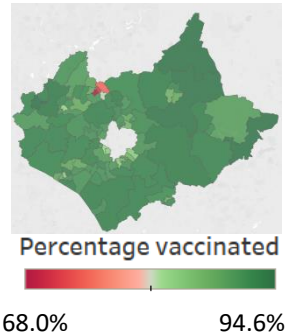


- All districts have a Covid-19 dose 1 vaccination uptake for the over 18 age cohort of at least 85%, with Harborough having the highest uptake with 91.4% and Charnwood having the lowest with 85.0%. With the exception of Charnwood and Oadby and Wigston, all districts have a Covid-19 dose 2 vaccination uptake for the over 18 age cohort of at least 85%, with Harborough having the highest uptake with 89.3% and Charnwood having the lowest with 82.1%.



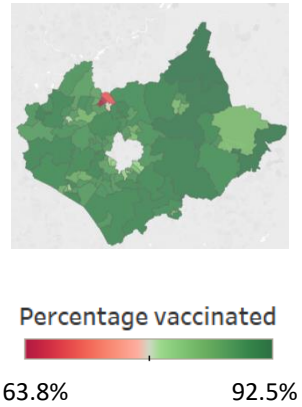
The following map shows a summary of Covid-19 vaccination uptake (dose 1) in Leicestershire and Rutland by Middle Super Output Area (MSOA) for the over 18 age cohort.

- Up to 19th December 2021, Ashby de la Zouch South was the MSOA with the highest Covid-19 vaccination uptake for the over 18 age cohort with an uptake of 94.6%. This was followed by:
  - Ketton, Ryhall & Luffenham; 94.2%
  - Bottesford, Harby & Croxton Kerrial; 93.5%
  - Waltham, Wymondham & Great Dalby; 93.5%
  - Ashby de la Zouch North; 93.4%
- Loughborough - University was the MSOA with the lowest Covid-19 vaccination uptake for the over 18 age cohort with an uptake of 68.0%. This was followed by:
  - Loughborough Storer & Queen's Park; 69.6%
  - Loughborough Lemyngton & Hastings; 72.8%
  - Loughborough – Shelthorpe & Woodthorpe; 79.7%
  - Coalville; 82.5%



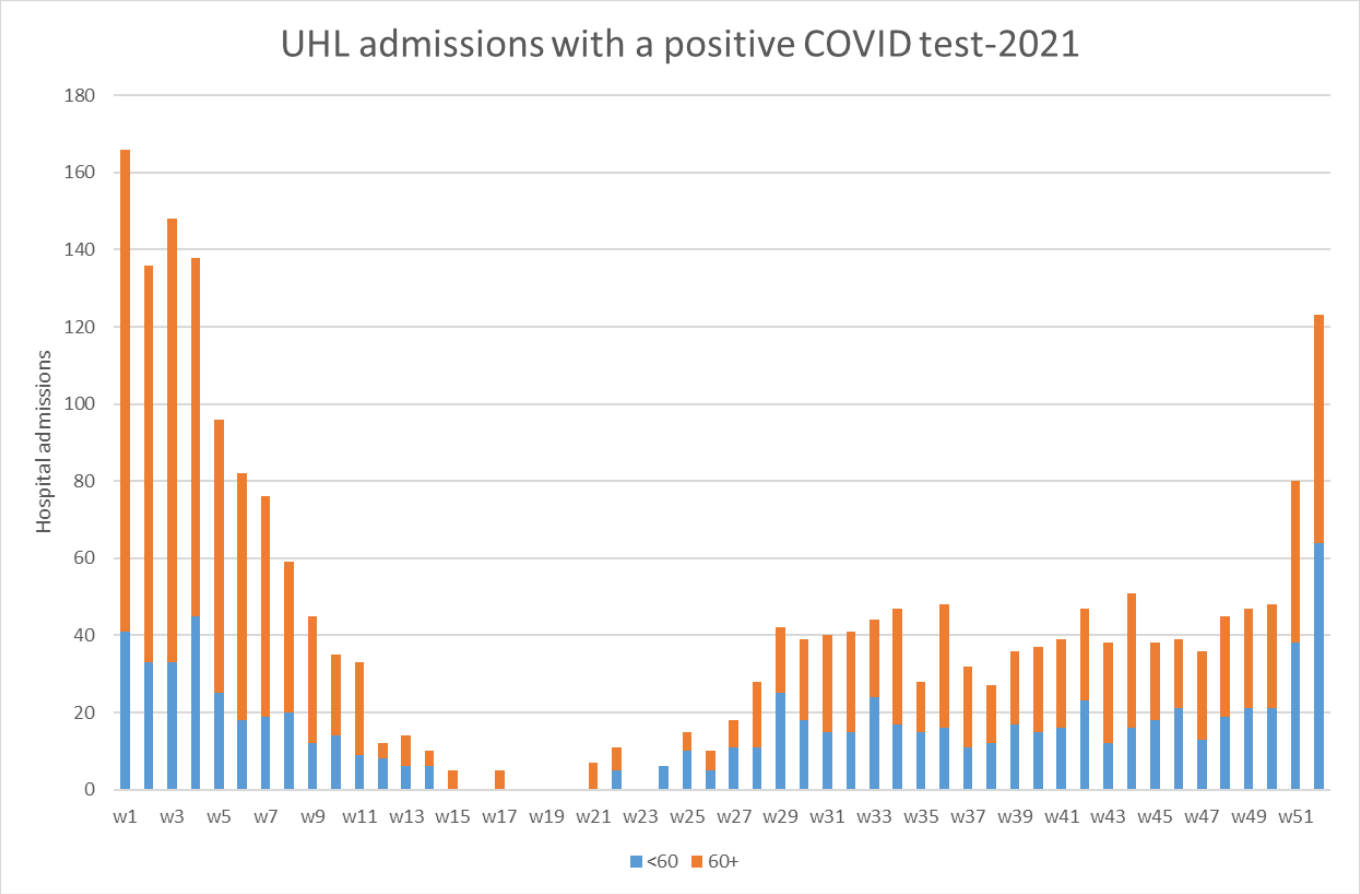
The following map shows a summary of Covid-19 vaccination uptake (dose 2) in Leicestershire and Rutland by Middle Super Output Area (MSOA) for the over 18 age cohort.

- Up to 19th December 2021, Ashby de la Zouch South was the MSOA with the highest Covid-19 vaccination uptake for the over 18 age cohort with an uptake of 92.5%. This was followed by:
    - Ketton, Ryhall & Luffenham; 92.1%
    - Waltham, Wymondham & Great Dalby; 91.8%
    - Bottesford, Harby & Croxton Kerrial; 91.8%
    - Ashby de la Zouch North; 91.2%
    - Tilton, Billesdon & Great Easton; 91.2%
- Loughborough – University was the MSOA with the lowest Covid-19 vaccination uptake for the over 18 age cohort with an uptake of 63.8%. This was followed by:
    - Loughborough Storer & Queen's Park; 64.6%
    - Loughborough Lemyngton & Hastings; 67.5%
    - Loughborough – Shelthorpe & Woodthorpe; 76.1%
    - Coalville; 78.6%



11. Admissions with Covid-19 to UHL

- Up to 1st January, 4,264 admissions with Covid-19 have been made to UHL by Leicestershire residents since the start of the pandemic.
- Patients aged 60+ account for just under three-quarters (70%) of all admissions from Leicestershire residents.
- In week 52 (26th December 2021 to 1st January 2022), there were 123 admissions with Covid-19 made to UHL by Leicestershire residents; 59 (48%) of these admissions were patients aged 60+.



Note: Counts less than three have been suppressed.

12. District Level Summary

- **Oadby & Wigston** continues to have the highest rate of Covid-19 cases and deaths in the county. The rate of cumulative cases is significantly higher in comparison to the England average.
- From the beginning of September to the 9th November, the weekly counts of cases had shown an increasing trend in Oadby and Wigston. Between the w/c 9th November and the w/c 28th December, the weekly counts of cases fluctuated. The weekly counts of cases then showed a declining trend until the third week of May. Between the third week of May and the 12th of July the weekly counts showed an increasing trend. Since then the weekly counts of cases fluctuated in Oadby and Wigston before showing an increasing trend from the w/c 6th December.
- The weekly counts of cases have increased from 707 in w/c 20th December to 941 in w/c 27th December.
- The latest weekly count of deaths involving Covid-19 shows that no deaths occurred in Oadby & Wigston in week 51 of 2021.

- **North West Leicestershire** has the third lowest rate of Covid-19 cases and the second highest rate of deaths in the county. The rate of cumulative cases is not significantly different to the England average.
- From early September to the 9th November an increasing trend in the weekly counts of cases had been witnessed in North West Leicestershire. Following this, the weekly counts of cases decreased each week for four weeks. The weekly counts of cases then increased for three weeks, before showing a declining trend throughout January, February, March and April. Throughout May the count fluctuated, since then the count increased week on week until the w/c 12th July. The count of cases then decreased for 3 weeks before showing an increasing trend between the 2nd of August and the 20th September. Since then, the weekly counts of cases have decreased week on week with the exception of the last eight weeks where an increasing trend was witnessed.
- The latest weekly counts of cases have increased from 1,151 in w/c 20th December to 1,732 in w/c 27th December.
- The latest weekly count of deaths shows one death involving Covid-19 occurred in North West Leicestershire in week 51 of 2021; this death occurred in an ‘other’ setting.

- **Blaby** has the second highest rate of Covid-19 cases in the county and the third highest rate of deaths. The rate of cumulative cases is significantly higher compared to the England average.
- From mid-September, the weekly counts of cases in Blaby had shown an increasing trend, with a peak around the 9th of November. From then, the weekly counts of cases have fluctuated, with the exception of the last three weeks of December and the first week of January where the weekly counts of cases increased each week. From early January to mid May, the weekly counts of cases had shown a declining trend. Between mid May and the 20th of September, the weekly counts of cases showed increasing trend. Between the 20th September and the 1st November the weekly counts of cases fluctuated in Blaby. Since then, the weekly counts of cases have shown an increasing trend.
- The latest weekly counts of cases have increased from 1,417 in w/c 20th December to 2,077 in w/c 27th December.
- The latest weeks data shows that no deaths involving Covid-19 were recorded in Blaby in week 51 of 2021.

- **Melton** has the lowest rate of Covid-19 cases and the fourth highest rate of deaths in the county. The rate of cumulative cases is significantly lower than the England average.

- From mid-September, the weekly counts of cases had been increasing week on week in Melton, showing a peak around the 9th of November. A second peak was witnessed around 28th of December. Through January to the end of March weekly counts of cases had shown a declining trend, since then the weekly counts of cases in Melton had fluctuated until mid May. From mid May until w/c 12th July, the weekly count of cases increased week on week. The case count then decreased for 2 weeks before fluctuating until the 6th of December, after which the weekly counts of cases showed an increasing trend.
- The latest weekly count of cases have increased from 564 in w/c 20th December to 890 in w/c 27th December.
- The latest weekly count of deaths involving Covid-19 shows that no deaths occurred in Melton in week 51 of 2021.

- **Hinckley & Bosworth** has the fourth highest rate of Covid-19 cases and third lowest rate of deaths in the county. The rate of cumulative cases is significantly higher than the England average.
- From mid-September to the 9th of November, the weekly counts of cases had increased each week in Hinckley and Bosworth. The weekly counts of cases had fluctuated from November 9th to January 11th. From then until mid March the weekly counts of cases decreased, before fluctuating until late May. Between the end of May and the 12th July there was an increasing trend in the weekly counts of cases. Since then the count of cases has fluctuated, with the exception of the last five weeks where Hinckley & Bosworth has witnessed an increase in the weekly count of cases.
- The latest weekly count of cases have increased from 1,311 in w/c 20th December to 1,940 in w/c 27th December.
- The latest weeks data shows two deaths involving Covid-19 were recorded in Hinckley & Bosworth in week 51 of 2021; both deaths occurred in a hospital.

- **Charnwood** has the third highest rate of Covid-19 cases and the second lowest rate of deaths in the county. The rate of cumulative cases is significantly higher in comparison to the England average.
- The weekly counts of cases in Charnwood had shown an increasing trend from early September to mid-October, showing a peak around the 19th of October. Between the 19th of October and the 23rd November the weekly counts of cases showed a declining trend. Following this, the weekly counts of cases increased each week in Charnwood, peaking around December 28th. The rate then showed a declining trend until the 3rd of May, before showing an increasing trend for 10 weeks. Between the 19th of July and the 8th November the weekly count of cases had fluctuated. Since then, the weekly count of cases decreased for three weeks before increasing for four weeks.
- The latest weekly counts of cases have increased from 2,401 in w/c 20th December to 3,136 in w/c 27th December.
- The latest weeks data shows one death involving Covid-19 was recorded in Charnwood in week 51 of 2021; this death occurred in a care home.

- **Harborough** has the second lowest rate of Covid-19 cases and the lowest rate of deaths in the county. The rate of cumulative cases is not significantly different to the England average.
- From the beginning of September to the 9th November, the weekly counts of cases had shown an increasing trend in Harborough. Between the w/c 9th November and the w/c 7th December the weekly counts of cases showed a declining trend. Between then and December 28th, the weekly counts of cases had increased each week before showing a declining trend until the end of March. Throughout April and May the rate had fluctuated, before showing an increasing trend over the next seven weeks. Between the 19th of July and the 20th of September the weekly

counts of cases showed an increasing trend. The weekly counts of cases then fluctuated until the 6th of December, since then an increasing trend has been witnessed.

- The latest weekly counts of cases have increased from 1,126 in w/c 20th December to 1,569 in w/c 27th December.
- The latest weeks data on death occurrences shows that one death involving Covid-19 was recorded in Harborough in week 51 of 2021; this death occurred in a hospital.

Leicestershire County Council

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જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں 0116 305 6803 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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Chief Executive's Department
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Leicester
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Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	A01b - Life expectancy at birth	(F)	2018 - 20	High	84.1	Null	83.1	—	●
		(M)	2018 - 20	High	80.5	Null	79.4	—	●
	A01a - Healthy life expectancy at birth	(F)	2017 - 19	High	63.6	12/16	63.5	—	●
		(M)	2017 - 19	High	63.5	11/16	63.2	—	●
	A02a - Inequality in life expectancy at birth	(F)	2017 - 19	Low	5.0	5/16	7.6	—	●
		(M)	2017 - 19	Low	6.4	4/16	9.4	—	●
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2020/21	High	Null	Null	47.6	—	●
	B16 - Utilisation of outdoor space for exercise/health reasons	(P)	Mar15 - Feb 16	High	20.8	3/16	17.9	—	●
	C02a - Under 18s conception rate / 1,000	(F)	2019	Low	13.3	9/15	15.7	▶	●
	C06 - Smoking status at time of delivery	(F)	2020/21	Low	10.5	8/16	9.6	▶	●
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2019/20	Low	19.0	3/15	23.0	▼	●
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2019/20	Low	30.6	4/15	35.2	▶	●
	C16 - Percentage of adults (aged 18+) classified as overweight or obese	(P)	2019/20	Low	62.7	8/15	62.8	—	●
	C17a - Percentage of physically active adults	(P)	2019/20	High	67.6	12/15	66.4	—	●
	C17b - Percentage of physically inactive adults	(P)	2019/20	Low	21.9	13/15	22.9	—	●
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2019	Low	12.0	4/16	13.9	—	●
	C28b - Self-reported wellbeing - people with a low worthwhile score	(P)	2019/20	Low	Null	Null	3.8	—	●
Primary/Secondary	E02 - Percentage of 5 year olds with experience of visually obvious dental decay	(P)	2018/19	Low	18.2	9/16	23.4	—	●
	C21 - Admission episodes for alcohol-related conditions (Narrow): Old Method	(P)	2018/19	Low	587.8	5/16	663.7	▶	●
	E01 - Infant mortality rate	(P)	2018 - 20	Low	3.3	7/15	3.9	—	●
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2017 - 19	Low	60.4	9/16	70.4	—	●
	E05a - Under 75 mortality rate from cancer	(P)	2017 - 19	Low	117.3	6/16	129.2	—	●
	E06a - Under 75 mortality rate from liver disease	(P)	2017 - 19	Low	15.0	7/16	18.8	—	●
	E07a - Under 75 mortality rate from respiratory disease	(P)	2017 - 19	Low	25.6	6/16	33.6	—	●
	E10 - Suicide rate	(P)	2018 - 20	Low	8.4	1/15	10.4	—	●
	E14 - Excess winter deaths index	(P)	Aug 2019 - Jul 2020	Low	17.4	12/15	17.4	—	●
	E14 - Excess winter deaths index (age 85+)	(P)	Aug 2019 - Jul 2020	Low	24.0	13/15	20.8	—	●
	C19a - Successful completion of drug treatment - opiate users	(P)	2019	High	6.8	6/16	5.6	▶	●
	C19b - Successful completion of drug treatment - non-opiate users	(P)	2019	High	34.6	6/16	34.2	▶	●
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	6/16	78.0	—	●
Secondary	C24a - Cancer screening coverage - breast cancer	(F)	2020	High	77.6	9/16	74.1	▼	●
	C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	(F)	2020	High	76.9	5/16	70.2	▲	●
	C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	(F)	2020	High	79.4	4/16	76.1	▼	●
	C24d - Cancer screening coverage - bowel cancer	(P)	2020	High	67.8	5/16	63.8	▲	●
	C26b - Cumul % of the eligible population (40-74 yrs) offered and received a Health Ch..	(P)	2016/17 - 20/21	High	49.8	6/16	46.5	—	●
	D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	(P)	2020	Low	346.2	5/15	619.0	▼	●
	D07 - HIV late diagnosis (%)	(P)	2017 - 19	Low	Null	Null	43.1	—	●
	D02a - Chlamydia detection rate / 100,000 aged 15 to 24	(P)	2020	High	1,129.9	10/15	1,408.4	▼	●

Statistical Significance compared to England or Benchmark: Better, Similar, Not compared, Worse

Direction of Travel: ▼ Decreasing, ▼ Decreasing and getting better, ▼ Decreasing and getting worse, ▲ Increasing, ▲ Increasing and getting better, ▲ Increasing and getting worse, ▶ No significant change, — Cannot be calculated

Indicators C19a and C19b present Figures for Leicestershire and Rutland combined

Nearest Neighbour Rank: 1 is calculated as the best (or lowest when no polarity is applied)

Source: PHE, November 2021

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Agenda Item 11

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 19 JANUARY 2022

COMMENTARY AGAINST QUALITY ACCOUNTS

REPORT OF THE CHIEF EXECUTIVE

Purpose of the Report

1. The purpose of this report is to allow the Committee to review the procedure in place for the task of commenting on the Quality Accounts for the provider health trusts, specifically the University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT) and East Midlands Ambulance Service NHS Trust (EMAS).

Background

2. Quality Accounts (QAs) are annual public facing reports to the public from providers of NHS healthcare about the quality of services they deliver. There is a legal requirement under the NHS (Quality Accounts) Regulations 2010 for all bodies who provide, or arrange to provide (sub-contract) NHS services to produce a QA.

3. The aim of a QA is to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. If designed well, the QA should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

4. Prior to 2015 local NHS Trusts attended meetings of the Health Overview and Scrutiny Committee to present their Quality Accounts and seek feedback from the Committee on the clarity and content of the Accounts. NHS Trusts have a deadline within which they are required to publish the Quality Accounts and therefore the comments of the Health Overview and Scrutiny Committees must be received in advance of that deadline so they can be included in the final public version of the Quality Account. This meant that meetings of the Health Overview and Scrutiny Committee had to be arranged prior to the deadline and this was not always possible. Members were of the view that whilst there was value in scrutiny making comments on the Accounts, the process was

somewhat onerous and the Committee's time would have been better spent on considering specific health issues.

5. At its meeting on 10 June 2015 the Committee agreed that rather than considering the Quality Accounts at a public meeting, the Chief Executive, after consultation with the Chairman and Spokesmen, would be asked to submit comments on behalf of the Committee. Such comments would have regard to the work of the Committee during the year in relation to the particular NHS body. The Chairman and Spokesmen would also be asked, in the process of scrutinising the declaration and formulating comments, to identify issues that would merit detailed consideration by the Health Overview and Scrutiny Committee. Arrangements would then be made for these would be brought to the Committee. It was thought that this was a more appropriate and less time-consuming method of producing a response than to arrange an additional meeting of the Committee.

6. Since 2015 the process has worked well. In the spring of each year the NHS Trusts submit a draft version of the Quality Account for that year to the County Council Chief Executive giving a deadline for the response from the Committee to be received. The Chief Executive then produces a draft response on behalf of the Committee which is reviewed by the Committee Chairman, Deputy Chairman and political group spokespersons outside of a public meeting. Amendments and additions to the comments may be suggested, and then the final version of the comments is sent by the Chief Executive to the NHS Trusts for inclusion in the final Quality Accounts for that year. This process has enabled the deadlines set by the NHS to be met whilst ensuring that the comments do reflect the views of Committee members and that at public meetings the Committee's time is spent on particular topics of interest.

7. The comments have been well received by the NHS Trusts and occasionally as a result of the Committee's comments on the draft Quality Account parts of the final Quality Account have been made clearer for the public to understand or more information has been provided.

Proposals/Options

8. The Committee is recommended to continue to delegate the role of commenting on the Quality Accounts of health provider organisations to the Chief Executive after consultation with the Chairman and Spokesmen on the basis outlined above.

Resource Implications

9. The proposed option is less resource intensive and more cost effective as it does not involve holding a face to face meeting of the Committee in public.

Background papers

Committee report 10 June 2015:
http://politics.leics.gov.uk/documents/s109619/Commentary%20Against%20Quality%20Accounts.pdf

University Hospitals of Leicester NHS Trust Quality Accounts:
https://www.leicestershospitals.nhs.uk/aboutus/performance/publications-and-reports/quality-accounts/

Leicestershire Partnership NHS Trust Quality Account 2020/21 (comments from the Committee on page 58):
https://www.leicspart.nhs.uk/wp-content/uploads/2021/06/Quality-Account-2020.21-Final.pdf

East Midlands Ambulance Service Quality Accounts:
https://www.emas.nhs.uk/about-us/trust-documents/

Circulation under the Local Issues Alert Procedure

None

Equality and Human Rights Implications

None

Appendices

Appendix A – Leicestershire County Council Health Overview and Scrutiny Committee comments on the University Hospitals of Leicester NHS Trust Quality Account for 2020/21

Appendix B - Leicestershire County Council Health Overview and Scrutiny Committee comments on the Leicestershire Partnership NHS Trust Quality Account for 2020/21

Appendix C - Leicestershire County Council Health Overview and Scrutiny Committee comments on the East Midlands Ambulance Service NHS Trust Quality Account for 2020/21

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Appendix A

LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2020/21

JUNE 2021

The Leicestershire Health Overview and Scrutiny Committee thanks UHL for the opportunity to comment on the Quality Account for 2019/20. The Committee recognises that due to the Covid-19 pandemic it has been an exceptionally difficult year for the NHS and particularly UHL, and thanks all UHL staff for their commitment and dedication during this difficult period.

The Committee is of the view that the Quality Account gives a detailed and thorough assessment of the quality of services offered by UHL and the improvements that have been made during the year. The Committee welcomes the candour of the Account where it recognises that UHL has struggled to maintain consistently high standards of quality and performance. The Committee has particular concerns about the ongoing issue with ambulance 4 hour waiting targets being failed during 20/21, the growth in waiting lists for non-urgent treatment and also the growth in diagnostic waiting times.

In some areas, however, the Quality Account could go further and provide more detail. For example, whilst the Quality Account acknowledges the impact of Covid-19 on the performance of the Trust, insufficient emphasis is given to the large number of elected medical procedures which had to be postponed due to the pandemic. The Trust's performance against the cancer metrics has been a concern of the Committee for some time now but the Quality Account does not mention that some elective cancer treatment has been provided by private providers during the pandemic. Nevertheless, it is reassuring to learn from the Quality Account the actions that are being taken to ensure cancer and urgent care positions are recovered.

The Quality Account refers to the daily high number of patients in the Leicester Royal Infirmary Emergency Department but the Committee's understanding is that at the beginning of the pandemic there were less attendances at the Emergency Department for non-Covid related reasons. Therefore, the Quality Account would benefit from greater clarification on how the public's adherence to requests not to attend hospital unless it was urgent, impacted on footfall and the challenges of patient flow which the Quality Account states were exacerbated by Covid. It is reassuring that UHL continues to work with partners across Leicester, Leicestershire and Rutland to improve the quality of care provided on the emergency care pathway

At the beginning of the pandemic Committee members became aware of concerns raised by patients and families regarding the impact Covid-19 was having on the accuracy of some performance data, for example it was noted that some families of

deceased persons had complained that Covid19 was recorded as the cause of death on the death certificate when they believed it was not the true cause. The Committee would be interested to know whether these issues have been resolved.

The Committee is aware that visiting for patients has been restricted due to Covid-19 and commends UHL for the initiatives detailed in the Account which help maintain communications between patients and their families.

The Quality Account states that UHL has been transparent about the financial challenges it faces but the Account makes no mention of the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair'. The Committee is of the view that the issues with UHL's accounts could have a significant impact on public confidence in UHL's performance overall and therefore deserves acknowledgement in the Account.

The Quality Account refers to the work of the Mental Health Liaison Team located at the Emergency Department and this initiative is welcomed by the Committee. The Committee considered this topic in detail at our meeting in January 2021 and learnt that the Team has a target to see patients within 1 hour of referral. The Committee would be interested to find out how well the Team is performing against this target.

The Committee has been concerned about the wellbeing of UHL staff during the pandemic and welcomes the variety of methods outlined in the Account which enable staff to raise issues of concern. Further updates on work ongoing to ensure the welfare of staff would be welcomed.

The Committee notes that UHL has not been inspected by the Care Quality Commission since the autumn of 2019, and given the events that have taken place since that time, limited weight can be placed on the overall rating of "Good" which UHL has as a result of that inspection. However, it is pleasing that UHL's Infection Prevention and Control procedures were reviewed by the CQC in August and September 2020 and found to be appropriate. The Committee also notes that UHL is now deemed to be compliant with the Section 29A warning notice issued by CQC in February 2020 in relation to Emergency Services but the Quality Account does not explain how it became compliant and what measures have been put in place to prevent further warning notices being issued. This information would be useful.

Going forward the Committee notes that UHL will increasingly work as an integral part of the new Integrated Care System structure and the Committee looks forward to scrutinising this partnership working over the coming years.

The Committee is aware of UHL's acute and maternity reconfiguration plans which have been consulted on over the last year and will be interested to see the impact the plans have on quality and performance but recognises that it will be some years before the plans come to fruition.

In conclusion, the Committee would like to thank UHL for presenting a clear Quality Account and, based on the Committee's knowledge of the provider, is of the view that the Quality Account is accurate subject to the comments made above.

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