



Meeting: **Health and Wellbeing Board**

Date/Time: **Tuesday, 31 October 2023 at 2.00 pm**

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

Contact: **Mrs. Rosemary Whitelaw (Tel: 0116 305 2583)**

Email: **rosemary.whitelaw@leics.gov.uk**

Membership

Mrs H. L. Richardson CC (Chairman)

Barney Thorne	John Sinnott
Dr Nikhil Mahatma	Mrs. C. M. Radford CC
Simon Barton	Andy Williams
Gemma Barrow	Mrs D. Taylor CC
Edd de Coverly	Rachna Vyas
Sarah Prema	Jean Knight
Harsha Kotecha	Cllr Cheryl Cashmore
Jane Moore	Cllr. J. Kaufman
Mike Sandys	Rani Mahal
Jon Wilson	

AGENDA

<u>Item</u>	<u>Report by</u>	
1. Minutes of the meeting held on 25 May 2023.		(Pages 3 - 12)
2. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
3. Declarations of interest in respect of items on the agenda.		
4. Position Statement by the Chairman.		
5. Health and Wellbeing Board Governance	Chief Executive	(Pages 13 - 14)
6. Progress Report on Community Health and	Integrated Care	(Pages 15 -



	Wellbeing Plans	Board	126)
7.	Better Care Fund - Quarter 2 Report	Director of Adults and Communities	(Pages 127 - 136)
8.	Joint Strategic Needs Assessment Update - Proposed Process and Governance	Director of Public Health	(Pages 137 - 144)
9.	Joint Strategic Needs Assessment Chapters - Demography and Oral Health	Director of Public Health	(Pages 145 - 168)
10.	Children and Families Partnership Plan - Progress Update to the Health and Wellbeing Board	Director of Children and Family Services	(Pages 169 - 200)
11.	Leicestershire and Rutland Safeguarding Adults Board Annual Report 2022/23 and Business Plan 2023-25	Director of Adults and Communities	(Pages 201 - 238)
12.	Leicestershire and Rutland Safeguarding Children Partnership Annual Report 2022/23 and Business Plan 2023-25	Director of Adults and Communities	(Pages 239 - 282)
13.	Annual Report of the Director of Public Health Leicestershire's Health - What the Health and Wellbeing Board's Dashboard Tells Us	Director of Public Health	(Pages 283 - 314)
14.	Date of next meeting.		

The next meeting of the Health and Wellbeing Board will be held on 7 December 2023 at 2.00pm.

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



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 25 May 2023.

PRESENT

Leicestershire County Council

Mrs L. Richardson CC
 Mrs D. Taylor CC
 Mrs. C. M. Radford CC
 Mike Sandys
 Jon Wilson
 Jane Moore

Integrated Care Board

Sara Prema

District Councils

Cllr Cheryl Cashmore

In attendance

Simon Barton	University Hospitals of Leicester NHS Trust
Jean Knight	Leicestershire Partnership NHS Trust
Barney Thorne	Leicestershire Police
Harsha Kotecha	Healthwatch
Gemma Barrow	Healthwatch
Sarah Lewis	Integrated Care Board
Kate Allardyce	NHS Midlands and Lancashire Commissioning Support Unit
Kelly-Marie Evans	Leicestershire County Council
Sally Vallance	Leicestershire County Council
Lisa Carter	Leicestershire County Council
Andy Brown	Leicestershire County Council
Hannah Booth	Leicestershire County Council
Victoria Charlton	Leicestershire County Council
Euan Walters	Leicestershire County Council

Apologies

Edd de Coverly, John Sinnott, Andy Williams and Rachna Vyas

1. Appointment of Chairman.

That Mrs L. Richardson CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2024.

Mrs. L. Richardson CC in the Chair

2. Minutes of the previous meeting.

The minutes of the meeting held on 23 February 2023 were taken as read, confirmed and signed.

3. Urgent items.

There were no urgent items for consideration.

4. 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.

5. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:-

- Adult Social Care;
- NHS/Integrated Care Board.

A copy of the position statement is filed with these minutes.

RESOLVED:

That the position statement be noted.

6. Integrated Care Board Five Year Joint Forward Plan.

The Board considered a report of the Integrated Care Board which presented the draft NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) 5-Year Joint Forward Plan (5JFP). A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) Should partners wish to give any further feedback on the 5JFP outside of the meeting then they were welcome to do so as the final Plan would not be completed until the end of June 2023.
- (ii) The 5JFP would contain an annex which would set out how the Plan would be delivered. It was important to ensure that the 5JFP delivery plan aligned with the delivery plan for the Health and Wellbeing Strategy to avoid duplication and ensure resources were managed effectively. Further conversations with Health and Wellbeing Board Leads would take place after the publication of the 5JFP to ensure full alignment.

RESOLVED:

That:

- (a) The contents of the report and the Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Joint Forward Plan be noted;
- (b) The Board agrees that the 5 Year Joint Forward Plan takes account of the Leicestershire Health and Wellbeing Strategy.

7. Progress Report on Community Health and Wellbeing Plans.

The Board considered a report of the Integrated Care Board which provided an update on the progress of the seven Community Health and Wellbeing Plans (CHWPs) across Leicestershire. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The Leicestershire Health and Wellbeing Strategy set out the overall vision for Leicestershire and the CHWPs were an opportunity to tweak the vision for particular localities. One of the main aims of the CHWPs was to tackle health inequalities, particularly in areas of the County with high deprivation levels. The Plans had resulted in closer partnership working taking place in the districts.
- (ii) There were Action Plans and Performance Indicators to go alongside the CHWPs.
- (iii) Working Groups and Delivery Groups had been established in the seven Districts to aid implementation of the CHWPs. A mapping exercise was being carried out regarding which Boards and Committees would need to be kept abreast of the work of the Working Groups and Delivery Groups and how best to feed into them to ensure there was no duplication. Reassurance was given that the Health and Wellbeing Board would be regularly updated.
- (iv) There was no additional funding for the CHWPs therefore the work would have to be carried out from existing funding. Some reassurance was given that most of the work was not new, it was about working in a different way therefore new funding was not required. Grants would be bid for where appropriate and volunteers would also be used. This issue of funding would be monitored going forward.
- (v) Health and Wellbeing Board Leads needed greater clarity on what work their staff were being required to do in relation to CHWPs. Membership lists of the Working Groups would be circulated to Health and Wellbeing Board members to ensure that the Board was satisfied with the representation on the Groups.
- (vi) Public Health representatives had been invited to attend the Working Groups. In response to concerns that this could create a resources problem for Public Health some reassurance was given that there had been no problems so far and Public Health apprentices had been fulfilling the role which had worked well. In order to reduce the amount of representatives that were required, the Working Groups had

been combined as much as possible. The issue of resources would be closely monitored going forward.

- (vii) Healthwatch and Leicestershire Police were also welcome to take part in the Working Groups and further conversations regarding their involvement would take place outside of the meeting.
- (viii) Local Area Co-ordinators and Social Prescribers were heavily involved in the CHWP work.
- (ix) Reassurance was given that the CHWP work would link in with the existing Leicestershire Carers Strategy and Dementia strategy and the CHWP work would not be carried out independently from partners. The Community Health and Wellbeing Teams would play an important role in highlighting where existing resources and services were.
- (x) The Hinckley and Bosworth Community Health and Wellbeing Plan 2023 – 2026 stated that deaths by suicide in Leicester, Leicestershire and Rutland increased by 40% between 2021 and 2022 however this figure was not correct and required amending. It was agreed that this would be corrected after the meeting.
- (xi) Whilst there was a strong evidence base for the priorities set out in the Community Health and Wellbeing Plans the results of the May 2023 local authority elections could have some impact on the delivery of the Plans.

RESOLVED:

That the progress of the seven Community Health and Wellbeing Plans within Leicestershire County be noted.

8. Better Care Fund Year End 2022-23 Performance.

The Board considered a report of the Director of Adults and Communities, Leicestershire County Council, regarding the end of year performance of the Better Care Fund programme for 2022/23. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

RESOLVED:

That:

- a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways in 2022-23 be noted;
- b) The action taken by the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to finalise the BCF Year End report and use his delegated powers to approve it for the NHSE submission deadline of 23rd May 2023 be noted;

- c) The Board retrospectively approves the year-end BCF 2022-23 template, attached as the appendix to the report, for submission to NHS England.

9. Better Care Fund Plan 2023-25.

The Board considered a report of the Director of Adults and Communities, Leicestershire County Council, which provided an overview of the progress to date on the submission of the Leicestershire Better Care Fund (BCF) Plan 2023-25. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) On 25 May 2023 a draft of the Plan was being submitted to the BCF Regional Lead and other key stakeholders for feedback. Once that feedback was received the Plan would then be submitted to the Integration Executive before submission to NHS England ahead of the 28 June 2023 deadline.
- (ii) The Plan contained metrics relating to falls in people aged 65 and over and consideration was therefore given to whether there should be further detail in the Plan about the falls prevention work which was taking place in Leicestershire. It was noted that the Narrative section of the Plan contained some information on how the target set out in the metric would be achieved however further detail was needed on the community prevention falls work taking place. It was agreed that liaison would take place with Active Together regarding this and the additional information would be included in the second draft of the Plan.
- (iii) The Narrative section of the Plan also contained details on supporting people back into living in the community after they have spent a period of time in a mental health facility. It set out what work was being carried out to ensure these people had appropriate housing.

RESOLVED:

That:

- (a) The contents of the report be noted;
- (b) The assurance document, attached as Appendix E, that details the proposed contents of the BCF Plan return against the key lines of enquiry be noted;
- (c) The Board authorises the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to finalise the BCF Plan prior to the national deadline for submission of 28th June 2023.
- (d) The Board notes that the members of the Integration Executive will be asked to indicate their support for the BCF Plan ahead of the final submission to NHS England at its meeting of the 6th June 2023.

10. Health and Wellbeing Board Annual Report.

The Board considered a report of the Director of Public Health, Leicestershire County Council, which looked back on the previous two years (2021-2023) and reflected on what had been achieved and where the Board saw itself in the next 12-24 months. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

RESOLVED:

That the Board:

- (a) Notes the contents of the report and acknowledges the progress to date;
- (b) Recognises the work needed to further strengthen and develop the Board as a Place-based leader.

11. Joint Health and Wellbeing Strategy Update.

The Board considered a report of the Director of Public Health, Leicestershire County Council, which provided an update on the progress of the Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-32. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

The Chairman emphasised that the reporting timetable set out in the report was the minimum frequency required and the Board would welcome updates more frequently.

RESOLVED:

That:

- (a) The progress made to date be noted;
- (b) The reporting cycle timetable be approved.

12. Joint Strategic Needs Assessment Chapters - Children and Young People's Mental Health and Health Inequalities.

The Board considered a report of the Director of Public Health, Leicestershire County Council, which provided an update on the ongoing development of the Leicestershire Joint Strategic Needs Assessment (JSNA), and a summary of the headlines, conclusions and recommendations arising from two recent JSNA chapters developed on Children and Young People's Mental Health and Health Inequalities. A copy of the report, marked 'Agenda Item 12', is filed with these minutes.

Arising from discussions the following points were noted:

Children and Young People's Mental Health

- (i) The report stated that in England in 2022, 18% of 7–16-year-olds and 22% of 17–24-year-olds had a 'probable mental health disorder'. In response to a question as to what definition was used for what constituted a probable mental health disorder it

was agreed that this would be checked and clarification would be provided after the meeting.

- (ii) Consideration needed to be given to where the gaps in provision were and how these gaps would be affected by funding decisions and which areas needed strengthening.
- (iii) The Joint Strategic Needs Assessment Chapter on Children and Young People's Mental Health required more detail in relation to the Transition to Adult Services and all the work which was taking place in that regard. It would be helpful to add a recommendation regarding improving co-ordination of all the work which was taking place particularly linking in the work of the voluntary sector.
- (iv) Almost one-third of year 4-6 and year 8-10 school pupils reported feeling afraid to attend school sometimes due to bullying. Bullying in connection to racial background was a particular problem in Leicestershire. Members expressed concern that the figures were so high given the work that had already taken place to tackle the problem. There was a need to keep persevering and try different methods.

Health Inequalities

- (v) In response to a suggestion that more engagement with communities needed to take place to encourage the public to use services and ask the public what would make them more likely to use services, reassurance was given that this was covered in the recommendations contained within the JSNA chapter.
- (vi) In Leicestershire there was a more nuanced picture than in Leicester City with regards to deprivation and health inequalities. Auditing of the services needed to take place to show how health inequalities were being tackled. It would be useful for a toolkit to be developed to help partners. Organisations were also thinking of their own solutions to tackle the problem and this needed to be encouraged.

It was concluded that more work needed to take place to ensure all partners received the JSNA chapters and were aware of the contents, not just at Place level but at System and Neighbourhood level as well.

RESOLVED:

That:

- (a) The findings and recommendations of the Children and Young Peoples' Mental Health Joint Strategic Needs Assessment Chapter be supported and the Chapter be approved for publication;
- b) The findings and recommendations of the Health Inequalities Joint Strategic Needs Assessment Chapter be supported and the Chapter be approved for publication.

13. Analysis of the Health of People with a Learning Disability using the Aristotle System.

The Board considered a report of the Director of Public Health, Leicestershire County Council, which provided a summary of the findings from analysis of GP record data

viewed through the Aristotle system in April 2023. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

Arising from discussions the following points were noted:

- (i) The analysis had been commissioned by Leicestershire Partnership NHS Trust and the Health Inequalities Learning Disability and Autism Group. The analysis provided the evidence base for that Group and would feed into their work and be taken forward as part of their Action Plans.
- (ii) The analysis indicated that there were some links between deprivation and learning disabilities and Board members considered what those links could be and whether this was reflected on a national level. It was suggested that one of the reasons for the link could be that Residential Care Homes were often located in more deprived areas which could be affecting the figures and giving the impression that there was stronger links between deprivation and learning disabilities than there actually was. Nevertheless, the analysis made it clear that when health partners were working in areas of deprivation extra consideration needed to be given to people with learning disabilities and how to engage with them.
- (iii) People with a learning disability were entitled to an annual health check. In terms of pure numbers more health checks had been carried out in the County than in Leicester City, however in terms of proportion of the population the County had a lower percentage than the City. A contributory factor to this could be that many people that resided in the County were registered with out of county GP Practices and therefore would not appear in the Leicestershire figures for health checks.
- (iv) Board members welcomed the work that had been carried out and gave their support to future projects of this nature.

RESOLVED:

That:

- (a) The findings of the analysis contained in the report and accompanying presentation be noted;
- (b) The work of the Learning Disability Health Inequalities Group in co-ordinating work to address the issues identified be supported.

14. Young People's Mental Health Special Project.

The Board considered a report of Healthwatch Leicester and Leicestershire which presented their Young People's Mental Health Special Project report. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

RESOLVED:

That the contents of the report, with particular reference to the recommendations and corresponding action plan, be noted.

15. Dates of future meetings.

RESOLVED:

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

28 September 2023;
7 December 2023;
29 February 2024;
23 May 2024;
27 September 2024;
5 December 2024.

2.00 - 4.35 pm
25 May 2023

CHAIRMAN

This page is intentionally left blank



HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

HEALTH AND WELLBEING BOARD GOVERNANCE

Purpose of report

1. The purpose of this report is to seek the Health and Wellbeing Board's approval for revised Terms of Reference for the Board.

Link to the Local Health and Care System

2. The Health and Wellbeing Board leads and directs work to improve the health and wellbeing of the population of Leicestershire through the development of effective, high quality integrated health and social care services

Recommendations

3. It is recommended that the revised Terms of Reference for the Health and Wellbeing Board be approved;

Policy Framework and Previous Decisions

4. The current Terms of Reference for the Board were approved by the Health and Wellbeing Board at its meeting in February 2022.

Background

5. At the Health and Wellbeing Board Development Session In July 2023, a representative from Voluntary Action Leicester Shire suggested that it would be useful for him to become a member of the Health and Wellbeing Board to provide some context to issues raised at the Board from a voluntary and community sector perspective. The Terms of Reference have therefore been revised with an updated membership list and are attached at Appendix A.

Resource Implications

6. There are no resource implications arising from this report.

Equality and Human Rights Implications

7. None arising from this report.

Background papers

Report of the Director of Public Health – Health and Wellbeing Board Governance
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=6942&Ver=4>

Appendices

Appendix A - Revised HWB Terms of Reference

Officers to Contact

Mike Sandys
Director Public Health
Leicestershire County Council
0116 3054239
Mike.sandys@leics.gov.uk

Leicestershire Health and Wellbeing Board

Appendix 1

Terms of Reference

Introduction

The Health and Wellbeing Board has been appointed by the County Council as a subcommittee of the Executive to: -

- Discharge directly the functions conferred on the County Council by Section 194 of the Health and Social Care Act 2012, or such other legislation as may be in force for the time being
- Carry out such other functions as the County Council's Executive may permit.

[Note: The County Council's executive function of approving the Better Care Fund and Plans arising from its use has been delegated to the Health and Wellbeing Board.]

Terms of Reference

The Health and Wellbeing Board shall have the following general role and function: -

To lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services. The Board is responsible for:-

- Preparing and publishing the Leicestershire Joint Strategic Needs Assessment in order to identify the needs and priorities across Leicestershire so that future commissioning/policy decisions and priorities are based on evidence.
- Preparing and publishing a Joint Health and Wellbeing Strategy (JHWS) and associated Plan on behalf of the County Council and its partners.
- Approving the Better Care Fund Plan.
- Publishing and refreshing the Pharmaceutical Needs Assessment to assess the need for pharmaceutical services in Leicestershire and providing an evidence base for future policy and commissioning decisions.
- In conjunction with all partners, communicating and engaging with local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
- Having oversight of the use of relevant public sector resources to identify opportunities for the further integration of health and social care services.

The Work of the Board

Identifying Needs and Priorities

The Health and Wellbeing Board will take a key role in identifying future needs and priorities in Leicestershire to ensure that its work is based on evidence of needs. The Board will: -

- Ensure that the JSNA and Pharmaceutical Needs Assessment are refreshed, using a variety of tools, evidence and data, including user experience, to support this process.
- Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JSNA and other evidence, and demonstrate how this evidence has been applied to the Board's decisions and strategic priorities.
- Reach a shared understanding of how improvements in outcomes will be monitored and measured, including the benefits of improving integration.
- Ensure that all partners collaborate to use the JSNA and embed a population health management approach across the system to support the delivery of improved outcomes.
- Provide high-level guidance on the development and achievement of Leicestershire's strategic health and wellbeing priorities and outcomes across the Place.
- Adopt a proactive, collaborative approach to the JHWS priorities and delivery plan, setting the agenda around key integration and partnership priority areas, whilst allowing partners to continue to deliver and drive change through the Board's subgroups and partner organisations.
- Consider how wider Leicester, Leicestershire and Rutland (LLR) ICS system health and care priorities are translated and implemented at Leicestershire place and neighbourhood level.

Strategy

The Health and Wellbeing Board will develop, publish and review a Joint Health and Wellbeing Strategy which is developed and owned by all Integrated Care System (ICS) partners. The Strategy will set out key priorities and health and wellbeing outcomes for the Place. The JHWS will act as the Place led plan as required by the ICS to enable one clear vision and create alignment across Place.

The Board will:

- Proactively seek assurance on delivery of the priorities and outcomes set out in the Strategy, including via the Health and Wellbeing Board's sub-groups.
- Monitor the impact of the Strategy through the delivery plan, collectively supporting and constructively challenging progress and performance, taking action as necessary.
- Take account of the recommendations of the Director of Public Health's Annual Report, considering how recommendations are implemented across place.
- Focus collective efforts and resources on the agreed set of strategic priorities for health and wellbeing, as determined from the JHWS recognising the contributions of the wider determinants of health.
- Ensure the work of the Board develops in tandem with other local and national policy developments, dependencies and legislation.

- Establish strong links with the Integrated Care Board and Partnership to ensure both have regard to the Leicestershire JSNA and JHWS.

Integrated Working

The Health and Wellbeing Board will approve and implement plans aligned with the JHWS which will set out how wider determinants of health, care, housing services and prevention will be transformed to provide the people of Leicestershire with better integrated care and support. In addition the Board will:-

- Ensure the Board's work is aligned across the ICS, between system, place and neighbourhood.
- Ensure the Better Care Fund pooled budget and associated Plan is developed in accordance with national guidelines and local priorities.
- Ensure that appropriate partnership agreements, financial protocols, monitoring and risk management arrangements are in place to facilitate the use of the Better Care Fund and other areas of integrated commissioning.
- Ensure that an integrated approach is taken to improving health and wellbeing, including through the wider determinants of health, preventative services and developing asset-based approaches.
- Identify other service areas where place-based and/or pooled budgets would support improvement in outcomes and financial sustainability.
- Make recommendations on the priority of projects and allocation of resources to service providers and/or localities including implementing a preventative approach and reducing health inequalities as appropriate, in order to achieve jointly agreed objectives, noting where appropriate that organisational resource allocation and formal decision making will need to be agreed via the appropriate governance processes.
- Advise on a place based response to service redesign and transformation and operational delivery at system and neighbourhood level which may involve services across Leicester, Leicestershire and Rutland.

Communication and Engagement

The Health and Wellbeing Board will, in conjunction with partners, communicate and engage with local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. In support of this, the Board will:-

- Develop and implement a Communications and Engagement Strategy which will focus on how the work of the Board will be influenced by partners and the public, including seldom heard groups, and how the Board will support the specific duties with respect to consultation and engagement on service changes. The Communications and Engagement Strategy will align with and support the delivery of the Joint Health and Wellbeing Strategy.

Standing Orders

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by the County Council will apply with any necessary modifications including the following:-

The Chairman will be an elected member of Leicestershire County Council's Cabinet.

The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the CCGs and/or health equivalent in the new Integrated Care System.

Membership

The Board will keep its membership under review and make such changes as it feels necessary in accordance with Regulations:

County Council Lead Member for Health

County Council Lead Member for Adult Social Care

County Council Lead Member for Children & Young People

County Council Chief Executive

County Council Director of Public Health

County Council Director of Adults & Communities

County Council Director of Children & Family Services

Two Clinical representatives of the Clinical Commissioning Groups or health equivalent in the new Integrated Care System including Primary Care Networks.

Three non- clinical representatives of the CCGs and or health equivalent in the new Integrated Care System

Two representatives of the Local Healthwatch

Two elected representatives of the District Councils

The Lead District Officer for Health and Housing

One representative from Regional NHSEI

One representative of the Leicestershire Police

One representative of the Office of the Police and Crime Commissioner

One representative of the Leicestershire Partnership NHS Trust

One representative of the University Hospitals of Leicester NHS Trust

One representative from the Office of Health Improvement and Disparities

One representative from Voluntary Action Leicester Shire

HEALTH AND WELLBEING BOARD: 31ST OCTOBER 2023**REPORT OF THE CHIEF STRATEGY OFFICER, LEICESTER,
LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD
PROGRESS REPORT ON COMMUNITY HEALTH AND WELLBEING
PLANS****Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress of the seven Community Health and Wellbeing Plans (CHWPs) across Leicestershire.

Recommendation

2. It is recommended that the progress of the seven Community Health and Wellbeing Plans within Leicestershire County be noted.

Policy Framework and Previous Decision

3. In January 2021, the Department for Health and Social Care (DHSC) published proposals through the White Paper: Integration and Innovation: Working together to improve health and social care for all, to develop the NHS long term plan and bring forward measures for statutory Integrated Care Systems (ICS).

Background

4. Partnership working has been established across the system (Leicester, Leicestershire and Rutland collectively), place (Leicester, Leicestershire, and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working. The White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration and address health, public health and social care need, with a key responsibility being to support place-based joint work.
5. Place-based work is being driven through the Joint Health and Wellbeing Strategies (JHWSs) which also serve as the Place Led Plans for Leicester, Leicestershire and Rutland.
6. Community Health and Wellbeing Plans (CHWPs) seek to understand and improve the health and wellbeing needs of local populations by identifying and addressing key priorities and issues. The CHWPs need to both inform the Leicestershire JHWS (through identification of local need) and respond to the JHWS priorities at a neighbourhood level.

Community Health and Wellbeing Plans

7. These plans are being developed on a district footprint due to the availability of lower tier local authority data and ensuring alignment with lower tier local authority partnerships that focus on health and wellbeing. It is intended that these plans form the strategic picture for health and wellbeing for the neighbourhood area and that other initiatives at neighbourhood level are co-ordinated through these plans.
8. Many individual organisations have their own plans relating to health and wellbeing for their staff, resources and priorities and some local partnerships have developed their own plans or strategies. The CHWPs will form an umbrella plan across all of these. Whilst they will not contain the same level of detail, they will reference them and their importance in local health and wellbeing.
9. Some of the linked plans may have a footprint that is at system or place rather than neighbourhood. If these system or place plans relate to a local need, there will be a discussion with the system or place led to see whether neighbourhood work is also required. These discussions are likely to result in one of three outcomes:
 - Actions will continue to be delivered at system or place with input from neighbourhood partners.
 - Actions will be delivered at both system/place and neighbourhood footprints with partners agreeing who is doing what and what footprint their action relates to.
 - Actions will be best delivered at neighbourhood with some oversight at system/place.
10. This co-ordination across system, place and neighbourhood will be key in ensuring a 'golden thread' approach to delivering improved outcomes and will avoid duplication or contradictory action.
11. CHWPs will be accompanied by robust delivery plans which, once approved, will be monitored on a monthly basis to ensure agreed actions are progressing as planned. Progress will be reported via the governance arrangements outlined below.
12. The CHWPs and their accompanying delivery plans will provide an effective vehicle to support delivery of the Integrated Care Board's (ICB's) transformation vision and the Integrated Care System (ICS) priorities, ensuring accountability via monthly monitoring and reporting on progress. A key element of the transformation vision is the vertical integration of health and social care services and teams in each locality which will be reflected in the CHWPs.

Development of the Community Health and Wellbeing Plans

13. All plans have followed/will follow a robust process to identify appropriate priorities that reflect the needs of the local population and are collaboratively owned by all partners. The main stages are outlined in figure 1 below:

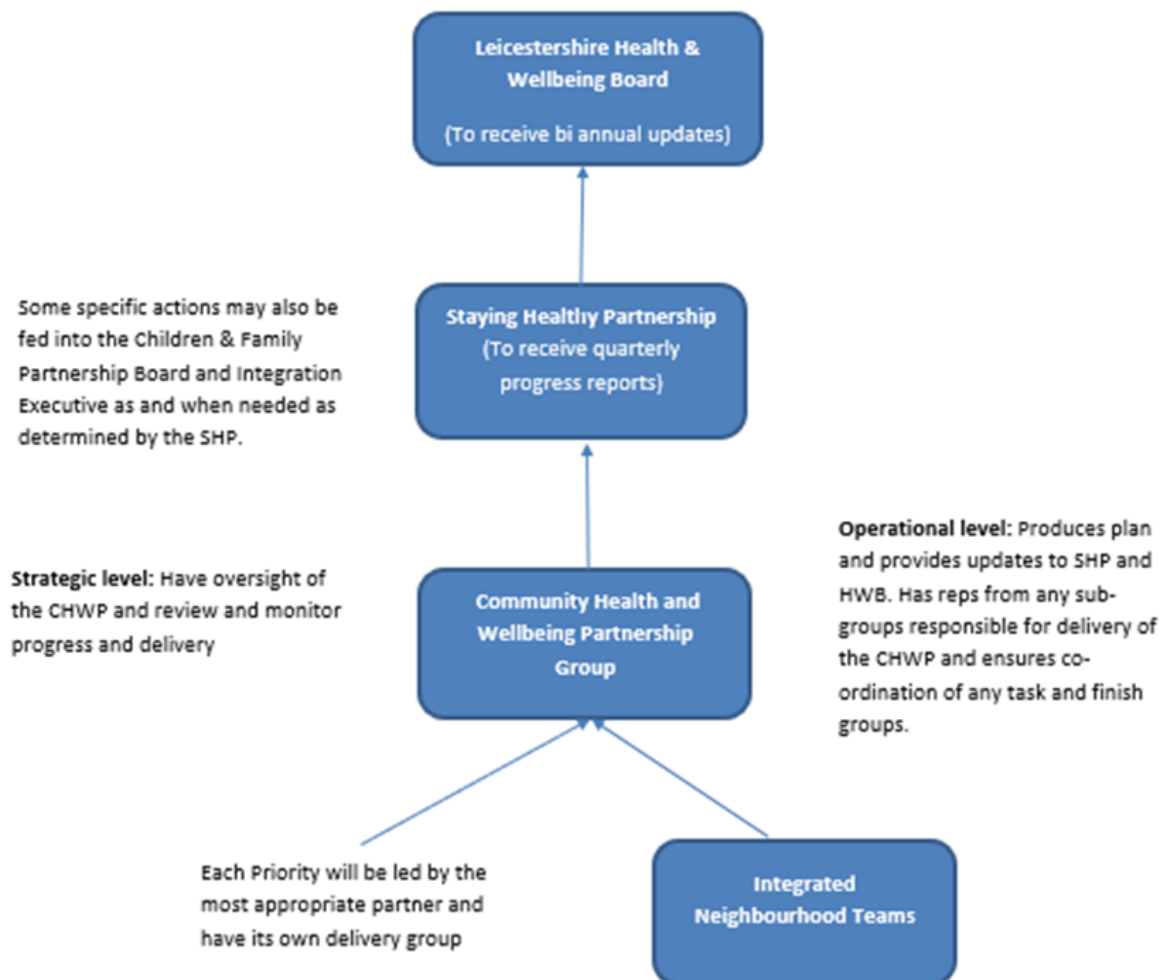
Figure 1: Stages of the development of Community Health and Wellbeing Plans:



Governance

14. The governance arrangements for the plans are outlined in figure 2 below. Each district has a local Partnership Board which will have oversight and ownership of the plans with regular progress reporting into the Staying Healthy Partnership (SHP) Board. These Partnerships will receive monthly progress reports against the delivery action plans.

Figure 2: Governance Structure for Community Health and Wellbeing Plans:



In addition to the formal reporting structure outlined above, it has been agreed that updates on delivery action plans will be sent to other key committees as appropriate to ensure they are aware of work taking place at district level and can escalate any concerns around potential duplication of effort. A mapping schedule has been produced outlining the committees that will be sent relevant action plans and highlight reports once available and is attached as Appendix 1.

Progress of Community Health and Wellbeing Plans

Blaby District

15. Work commenced on the CHWP for Blaby in June 2022. A working group was established in July 2022 which met every 6 weeks.
16. Governance arrangements for the development and monitoring of the CHWP were discussed and agreed. A final governance structure and terms of reference for the Blaby District Community Health & Wellbeing Partnership (BCHWP) was approved at the working group on 24th April 2023. The Partnership met for the first time in June 2023.

17. An initial needs assessment and mapping of services was completed and reviewed by the working group. A number of 'information gathering' sessions also took place to gain insights into the current services and issues within Blaby District. The information from these formed the basis of a workshop held on 12th December 2022 which resulted in a 'long list' of 19 priorities.
18. A prioritisation tool was developed by the partners in order to provide a more scientific and objective approach to the process. A prioritisation exercise was then undertaken using this agreed tool by a number of partners, resulting in a short list of priorities which was shared with the wider working group for review and discussion. During May 2023, working group members shared the proposed priorities with wider stakeholders to ensure agreement and ownership across the district. A briefing note was produced for distribution to stakeholders and a presentation undertaken at the Blaby Integrated Neighbourhood Team (INT) meeting in May 2023.
19. The final list of priorities was agreed at the BCHWP meeting in June 2023. It was also agreed to undertake an 'all age' approach. The priorities identified were:

Life Stage	Identified Priority
All Age Approach	Reduce levels of smoking and vaping (in young people & non-smokers)
	Reduce the level and impact of alcohol consumption
	Reduce obesity levels
	Improve mental health (including the impact of the cost of living crisis)
	Reduce the number of Falls and Hip Fractures (link with place/system work)
	Improve Cancer Diagnosis Rates (link with place/system work)
Cross Cutting Themes	Housing Growth

20. It was acknowledged that a great deal of work was already being undertaken at place/system level in relation to the priorities concerning falls and cancer diagnosis rates. The Partnership felt reassured that there was no requirement for further local actions in relation to these areas, however it was agreed to still include them as priorities to ensure the district had close links with, and regular updates on the work being completed at place/system level.
21. A draft CHWP narrative was produced and distributed to the BCHWP for review and feedback during July 2023. Feedback was incorporated into the document

and a final version taken to the BCHWP on 14th August 2023 where it was approved.

22. A copy of the approved plan is attached as Appendix 2 for information.
23. Service mapping has commenced to determine which services/plans/resources are already in place to address those priorities identified. Initial mapping to the Leicestershire County JHWS delivery plan has been undertaken to identify actions in place at system and place level.
24. Leads have been identified for each priority area who have started to develop delivery action plans. Verbal updates on progress to date was provided by priority leads at the BCHWP meeting on 9th October 2023. As action plans are finalised, they will be shared for information with the appropriate committees as outline above.

Charnwood

25. The Charnwood working group was established in October 2021 and has since developed into the Charnwood Community Health & Wellbeing Partnership (CCHWP) with the aim of identifying and agreeing priority outcomes for health and wellbeing in Charnwood.
26. A robust needs assessment and mapping of services was completed and reviewed by the partnership. Two stakeholder workshops were held in June/July 2022 to review this information, identify any gaps and agree an initial list of priorities.
27. A prioritisation exercise was undertaken in September 2022 to identify those priorities that partner organisations felt should be tackled first and therefore form the first year of the CHWP action plan, i.e., the 'Do' priorities. This was undertaken by using an online survey distributed to a wide range of stakeholders. The priorities identified were:

Life Stage	Identified Priority
Best Start in Life	<ul style="list-style-type: none"> Improve Mental Health in teenagers
Staying Healthy & Well	<ul style="list-style-type: none"> Loneliness: Reduce the incidence & impact of loneliness
Living & Supported Well	<ul style="list-style-type: none"> Dementia: Improve access to services and support provided to people in Charnwood suffering from dementia as well as their family & carers
Dying Well	<ul style="list-style-type: none"> Improve Care Planning for dying well
Cross Cutting Themes	<ul style="list-style-type: none"> Improve support for Carers Improve Mental Health for all (including the impact of the cost-of-living crisis on mental health) Housing Growth

28. The final version of the CHWP narrative was approved by the CCHWP in April 2023 and taken to the System Executive, Staying Healthy Partnership (SHP) and Leicestershire Health and Wellbeing Board (HWB) for information.
29. A service mapping workshop was held to determine which services/plans/resources were already in place to address those priorities identified. Initial mapping to the Leicestershire County JHWS delivery plan was undertaken to identify actions in place at system and place level.
30. Leads have been identified for each priority area and delivery groups established which have produced robust delivery action plans. Quarterly highlight reports were taken to the CCHWP meeting in October 2023 to provide further updates on progress made in each of the priority areas over the last few months. Action plans are also being shared for information with the appropriate committees as outline above.
31. Good progress is being made in all priority areas and some notable successes have been outlined in the table below:

Priority	Successes
Mental Health	<ul style="list-style-type: none"> Syston Neighbourhood Mental Health café is now open and has been very well received by the local residents. The number of 'Active accredited' GP practices within Charnwood has increased from 0 to 6. Loughborough Wellbeing Centre piloted a 'De stress' club over the summer holidays for 11-14 year olds which received very positive feedback.
Loneliness	<ul style="list-style-type: none"> Targeted text messages sent to identified cohorts of patients to promote 1st Contact Plus. The 'Walk & Talk' project is now running weekly men and women walking groups in Loughborough & Shepshed. Increased the number of trained walk leaders who can set up more groups as required.
Dementia	<ul style="list-style-type: none"> Clinical lead connected with ICB lead and involved in system level work re: roll out of the DiaDem tool in care homes. Charnwood may be one of the first to be involved in a Care Technology pilot to support people affected by Dementia.
Care Planning	<ul style="list-style-type: none"> Improved links between new palliative care nurses and GPs in Charnwood, understanding and agreeing roles and responsibilities and (re)establishment of/attendance at multi-disciplinary team meetings.
Cross Cutting	<ul style="list-style-type: none"> Mapping of current service provision within priority areas. Charnwood now confirmed as being the first for the roll out of the Joy System. Hope to 'go live' in October 23. Strong partnership working established – looking to provide collaborative bids for funding which may become available.

Hinckley & Bosworth

32. The Hinckley and Bosworth working group was established in June 2021 and met bi-monthly. A mental health working group was also established to address the mental health needs of the population.
33. The CHWP working group produced and reviewed a robust needs assessment of the local population which included the impact of housing developments. This review resulted in a 'long' list of priorities.
34. A face-to-face priorities workshop was held with stakeholders in June 2022 to review the long list of priorities that had been identified, as well as highlighting gaps that need further exploration. Wider engagement on the workshop outputs was undertaken in September and October 2022 and a final review completed in early November 2022.
35. A prioritisation exercise was undertaken in November 2022 to identify those priorities that partner organisations felt should be tackled first and therefore form the first year of the CHWP action plan, i.e., the 'Do' priorities. This was undertaken by using an online survey distributed to a wide range of stakeholders. The priorities identified were:

Life Stage	Identified Priority
All Age Approach	<ul style="list-style-type: none"> • Mental Health (including Children) • Learning Disabilities/SEND • Carers/young carers • Cost of Living • Housing

36. A final version of the CHWP narrative was approved by the Hinckley and Bosworth Health and Wellbeing Partnership in March 2023 and taken to the System Executive, Staying Healthy Partnership (SHP) and Leicestershire Health and Wellbeing Board (HWB) for information.
37. Appropriate representatives have been identified for each of the 5 priority areas with delivery groups established and initial meetings held. The mental health, cost of living and housing delivery groups have met jointly to ensure there is no duplication of work.
38. Draft action plans for all 5 priorities have been developed and have been shared internally with Hinckley & Bosworth groups for review. It is anticipated that once finalised, these will be distributed more widely in early 2024.

Melton

39. The Melton working group was formed in April 2021 and meets on a monthly basis.

40. A robust needs assessment of the local population was undertaken which was shared and reviewed at a workshop held on 16th May 2022 to identify emerging themes and proposed priorities.
41. Due to a change in staffing personnel, a review was undertaken in September 2022 on progress to date and proposed priorities. Some gaps were identified which were shared with the working group and further work undertaken to review and agree priorities.
42. A prioritisation exercise was undertaken in November 2022 to identify those priorities that partner organisations in the core group felt should be tackled first and therefore form the first year of the CHWP action plan, i.e., the 'Do' priorities. This was undertaken by using an online survey distributed to a wide range of stakeholders and resulted in the identification of 11 priorities.
43. At the Melton working group meeting in July 2023, it was felt that the 11 priorities identified initially would be too many to try and deliver within the timescales of the plan. It was agreed that a further review was required to agree the top 5-6 priorities which would then form the first year of the plan. Following this review and having considered feedback from the Melton Borough Council (MBC) Scrutiny Committee, the priorities within the table below, were agreed:

Life Stage	Identified Priority
Best Start in Life	<ul style="list-style-type: none"> Support expectant mothers (Breastfeeding initiative & prevalence)
Staying Healthy & Well	<ul style="list-style-type: none"> Develop and embed a local Neighbourhood Mental Health offer
Living & Supported Well	<ul style="list-style-type: none"> Empower residents to access preventative and self-care approaches including through digital channels Prevent falls through supporting the frail or those at risk of hip fractures
Fit for the Future Community	<ul style="list-style-type: none"> Develop local community support hub model through opportunities to further integrate with health partners/ teams Explore options for a 2nd primary care site in Melton

44. A draft CHWP narrative was developed and circulated for review and feedback by the end of June 2023. Following this, an updated version was taken to the MBC Scrutiny Committee in July and a final version approved by the MBC Cabinet on 23rd August 2023.
45. A copy of the approved plan is attached as Appendix 3 for information.
46. In September 2023, it was agreed that the monthly working group would transition to an Integrated Neighbourhood Working Group to focus on delivery. This group will report into the Melton Community Health and Wellbeing Partnership which will meet quarterly. Updated terms of references for the

Partnership have been developed and shared with the working group and MBC Chief Executive Officer.

47. The two priority areas relating to the development of a neighbourhood mental health offer and options for a 2nd primary care site within Melton are already progressing. Names have been identified of those involved in local delivery with partner organisations reviewing resources to support delivery.
48. Next steps will be to identify leads for the other delivery groups and map current work being undertaken in the priority areas. Further discussions will be undertaken to ensure all delivery groups are up and running by late autumn.

North West Leicestershire (NWL)

49. The district council had recently refreshed their Health and Wellbeing Strategy and it was agreed that the development of the CHWP for NWL would wait until this had been completed.
50. A needs assessment had previously been produced and shared with the Integrated Neighbourhood Team (INT)/ Health lead at NWL district council in December 2021. In June 2022 it was agreed that the existing INT would be used as the forum to discuss the CHWP priorities and that its membership would be amended to ensure that all appropriate partners were well represented.
51. Information has been reviewed and shared at INT meetings. A face-to-face priorities workshop was held in December 2022, the output of which was sent to the NWL Health and Wellbeing Lead and shared with the Health and Wellbeing (HWB) Partnership and INT, where it was agreed to undertake a prioritisation survey.
52. A survey was conducted over a 4-week period and the output was shared with the INT on in March 2023 for review and comments. The priorities identified were:

Life Stage	Identified Priority
Best Start in Life	<ul style="list-style-type: none"> • Breastfeeding
Staying Healthy & Well	<ul style="list-style-type: none"> • Cancer prevention • Hip fracture prevention • Obesity/Overweight
Living & Supported Well	<ul style="list-style-type: none"> • Dementia • Learning Disabilities • Diabetes
Cross Cutting Themes	<ul style="list-style-type: none"> • Mental Health • Carers

53. A workshop was held in May 2023 with a group of representatives from NWL to confirm the phasing of the priorities over 3 years to ensure there would be enough capacity across stakeholders. The phasing of the priorities agreed was:
- Year 1: Cancer prevention, hip fracture prevention, obesity/overweight and mental health
 - Year 2: Breastfeeding, dementia, learning disabilities
 - Year 3: Carers, diabetes
54. At the workshop, initial leads and representatives for the delivery groups were identified which were then confirmed at the INT meeting in June 2023.
55. It was agreed to undertake a light touch public engagement on the proposed priorities following the elections and this was undertaken over a 4 week period, ending on 18th July 2023. The results from this survey of local residents were analysed and showed the following:
- 54.5% of respondents agreed with the 9 priorities identified stating that they included areas that would impact a large proportion of the population.
 - Those who disagreed, made suggestions of areas for inclusion.
56. The output of this engagement exercise has been reflected in the CHWP narrative which has now been drafted and is with INT members for comments and feedback.
57. The INT have requested that the four 'Year 1' priority leads arrange initial 'kick off' meetings by the end of October 2023 in order to start progressing this work. The NWL Health and Wellbeing Partnership remain in support of progress to date.

Harborough

58. The Harborough Community Health & Wellbeing Plan working group has now been established and had its first meeting on 6th July 2023 where a refreshed needs assessment and service mapping was taken for review and comments.
59. A number of 'information gathering' sessions have been held with the working group to gain insights into the current services and issues within Harborough. To date the following areas have been presented and discussed by the group:
- August 2023: Population health management and risk stratification.
 - September 2023: Secondary Healthcare, St Luke's Hospital, Feilding Palmer hospital business case.
 - October 2023: Mental Health, loneliness/isolation, voluntary sector services
60. The November meeting will focus on primary care and the work of the Integrated Neighbourhood Team (INT).
61. The information from these sessions plus the needs assessment, service mapping and housing analysis will then form the basis of a stakeholder workshop

which will be held on 28th November 2023 at Harborough Leisure Centre to identify an initial 'long list' of priorities.

Oadby & Wigston

62. The Oadby & Wigston Community Health & Wellbeing Plan working group has now been established and had its first meeting on 29th June 2023. At this meeting, the first version of the needs assessment, service mapping and housing analysis was shared for review and comment.
63. A number of 'information gathering' sessions have been held to gain insights into the current services and issues within Oadby & Wigston. To date the following areas have been presented and discussed by the group:
- September 2023: Local access, INTs and Bell Street hub.
 - October 2023: Health Inequalities, primary care, local area co-ordinators
64. The November meeting will focus on other local services including physical activity food poverty, community safety and mental health.
65. The information from these sessions plus the needs assessment, service mapping and housing analysis will then form the basis of a stakeholder workshop which will be held on 23rd November 2023 at Brocks Hill Council offices to identify an initial 'long list' of priorities.

Emerging Themes

66. Several common themes have emerged from the discussions and workshops held in the five areas outlined above and are reflected in the priorities identified to date. These include:
- A need for improved access and support for people of all ages living with a mental illness or mental health issue. The recent cost of living crisis has also had a major impact on the mental health of local populations, resulting in an increase in the numbers and acuity of people presenting who require mental health support and treatment.
 - The importance of unpaid carers within the local populations and the level of reliance that is placed upon them. More support is required for carers of all ages to enable them to continue to care for their loved ones, while ensuring their own health and wellbeing is prioritised.
 - A lack of understanding between partners of the range of services available and the required referral processes. This is even more evident in terms of public understanding of available services and how to access them. It is anticipated that the recent procurement and imminent implementation of the Joy app by the ICB will facilitate this. The Joy app is a social prescribing software platform which enables easier referrals, provides an updated directory of services and captures useful intelligence about patient numbers and outcomes.

Officer to contact

Sarah Prema
 Chief Strategy Officer
 Leicester, Leicestershire and Rutland Integrated Care Board
Sarah.prema@nhs.net

Jo Clinton
 Head of Strategy and Planning
 Leicester, Leicestershire and Rutland Integrated Care Board
Joanna.Clinton@nhs.net

Relevant Impact Assessments**Equality and Human Rights Implications**

67. The CHWPs will aim to identify and reduce health inequalities and will link with the wider LLR Health inequalities framework.

Crime and Disorder Implications

68. A partnership approach and links to wider strategies such as local sustainable communities' strategies will be developed as part of these CHWPs.

Environmental Implications

69. Local needs assessments will form the basis of the plans and will take into account information (where available) such as air quality, access to green space, active transport and having healthy places.

Partnership Working and associated issues

70. CHWPs will take a partnership approach to assessing need, defining and agreeing priorities and agreeing actions to address these. Partnership working is at the core of these plans.

Risk Assessment

71. The key risk the development of the Community Health and Wellbeing Plans will face is maintaining the ongoing stakeholder support and buy in through the development and implementation of the plans. 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.

This page is intentionally left blank

Reporting of CHWP Priorities to Key Committees/Groups

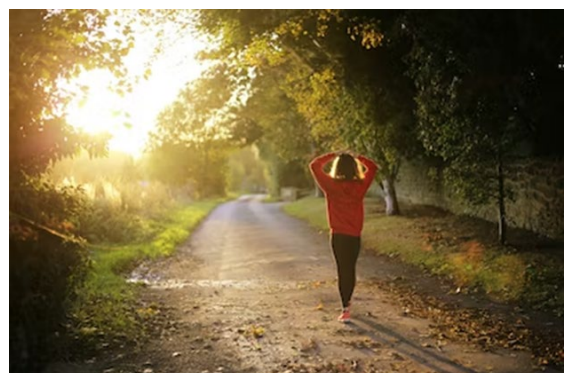
 Completed and available

CHWPs							Priority Areas/Working Groups	HWB Sub Committees			
Blaby	C'wood	H'boro	H&B	Melton	NWL	O&W		Children & Family Partnership Board	Staying Healthy Partnership	Integration Executive	Leicestershire MH Place Group
√	√		√	√	√		Mental Health	√	√		√
√	√		√				Cost of Living (incl in above)		√		
	√						Loneliness				√
	√				√		Dementia			√	√
	√		√		√		Carers			√	
	√						Care Planning for Dying Well	√		√	
√							Smoking & Vaping	√	√		
√					√		Obesity		√		
√							Alcohol		√		
√					√		Early Cancer Diagnosis		√		
√				√	√		Falls & Hip Fractures			√	
			√		√		Learning Disabilities/SEND	√	√	√	
	√		√				Housing / Housing Growth		√		
				√	√		Breastfeeding/Supporting expectant mothers	√			
				√			Empower residents to access preventive and self-care approaches including through Digital channels		√	√	
					√		Diabetes		√		
				√			Local community support hub model		√		
				√			Co-location options for future Primary Care		√		

This page is intentionally left blank



The Blaby District Community Health and Wellbeing Plan 2023 – 2026



Contents

Foreword	4
1. Introduction	5
1.1 Executive Summary	5
1.2 Purpose of this Document.....	6
1.3 What are the drivers for making change?.....	7
2. Strategic Vision and Approach	11
2.1 Strategic Vision & Goal.....	11
2.2 Our Strategic Approach	11
2.3 Partnership Approach and Governance	12
2.4 Plan Implementation and Monitoring	13
3. Insights into the Current Health and Wellbeing of Blaby District	14
3.1 Blaby as a District	14
3.2 Housing in Blaby District	16
What do we want to achieve to accommodate the housing growth in Blaby District? ..	18
3.3 People Living in Blaby District	19
3.4 Health and Care Usage of the Blaby District Population	20
3.4.1 Primary Care	20
3.4.2 Secondary Care Healthcare	21
3.4.2.1 Where do Blaby District Residents Travel to access Secondary Care Healthcare? ..	22
3.4.3 Local Authority & Voluntary Sector Services	24
3.4.4 Local Communities	25
3.5 Health Inequalities in Blaby District	25
3.5.1 Core20PLUS5 Approach to Health Inequalities.....	26
3.6 Insights from the Blaby District Population	30
What do we want to achieve for the population of Blaby District?.....	32
4. The Life Course in Blaby District	32
4.1 Life Stage 1: Best Start for Life	32
Where we are now?	33
What do we want to achieve?.....	33
4.2 Life Stage 2: Staying Healthy, Safe and Well.....	34
Where we are now?	35

Impact of the Cost of Living.....	37
What do we want to achieve?	37
4.3 Life Stage 3: Living and Supported Well.....	37
Where we are now?	38
What do we want to achieve?	39
4.4 Life Stage 4: Dying Well.....	39
Where we are now?	39
What do we want to achieve?	40
5. Our Local Priorities.....	40
5.1 Developing Priorities via a Multi-Agency Working Group.....	40
5.2 Emerging Themes Workshop	40
5.3 Prioritisation Exercise.....	41
Priority 1: Reducing Obesity Levels in Adults and Children.....	43
Priority 2: Reducing the level and impact of Alcohol Consumption.....	43
Priority 3: Reduce the number of Falls and Hip Fractures.....	44
Priority 4: Improve Cancer Diagnosis Rates.....	45
Priority 5: Improved Mental Health.....	46
5.1 Impact of the cost of living.....	47
Priority 6: Reduce Levels of Smoking and Vaping in Young People & Non Smokers	47
Priority 7: Housing in Blaby District	47
Priority 8: Integration of Health & Social Care	48
Targeted Health Inequality Groups.....	51
6. Blaby District Community Health and Wellbeing Delivery Action Plan	51
6.1 Action Plan Delivery Groups.....	51
6.1.1 Timescales	51
6.2 Monitoring and Reporting.....	52
6.3 Governance	52
6.4 Annual Reviews	52
7. Stakeholders.....	52

Foreword

Our Community Health and Wellbeing Plan for Blaby District brings together a wide range of partners with the common purpose of improving the health and wellbeing of the local population. Forming partnerships between health and care organisations on a local footprint is key to planning and delivering joined up services to improve the lives of people who live and work in the area.

By working together in collaboration, we have agreed a set of priorities that all partners across Blaby District recognise and support. We remain committed to making a real change by focusing on these key priorities and tackling health inequalities which are present within our population. This plan recognises and acknowledges the importance of creating engaged and cohesive communities by building trust and gaining a deeper understanding of their needs if we are to make a difference. Tackling the wider determinants of health to address the root causes of health and wellbeing is at the heart of everything we do.

We are united as partners, and we are proud to support our organisations in this journey as we move forward over the next 3 years.

Andy Williams



Chief Executive
Leicester, Leicestershire and
Rutland Integrated Care Board



Julia Smith



Chief Executive
Blaby District Council



We would like to express our thanks and appreciation to our Leicestershire County Council Public Health colleagues for their valuable input and support into the development of the Blaby District Community Health and Wellbeing Plan.

1. Introduction

1.1 Executive Summary

In January 2021, the Department for Health and Social Care (DHSC) published proposals through the White Paper: 'Integration and Innovation: Working together to improve health and social care for all', to develop the NHS long term plan and bring forward measures for statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was established in July 2022.

Partnership working has been established across the system (LLR collectively), place (Leicester, Leicestershire, and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working. The White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration to address health, public health and social care needs, with a key responsibility being to support place based joint work.

As part of the ICS's requirement for the development of a Place Based Plan, a Joint Health and Wellbeing Strategy (JHWS) has been created, which sets out the strategic vision and priorities for health and wellbeing across the county of Leicestershire over the next ten years. This strategy will help to shape our response across Leicestershire and ensures we are tackling many of the common factors across the county that contribute to poor health outcomes.

However, we also acknowledge that some needs are better identified and tackled at a neighbourhood level. Our district council, voluntary sector and primary care networks, along with many other local services, operate at more localised levels to improve health outcomes. Therefore, Community Health and Wellbeing Plans (CHWPs) are also being developed, which identify local needs and actions that, alongside the county and system wide work, will help to improve people's overall health and wellbeing. The CHWPs are a collaborative summary of the health and wellbeing needs experienced by the population living in our seven neighbourhoods across Leicestershire and the collective efforts we intend to make to ensure everyone gets the best chance at a healthy, independent life. Many people and agencies have contributed to this Plan, and we are extremely grateful to them all for their valuable input and collaboration.

This range of strategies and plans form our strategic response to our population's health and care needs across the LLR area and is a vital part of our joint planning for integration, prevention and improvement.

Whilst this Plan spans the priorities for the next three years, we have looked at the housing growth projections for the neighbourhoods for a longer period to ensure we are considering the longer-term needs for future populations. We know that our GP practices will be challenged by the increasing numbers of people moving to many of the areas. We must ensure that the primary care offer grows alongside housing to support residents to access provision when needed. At the same time, we need to reduce the reliance on primary care and the need for clinical intervention when not required. We can do this by supporting people

to make healthy lifestyle choices and ensuring access to sports and leisure services, support and social groups, and an integrated approach to prevention and intervention.

1.2 Purpose of this Document

The purpose of the Community Health and Wellbeing Plan is:

1. To understand the local needs concerning health and wellbeing and the variance to England, other areas of the county or across the footprint covered by the Plan.
2. To ensure we have plans to drive improvement to the health and wellbeing of local populations and to manage any risks to this arising.
3. To both inform the JHWS (through identification of local needs) and respond to JHWS priorities at a neighbourhood level.

To do this, we have gathered information to help us understand local need, inequity and outcomes, looked at local healthcare services to understand the patterns of access to community hospitals, outpatient, elective and day case treatment, and considered housing growth planned for the local area, ensuring there are plans in place to support.

Where possible, our priorities and actions will fit with our principles of:

- Understanding local need
- Embedding prevention in all that we do
- Enabling independence and self-care
- Bringing care closer to home
- Supporting Covid-19 pandemic recovery

Key enablers to help us achieve this are:

- Working together where we can add value or reduce duplication through a joint approach.
- Clear and coordinated planning and delivery.
- Effective communication and engagement.
- Utilising local partnerships.

The Plan is directly linked to longer term major NHS strategic priorities for LLR. It depends on other complex organisational and national programmes requiring closer working with local and national partners at all levels to ensure we successfully deliver this Plan for the people of Blaby District. To support this, we have established the Blaby Community Health and Wellbeing Partnership (BCHWP) to oversee decision making and delivery of the actions within this document.

1.3 What are the drivers for making change?

The 2019 NHS Long Term¹ plan covers a ten-year period and was developed at the request of the Government. The Long Term Plan includes seven priorities which look at different things the NHS wants to make better and is based on what the public and staff think the NHS needs. The vision is that local area partners work closely together to develop local improvement plans that help us to spend NHS money to help local people.

The seven national priorities of the Long Term Plan that the local NHS and Council partners are working closely on are:

1. Ensuring the NHS works in the best way possible so that people can get help more efficiently and they can get care close to where they live when they need it
2. Getting better at helping people to stay well
3. Making care better
4. Supporting our staff better and looking at the things which make their jobs hard
5. Putting more money into new technology and online services and systems
6. Using extra money to make sure the NHS works well in the future
7. New ways that the NHS and Local Councils work more closely together through an approach called an **Integrated Care System (ICS)**. The Leicester, Leicestershire, and Rutland Partnership is an ICS.

Building Better Hospitals (2019)² is a significant programme of work led by the University Hospitals of Leicester (UHL) NHS Trust and will mean fundamental changes in hospital provision across Leicester. There are many reasons why these changes at Leicester's hospitals are needed. Some of these reflect population health trends, while some relate more to the running of the hospitals themselves.

Primary Care Networks (PCNs) formed in July 2019, building on core primary care services to enable greater proactive, personalised, coordinated and more integrated health and social care for local communities. Significant national investment is planned into primary care Directed Enhanced Services (DES) between 2019 and 2024. The DES includes funding for more health professionals. It will enable the development of more integrated community teams that provide tailored care for local patients. This new model of care will also allow GPs to focus more on people with complex health needs.

LLR Health Inequalities Framework (May 2021) outlines how LLR organisations will work and take collective action in places to improve healthy life expectancy across LLR by tackling not just the direct causes of health inequalities, but also the wider determinants of health. This framework is locally implemented across each place through an evidence-based and Partnership approach to inform local action. This approach is called Population Health Management (PHM).

¹ [NHS Long Term Plan » The NHS Long Term Plan](#)

² [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](#)

Health and Social Care Integration: joining up care for people, places, and populations (2022)³ is a policy white paper that sets out key measures that enable local areas to make Integrated Health and Social Care a reality for everyone regardless of the location they live and what condition they may have. This policy involves planning to join up care for our patients and service users, helping staff to support the increasing numbers of people with care needs and organisations delivering these services to the local populations.

Better Care Together⁴ was formed in 2014 and is a partnership which brought together the three NHS trusts and three clinical commissioning groups (now the Integrated Care Board) in LLR working alongside a range of other independent, voluntary and community sector providers and local councils.

The Blaby District Local Plan. The current Blaby District Local Plan consists of the Core Strategy⁵ (2013) and the Delivery Development Plan Document⁶ (DPD) (2019) which plan for the development of the district up to the year 2029. The Core Strategy includes the vision, strategic objectives and core policies of the Local Plan. The Delivery DPD, was adopted in 2019 and includes site allocations and development management policies.

The District Council has started work on a new Local Plan which will set out a blueprint for how the district will grow and change over the next 15 years and beyond. The new Local Plan, when adopted, will replace the current Local Plan (the Core Strategy and Delivery DPD). A 'Call for Sites' exercise was undertaken between March and May 2019 to understand what land interests there are in the district for potential housing, employment, retail or other development uses. The Council consulted on the new Local Plan Issues and Options document between June and September 2019 (regulation 18 consultation) and on the new Local Plan Options document between January and March 2021. The Regulation 19 consultation on the new Local Plan has been delayed due to the programme of work for the sub-regional strategic evidence that supports the Leicester and Leicestershire Statement of Common Ground in relation to the housing requirement for Leicester City. A Local Development Scheme was adopted in July 2023 which set out the timetable for replacing the Local Plan Core Strategy and Delivery DPD. This confirmed that adoption of the new Local Plan is anticipated to take place in March 2026.

The plan will need to identify how the district will meet increased Government targets for new homes, as well as providing employment land and critical infrastructure. Based on national guidance, Blaby District will need to provide at least 350 new homes each year. However, the Council is also required by Government Guidance to help meet the needs of neighbouring Councils where they cannot meet that need themselves. Evidence indicates there is not enough land in Leicester City to build the number of houses they need to plan for resulting in an unmet need. Previous work on the Leicester and Leicestershire Strategic Growth Plan, approved in 2018, indicated that a significant proportion of Leicester's unmet need be directed to Blaby District.

³ [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/health-and-social-care-integration)

⁴ [About us \(bettercareleicester.nhs.uk\)](https://www.bettercareleicester.nhs.uk/about-us)

⁵ [Blaby District Local Plan Core Strategy 2013](#)

⁶ [Blaby District Adopted Local Plan](#)

The **Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-2032**⁷ has an overall vision of “Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives”. A life course approach has been used to identify high level strategic, multi-organisational priorities for the next ten years and provide clear accountability to the Leicestershire Health and Wellbeing Board (HWB).

Figure 1: The JHWS road map



The Leicestershire HWB have approved a ‘do, sponsor, and watch’ approach 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 action priorities in each life course stage. The HWB will ensure the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities.
- **Sponsor** – Additional key work streams, including from the HWB Sub-groups and LLR ICS design groups/collaboratives, will be supported by a sponsor from the HWB who is accountable for ensuring outcomes are delivered.
- **Watch** – Workstreams, including specific health pathways, organisational service reviews, and support for carers and dementia, are still crucial to preventing and reducing health inequalities but are more aligned to a single organisation. This work is business as usual

⁷ [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](https://www.lsr-online.org/joint-health-wellbeing-strategy)

and may include areas that are already ongoing, only escalating to the HWB when required.

The Public Health Strategy 2022-2027⁸. Leicestershire's Public Health team is integral to the County Council's efforts to improve the health and wellbeing of our residents and the broader County Council's prevention 'offer'. The service mission and aim is, "To protect and improve the health and quality of life of everyone in Leicestershire. We will achieve this through our commitment to the Council's core values and behaviours which set out the vision for the Council's work". This strategy isn't intended to duplicate key strategies such as Leicestershire County Council's Strategic Plan or the JHWS. Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. Partnership working and leadership is as important as the services provided. A range of organisations need to work together to make a joint contribution to good health, e.g., reducing health inequalities, improving air quality and providing safer communities.

Fit for the Future: The Role of District Councils in Improving Health and Wellbeing⁹. District Council services impact many aspects of local communities, underlining the key role in determining public health. This District Councils' Network document highlights the importance of districts in the health and wellbeing and early intervention of the populations they serve. It emphasises the importance of integration with healthcare and wider Partners.

The Fuller Report¹⁰ was commissioned in November 2021 to provide specific and practical advice to all ICSs, as they assumed new statutory form, on how they could accelerate implementation of integrated primary care (incorporating the current four pillars of general practice, community pharmacy, dentistry and optometry), out of hospital care and prevention ambitions in the NHS Long Term Plan in their own geographies. It sets out a vision for the future of primary care which focuses on four main areas: neighbourhood teams aligned to local communities; streamlined and flexible access for people who require same-day urgent access; proactive, personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs, and a more ambitious and joined-up approach to prevention at all levels.

Other supporting local strategies. There are a range of complementary supporting strategies that align to this Plan. For example, the Blaby District Council Corporate Plan¹¹ which has priorities of 'live' and 'work' will have a key role in supporting healthy communities.

Other supporting Place based strategies – there are a range of complementary supporting strategies at Leicestershire County level that align to this Plan. For example:

- Active Together Physical Activity Framework 2022 - 2031
- Healthy Weight
- Substance misuse

⁸ <https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/7/28/public-health-strategy-2022-27.pdf>

⁹ [FIT-for-the-Future-The-District-Role-in-Health-wellbeing.pdf \(districtcouncils.info\)](https://www.districtcouncils.info/FIT-for-the-Future-The-District-Role-in-Health-wellbeing.pdf)

¹⁰ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](https://www.england.nhs.uk/publications/microsoft-word-final-003-250522-fuller-report46.docx)

¹¹ <https://www.blaby.gov.uk/media/b1tn1bly/blaby-district-plan-2021-2014-final.pdf>

- Healthy Workplace
- Carers
- Mental Health
- Smoking cessation
- The Green Space Strategy

2. Strategic Vision and Approach

2.1 Strategic Vision & Goal

We want everyone in Blaby District 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 (as defined by Dahlgren and Whitehead (1991)¹²) which highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies all but age, sex and hereditary factors are modifiable to change and therefore lying within the scope of this plan, particularly in relation to primary prevention.

Figure 2: The Dahlgren-Whitehead Health Inequalities Rainbow

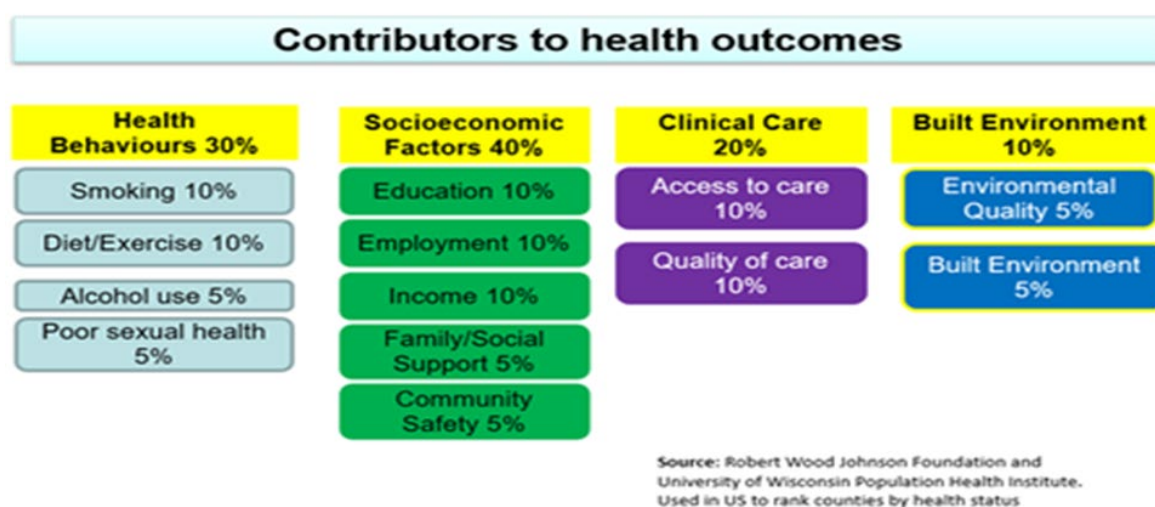


2.2 Our Strategic Approach

Evidence shows us that clinical care only contributes towards 20% of health outcomes, therefore improving the wider determinants of health (the “causes of the causes”) will have a much more significant effect on improving health outcomes and reducing inequities in health compared to NHS interventions alone. However, modifying these risk factors will take time to evolve and improve.

¹² European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF), 1991, Dahlgren and Whitehead, https://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf

Figure 3: Contributors to health outcomes



Our strategic approach for the next three years has eight priority areas for action which are described in section 5 of this report. These priorities are not standalone; they are mutually supported and may have interrelated actions where relevant to ensure the greatest overall impact on health and wellbeing outcomes.

2.3 Partnership Approach and Governance

Integration and collaboration are critical aspects of this Plan. By working together as an ICS, we can achieve a lot more and have a much more significant impact on the lives and outcomes of the people that we serve. This Plan has been developed collaboratively by the Blaby Community Health and Wellbeing Working Group, which was established in July 2022 and includes partners from the Public Sector, Health Service and Voluntary Sector who all share collective accountability for the delivery of partnership priorities.

To develop the Plan for Blaby District, we have used a variety of information sources to create a robust needs assessment. Examples of sources of information used include:

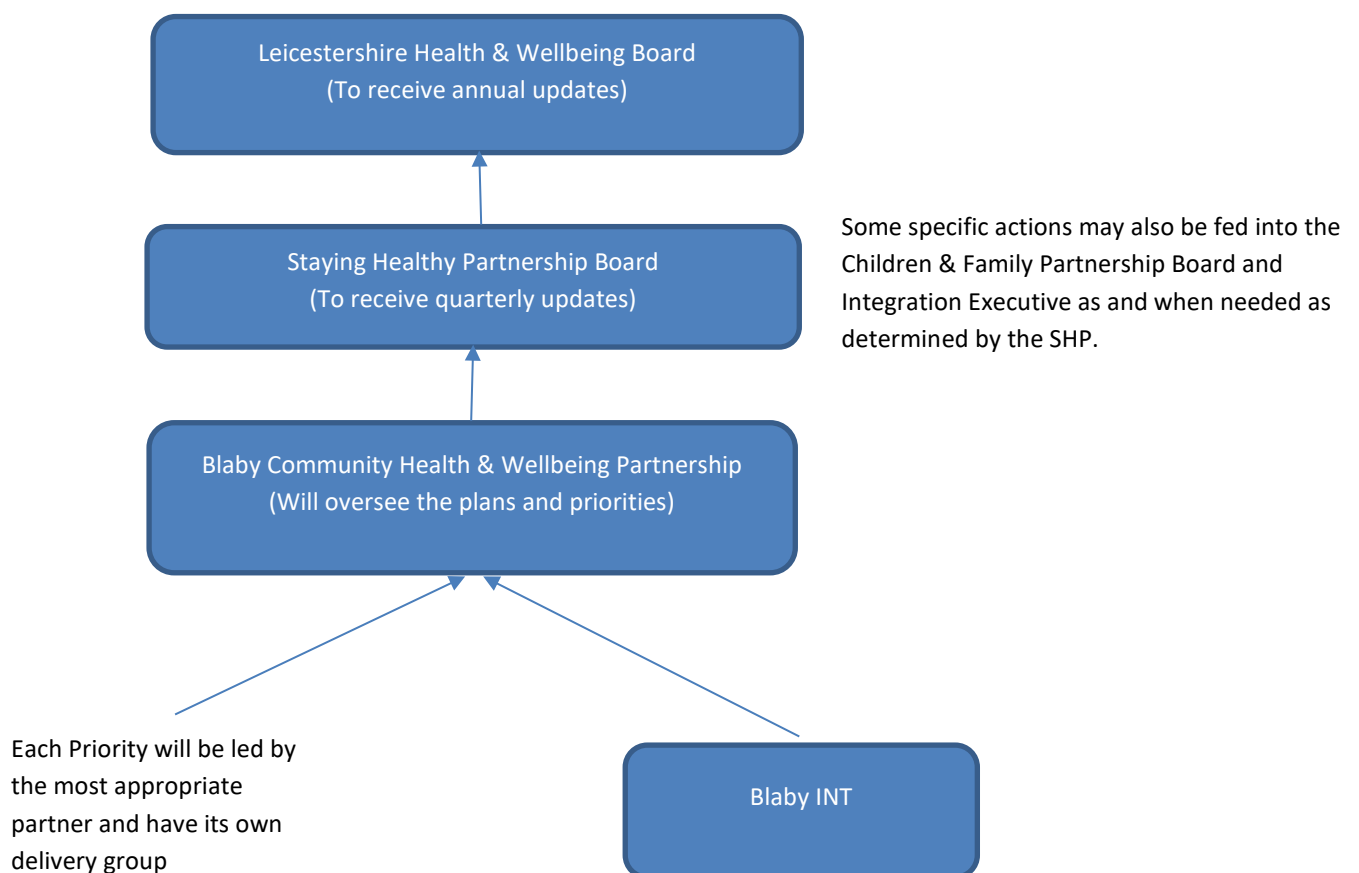
- Evidence obtained from engagement with the local population.
- National data sets on health and care outcomes, including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics, including overall levels of healthy life expectancy, but also the prevalence of specific diseases and uptake of screening programmes and immunisations.
- Local and national performance and uptake data on health and care services.
- Geographical mapping of Health and Care Strategic Assets to understand the pockets of deprivation and provide a deeper population profile of people in receipt of local health and care services.

These insights into Blaby District's current health and wellbeing were shared and discussed at the Working Group to understand emerging themes. A workshop took place in December 2022 to ensure that as many stakeholders as possible fed into the Plan and to add to, develop and challenge the list of emerging themes. The workshops resulted in the identification of 19 priorities. A prioritisation tool was developed by partners from the working group which

scored these 19 priorities against a number of agreed criteria. This determined which priorities would be focused on first and form the basis of the one-year action plan supporting the CHWP document.

The Working Group agreed to establish the Blaby District Community Health and Wellbeing Partnership, (BCHWP), which will ensure there is an appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. The Partnership does not have any formal strategic decision-making authority. However, it will make recommendations to respective partner organisations, the Staying Healthy Partnership Board (SHP) for Leicestershire County and the Health and Wellbeing Board (HWB) for Leicestershire County, to inform decision making. The BCHWP will receive progress reports against the delivery plan at every meeting.

Figure 4: Governance Structure of the Blaby District Community Health and Wellbeing Plan



2.4 Plan Implementation and Monitoring

This document sets out the health and wellbeing priorities and principles to be progressed in Blaby District from 2023 to 2026. Whilst we have been careful to select priorities for the Plan that reflect the future need and the present, these may inevitably change over time. For this reason, our Partnership action plan will be reviewed annually to ensure these priorities are still the right ones and enable us to make a noticeable difference for the population. Further details of the selection process for this are described in section 5 of this report.

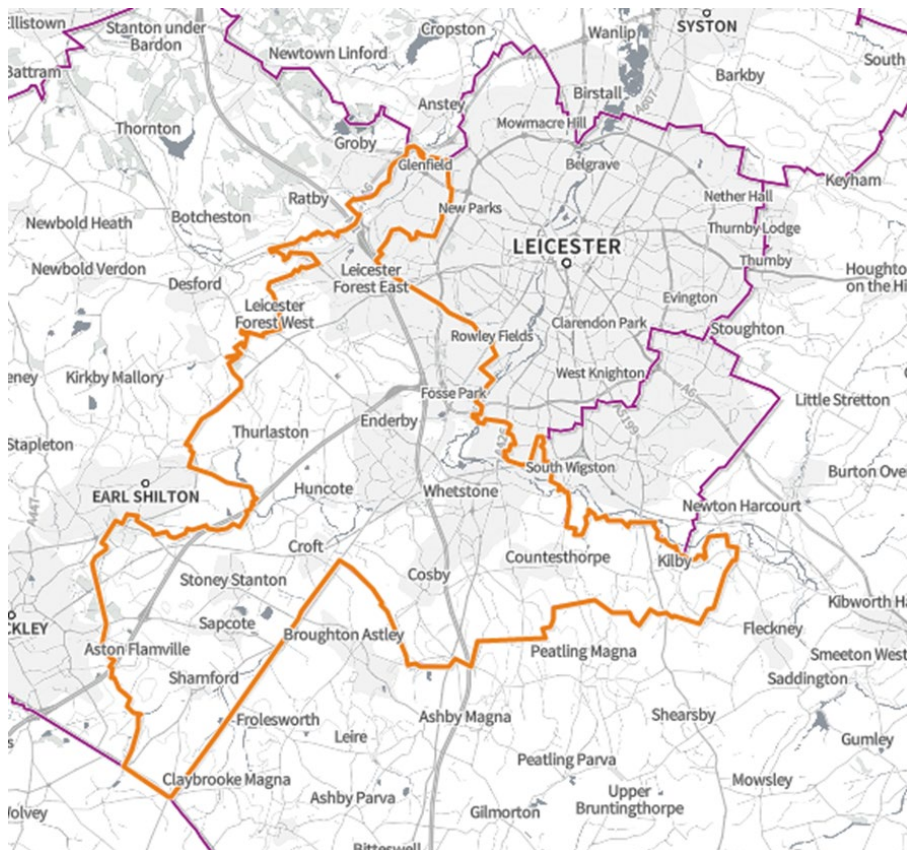
We will develop a dashboard to monitor progress and provide regular progress updates to the BCHWP.

3. Insights into the Current Health and Wellbeing of Blaby District

3.1 Blaby as a District

The District of Blaby is one of seven districts in Leicestershire. The district is located southwest of the City of Leicester and covers an area of 13,047 hectares (50 square miles). It shares borders with Rugby, Harborough, Oadby and Wigston, Leicester, Charnwood and Hinckley & Bosworth local authorities. Whilst the town of Blaby has the only ‘town centre’ within the district, there is no ‘principal’ town. The district is comprised of twenty five towns and villages of varying sizes ranging in population from 32 (Wigston Parva) to some 18,000 (Braunstone Town). The northernmost part of the district is predominantly urban in character and has five settlements which adjoin and have a strong functional relationship with the Principal Urban Area and administrative area of Leicester City. These settlements (which include Glenfield, Braunstone Town, Kirby Muxloe, Leicester Forest East and Glen Parva) form part of the ‘Principal Urban Area’ of Leicester. A number of larger villages, with populations greater than 5,000, exist south of the city boundary. The villages (including Narborough, Enderby, Blaby, Countesthorpe and Whetstone) have a good functional relationship with the city and offer a wide range of services and facilities. The south of the district is more rural comprising a number of villages which have stronger links with the district of Hinckley and Bosworth.

Figure 5: Blaby District (SHAPE Atlas 2022)



The district of Blaby is well linked to major road communications. Both the M1 and M69 run through the district and intersect at junction 21 of the M1. Junctions on the M1 make the district attractive to business and commerce and provide a location with easy road access to London, Birmingham and the North of England. East Midlands and Birmingham airports are both within 45 minutes' drive. The strong trunk road network also makes nearby centres attractive to in and out-commuters. The district has one passenger railway station at Narborough which has an hourly service to Birmingham / Leicester (journey times to Leicester are some 12 minutes).

The area around the M1/ M69 motorway intersection contains large scale employment developments (including Grove Park, Meridian Business Park and Carlton Park) and is a desirable location for large employers (with some campus style office developments including the Headquarters of Next and UK headquarters of Santander). The area around junction 21 is also attractive to some manufacturing and distribution users.

The area around Junction 21 of the M1 experiences severe traffic congestion at peak hours (particularly the southbound exit in the morning peak hour) and, as a result of this, air and noise pollution is an issue in this area. The district currently has five Air Quality Management Areas (AQMAs) where pollution levels are considered to be an environmental problem (primarily resulting from vehicular emissions). The majority of AQMAs are focussed around the M1 / M69 and A46. The 5 Air Quality Management Areas are:

- AQMA 1: A5460 Narborough Road South
- AQMA 2: M1 corridor in Enderby and Narborough
- AQMA 3: M1 corridor between Thorpe Astley and Leicester Forest East
- AQMA 4B: Enderby Road, Whetstone
- AQMA 6: Mill Hill, Enderby

However, these AQMAs are currently being reviewed and may change in the near future with a possible reduction in number due to improved air quality in recent years.

The 2021 Census showed that 30.2% residents work from home, 36.8% travel less than 10km to work and 17.9% travel more than 10km. 60.1% of residents rely on private cars to travel to work, with only 4.2% travelling on foot and 1.7% by bicycle. Walk and ride connections between key work, leisure and residential sites could be improved.

The district contains Fosse Park, one of the most successful out of town retail parks in the country (in terms of rental values and visitor numbers) attracting approximately 100,000 shoppers each week. Notwithstanding this, the economic success of Fosse Park introduces some challenges in terms of traffic generation / congestion, increased pollution and an impact on other retail centres.

The district of Blaby has a rich cultural heritage, it contains nine conservation areas, some 200 listed buildings and 16 Scheduled Monuments. It is, however, the only district in Leicestershire that does not have a local museum.

There are also some important areas of natural environment and landscape character. Whilst the district is predominantly low lying there are some important landscape features including granite outcrops at Croft (Croft Hill) and Enderby.

The district contains six Sites of Specific Scientific Interest (SSSI) of ecological and geological importance, and two areas of ancient woodland. The district also contains a diverse range of protected habitats and species. Key wildlife corridors penetrate the urban area including those around the Grand Union Canal and Rivers Soar and Sence.

There are a wide range of parks and open green spaces within the district which are essential for providing habitats for wildlife and offering safe and attractive cycling and walking routes for people, including non-motorised users. The Green Space Strategy¹³ helps to make the best use of these resources and meet the needs of local residents. It also informs planning policy and enables the council to protect and enhance green spaces.

Work is underway across the area to support the growth of the physical environment in a way that encourages physical activity. There is evidence that the design of our environments and travel routes can encourage or discourage physical activity, depending on how they are designed and constructed. Through joint working between agencies such as the District Council planning teams, Active Together and Leicestershire County Council Public Health team, it is hoped that opportunities can be identified to shape new developments in a way that encourages active travel and designs a built environment that supports physical activity.

An example of this is Everards Meadows, a mixed-use commercial development commissioned by Everards Brewery Ltd. Phase One of the development includes a new café and cycle centre, in addition to a combined Everards Brewery, Head Office and Brewery Tap building. The site also includes a series of cycleways and footpaths leading from the new buildings across the adjacent meadowland to a new bridge over the River Soar which provides access from the Great Central Way, Grand Union Canal and wider footpath network.

Blaby District Council operate many of the district level services available to people living in the area including housing, council tax and refuse services, planning teams, leisure and community services. Leicestershire County Council is the upper tier authority covering the Blaby area, operating adult social care, public health, children's care and education services amongst others.

3.2 Housing in Blaby District

Significant housing development is planned in the district over the next 15 years. Previous work on the Leicester and Leicestershire Strategic Growth Plan, approved in 2018, indicated that a significant proportion of Leicester's unmet need be directed to Blaby District. The Strategic Growth Plan suggested that after 2031, the date when Leicester City was unable to meet its own housing needs, Blaby should plan for over 900 dwellings per year. On average, this equates to 555 dwellings per year. For Blaby District, there is a wide range of potential

¹³ <https://www.blaby.gov.uk/media/2395/green-space-strategy.pdf>

housing need requirements but at this stage there is no set figure. These options are set out below:

Options	Total Housing Requirement 2019-2038	Annual Housing Requirement	Annual Population Increase*
1. Standard Methodology	6,441	339	810
2. Standard Methodology with Unmet Need (less)	9,000	474	1,132
3. Standard Methodology with Unmet Need (more)	12,000	632	1,509

**Predicted Population based on average household size is 2.39 persons (ONS Household Projections, 2014-2039)*

The Lubbethorpe development for 4,250 homes was approved in 2014 and is now well underway with construction commencing in 2016 and expected to complete in 2030. The development will include a District Centre, consisting of buildings for retail, commercial, employment and community use, a secondary school and two primary schools. Primary care services will be provided by Forest House Medical Centre who will be relocating from one of their two surgeries into new facilities within the development.

As outlined above, Blaby District Council is in the process of producing a new Local Plan which will set out a blueprint for how the district will grow and change over the next 15 years and beyond. A Local Plan Options document has been produced and consulted on which outlines options for the location of future developments. Five areas have been identified as possible strategic site options:

1. Whetstone Pastures (3,500 residential dwellings)
2. Land West of Stoney Stanton (5,000 residential dwellings)
3. Land at Hospital Lane, Blaby (1,146 residential dwellings)
4. Land North of railway line, Elmsthorpe (1,100 residential dwellings)
5. Land at Glenfield (900 dwellings)

In addition, other smaller sites have been identified as reasonable site options across the district.

Based upon an average household size of 2.39 people, housing development may generate a population of up to 28,680 (the actual number of people that could be housed in the development will be dependent of the ultimate mix of house types); this equates to a 27.9% increase in the Blaby District population (based on 2021 Census data of approximately 102,900 population). The potential housing growth indicates a need to expand primary care provision in the area.

The average house price for the district in January 2023 was £300,584, (the average house price for the county overall is £305,775). Average property prices in Blaby District grew by 10.3% between January 2022 and January 2023 (11.9% for Leicestershire).

The District Council has identified that there is a lack of affordable housing to meet local needs, partly due to house prices increasing faster than incomes. There is an increasing pressure within the district to provide suitable accommodation for older people (including dementia friendly, life-long homes and bungalows). There is also a need to further understand the requirements for Gypsy and Traveller and Travelling Show People who meet the definition for planning purposes.

The percentage of households in the social rented sector increased in Blaby District but fell across the East Midlands. In Blaby District, the percentage of households in the social rented sector rose from 7.6% in 2011 to 8.2% in 2021. During the same period, the regional percentage fell from 15.8% to 14.9%. Private renting in the district increased from 10.0% to 12.8%, while the rate of home ownership decreased from 80.9% to 77.9%.

The current Local Plan seeks to secure a minimum of 25% affordable housing on sites of 15 dwellings or more. It also allows rural exception sites for affordable housing in settlements with a population of 3,000 or less where a local need is demonstrated. The Council is considering a number of options to ensure that a sufficient amount of affordable housing is planned for the district. The Council will also consider options to ensure that the needs of the ageing population and those with specialist housing needs are planned for as well as making provision for public transit pitches to accommodate a Leicester and Leicestershire-wide need.

Blaby District is located in the heart of the East Midlands within the 'Golden Triangle' for logistics. To respond to development pressures, the Leicester and Leicestershire local planning authorities are continuing to work together to consider the supply and demand for large-scale distribution warehousing to respond to increasing occupier demand for such properties. A private developer is preparing a planning application for the proposed Hinckley National Rail Freight Interchange to the north of Junction 2 of the M69 motorway. A formal application has been made to the Secretary of State for Transport for a Development Consent Order which has been accepted for examination by the Planning Inspectorate. A final decision and recommendation is estimated for mid to late 2024. The implications of this strategic proposal will need to be considered but may not be clear until late in the plan-making process.

What do we want to achieve to accommodate the housing growth in Blaby District?

- Ensure the appropriate use of section 106 (s106) funds to support growth in primary care and match growth in demand from new populations.
- Ensure housing is provided which is affordable.
- Ensure appropriate levels of housing appropriate for an ageing population.
- Provide high-quality housing with access to green space to support good health and wellbeing by encouraging active travel and lifestyles.
- Collaborate with the Blaby District Council planning system and developers to ensure new developments are designed to increase active travel, green infrastructure and reduce air pollution.

3.3 People Living in Blaby District

102,900 (2021 Census) people live in the District of Blaby. The population size has increased by 9.6% since the last census in 2011, which is higher than the increase for the whole of the East Midlands (7.7%). There has been an increase of 25.0% in people aged 65 years and over, an increase of 5.0% people aged 15 to 64 years and an increase of 10.0% in children under 15 years. Population projections to 2041 estimate significant overall growth of 21.1%, with the 65 + aged population projected to increase by 37%.

The population of Blaby District has a similar age profile as the Leicestershire average, with 20.5% of the population aged 65 and over, 60.8% of the population aged between 16-64 and 18.7% aged 15 and below. The 2021 census data also show that the average (median) age remained at 42 years in Blaby District since the last census in 2011. This area had a slightly higher average (median) age than the East Midlands as a whole in 2021 (41 years) and a higher average (median) age than England (40 years). The life expectancy for males is 81.2 years and 85.1 years for females, which is higher than national and regional averages.

Most people living in Blaby District are white (86.2%), with smaller numbers of people from Asian (8.3%), mixed/multiple ethnicities (2.7%), black (1.5%) and other ethnic groups (1.3%). 94.7% of residents state English as their preferred language, with smaller numbers stating Punjabi (1.09%) Polish (0.93%), Gujarati (0.70%) and a range of other languages.

42.6% of residents do not connect or identify with any religion, 43.4% identify as Christian, 3.7% as Hindu, 2.8% as Sikh and 1.4% as Muslim.

In the 2021 Census, 2.0% of Blaby District residents (aged 16 years and over and excluding full time students) said they were unemployed. This figure decreased by 0.6% from 2.6% in 2011. This decrease was lower than those seen across the East Midlands (1.4%, from 3.8% to 2.4%) and England, (1.1%, from 4.0% to 2.9%).

In 2021, just over 6 in 10 people (60.3%) said they were employed (excluding full-time students), compared with 61.5% in 2011. The percentage of retired residents in the district increased from 23.6% to 24.7%.

Nomis data from January 2021 to December 2021 showed that the level of unemployment in 20-24 year olds across the district was markedly higher in Blaby (68.7%) than any other District Council across Leicestershire.

The largest proportion of residents aged 16 and above work in professional occupations (19.3%), closely followed by associate professional or technical occupations (14.0%), managers, directors or senior officials (12.9%), skilled trades occupations (12.0%) and administrative or secretarial occupations (10.5%). 3.8% of the population have previously served in the UK armed forces.

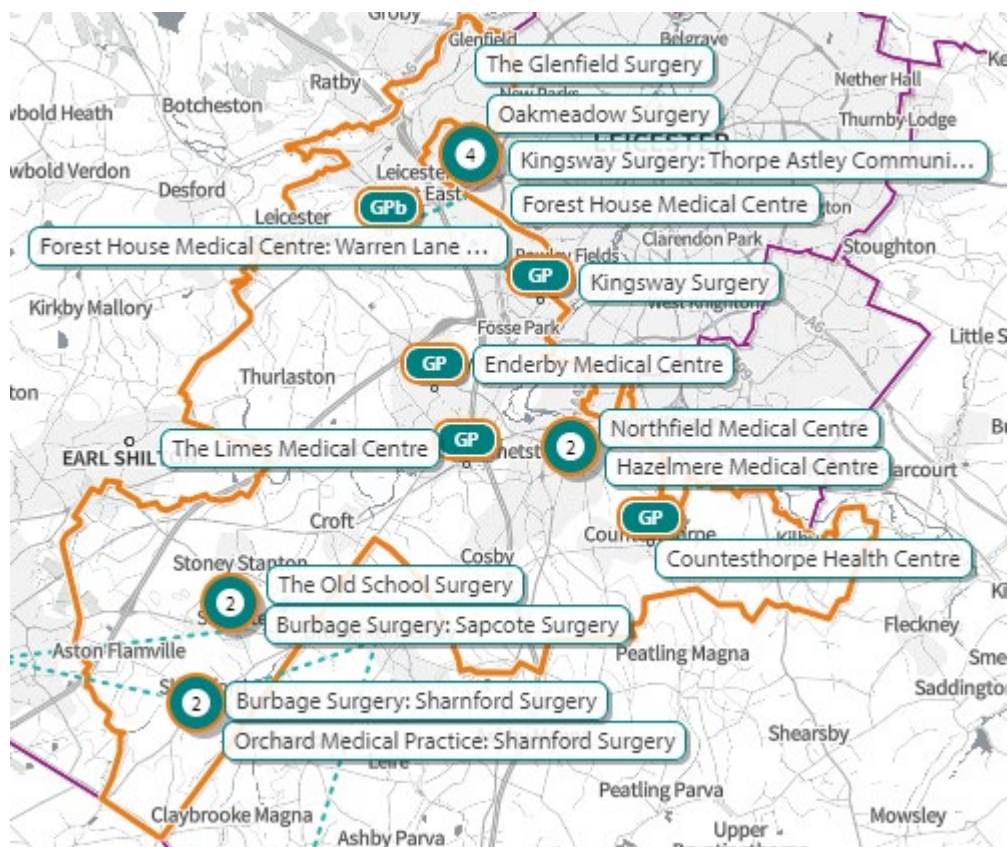
It is important to remember that the Census 2021 took place during the Covid-19 pandemic, a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market and our ability to measure it.

3.4 Health and Care Usage of the Blaby District Population

3.4.1 Primary Care

Blaby District contains 15 GP surgeries (10 GP practices and 5 branch practices), **forming part of the North Blaby, South Blaby and Lutterworth, Fosseway, G3 and Leicester City and University PCNs.** These practices serve nearly 110,000 registered patients.

Figure 6: Location of GP Surgeries within Blaby District (SHAPE ATLAS 2022)



Since October 2022, practices have provided an enhanced access service covering the hours of 6.30am to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. In addition, practices provide diagnostic testing, proactive social prescribing and work to address health inequalities.

The Additional Roles Reimbursement Scheme (ARRS) provides funding for additional roles to create bespoke multi-disciplinary teams, (social prescribers, clinical pharmacists, mental health practitioners, physician's associates, nurse associates and first contact physiotherapists). Practices are trying to maximise the use of these roles to increase GP capacity.

Prevention Services are delivered in close partnership between Leicestershire County Council, Blaby District Council, North Blaby, South Blaby and Lutterworth, Fosseway, G3 and Leicester City and University PCNs and local service providers. These include support for community

wellbeing, pharmacy, care co-ordination, physiotherapy, social care, falls prevention, assistive technology, support for care homes and domiciliary care.

There are also 22 pharmacies across the district offering a range of services including medicine reviews, blood pressure testing, diabetes testing and respiratory support services.

3.4.2 Secondary Care Healthcare

Community Hospitals:

There are no community hospitals within Blaby District however the nearest are:

- Hinckley & District Hospital, Hinckley
- Feilding Palmer Hospital, Lutterworth
- St Luke's Hospital, Market Harborough

These deliver a range of Inpatient, Outpatient, Day case, Diagnostic, Urgent Care, Community and Mental Health services. There is also an Urgent Care Centre (UCC) based in Enderby which is open from 6.30pm – 9.00pm on weekdays and 9.00am – 7.00pm at weekends and bank holidays.

Acute Hospitals:

- **University Hospitals of Leicester (UHL) NHS Trust:** UHL is one of the biggest and busiest NHS Trusts in the country, serving the residents of LLR, and increasingly provides specialist services over a much wider area. UHL is nationally and internationally renowned for specialist treatment and services in cardio-respiratory diseases, ECMO, cancer, and renal disorders, reaching a further two to three million patients from the rest of the country. The trust activity is spread across the General, Glenfield and Royal Infirmary hospital sites. It has its own Children's Hospital and works closely with partners at the University of Leicester and De Montfort University.
- **George Eliot Hospital NHS Trust:** George Eliot Hospital NHS Trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services to a population of more than 300,000 people. The hub of the Trust is located on the outskirts of Nuneaton and its services cover a large footprint, including north Warwickshire, southwest Leicestershire, and north Coventry. The Trust also provides a range of community services, delivered across Coventry, Warwickshire and Leicestershire. These include sexual health and community dentistry services for the whole of Warwickshire as well as hosting the Blue Sky Sexual Assault Referral Centre.
- **University Hospitals Coventry and Warwickshire NHS Trust (UHCW):** UHCW is one of the UK's largest teaching Trusts responsible for managing two major hospitals in Coventry (University Hospital) and Rugby (Hospital of St Cross), which between them serve a population of over a million people. Every year they provide more than 800,000 episodes of care to patients from across Coventry, Warwickshire and beyond.

There is also an East Midlands Ambulance Service hub based in Narborough.

3.4.2.1 Where do Blaby District Residents Travel to access Secondary Care Healthcare?

Access to Acute Hospitals:

The Leicester Royal Infirmary is the nearest acute hospital for the majority of residents, especially those living in the north of the district. Alternative options would be George Eliot, University Hospital (Coventry) or Hospital of St Cross (Rugby), particularly for residents living in the south of the district.

Figure 7: Travel by distance to Acute Hospitals (SHAPE ATLAS 2022)

Travel By Distance:

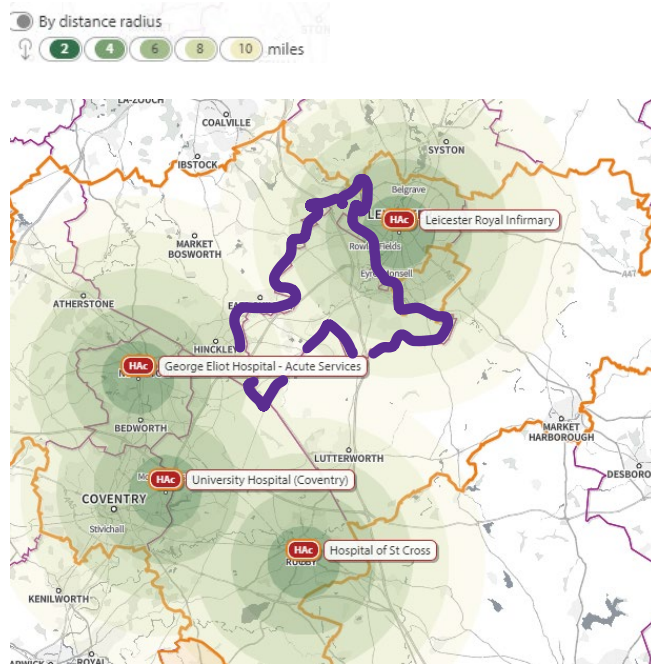
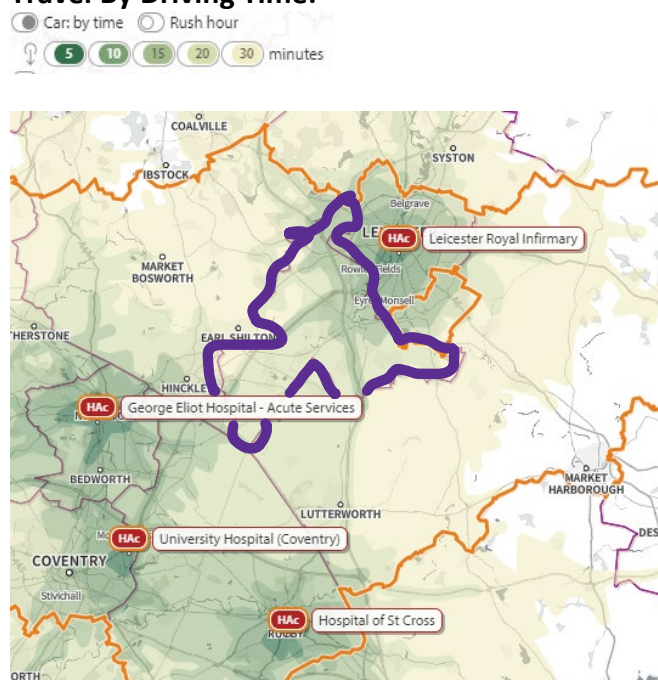


Figure 8: Travel by driving time to Acute Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Access to Community Hospitals:

Hinckley and District Community Hospital is the closest to the district, however Feilding Palmer and St Luke's Community Hospitals may be preferable to residents in the south and east of the district.

Figure 9: Travel by distance to Community Hospitals (SHAPE ATLAS 2022)

Travel By Distance:

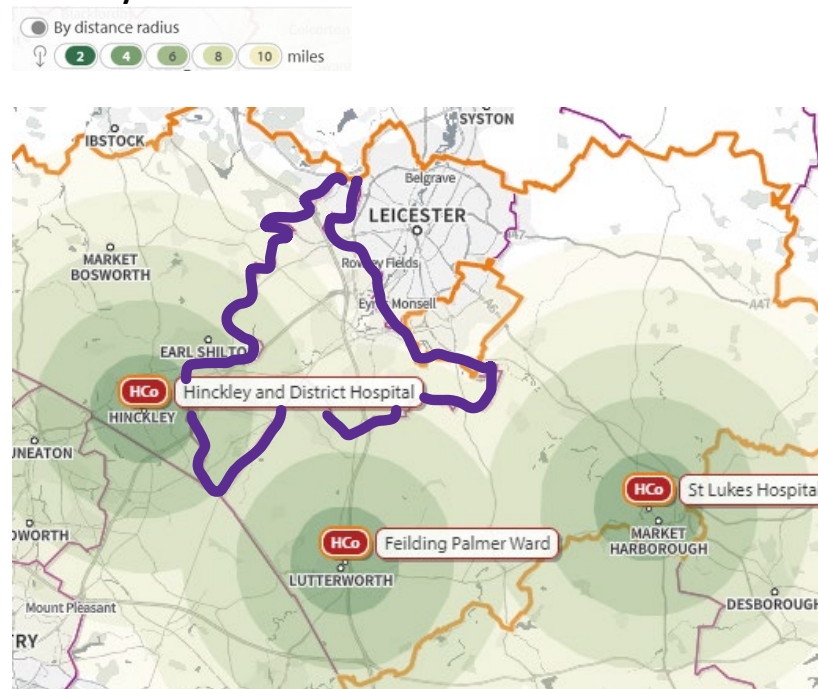
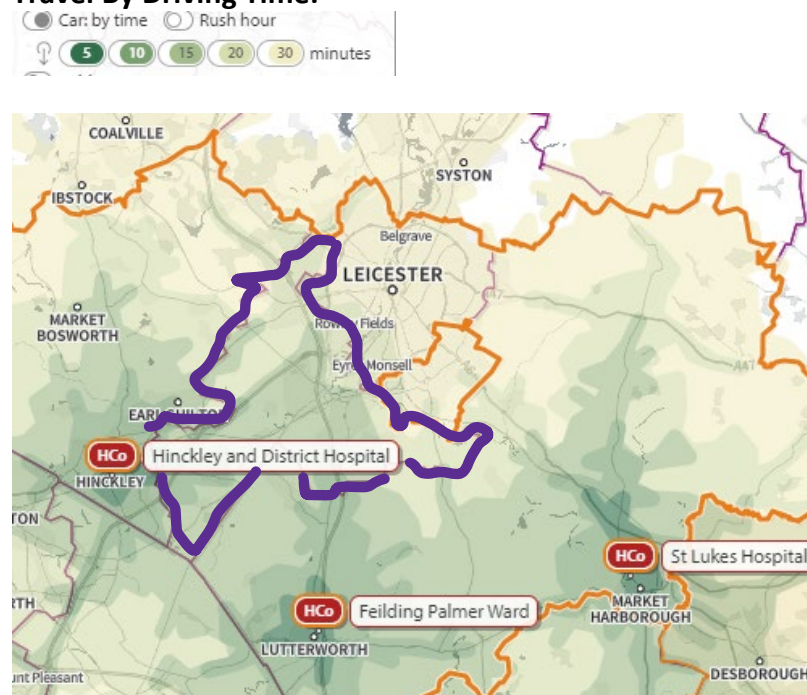


Figure 10: Travel by driving time to Community Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Outpatients:

- Most appointments take place at UHL.
- The Old School Surgery has a significantly lower percentages of patients attending UHL than all the other practices. The practice is based in the south of the district, so this is likely to be due to geography and ease of access.
- The Old School Surgery has a higher percentage of patients attending LLR Alliance sites, George Eliot and UHCW than other practices. Again, this is likely to be due to the practice being based in the south of the district and therefore having easier access to these providers.

Inpatients:

- Most appointments take place at UHL.
- The Old School Surgery has a slightly lower percentages of patients attending UHL than all the other practices. The practice is based in the south of the district, so this is likely to be due to geography and ease of access.
- The Old School Surgery has a higher percentage of patients attending George Eliot and UHCW than other practices. Again, this is likely to be due to the practice being based in the south of the district and therefore having easier access to these providers.

A&E:

- Most attendances take place at UHL.
- The Old School Surgery has a slightly lower percentages of patients attending UHL than all the other practices. The practice is based in the south of the district, so this is likely to be due to geography and ease of access.
- The Old School Surgery has a higher percentage of patients attending George Eliot and UHCW than other practices. Again, this is likely to be due to the practice being based in the south of the district and therefore having easier access to these providers.

3.4.3 Local Authority & Voluntary Sector Services

The Local authority and voluntary sector provide a vast array of services.

Leicestershire County Council provides many critical services to the population of Leicestershire, including Adult Social Care, Public Health, Children's services, Adults & Communities services (including Adult Learning), Environmental & Transport services.

Blaby District Council provides many essential services to Blaby residents, including Housing Development & Advice, Environmental Health, Community Safety, Community Centres (including Community Hubs), Voluntary and community sector support (Voluntary Sector Grants), Leisure services, support to young people, employment advice and Cost of Living Support schemes.

The council also provides several **Hosted Services** which are delivered across LLR. Two key services hosted by Blaby District Council are **Lightbulb** and the **Housing Enablement Team**. Lightbulb offers disabilities facility grants for the whole of Leicestershire, providing aids and adaptations to enable adults and children to stay at home independently. The Housing Enablement Team operates across the whole of LLR. It covers all the UHL hospitals, all

community hospitals in Leicestershire, the Bradgate Mental Health Unit, and the mental health rehabilitation sites at The Willow and Stewart House. The service helps resolve tenancy issues and ensures homes are safe by organising repairs and resolving hoarding cases. The service can also offer practical support in terms of ensuring homes are heated, food is available, and that people have the essentials to move into a property. Both of these services support timely discharge from hospital by ensuring patients' homes are safe for them to return to.

A considerable number of **Voluntary Sector** services within Blaby District are provided at both a local and national level. Key local services include Blaby Mind Matters, COMMBUS, Armed Forces Coffee Mornings, Lubbethorpe Alive, Stoney Stanton Community Library and VASL. National services are also available from local branches including Age UK, Macmillan, Alzheimer's Society, LOROS and Dementia UK. Blaby District Council has provided access to funding for some of these organisations through the Love Blaby Lottery and Community Grants Scheme.

3.4.4 Local Communities

One of the most valuable assets within Blaby District is its communities. There are a number of initiatives within the district which emphasise the importance of community such as the 'Good Neighbour Schemes' which are run by local volunteers who provide day to day support for other residents, within their community. There are also community transport schemes which provide services for people who have difficulty using or accessing public transport. These schemes are provided to help residents remain independent, keep actively involved in community life and reduce isolation. A further example is the Blaby Community Hub which ensures vulnerable people can get the support they need, either from friends or family, volunteers in the community, or partner organisations.

3.5 Health Inequalities in Blaby District

"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).

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 community often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are more likely to get ill and less likely to access services when unwell, known as the inverse care law.

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 of the pandemic response have worsened

these inequalities further, with young people, informal carers, those in crowded housing, on low wage, and frontline workers experiencing a more significant disadvantage 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 social isolation, which may have longer-term impacts on their health and wellbeing.

3.5.1 Core20PLUS5 Approach to Health Inequalities

Core20PLUS5 is an NHS England approach for adults¹⁴ and children¹⁵ to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

‘**Core20**’ relates to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation.

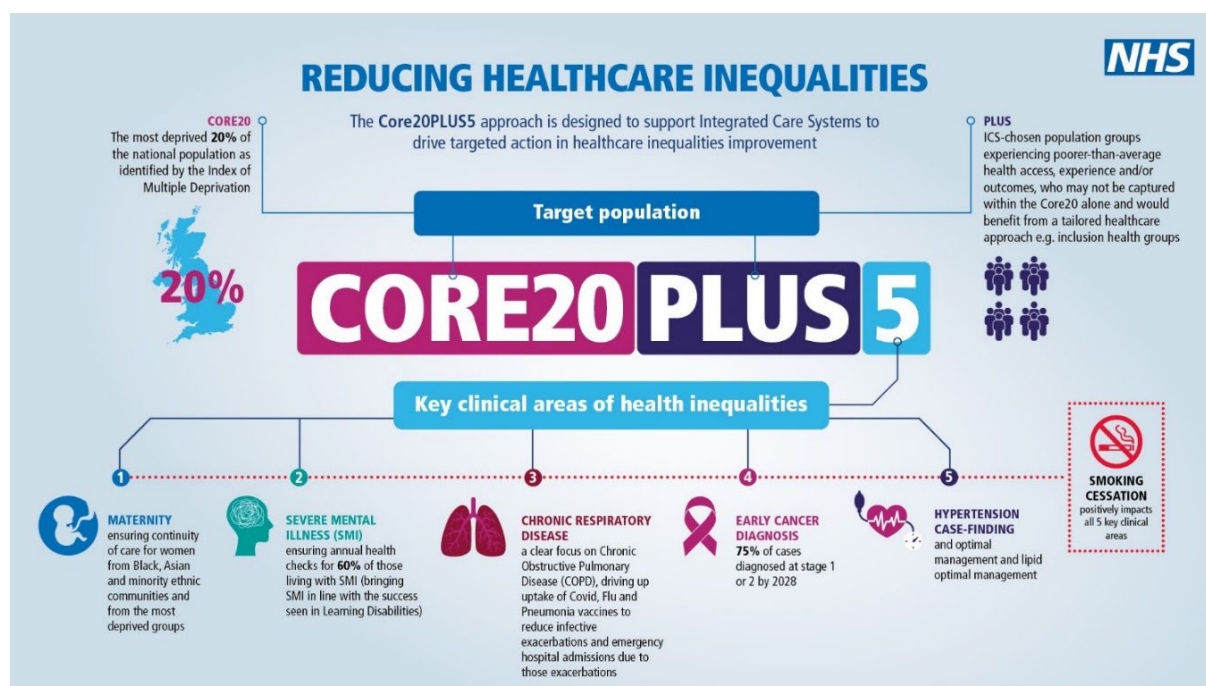
‘**PLUS**’ population groups are those identified at a local level. Populations NHS England would expect to see identified in these groups are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, (known as inclusion health groups) and coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence). Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

‘**5**’ relates to the five clinical areas of focus which require accelerated improvement that sit within national programmes; national and regional teams coordinate activity across local systems to achieve national aims. For adults the five clinical areas are Maternity, Severe Mental Illness (SMI), Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension Case Finding.

¹⁴ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

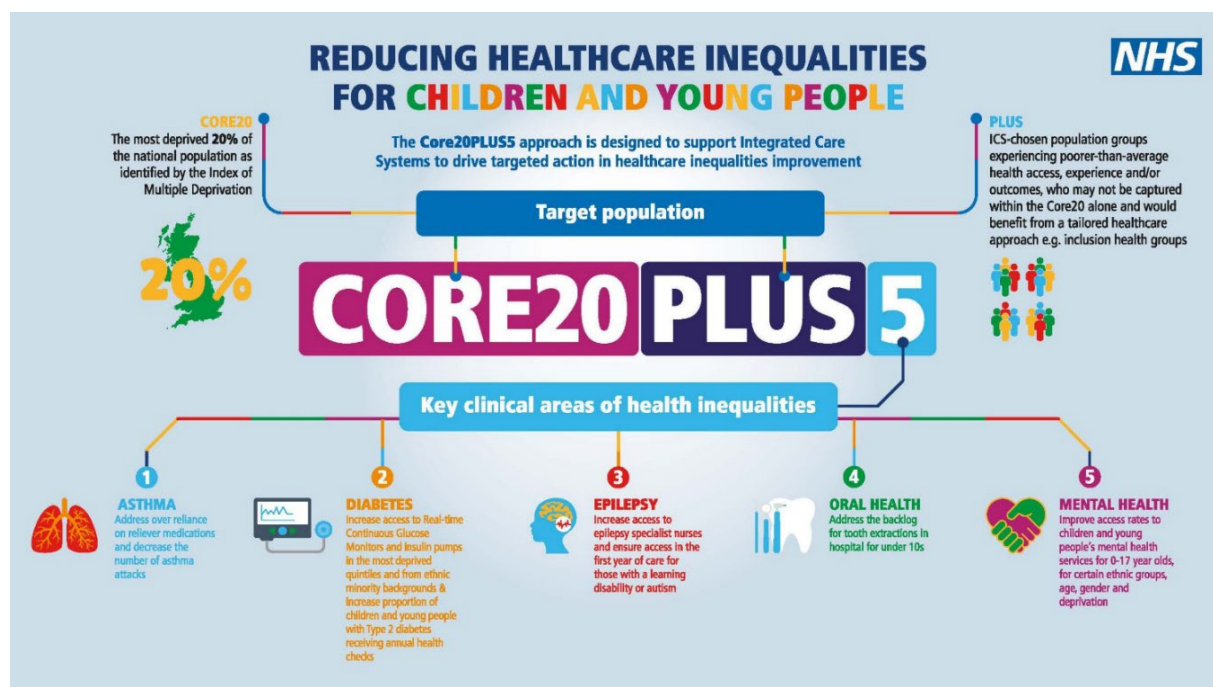
¹⁵ [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

Figure 11: Core20PLUS5 approach for Adults



For children there is additional focus on young carers, looked after children/care leavers and those in contact with the justice system in the PLUS population. The 5 clinical areas are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Figure 12: Core20PLUS5 approach for Children and Young People

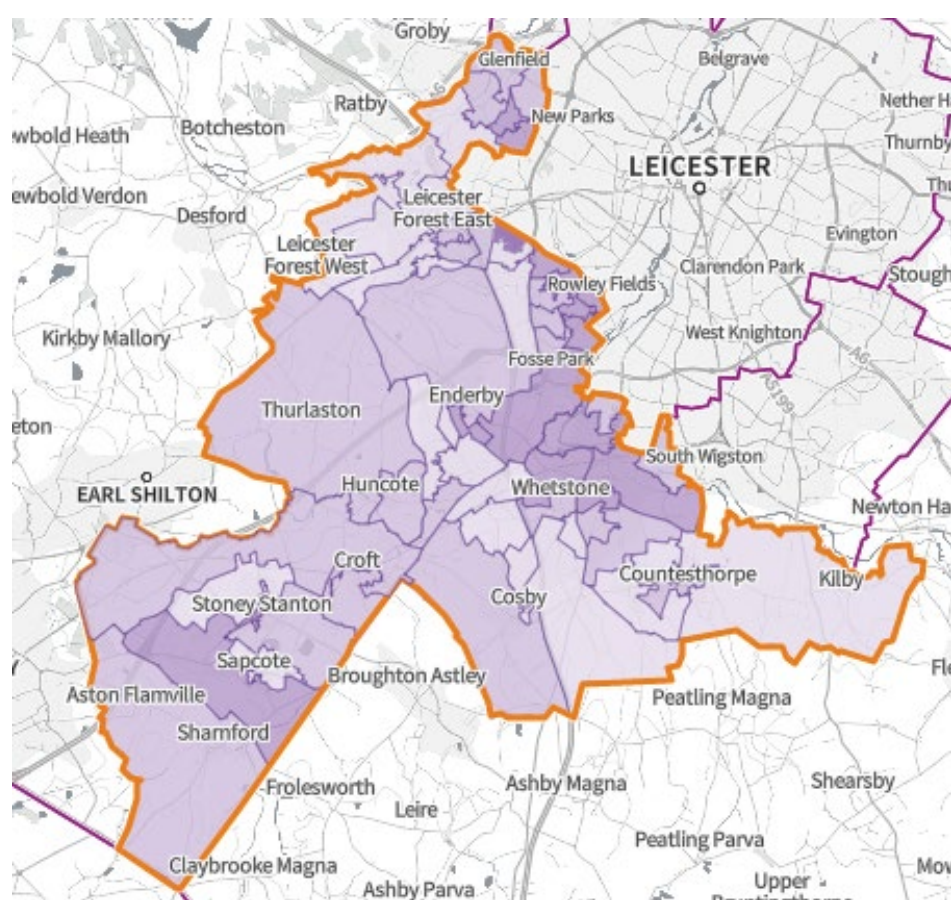


The district of Blaby is relatively affluent, with an average Index of Multiple Deprivation (IMD) score of 10.63, much lower than the England average score of 21.67. Some areas of the district have indices which fall within the lowest 10% deprivation nationally. These are located around

Stoney Stanton, Sapcote, Cosby, Countesthorpe, Littlethorpe, Kirby Fields and areas of Leicester Forest East, Enderby and Narborough. There is one pocket of deprivation above the England average level, which is located in the North Winstanley ward, (IMD Score of 25.47).

Census 2021 data showed that of the 60 neighbourhoods in Blaby District, none were among the 20% most income deprived in England and 13 fell into the 20% least deprived areas in England. In the least deprived neighbourhood, 2.6% of people are estimated to be income deprived. In the most deprived neighbourhood, 16.1% of people are estimated to be income deprived. The gap between these two, internal disparity, is 13.5% in Blaby District. The overall income deprivation score for Blaby District is 6.9%. Above average levels of income deprivation compared with England averages are found around Sapcote, Enderby and Braunston Town.

Figure 13: Map of Blaby showing the Index of Multiple Deprivation (IMD) 2019 (SHAPE 2022)



Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 10 areas
- 21.56 to 33.25: 43 areas
- 14.25 to 21.55: 40 areas
- 8.63 to 14.24: 13 areas
- 0.54 to 8.62: 0 areas

The number of children living in absolute and relative low-income families is below the regional and national value. However, there are still 1,730 and 2,189 children, respectively, fitting this definition in the district. The Income Deprivation Affecting Children Index (IDACI) shows that Blaby District has an average score of 0.09 compared to the England average of 0.16. Areas with IDACI scores above the England average are found within the Winstanley, Enderby and St John's, Blaby South, Croft Hill and Stanton and Flamville wards.

Life expectancy for both men and women in Blaby District is higher than the England average (OHID, Public Health Profiles, 2021). The life expectancy of males living in the most deprived quintile is 79.2 years compared to 82.0 years for those living in the least deprived quintile, a difference of nearly 3 years. However, there is no direct correlation between life expectancy and deprivation, with the longest life expectancy of males (83.2 years) being found in those in the fourth least deprived decile. There is an inverse relationship in life expectancy and deprivation for females in the district, although this is only minimal at 1.2 years. Again, there is no direct correlation between life expectancy and deprivation according to the data. Data for 2018-20 shows that the inequality in life expectancy for men in Blaby District (1.7) is much lower than the Leicestershire (6.0) and England average (9.7). For females in Blaby District, the disparity in life expectancy (-1.4) is significantly below both the Leicestershire (4.9) and England average (7.9).

Even though Blaby District is relatively affluent, the current cost of living crisis has had a widespread impact on the population and their health and well-being. The use of food banks and housing support has dramatically increased as people struggle to manage financially.

The effects of the pandemic are still being felt across the country, with services working towards recovery. There are still extensive waiting lists for treatment, likely to result in delayed diagnosis and treatment of potentially serious illnesses, which will impact the population's health in the future. Whilst there are exciting projects already in place locally, more is needed.

The pandemic has also rapidly increased the move to digital for many aspects of our lives, including shopping, booking events and appointments and clinical consultations. Although much of Blaby District has appropriate levels of digital infrastructure, there are issues regarding broadband connectivity within the Stanton and Flamville, Croft Hill, Blaby South, Normanton and Cosby and South Whetstone wards.

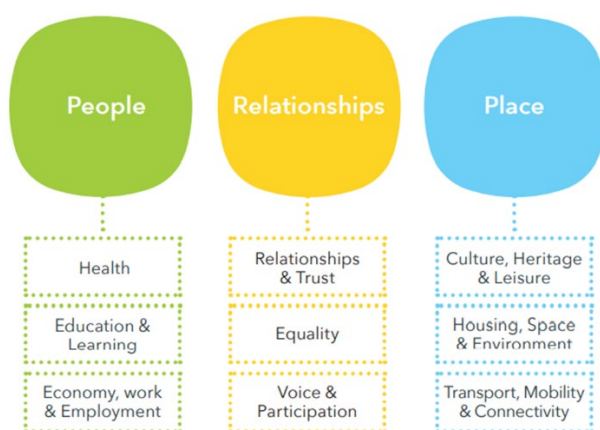
As well as infrastructure issues, we must also be aware of the risk of digital exclusion for residents who do not have the skills or knowledge to access and navigate digital platforms. Areas of Blaby District with the highest risk of digital exclusion include Stanton and Flamville, Winstanley, Blaby South, Enderby and St John's, Fairestone and Millfield wards.

Inclusion health groups, vulnerabilities and large population groups within Blaby District include Children in Care, People with Learning Disabilities, Asylum Seekers, Ukrainians, Polish, Homeless, Carers, Veterans, Gypsy, Roma and Traveller Communities and the prison population from the local HMP Fosseway.

3.6 Insights from the Blaby District Population

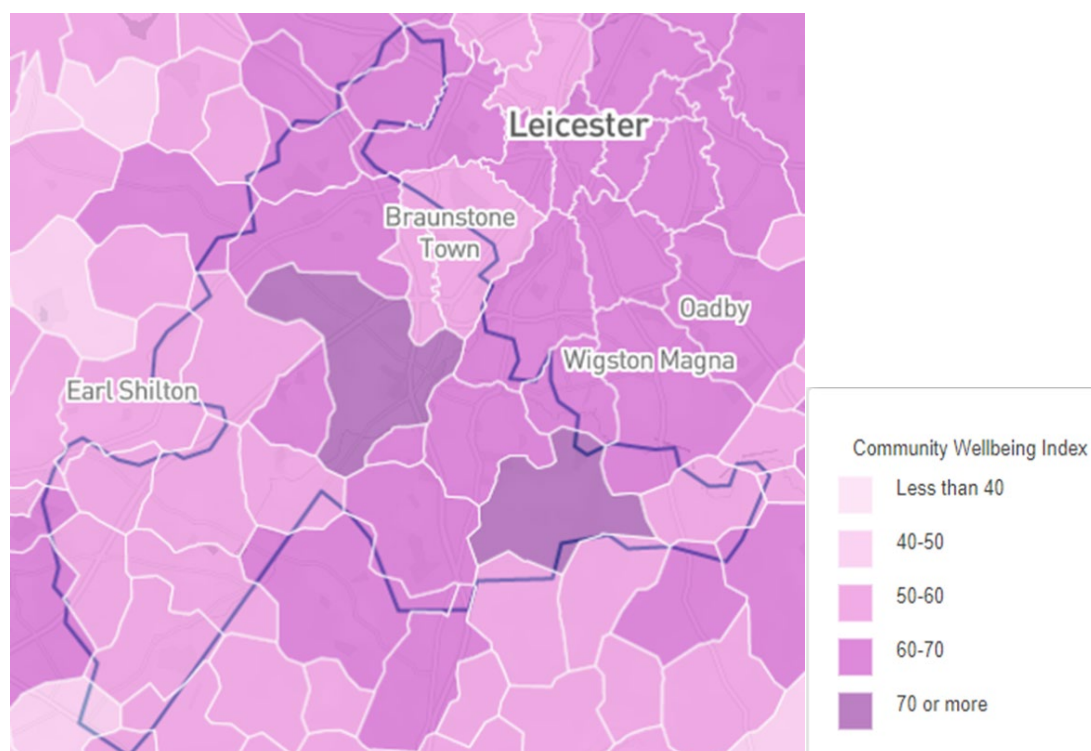
The Community Wellbeing Index is an index based on conversations with people across the UK about what makes their communities tick and gives us real insight into what contributes to community wellbeing at a genuinely local level. It gets to the heart of what's important in a local community, from strong relationships and active participation, to good, local schools, affordable housing and public transport links. Research identified nine main areas that matter for community wellbeing, which people consistently referred to across all of our community workshops. These areas are grouped into people, relationships and place:

Figure 14: The Nine areas of the Community Wellbeing Index



The UK average community wellbeing score is 52. The community wellbeing score across Blaby District is shown below:

Figure 15: Blaby District Community Wellbeing Scores



All but 1 of the 19 localities within the district had a Community Wellbeing score above the UK average, indicating that residents experience above national levels of community wellbeing.

The 'Community Insights Survey' aims to aid better understanding of public perceptions across areas important to the county council. It explores thoughts on themes such as the local area as a place to live, communities & volunteering, economy, council spending and cuts, environment, feelings of safety, impact of the coronavirus, local media and perceptions of Leicestershire County Council as an organisation.

Although surveyed numbers are relatively small (400 across the county per quarter), results indicate that Blaby District respondents had a generally high level of satisfaction with the area that they live in (96%), however only 48% reported that they felt their local housing needs were being met, (although this was still the second highest percentage in the County).

The NHS in LLR has a strong history of engagement and involvement with a range of stakeholders. Public and patient participation has been refined over time with the NHS doing more work to understand the needs of the local population and share the insights, learning and business intelligence to inform design and delivery of care, ultimately to improve the lives of local people, improving their health and wellbeing.

Below is a summary of the top-line findings from the analysis of multiple data sources collected during 2020/21, 2021/22 and 2022/23 including acute and maternity reconfiguration, Covid-19 report, primary care (local and national) and mental health, totalling qualitative insights from 52,000 people.

This feedback from the people of Leicestershire can be summarised into four main themes as shown below:

Theme	Feedback/Comments
Information	There needs to be more awareness of what services are available and for what, especially out-of-hours care, mental health services and urgent care.
	Patients would prefer an email or SMS from a trusted source as a mode of communication, rather than going online and searching for information.
	There is a lack in confidence in receiving basic results such as blood tests or MRI scans in a timely manner.
Access	There needs to be more services in rural communities rather than the city, e.g., crisis cafes, mental health hubs.
	Improvements are needed in transport links across LLR, especially for those who don't drive to attend appointments.
	For some people, community hospitals are an important element of care closer to home and there is a desire to retain and increase services locally.
GP Services	Simplify access to GP appointments (particularly phone bookings) or having a choice of the type of appointment (e.g., face to face or telephone) is important to patients.
	Some residents are unaware of the out of hours services available to them.

	Lack of awareness or understanding about how patients can access self-care or mental health services support
Use of Digital Technology	There is apprehension around remote consultations, which can lead to misdiagnosing a patient's condition.
	Not all residents are digitally savvy or enabled and will be reluctant to contact health services, which could be detrimental to a patient's health.
	Certain appointments need to be face-to-face rather than digital e.g., health visitors or midwives seeing new mums.

What do we want to achieve for the population of Blaby District?

In order to support people living in Blaby District and reduce health inequalities we will:

- Better understand what ageing well in the district would look like and develop a plan to meet the needs of a growing older population. We want to ensure Blaby is a district that is adapted to meet the needs of a growing ageing population and supports people to age well, stay active and stay connected.
- Embrace a 'proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. We want to provide equitable access, excellent experiences and optimal outcomes for all across Blaby District.
- We want to ensure sustainable economic inclusion and prosperity are occurring across the district, with those most in need benefiting from this (including those struggling to access the housing market, living in areas of high deprivation, including rural deprivation and those living in fuel poverty). We want to support those in poverty to access the support to gain employment and eligible benefits and hardship payments and reduce levels of homelessness and people living in poverty.
- We want effective communication with communities. We want to look at more innovative ways to engage the community in designing and delivering local messages using terms and methods they understand and use. We will continue to develop ongoing engagement and Partnership with communities to build rapport, share two-way learning, and act on insight. We will engage with communities in the early stages of proposed projects to let them play a part in designing new solutions. This will enable us to understand and respond to the needs of the people of Blaby District with health professionals working with communities in their surroundings and adapting to their needs.

4. The Life Course in Blaby District

In alignment with the Leicestershire JHWS a life course approach has been adopted for the plan:

4.1 Life Stage 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, by allowing them to have positive educational attainment, emotional

wellbeing and resilience, and life skills, enabling them to contribute to their community and thrive. We know that the families, communities and environments in which we are born, grow and develop significantly impact on health and wellbeing outcomes in later life.

Where we are now?

When we look at measures around the best start in life for children and young people, data shows that breastfeeding initiation rates for new mothers in Blaby District are significantly below the England average, but just above the regional value. Breastfeeding rates vary across the district, however 10-14 days post birth, rates are below the LLR average in Blaby Village, Enderby and Glen Parva. After 6-8 weeks, rates remain below the LLR average in Whetstone, Stoney Stanton, Sapcote and Sharnford, Enderby and Glen Parva.

The Leicestershire Public Health team are undertaking a project in partnership with the UHL around childhood viral wheeze and asthma admissions to explore if there are links to air quality. Data collected during 2017-20 showed that Blaby District had the second highest levels of admissions in Leicestershire, with a rate of 1,064 per 100,000, second only to Oadby and Wigston at 1,303. (Leicester City admissions rate was 1,431.)

Although there is no official data in regards to smoking and vaping in children, local discussions identified this an emerging issue and a growing concern for a number of partners within the district.

Mental Health is a growing concern with increases in the number and acuity of cases being seen, particularly in teenagers. 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 the percentage of school pupils (primary and secondary age) with social, emotional and mental health needs and children in care (<18 years), however, the trend has significantly increased and worsened over the last five years.

We also know that some children living in the district live in poverty. 2,189 children (11.0%) live in relative poverty and 1,730 (9.0%) live in absolute poverty; this also impacts the mental health of those children.

What do we want to achieve?

- Exposure of expectant mothers to supportive information on smoking, lifestyle and breastfeeding using various tools, including peer support and advice. Support more mothers in Blaby Village, Whetstone, Stoney Stanton, Sapcote and Sharnford, Enderby and Glen Parva to initiate and sustain breastfeeding with the district's broader population.
- Early identification of mental health issues in children and teenagers, enabling earlier interventions to reduce and prevent escalation and impacts.
- Improve access and support available to children and teenagers experiencing mental health issues.
- Provide seamless transition between child and adult services.

We will work together to further strengthen our approaches in 2023-26 to ensure that all children and young people get the best start for life that they can. Future plans to work together are outlined in the Children and Families Partnership Plan for Leicestershire, 2021-2023¹⁶ with the following five priorities at the heart of it:

Figure 16: Children and Families Partnership Plan Priorities



4.2 Life Stage 2: Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing are assets to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want everyone in Blaby District 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 which confirms the importance of strong communities, healthy behaviour and the wider determinants of health (housing, work, education and skills, built and natural environment, income and transport).

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

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, broader care, and voluntary sector around local geographical areas.
- Increasing access and strengthening offers for children, young people, 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.

¹⁶ [Leicestershire Children and Families Partnership Plan 2021-23](#)

Where we are now?

Many people live healthy and safe lives in Blaby District already. The 2021 Census showed that 49.2% residents considered themselves to be in very good general health, 34.6% in good health, 12.1% in fair health, 3.2% in bad health and 0.9% in very bad health.

Data shows that the district performs relatively well on Public Health indicators relating to smoking prevalence, physical activity, STI diagnoses and TB incidence.

There is no official data available in relation to the prevalence of vaping and even though the data relating to smoking prevalence indicates it is not an issue within the district, local partners have identified both smoking and vaping as an area of concern in both children and adults. The long-term impact of vaping is unknown, and some recent studies have indicated long term harm may result.

In the district, the number of adults who were classified as overweight or obese in 2020/21 was 71.4% which is significantly worse than the England value of 63.5% and the regional value of 66.6%. The figures improved in 2021/22 to 66.8%, on a par with the regional average, although still higher than the England value of 63.8%.

People in Blaby District are slightly less physically active than the England average, although the percentage of adults cycling for travel at least three times a week is slightly higher than the England and regional averages (Blaby District = 3.0; England = 2.3). The Active Lives adult survey shows that Blaby District has the second-highest number of inactive residents of all Leicestershire districts (30.0%) and the second-lowest number of active residents (57.5%).

Blaby District also has a slightly higher excess winter death index (19.1%) than regional (18.4%) and England averages (17.4%).

Covid-19 vaccination rates in Blaby District are generally good, with no areas in the bottom 10% nationally for Covid vaccinations.

During 2020/21, 391 adult referrals were made to Turning Point, the local substance misuse support service. 72% of people undertaking treatment were male, with the most significant proportion being aged between 35-44 years. Between June 2020 to July 2021, Blaby District had 286 people undergoing treatment, with treatment for alcohol being highest (134), followed by opiates (92).

The number of premises licensed to sell alcohol per square kilometre for Blaby District in 2017/18 was 1.8 which is significantly worse than the England average of 1.3. Alcohol-related hospital admissions are lower than Leicestershire and England average values, however, there has been an increase in the levels of alcohol being consumed since the pandemic. It is anticipated that the impact of this increase in alcohol consumption will not materialise clinically for several years.

Although the risk of loneliness in the district is assessed as being relatively low in most areas, 21% people reported feeling lonely some of the time which is higher than the average for

Leicestershire and England. However, there were very low levels of people reporting that they felt lonely all of the time and no areas within the district have been identified as being in the highest 10% risk category. Despite this, the incidences of loneliness have increased significantly since the Covid-19 pandemic and can be widespread across the population.

Suicide rates for Blaby District and are similar to regional and national levels, however much of the Public Health data around mental health is held at County level.

Emergency hospital admissions for intentional self-harm are significantly lower in Blaby District than Leicestershire or England averages and suicide rates remain below average levels which has been the case for a number of years. However, some agencies working in the area expressed concern about the impact of the pandemic on people's mental health, with increases currently being seen in the number and acuity of people accessing mental health services and substance misuse support.

The estimated proportion of the population aged 16 and over who have a common mental disorder in Blaby District is 12.7% which equates to 10,217 people, and 8.2% for those aged 65 and over, which equates to 1,633 people.

Referrals into the mental health urgent care services across Blaby District from 01/11/2020 to 31/10/2022 show that numbers were higher in specific areas. Referrals into the Mental Health Central Access Point were highest in Enderby and Glen Parva and Glenfield. Referrals into the Mental Health Urgent Care Hub were highest in Braunstone Town. Referrals into the Mental Health Liaison Service were highest in Enderby and Glen Parva and Blaby Village. The total referrals to mental health urgent care services across the district were highest in Enderby and Glen Parva and Glenfield.

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. Leicestershire County Council 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 receiving long-term services increased by 4%.

Neighbourhood mental health Cafes (formally Crisis Cafes) are part of Leicestershire Partnership NHS Trust's (LPT's) local support for people who need immediate help with their mental health. The cafes are drop-in centres where anyone over the age of 18 can attend (no appointments are needed) to talk about their mental health with supportive, trained staff who will listen and provide practical support. A new neighbourhood mental health café was launched in Blaby District on 4th July at Enderby leisure Centre. This café will be held weekly on a Tuesday from 4.30pm to 8.30pm. There are also cafes in Leicester and Lutterworth which some residents may wish to access. There will eventually be 25 cafes serving local communities across Leicester, Leicestershire and Rutland

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 the experience of patients being bounced between service offers, difficulties accessing specialist service offers for mental health (both in the location of services and long waits), insufficient support for carers and services not working together or centred on individual needs.

Impact of the Cost of Living

The cost-of-living crisis is impacting all demographic groups within the population. Due to increased travel costs, people may not be willing/able to travel to access required services. Fuel poverty will mean people have to choose between heating their homes or putting food on the table; this will have a profound negative impact on the physical well-being of the population, especially the vulnerable, elderly and those living with multiple long-term conditions.

The impact on the population's mental health is already being seen with increases in the number and acuity of people presenting with mental health issues, many of whom have never been in contact with services. Concern and worry around personal finances are resulting in a significant increase in cases of stress, anxiety and depression.

What do we want to achieve?

- Increase the percentage of the population that is active.
- Reduce the number of people experiencing loneliness.
- Reduce the levels of alcohol and substance misuse.
- Take a holistic approach to prevention of ill health: facilitate self-management by packaging help and advice together to empower patients.
- Optimise the use of Making Every Contact Count (MECC).
- Ensure easy access to appropriate services.
- Gain a better understanding of the emotional and mental health and wellbeing needs of people (all ages) living in Blaby District and how to address them.
- Actively promote and support good emotional health and well-being across the community, including for carers.
- Reduce the proportion of people with mental health challenges that need intensive, and specialist offers.
- Ensure easy access to advice and support for people in terms of managing the impact of the cost-of-living crisis.
- Support the LLR vision for mental health of children and adults across the system: '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.'

4.3 Life Stage 3: Living and Supported Well

As people age, become unwell or develop one or more Long Term Conditions (LTCs), they must be supported to live as independently as possible, for as long as possible, while maximising their quality of life. Due to an ageing population, there will be a corresponding anticipated increase in health conditions related to age, such as dementia, falls,

cardiovascular disease and mobility issues. The more LTCs people have, the more significant health and social care support they will require. With a targeted population health management approach, we can focus on supporting those with disabilities and multiple LTCs (at any age) to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

The 2018-2021 LLR Joint Carers Strategy is currently being refreshed. It has recognised the monumental impact of the Covid-19 pandemic on carers' lives. As a nation, we are moving to recovery and living safely with Covid. However, for carers, there are lasting effects on many areas of their lives: their mental and physical health, employment and finances, and emotional well-being, with many taking on a new role as a carer. The Strategy has identified eight key priorities:

- Carer identification.
- Carers are valued and involved.
- Carers are Informed.
- Carer-friendly communities.
- Carers have a life alongside caring.
- Care with Confidence.
- Carers can access the right support at the right time.
- Supporting Young Carers (under 19 supporting a cared for parent or sibling in their home)

Where we are now?

Blaby District has high levels of hip fractures in people aged 65 and over, with 2019/20 values significantly higher than both the regional and England averages. Even though 2020/21 figures show a slight improvement, levels still remain above regional and England averages.

The percentage of cancers diagnosed at stages 1 and 2 within the district (45.1%) are significantly lower than regional and England values, (51.7% and 55.0% respectively). Data from the 2021 Census shows there has been a worsening in cancer screening attendance.

Due to an aging population, the levels of Dementia are increasing. 2022 data for the estimated dementia diagnosis rate for those aged 65 and over shows that Blaby District is achieving a rate of 61.4%, slightly below both regional (64.0%) and England (62.0%) levels. The number of people with the district aged 65 and over predicted to have dementia by 2040 is 2,346.

Over 3,400 people receive social care support, most requiring personal care support. This group of people often have existing ill health or will be at greater risk of ill health. There are 20 residential and nursing care homes in Blaby District, catering for a range of ages and needs.

The 2021 Census indicated that 15.7% residents assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses. 6.1% considered activities were limited a lot and 9.6% a little.

According to the 2021 census, within the district, 4,840 unpaid carers were giving between 1 and 19 hours of care a week, 1,702 providing 20 to 49 hours a week, and 2,509 providing over 50 hours per week. The 2016 national GP patient survey found that 3 in 5 carers have a long-term health condition, compared to 50% of non-carers; this difference is more pronounced for younger adults providing care. 40% of carers aged 18-24 are reported as having a long-term health condition compared with 29% of non-carers in the same age group. Carers report 'feeling tired' and experiencing 'disturbed sleep' as a result of their caring role, with only 10% of carers having no effect on their health due to their caring role.

What do we want to achieve?

- Reduce hip fractures for people aged 65 and over in Blaby District to align performance with regional and national averages.
- Ensure people not meeting the threshold for social care do not fall through the net and are signposted to other services for support.
- Ensure care home residents and staff are offered the right services and support.
- Ensure carers are offered the right support.
- Ensure people with dementia are diagnosed early and offered the proper support and treatment.
- Increase dementia diagnosis rates to meet NHSE target of 67% and clear links made between healthy lifestyle and the risk of dementia.
- Ensure easy access to appropriate services.

4.4 Life Stage 4: Dying Well

The end of life is an inevitable part of the life course. It is a challenging subject for many people to acknowledge and discuss openly. We want to normalise and plan for this stage of life to ensure everyone has choice about their care, treatment, and support for loved ones and carers. This care needs to be a dignified, personalised approach for the individual, their friends and family.

It is essential 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.

Where we are now?

Under 75 mortality rates for all causes in Blaby District are significantly below the average for England and the region. However, the District does have a slightly higher percentage of deaths with the underlying cause of cancer (26.3%) compared to regional and England levels (24.6% and 24.3%). This becomes significantly higher in those aged under 65 with 46.6% of deaths with the underlying cause of cancer compared to the regional level of 32.8% and England level of 31.7%. This may be linked to the lower levels of cancers diagnosed at stages 1 & 2 when compared to regional and national levels outlined above.

Approximately 45% of people dying under the age of 65 died at home, with 42% dying in hospitals and 10% dying in hospices. 45% of people aged between 65 and 74 died at home, 42% died in hospital, 7% in a hospice and just over 5% died in a care home. 47% people aged between 74 to 84 died in a hospital, 32% died at home and nearly 15% died in a care home. Almost 37% of people over 85 died in a hospital, 33% in a care home, and just over 25% at home. We know that the transition between the hospital and the community/home can be hampered by poor communication and sharing of information between different service providers.

What do we want to achieve?

- A better understanding of what dying well means to people in Blaby District. Normalise conversations about dying, undertake listening exercises around experiences and lessons learnt, and identify what actions can be taken to improve this.
- Provide support to family members and carers as well as the patient.
- Provide robust care planning with the patient and their family/carers. Care plans must be shared appropriately to ensure all relevant parties are informed and are aware of the patient's wishes. Empower patients and their families to determine how they die.
- Ensure easy transition between the hospital and the community/home with appropriate information sharing between different service providers.

5. Our Local Priorities

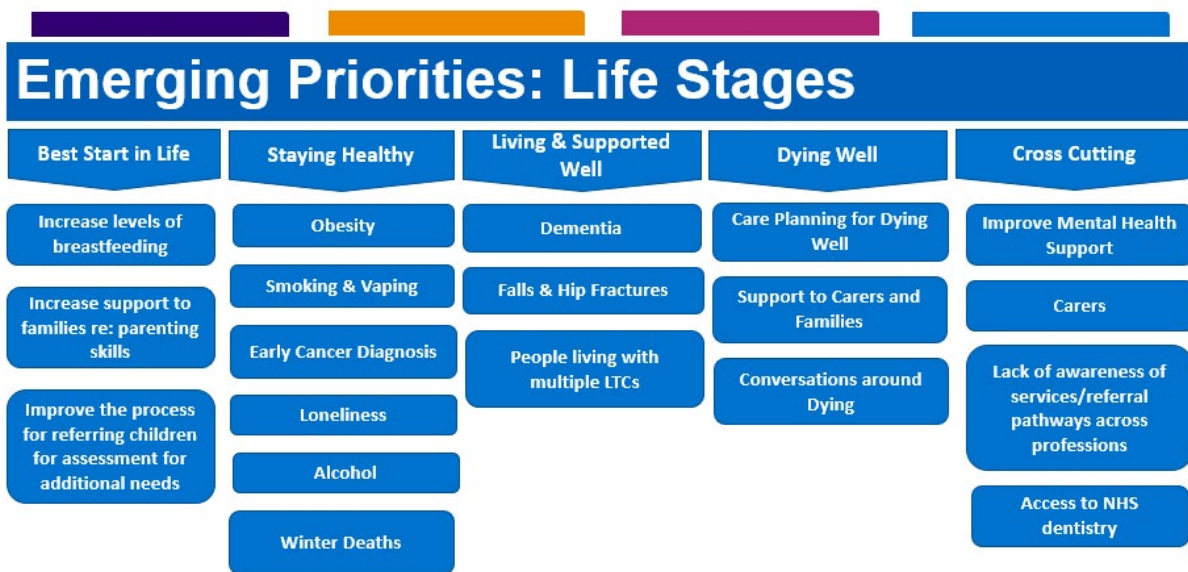
5.1 Developing Priorities via a Multi-Agency Working Group

These insights into the current health and wellbeing of Blaby District were shared and discussed at the Blaby Community Health and Wellbeing Working Group meetings to understand the wide range of emerging priority themes within the district.

5.2 Emerging Themes Workshop

A workshop took place in December 2022. The aim of the event was to ensure as many stakeholders as possible fed into the plan and to add to, develop and challenge the list of emerging themes. Detailed group discussions identified 19 key themes which were then aligned to each life stage:

Figure 17: Emerging Priorities for the Blaby Community Health and Wellbeing Plan



5.3 Prioritisation Exercise

In order to progress, a prioritisation exercise was undertaken with a number of stakeholders on the 19 emerging priorities identified at the stakeholder workshop held in December 2022. A prioritisation tool was developed which scored each priority against the following criteria:

1. Is there robust evidence of effective interventions in this priority area?
2. Is there robust evidence of interventions that are cost-effective (value for money)?
3. Are improvements in outcomes measurable?
4. Does this priority area focus on reducing health inequalities for example by targeting vulnerable groups, deprived areas etc?
5. How many people will benefit from action in this priority area?
6. Does the priority area address an area where Blaby is performing significantly worse than national averages?
7. How many of the JHWS Principles does this priority support?

A group was established to review the 19 priorities against these criteria. The group had representatives from primary care, LPT, adult social care, public health, Blaby District Council and the Integrated Care Board (ICB).

The prioritisation tool developed provided a good structure to enable scoring of the various priorities, however some difficulties were experienced during the process. Some priorities were very specific, while others were much more general and wide reaching which may have skewed scoring. The group felt it was important not to change the priorities coming out of the stakeholder workshop, however this was a limitation to the scoring process.

All but one criterion had a range of 4 scores (0,10,20,30), however criteria 6 was a yes or no which was scored as 0 for no or 30 for yes. This gave those priorities which aligned to 'red' benchmarking data an advantage which may have been disproportionate. A number of

priorities did not have benchmarking data in this format or were outliers but not to such an extent and were disadvantaged by 30 points.

Due to these concerns of the group around some of the limitations of the tool, sensitivity analysis was undertaken to evaluate the impact of changing the weighting of criteria 6.

The prioritisation exercise and subsequent sensitivity analysis resulted in the identification of 6 possible priorities.

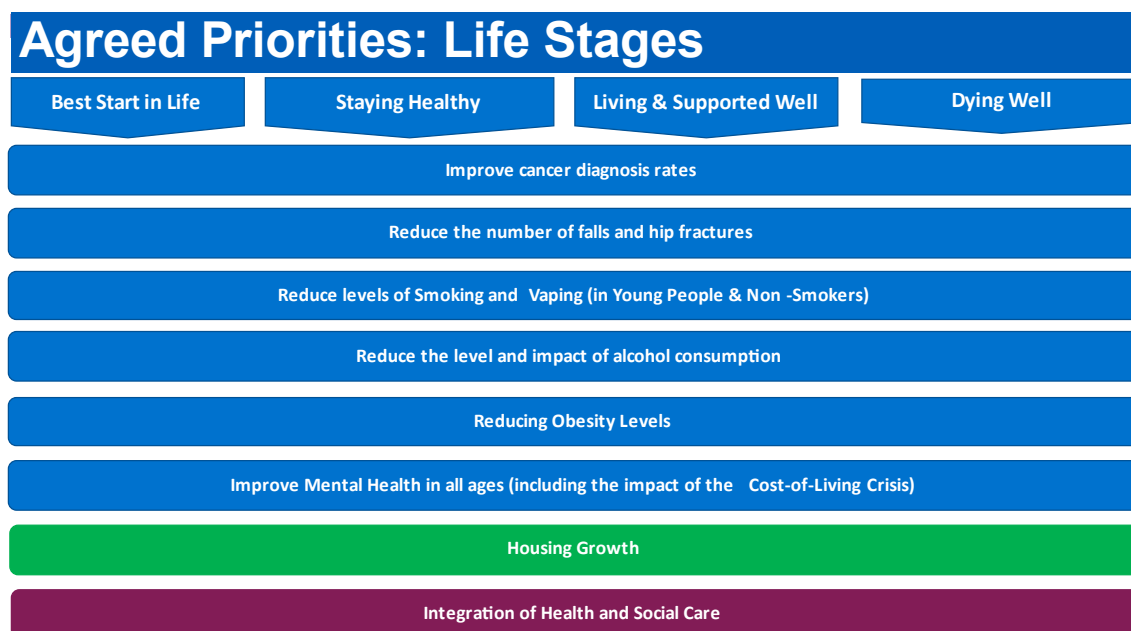
The results were taken to the Blaby Community Health and Wellbeing working group and an agreement was made to share the proposed priorities to stakeholders during the month of May 2023 to ensure engagement and ownership.

Following the month-long consultation with stakeholders it was agreed that all 6 priorities would be taken forward and that an 'all age' approach would be undertaken where appropriate.

Along with the priorities identified through the prioritisation exercise, the impact of the level of housing growth planned within the district and the ICS strategic vision around integrating care and social care are reflected as a 7th and 8th priority.

The final set of agreed priorities is shown below.

Figure 18: Priorities Summary for Blaby



It was recognised that a great deal of work was being undertaken already at a 'Place' and 'System' level in relation to many of these priorities, but especially those relating to cancer diagnosis rates and reducing falls and hip fractures.

Therefore, an essential first task for each priority working group will be to map out what is already in place to address these issues to ensure that there is no duplication of effort or contradictory actions. Links will be made with key committees to ensure that 'Place' and 'System' level groups are aware of our local neighbourhood actions and vice versa.

Priority 1: Reducing Obesity Levels in Adults and Children

Even though levels of obesity have improved within the district, they are still above national levels. Obesity is linked to a number of long-term conditions, so management and prevention is key. This, along with lower-than-average levels of activity within the district has meant it has been prioritised by partners as an area which requires local intervention.

A number of actions have been identified in the Leicestershire JHWS which will have an impact in this area. These include:

- Developing a partnership approach to maternal and child obesity.
- Ensuring that children and young people have access to the services they need to gain and maintain an active lifestyle and healthy weight. This will be enabled by further development of the 'Healthy Schools' and 'Healthy Tots' programmes across Leicestershire.
- Delivering targeted, effective and consistent health and wellbeing communications to empower the population of Leicestershire to make healthy choices, including how to access services. This will include a communication campaign regarding access to prevention services.
- Working with partners to deliver the Leicestershire Healthy Weight strategy, Food Plan and Active Together Partnership Physical Activity Framework.
- Further developing active travel across Leicestershire and considering the Healthy Schools Programme role in increasing active travel in children and young people.
- Working with planners and licensing officers to further build a healthy environment across Leicestershire reviewing fast food outlet premise density, proximity to schools and areas of deprivation and types of food provided. This will create a framework of evidence that can be incorporated into Local Plans.
- Reviewing the obesity pathway including the adult tier 3 weight management services across LLR.

We will support these Leicestershire wide actions as well as identify specific local actions to reduce obesity levels in children and adults within Blaby District.

The School Sport & Physical Activity Network currently delivers a range of health programmes in schools and are extremely effective at rolling out programmes, campaigns and linking in with expertise. They will be a key partner in helping to manage the weight of young people within the district.

Priority 2: Reducing the level and impact of Alcohol Consumption

Even though the level of alcohol related hospital admissions within Blaby District are lower than Leicestershire and England average values, local intelligence suggests that there has

been an increase in the levels of alcohol being consumed since the pandemic. Within Blaby District, the number of premises licensed to sell alcohol per square kilometre in 2017/18 was 1.8 which is significantly worse than the England average of 1.3.

The impact of this increase in alcohol consumption may not materialise clinically for several years, however prevention of a potentially substantial increase in alcohol-related illnesses has been identified as a priority for Partners.

The Leicestershire JHWS identifies some county wide actions to reduce alcohol consumption including:

- Delivering targeted, effective and consistent health and wellbeing communications to empower the population of Leicestershire to make healthy choices, including how to access services. This will include a communication campaign regarding access to prevention services.
- Working with planners and licensing officers to further build a healthy environment across Leicestershire reviewing alcohol premise density and adding health considerations into the Blaby District licensing policy.

We will support these county wide initiatives to ensure the population of Blaby District have increased knowledge and access to appropriate prevention services for support. By working with local partners, such as Turning Point and by establishing Alcohol Care Teams in line with the NHS 5 year forward view, we will identify appropriate local actions to reduce the levels of alcohol consumption within the district.

Action in this area will also link to prevention work being undertaken in relation to obesity, smoking & vaping and mental health.

Priority 3: Reduce the number of Falls and Hip Fractures

20.5% of the population of Blaby District are aged 65 and over. There has been a 25.0% increase in people aged 65 years and over since the last census in 2011 and population projections to 2041 estimate significant growth of 37% in this age group. We are therefore facing an ageing population.

Blaby District has high levels of hip fractures in people aged 65 and over, with 2019/20 values significantly higher than both the regional and England averages. Even though 2020/21 figures show a slight improvement, levels still remain above regional and England averages.

The Leicestershire JHWS identifies a number of county wide actions which are intended to reduce the number of falls and associated hip fractures that people over 65 experience, including people in residential and nursing care, including:

- Undertaking an assessment to look in more depth at the rates of hip fractures, causes for this and possible preventative measures.
- Scoping a self-assessment tool for falls risk for 60+ with onward signposting and app to help manage balance.

- Piloting of a falls crisis response service.
- Reviewing Assistive technology services to support Falls Risk.
- Building on the LLR PHM framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.

The ICB funded Steady Steps Falls Prevention programmes will form a key component of the work undertaken to reduce falls. Blaby District will review this and other services currently available, along with the Leicestershire wide actions and identify any local actions required to further enable the reduction of falls and associated hip fractures for the local population.

Priority 4: Improve Cancer Diagnosis Rates

The percentage of cancers diagnosed at an early stage (45.1%) are significantly lower within Blaby District than regional and England values, (51.7% and 55.0% respectively). Data from the 2021 Census shows there has been a worsening in cancer screening attendance within the district.

Blaby District has a slightly higher percentage of overall deaths with the underlying cause of cancer (26.3%) compared to regional and England levels (24.6% and 24.3%). However, this becomes significantly higher in those aged under 65 with 46.6% of deaths with the underlying cause of cancer compared to the regional level of 32.8% and England level of 31.7%.

It is likely that this is linked to the lower levels of cancers diagnosed early at stages 1 & 2 when compared to regional and national levels outlined above. For this reason, Partners have identified this as a key priority for the local population.

Across the NHS, there are a range of interventions designed to increase the proportion of cancers diagnosed early. Primary care has an important role to play in these cross-system efforts and early cancer diagnosis forms part of the DES work already being undertaken by the PCNs. The good practice guidance for the early cancer diagnosis service requirements¹⁷ includes advice for clinicians on safety-netting for PCNs and tools to implement robust safety netting protocols in EMIS and SystmOne.

Primary care professionals play a central role in helping to diagnose cancer early and supporting people as they live with and beyond cancer, and the Partnership will ensure that PCNs are supported to continue this great work.

Within the Leicestershire JHWS, a number of actions have been identified to improve screening rates, including:

- 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.
- Reviewing delivery of NHS health checks across Leicestershire.

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-early-cancer-diagnosis-guidance.pdf>

- Delivering communication campaigns regarding access to prevention services.
- Implementing the CORE20PLUS5, including specific interventions to reduce health inequalities aligned to the national priority areas of maternity, severe mental health, chronic respiratory illness, early cancer diagnosis and hypertension case finding.

We will support the delivery of these actions, learn from the cancer screening pilot undertaken in Charnwood and identify specific local actions required to improve cancer screening rates.

Priority 5: Improved Mental Health

Monitoring from the Office of National Statistics (ONS) found that the prevalence of moderate or severe depressive symptoms among adults in Great Britain rose after the start of the Covid-19 pandemic. In surveys taken between July 2019 and March 2020 prevalence was 10%, but this rose to 19% by June 2020 and 21% by January to March 2021.

A number of actions have already been identified in the Leicestershire JHWS which we will link in with to ensure the needs of Blaby District are taken into consideration. These actions aim to improve emotional and mental health support for residents of Leicestershire.

Across the County, we will listen and respond to the Leicestershire population in the 'Step up to Great Mental Health' consultation and propose to deliver a variety of changes for our population through the LLR and Leicestershire-specific Step up to Great Mental Health. Responses will aim to increase the proportions of people with mental health challenges that have access to and take up high quality advice, support and access to local amenities, including activities and groups to strengthen mental health and wellbeing. This will enable them to live as independently as possible.

We will continue to focus on maintaining low rates of suicide and the impact of suicide, supporting the work of the LLR Suicide Strategy. However, we know that the demand for mental health services remains high, with increases in the number and acuity of cases being seen. Early intervention is required to support children and teenagers in order to prevent issues escalating into adulthood.

Mental health and recovery support services will be jointly commissioned across LLR. Within Blaby District, the Richmond Fellowship has been commissioned to provide a preventative mental health service which will support people to improve their mental health and wellbeing, building resilience within our local communities.

A dedicated mental health neighbourhood lead has been recruited within the district whose role will support the development and implementation of a neighbourhood approach to mental health. They will oversee a collaborative approach between multiple partners and local people to plan, organise and implement a mental health offer that meets the needs of the residents of Blaby District.

We will also explore the links between physical activity and good mental health.

5.1 Impact of the cost of living

The cost-of-living crisis is impacting on all demographic groups within the population. People may not be willing/able to travel to access required services due to increased travel costs. Fuel poverty will mean people have to choose between heating their homes or putting food on the table. This will have a profound negative impact on the physical well-being of the population, especially the vulnerable, elderly and those living with multiple long-term conditions.

The impact on the mental health of the population is already being seen with increases in the number and acuity of people presenting with mental health issues, many of whom have never been in contact with services previously. Concern and worry around personal finances are resulting in a large increase in cases of stress, anxiety and depression.

County level actions include supporting people to cope by providing financial support and advice, supporting those in poverty to gain employment and access to eligible benefits and supporting families out of fuel poverty and into affordable warmth. A local action plan will be developed to improve access to mental health services, information, and support.

Priority 6: Reduce Levels of Smoking and Vaping in Young People & Non Smokers

Even though the prevalence of smoking within Blaby District is on par with regional and national levels, there is a lack of data around the prevalence of vaping and its long-term effects on the population's health.

Vaping is an increasingly worrying trend, particularly in young people under the age of 18. While vaping can help smokers quit, it is not risk free and is illegal for young people under 18. It is especially important to protect young, developing lungs and brains. The Blaby District Youth Council have identified vaping as a priority area of concern and are working together with the PCNs to raise awareness and understanding of the potential long-term impacts.

There is some confusion and misleading information about vaping, which can make it difficult to work out what is true or not. Vaping has not been around for long enough to know the risks of long-term use. As it is unlikely to be totally harmless or risk-free it is not recommended for non-smokers and young people.

However, experts agree that vaping is substantially less harmful than smoking and is also one of the most effective tools for quitting smoking. The Partnership fully supports public health colleagues in promoting vaping as an alternative to smoking, to aid smoking cessation.

Ideally, if vaping is used to quit smoking, people should aim to eventually stop vaping too. The healthiest option is not to smoke or vape.

Priority 7: Housing in Blaby District

Significant housing growth is planned in Blaby District over the next 15 years bringing new residents to the district. To manage these future housing developments and the associated

increase in population we will need to ensure primary care in the district is provided at a scale aligned with the local population growth. This will require a close working relationship between partners to ensure the impact of future housing developments is fully understood in terms of geography, building trajectories and inter relationships between different sites. This will enable us to identify appropriate and effective health and wellbeing service solutions for both existing and new residents within Blaby District.

Effective solutions will be identified by considering a number of options, including the effective use of s106 monies, development of new health and wellbeing premises and the colocation of health and social care services.

We will also work in partnership with local planners to ensure new developments in the district and their design considers the health impacts they can have on local people, with negative effects reduced and positive impacts promoted wherever possible.

Priority 8: Integration of Health & Social Care

Vertical integration of services at place or neighbourhood is a critical component of delivering high quality health and well-being services to the residents of Blaby District. There is a need to move away from single-disease clinics, into holistic care by providing multi-disciplinary team (MDT) clinics that are specific to local needs. We need to review how we make better use of our Voluntary and Community Sector Services and work with them to co-locate more locally (e.g., food banks and support groups).

The infrastructure needs to support this integration by making better use of existing space through co-location of teams and improving digital access and information-sharing between partners.

Figure 19: Example of an integrated Health and Wellbeing Centre



The following ICS initiatives will facilitate and enable the integration of health and social care across the system:

1. Integrated Neighbourhood Teams

Extensive work is also underway within Blaby District to implement the recommendations of the **Fuller report**:

As per the Fuller Report, **Integrated Neighbourhood Teams** are being developed by expanding the current PCNs and joining them up with other health and care providers within the local community at the 30,000-50,000-population level; this will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.

People can access more **proactive, personalised support** from a named clinician working as part of a multi-professional team. This access will be achieved by developing integrated neighbourhood teams, in partnership with system partners, to provide joined-up holistic care to people who would most benefit from continuity of care in general practice (such as those with long-term conditions). This model of care will offer more significant shared decision-making with patients and carers and maximise the role of non-medical care staff, such as social prescribers, so people get the care they need as close to home as possible.

People will be helped to stay well for longer by introducing a more ambitious and joined-up approach to prevention for the whole of health and care, focusing on the communities that need it most. System partners will work collectively across neighbourhood and place to share expertise to understand what factors lead to poor health and well-being and agree to work together proactively to tackle these. This collaboration means building on what primary care is already doing well to improve local community health: working with communities, effective use of data, and relationships with local authorities while harnessing the wider primary care team including community pharmacy, dentistry, optometry and audiology, as well as non-clinical roles.

Streamlined access will be offered for urgent, same-day care and advice from an expanded multi-disciplinary team with the flexibility to adapt their service to local needs. Systems will optimise data and digital technology to connect existing fragmented and siloed urgent same-day services, empowering primary care to build an access model for their community that gives patients with different needs access to the best service. This access will also create resilience around GP practices by connecting patients to the practitioner who meets their needs, rather than increasing GP referrals to additional services, increasing practices' capacity to deliver continuity of care.

2. Ease of Access

A Single Point of Access should be implemented to provide easier access, followed by appropriate streaming of patients to ensure they are directed to the right place, at the right time and to the right clinician. Although this model of care may already exist in certain service areas, it needs to be expanded further.

3. Home First and Community Rehabilitation

The vision for service provision across Leicester, Leicestershire and Rutland is Home First; this means supporting people to remain in their homes when they are having a health or social care crisis rather than needing to go into hospital and will also help people get home from hospital providing them with rehabilitation and enablement to help restore their health, well-being and independence. Collaboration with local authorities and the voluntary sector is essential to enable this to happen. Initiatives include:

- Virtual wards and remote monitoring to improve management of long-term conditions at home.
- Falls prevention.
- A 2-hour health and care Community crisis response and 2-day reablement offer.
- Integrated teams for hospital discharge and enablement, providing immediate support in the community and assesses ongoing need to support people to step down after a stay in hospital or step-up care at home when needs change or there is a crisis.
- Delivery of Discharge to Access (D2A) Therapy beds. Integrated therapy support following the patient- increasing community and care home therapy support.
- A strengthened community end-of-life care offer - Integrated palliative care services, improved co-ordination of care, RESPECT planning and social care capacity
- Enhanced care in care homes
- Community Hospital Link workers

The Leicestershire JHWS makes a commitment to deliver an effective health and care integration programme that will deliver the Home First step up and step-down approach for Leicestershire.

4. Better use of the Voluntary Sector and Local Communities

As well as integrating services with the voluntary sector to fully use their experience and expertise, they can also be used, alongside local communities to deliver key messages to the residents of Blaby District around health and well-being. Residents will be more open to communication with these partners and the relationships can be used to engage, inform and educate the population to start building healthy and supportive communities.

5. Improve Communications

Feedback from the local population and various partner organisations indicates a need for more understanding between partners regarding the range of services available and the required referral processes; this is even more evident in terms of public understanding of available services and how to access them.

A procurement process is currently underway to purchase a social prescribing platform which can support effective communication of services across Leicester and Leicestershire. Online social prescribing systems are already being successfully used elsewhere in the country by health and social care professionals, the voluntary sector or members of the public looking for information about health and well-being services available locally to meet different needs.

Targeted Health Inequality Groups

As part of discussions around priorities, the Partnership has identified two groups of people who they would like to focus on in order to reduce health inequalities in the district:

- **People with English as a second language:** There is a cohort of residents within the district who originate from Eastern Europe. The Partnership want to ensure robust interpreting services are available to support these residents.
- **Residents who are deaf or hard of hearing:** The Partnership is looking at how to support those residents within the district who are either deaf or hard of hearing. As part of this, care co-ordinators are working with GP practices to improve the provision of sign language.

However, it is important to note that in addition to these groups, we will be focusing on all patients that are identified as living with a health inequality which may vary depending on the priority under consideration.

6. Blaby District Community Health and Wellbeing Delivery Action Plan

To ensure the Plan remains relevant, major review and evaluation gateways will take place on a three-year cycle. Whilst we have been careful to select priorities for the Plan that reflect the future need as well as the present, inevitably these may change over time. For this reason, the delivery action plan will be reviewed on an annual basis reflecting both stakeholder, residents and communities' feedback to ensure these priorities are still the right ones.

6.1 Action Plan Delivery Groups

For each priority, a delivery working group will be established. Where appropriate, the delivery groups will have representation from health, the district council, public health and the voluntary sector who will all have collective ownership of the priority, with one named representative identified as the lead to facilitate meetings and ensure that progress is being monitored. We expect that these groups will meet monthly.

6.1.1 Timescales

Once established, the delivery group will review the feedback from the priority workshops, and the data associated with the priority to create the local action plan for delivery (to include a monitoring dashboard), using SMART performance measures. This will take place over the first two months. The action plan will be delivered over a 12-month timeframe.

6.2 Monitoring and Reporting

A template for the action delivery plan will be provided to the delivery groups to populate with the identified actions and presented to the BCHWP for agreement. Alongside this will be a monitoring 'highlight report' which will use the Red, Amber, Green rating system to demonstrate progress (Red = significantly behind, Amber = slightly behind, Green = on track for delivery).

Once the agreed actions are at the delivery stage, monthly updates will be presented to the BCHWP with formal highlight reports provided quarterly for review. This will ensure there is the appropriate spotlight on the priority areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities.

6.3 Governance

As the BCHWP does not have any formal strategic decision-making authority, a highlight report across all the priorities will be provided to the Staying Healthy Partnership Board on a quarterly basis. The Leicestershire HWB will also receive an annual update on behalf of all of the CHWPs that have been developed in the Leicestershire districts.

6.4 Annual Reviews

Over the three-year period of this plan, at the end of each 12-month action plan cycle, a review of the data will take place to identify whether there are any areas of significant change in the borough. If required, a review of the action plan priorities will take place. An annual summary will be produced at the end of each 12-month cycle.

7. Stakeholders

Integration and collaboration are key aspects of this plan. The following Stakeholders have been involved in the development of this document:

Blaby District Council (BDC)
 Clinical Directors
 Leicestershire Adult Social Care (ASC)
 Leicestershire Fire & Rescue Service
 Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)
 Leicestershire Partnership Trust (LPT)
 Leicestershire Police
 Leicestershire Public Health
 NHS Dentistry
 Primary Care Networks (PCN's)
 University Hospitals of Leicester (UHL)
 Voluntary, Community and Social Enterprise (VCSE) colleagues

Melton Borough Community Health and Wellbeing Plan 2023 – 2028



Contents

Foreword	4
Introduction	5
1.1 Executive Summary	5
1.2 Purpose of this Document	6
1.3 What are the drivers for making change?	7
Strategic Vision and Approach	11
2.1 Strategic Vision & Goal	11
2.2 Our Strategic Approach	11
2.3 Enablers – Shared Priorities, Governance, and Integrated Neighbourhood Delivery	12
2.4 Plan Implementation and Monitoring	13
3. Melton District Insights	14
3.1 Geography	14
3.2 Population Changes and Growth	15
3.3 Local Housing Need	15
3.4 Veterans Population	16
3.5 Local Services	16
3.5.1 Primary Care	16
3.5.2 Secondary Care Healthcare	18
3.5.3 Urgent and Emergency Care (UEC)	20
3.5.4 Local Authority & Voluntary Sector Services	21
3.5 Health Inequalities	24
3.5.1 Core20PLUS5 Approach to Reducing Health Inequalities	25
3.6 What have Melton Residents Said	27
3.6.1 What does Melton Community Health and Wellbeing Partnership (MCHWP) want to achieve?	28
The Life Course in Melton	29
4.1 Life Stage 1: Best Start for Life	29
Where we are now?	29
What do we want to achieve?	29
4.2 Life Stage 2: Staying Healthy, Safe and Well	30
Where we are now?	31

What do we want to achieve?.....	32
4.3 Life Stage 3: Living and Supported Well	33
Where we are now?	33
What do we want to achieve?.....	34
4.4 Life Stage 4: Dying Well	34
Where we are now?	34
What do we want to achieve?.....	35
5. Our Local Priorities	35
5.1 Agreed Priorities via Integrated Working Group	35
Priorities for Melton 2023 – 2028	36
Priority 1: Support expectant mothers (Breastfeeding initiation and prevalence).....	38
Priority 2: Develop and embed a Melton Neighbourhood Mental Health Offer.....	38
Priority 3: Empower residents to access preventive and self-care approaches including through Digital channels	39
Priority 4: Prevent falls through supporting the frail and those at risk of hip fractures	40
Priority 5: Integrate the local community support hub model further with health/wellbeing teams.....	40
Priority 6: Explore options for a 2nd Primary Care Site in Melton	42
6. Melton Borough Community Health and Wellbeing Delivery Action Plan 2023 -2025 development	42
6.1 Transitioning to Integrated Delivery	42
6.2 Annual Reviews	43
7. Stakeholders	43
7.1 Collaboration	43
7.2 Ongoing links to the Leicestershire Health and Wellbeing Board	44

Foreword

Our Community Health and Wellbeing Plan for the Melton Borough brings together a wide range of partners with the common purpose of improving the health and wellbeing of the local population. Forming partnerships between health and care organisations on a local footprint is key to planning and delivering joined up services to improve the lives of people who live and work in the area.

By working together in collaboration, we have agreed a set of priorities that all partners across Melton Borough recognise and support. We remain committed to making a real change by focusing on these key priorities and tackling health inequalities which are present within our population. This plan recognises and acknowledges the importance of creating engaged and cohesive communities by building trust and gaining a deeper understanding of their needs to make a difference. Tackling the wider determinants of health to address the root causes of health and wellbeing is at the heart of everything we do.

We are united as partners, and we are proud to support our organisations in this journey as we move forward over the next 5 years.

Andy Williams



Chief Executive
Leicester, Leicestershire and
Rutland Integrated Care Board



Edd de Coverly



Chief Executive
Melton Borough Council



We would like to express our thanks and appreciation to our Leicestershire County Council Public Health colleagues for their valuable input and support into the development of the Melton Borough Community Health and Wellbeing Plan.

Introduction

1.1 Executive Summary

In January 2021, the Department for Health and Social Care (DHSC) published proposals through the White Paper: 'Integration and Innovation: Working together to improve health and social care for all', to develop the NHS long term plan and bring forward measures for statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was established in July 2022.

Partnership working has been established across the system (LLR collectively), place (Leicester, Leicestershire, and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working. The White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration to address health, public health and social care needs, with a key responsibility being to support place based joint work.

As part of the ICS's requirement for the development of a Place Based Plan, a Joint Health and Wellbeing Strategy has been created, which sets out the strategic vision and priorities for health and wellbeing across the County of Leicestershire over the next ten years. This strategy will help to shape our response across Leicestershire and ensures we are tackling many of the common factors across the County that contribute to poor health and wellbeing outcomes.

However, we also acknowledge that some needs are better identified and tackled at a neighbourhood level. Our district council, voluntary sector and primary care networks, along with many other local services, operate at more localised levels to improve health and wellbeing outcomes. Therefore, Community Health and Wellbeing Plans are also being developed, they identify local needs and actions that, alongside the County and system wide work, will help to improve people's overall health and wellbeing. The Community Health and Wellbeing Plans are a collaborative summary of the health and wellbeing needs experienced by the population living in our seven neighbourhoods across Leicestershire and the collective efforts we intend to make to ensure everyone gets the best chance at a healthy, independent life. Many people and agencies have contributed to these plans, and we are grateful to them all for their valuable input and collaboration.

This range of strategies and plans form our strategic response to our population's health and care needs across the Leicester, Leicestershire and Rutland area. This is a vital part of our joint planning and thereafter for delivery to achieve local integration, prevention and improvement.

Whilst our Plan spans the priorities for the next five years, we have looked at the housing growth projections for the neighbourhoods for a longer period to ensure we are considering the longer-term needs for future populations. We know that our GP practices will be challenged by the increasing numbers of people moving to many of the areas. This includes the increasing number of people dispersed across the UK through displacement and resettlement schemes. We must ensure that the Primary Care offer grows alongside housing

to support residents to access provisions when needed. At the same time, we need to reduce the reliance on Primary Care and the need for clinical intervention when not required. To achieve this, we will need to work closely in partnership around developments of Access to Primary Care services, the recovering of Primary Care and ensuring a sustainable Primary Care workforce is planned for now. In addition, we can do this by also supporting people to make healthy lifestyle choices and ensuring access to sports and leisure services, support and social groups, and an integrated approach to prevention and intervention.

1.2 Purpose of this Document

The purpose of the Community Health and Wellbeing Plan is:

- To understand the local needs concerning health and wellbeing and the variance to England, other areas of the County or across the footprint covered by the Plan.
- To ensure we have plans to drive improvement to the health and wellbeing of local populations and to manage any risks to this arising.
- To both inform the Joint Health and Wellbeing Strategy (through identification of local needs) and respond to Joint Health and Wellbeing Strategy priorities at a neighbourhood level.

To do this, we have gathered information to help us understand local need, inequity and outcomes, looked at local healthcare services to understand the patterns of access to community hospitals, outpatient, elective and day case treatment, and considered housing growth planned for the local area, ensuring there are plans in place to support.

Where possible, our priorities and actions will fit with our principles of:

- Understanding local need
- Embedding prevention in all that we do
- Enabling independence and self-care
- Bringing care closer to home
- Supporting Covid-19 pandemic recovery

Key enablers to help us achieve this are:

- Working together where we can add value or reduce duplication through a joint approach
- Clear and coordinated planning and delivery
- Effective communication and engagement
- Utilising local partnerships

The Plan is directly linked to longer term major NHS strategic priorities for Leicester, Leicestershire, and Rutland (LLR). It depends on other complex organisational and national programmes requiring closer working with local and national partners at all levels to ensure we successfully deliver this Plan for the people of Melton. To support this, we have developed

the Melton Helping People Partnership into a more Community Health and Wellbeing centred Partnership to oversee the delivery of action in the plan.

1.3 What are the drivers for making change?

National Context

The 2019 NHS Long Term¹ plan covers a ten-year period and was developed at the request of the Government. The Long-Term Plan includes seven priorities which look at different things the NHS wants to make better and is based on what the public and staff think the NHS needs. The vision is that local area partners work closely together to develop local improvement plans that help us to spend NHS money to help local people.

The seven national priorities of the Long-Term Plan that the local NHS and Council partners are working closely on are:

1. Ensuring the NHS works in the best way possible so that people can get help more efficiently and they can get care close to where they live when they need it
2. Getting better at helping people to stay well
3. Making care better
4. Supporting our staff better and looking at the things which make their jobs hard
5. Putting more money into new technology and online services and systems
6. Using extra money to make sure the NHS works well in the future
7. New ways that the NHS and Local Councils work more closely together through an approach called an **Integrated Care System (ICS)**. The Leicester, Leicestershire, and Rutland Partnership is an ICS.

Primary Care Networks (PCNs) formed in July 2019, building on core primary care services to enable greater proactive, personalised, coordinated and more integrated health and social care for local communities. Significant national investment is planned into Primary Care Directed Enhanced Services (DES) between now and 2024. The DES includes funding for more health professionals. It will enable the development of more integrated community teams that provide tailored care for local patients. This new model of care will also allow GPs to focus more on people with complex health needs.

Health and Social Care integration: joining up care for people, places, and populations (2022)² is a policy white paper that sets out key measures that enable local areas to make Integrated Health and Social Care a reality for everyone regardless of the location they live and what condition they may have. This policy involves planning to join up care for our patients and service users, helping staff to support the increasing numbers of people with care needs and organisations delivering these services to the local populations.

Fit for the Future: The Role of District Councils in Improving Health and Wellbeing³. District council services impact many aspects of local communities, underlining the key role in

¹ [NHS Long Term Plan » The NHS Long Term Plan](#)

² [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](#)

³ [FIT-for-the-Future-The-District-Role-in-Health-wellbeing.pdf \(districtcouncils.info\)](#)

determining public health. This district councils' network document highlights the importance of districts in the health and wellbeing and early intervention for the populations they serve. It emphasises the importance of integration with healthcare and wider Partners.

The Fuller Report⁴ was commissioned in November 2021 to provide specific and practical advice to all ICSs, as they assumed new statutory form, on how they could accelerate implementation of integrated primary care (incorporating the current four pillars of general practice, community pharmacy, dentistry and optometry), out of hospital care and prevention ambitions in the NHS Long Term Plan in their own geographies. It sets out a vision for the future of primary care which focuses on four main areas: neighbourhood teams aligned to local communities; streamlined and flexible access for people who require same-day urgent access; proactive, personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs, and a more ambitious and joined-up approach to prevention at all levels.

Local Context

The Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-2032⁵ has an overall vision of "Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives". A life course approach has been used to identify high level strategic, multi-organisational priorities for the next ten years and provide clear accountability to the Leicestershire Health and Wellbeing Board (HWB).

Figure 1: The JHWS road map



The HWB have approved a 'do, sponsor, and watch' approach 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

⁴ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)

⁵ [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](#)

organisations without blockages across the system. The approach is summarised in the full Leicestershire JHWS.

The Public Health Strategy 2022-2027⁶. Leicestershire's Public Health team is integral to the County Council's efforts to improve the health and wellbeing of our residents and the broader County Council's prevention 'offer'. The service mission and aim is, "To protect and improve the health and quality of life of everyone in Leicestershire. We will achieve this through our commitment to the Council's core values and behaviours which set out the vision for the Council's work". This strategy isn't intended to duplicate key strategies such as Leicestershire County Council's Strategic Plan or the JHWS. Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. Partnership working and leadership is as important as the services provided. A range of organisations need to work together to make a joint contribution to good health, e.g., reducing health inequalities, improving air quality and providing safer communities.

The Melton Local plan (2011-36)⁷ is the adopted Local Plan for the Melton Borough. It provides the framework for addressing housing needs across the district. This includes consideration of wider economic, social, environmental, and other local high priorities including Healthcare. The Melton Local Plan plans to deliver 6,125 new homes over a 25-year period and has identified allocations to deliver at least that many new homes alongside the infrastructure required to support them.

LLR Health Inequalities Framework (May 2021) outlines how LLR organisations will work and take collective action in places to improve healthy life expectancy across LLR by tackling not just the direct causes of health inequalities, but also the wider determinants of health. This framework is locally implemented across each place through an evidence-based and Partnership approach to inform local action. This approach is called Population Health Management (PHM).

Building Better Hospitals (2019)⁸ is a significant programme of work led by the University Hospitals Leicester (UHL) and will mean fundamental changes in hospital provision across Leicester. There are many reasons why these changes at Leicester's hospitals are needed. Some of these reflect population health trends, while some relate more to the running of the hospitals themselves.

Driving Better Health Outcomes through Integrated Care Systems (2023) is an evidence led report that explores the importance of collaboration within the ICS to improve health outcomes. It reflects on the role and statutory powers of district councils in service areas including planning, housing, benefits, and leisure and green spaces, which affect many of the most significant determinants of health. It identifies five key principles the underpin successful involvement of district councils within the ICS. The development of Community Health and Wellbeing Plans represents a good practice approach in this context:

⁶ <https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/7/28/public-health-strategy-2022-27.pdf>

⁷ [Melton Local Plan](#)

⁸ [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](#)

- creating effective local partnership structures that can drive collective action on the wider determinants of health
- aligning agendas across levels within the ICS so there is a 'golden thread' connecting work at system level and more local partnership work
- embedding district council leadership throughout the system
- investing in relationships between partners
- building shared purpose and collective

The Council's current Corporate Strategy will come to an end in March 2024 and the process to develop a new Corporate Strategy to consider what it should focus on over the next four years has begun. This will be reflective of the borough and will be done in consultation with key stakeholders including those involved in the development of the Community Health and Wellbeing Plan.

Other supporting local strategies and key documents. There are a range of complementary supporting strategies that align to this Plan:

Melton Borough Council's Corporate Strategy 2020-2024 has the following priority areas and will have a key role in supporting healthy communities:

- Excellent services positively impacting on our communities.
- Providing high quality council homes and landlord services.
- Delivering sustainable and inclusive growth in Melton.
- Protect our climate and enhance our natural environment .
- Ensuring the right conditions to support delivery (inward)
- Connected and led by our community (outward)

The Council's current Corporate Strategy will come to an end in March 2024 and the process to develop a new Corporate Strategy to consider what it should focus on over the next four years has begun. This will be reflective of the borough and will be done in consultation with key stakeholders including those involved in the development of the Community Health and Wellbeing Plan.

Other supporting Place based strategies – there are a range of complementary supporting strategies at Leicestershire County level that align to this Plan. For example:

- Melton Borough Council Physical Activity & Sport Strategy
- Active Together Physical Activity Framework 2022 - 2031
- Healthy Weight
- Substance misuse
- Healthy Workplace
- Carers
- Mental Health
- Smoking cessation

Leicester, Leicestershire and Rutland 'One' Primary Care Strategy

Healthcare services across our places and district footprints are becoming more and more complex to deliver for our populations as the continuing challenge to navigate the changing primary care landscape, increased demand for local services, in an environment that is stretched and under pressure. There will always be new challenges for Health and Care services across the system, set against a backdrop of varying need, significant increase in cost of living, widening health inequalities gap and the pressing need to improve health outcomes.

Our LLR Primary Care Strategy acknowledges that it will take time to remedy challenges we face and that these are best tackled on a collective and integrated basis to provide the best chance of improvement in a sustainable way. Our Place based and Community Health and Wellbeing partnerships are proving to be great catalysts for this way of working and is aimed at enabling focused local improvement planning and delivery at pace, through innovative ways that work for the local population and workforce.

Strategic Vision and Approach

2.1 Strategic Vision & Goal

We want everyone in Melton 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 (as defined by Dahlgren and Whitehead (1991)⁹) which highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies all but age, sex and hereditary factors are modifiable to change and therefore lying within the scope of this plan, particularly in relation to primary prevention.

Figure 2: The Dahlgren-Whitehead Health Inequalities Rainbow



2.2 Our Strategic Approach

Evidence shows us that clinical care only contributes towards 20% of health outcomes, therefore improving the wider determinants of health (the “causes of the causes”) will have

⁹ European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF), 1991, Dahlgren and Whitehead, https://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf

a much more significant effect on improving health outcomes and reducing inequities in health compared to NHS interventions alone. However, modifying these risk factors will take time to evolve and improve.

Figure 3: Contributors to health outcomes



Our strategic approach for the next three years has eleven priority areas for action which are described in section 5 of this report. These priorities are not standalone; they are mutually supported and may have interrelated actions where relevant to ensure the greatest overall impact on health and wellbeing outcomes.

2.3 Enablers – Shared Priorities, Governance, and Integrated Neighbourhood Delivery

Shared priorities, shared ownership and integrated working are all critical to achieving the desired outcomes for the people of Melton. By working together as a local partnership, we can achieve much more and have a significant impact on the lives and outcomes of the people that we serve. This Plan has therefore been developed collaboratively by the Melton Community Health and Wellbeing Partnership, and includes partners from the Public Sector, Health Service, Education and Voluntary Sector who all share collective accountability for the delivery of partnership priorities.

To develop the Plan for Melton, we have used a variety of information sources to create a robust needs assessment. Examples of sources of information used include:

- Evidence obtained from engagement with the local population.
- National data sets on health and care outcomes, including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics, including overall levels of healthy life expectancy, but also the prevalence of specific diseases and uptake of screening programmes and immunisations.
- Local and national performance and uptake data on health and care services.
- Geographical mapping of Health and Care Strategic Assets to understand the pockets of deprivation and provide a deeper population profile of people in receipt of local health and care services.

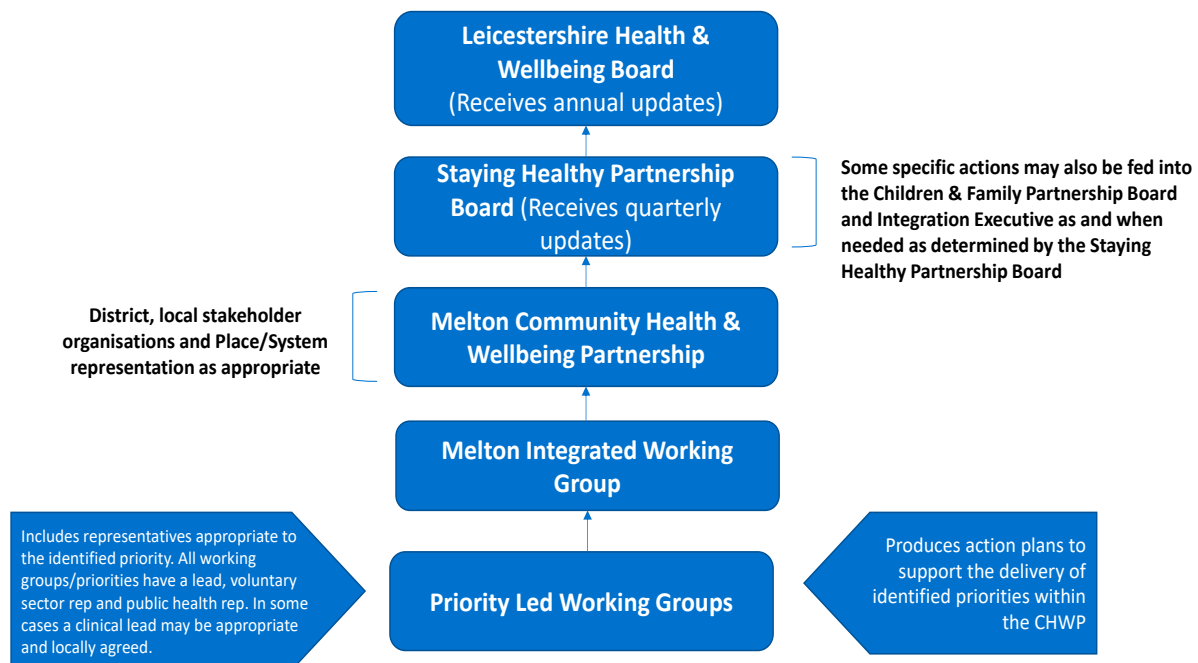
These insights into Melton's current health and wellbeing were shared and discussed at the Melton Integrated Working Group to understand emerging themes. Workshops took place in

June 2022 to ensure that as many stakeholders as possible fed into the Plan and to add to, develop and challenge the list of emerging themes. The workshops resulted in the identification of 23 priorities. A prioritisation exercise was undertaken with a wide range of stakeholders to determine which priorities would be focused on first within each life stage and form the basis of the one-year action plan supporting the CHWP document. The Melton Community Health and Wellbeing Plan (2023-2028) outlines 23 priorities but provides a spotlight on 11 key areas to ensure effective and efficient multiagency delivery and accountability for progress.

The Melton Community Health and Wellbeing Partnership does not have any formal strategic decision-making authority. However, it will make recommendations to their respective organisations, the Staying Healthy Partnership Board (SHP) for Leicestershire County and the Health and Wellbeing Board (HWB) for Leicestershire County, to inform decision making. The HPP will receive progress reports against the delivery plan at every meeting.

Figure 4 below shows the emerging governance at the time of writing, which will enable progression of local actions in a more integrated way.

Figure 4: Governance and Reporting



2.4 Plan Implementation and Monitoring

This document sets out the health and wellbeing priorities and principles to be progressed in Melton over the coming five years to 2028. Whilst we have been careful to select priorities for the Plan that reflect the future need and the present, the activities to achieve these may inevitably change over time. For this reason, our Partnership action planning will be reviewed

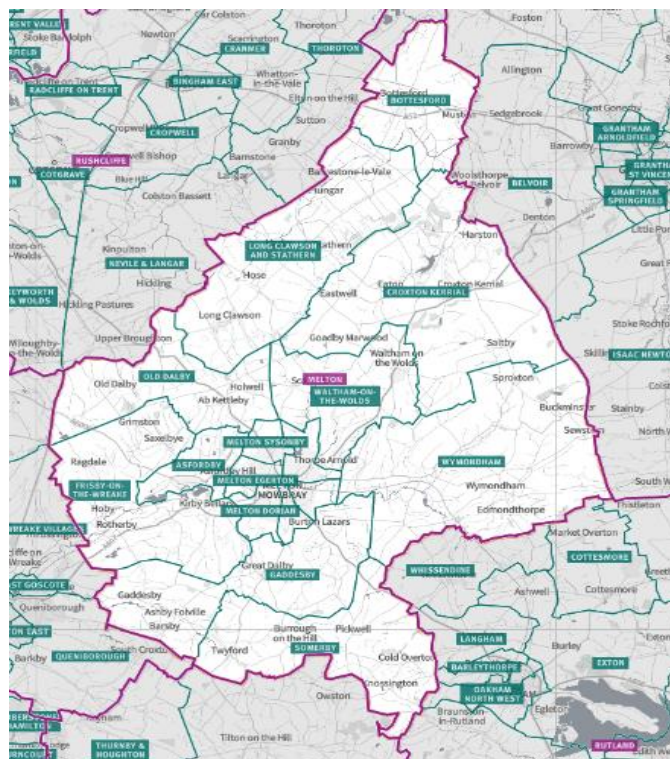
annually to ensure these priorities are still the right ones and enable us to make a noticeable difference for the population. We will develop a robust reporting and monitoring approach to support this.

3. Melton District Insights

3.1 Geography

Melton is a rural borough located in North Leicestershire. Melton Mowbray is one of the oldest market towns in the country with a reputation as the ‘Rural Capital of Food’. The main activities of the borough are centred around farming, food, and manufacturing. Melton has an international reputation for high quality food products – notably Stilton cheese and Melton Mowbray Pork Pies – and is a Protected Designation of Origin (PDO) for these. Around half of the total 51,800 (Census 2021) population of the borough live in the town, Melton Mowbray which is surrounded by 70 small villages. Asfordby, Long Clawson, Waltham on the Wolds and Bottesford in the Vale of Belvoir are the largest of these villages. Tourism is a key economic sector for Melton and the town centre, with it being centrally located in the country and with good connections to the nearby County of Rutland and the town of Loughborough and cities of Leicester, Lincoln and Nottingham.

Figure 5: Melton District (SHAPE Atlas 2023)



3.2 Population Changes and Growth

The population of Melton is 51,800 (2021 Census) with 94% of people born in the UK. This is made up of 68% single family households which is higher than the England average and 28% of single person households which is lower than the England picture.

Over the last 10 Census Years (2011 – 2021), the district of Melton has seen a 30% increase in people aged 65 and over, with the biggest rise being in 70–74-year-olds. The over 65 population is projected to grow by 45% by 2040 which represents a significant growth in this cohort. Over the last 10 Census Years the district of Melton has seen a 4% decrease in people aged 15-64 and a decrease in children aged under 15 years old.

When compared to other areas across England, Melton has a higher % of people aged between 50 – 75 than national averages and a lower % of people aged between 20 – 40 than national averages. The overall median resident age is 47 years old.

Overall, Melton has a lower than England average population of 0–49-year-olds but has a higher than England average population over the age of 50 across all subsequent age bands. The priorities within this strategy take into consideration the historic and future projected population changes to ensure that action is focussed on greatest need in the local area.

In terms of future population growth in Melton, the number of persons aged 65 and over will increase by 13% during the period covered by this Plan, (2023 to 2028). Future projections for working age adults and children (0-19) are set to decline year on year between now and 2028. For working age adults, a 3% decrease is anticipated between now and 2028 and for children aged 0-19 a decrease of 2 % is expected. However, within the child age group, an increase of 9% the 15-19 age band is predicted.

3.3 Local Housing Need

The Melton Local plan (2011-36)¹⁰ is the adopted local plan for the Borough and provides the framework for addressing housing needs across the district. This includes consideration of wider economic, social, environmental, and other local high priorities including Healthcare. The Melton Local Plan plans to deliver 6,125 new homes over a 25-year period.

A significant proportion of the 6,125 new homes are planned for development within the catchment area of Latham House, which is in the town of Melton Mowbray itself. Latham House is the largest general practice in Leicestershire with over 35,000 registered patients.

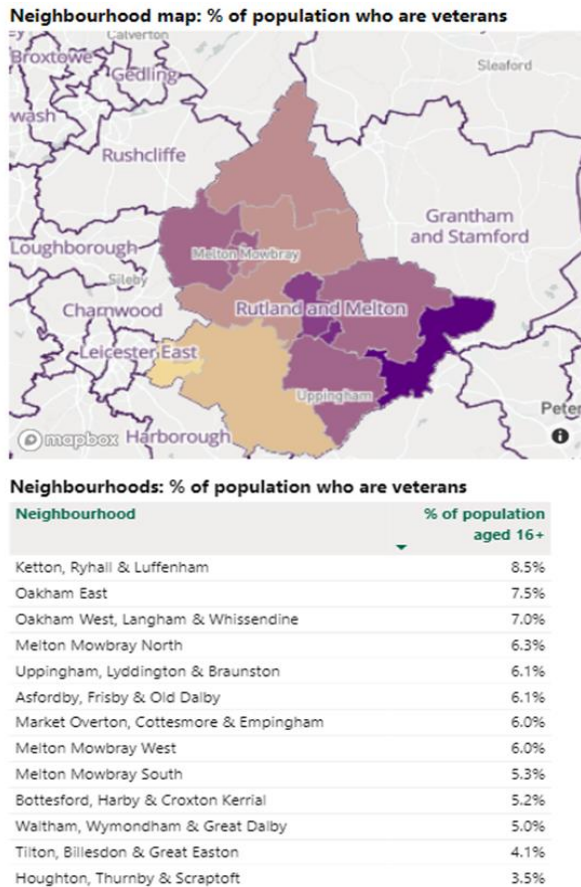
Key alignment of the following specific Melton local plans strategic objectives will be a key priority for the Melton Community Health and Well Partnership for the duration of this plan:

- Improve access to services and facilities including health
- Improve facilities for all the community
- Improve the health of the Borough and reduce health inequalities within the community

¹⁰ [Melton Local Plan](#)

3.4 Veterans Population

The total number in reported in LLR that they had previously served in the UK armed forces is 29,923 making up 3.3% of the LLR Population. This population is at increased risk of health inequalities due to the unique nature of occupation.



Rutland and Melton are reported to have the highest number of people that had previously served in the UK armed forces of 5,274, making up 5.9% of their population. 4,096 households in Rutland and Melton had at least one veteran. This represents 10.8% of the households in the constituency, compared to 7.9% in the East Midlands and 7.0% in England and Wales. Rutland and Melton, Bosworth, North West Leicestershire, South Leicestershire and Harborough are the top 5 constituencies reported to have the highest number of people that had previously served in the UK armed forces of 19, 172, making up 64.1% of the total number in LLR. Melton Mowbray North is 4th highest County ward across Rutland and Melton for population of Veterans with 6.3% of overall population self-reporting this during Census 2021.

3.5 Local Services

3.5.1 Primary Care

Melton has 5 GP surgeries forming the Melton, Syston and Vale PCN (Latham House Medical Practice, Long Clawson Medical Practice, The Welby Practice and Stackyard Surgery). Latham House is one of the largest GP practices in England. Combined these practices serve over 72,000 registered patients, some of which live over the nearby borders of Syston and Rushcliffe. From October 2022, practices provide an enhanced access service covering the hours of 6.30am to 8pm Monday to Friday and 9am to 5pm on Saturdays.

Prevention Services are also delivered locally across the area between Leicestershire County Council, Melton Borough Council, Melton, Syston and Vale PCNs and local service providers.

The Additional Roles Reimbursement Scheme (ARRS) provides funding for additional roles to create bespoke localised multi-disciplinary teams, (e.g., social prescribers, clinical pharmacists, mental health practitioners, physician's associates, nurse associates, first

contact physiotherapists). Practices are also trying to maximise the use of these roles to free up GP capacity.

As part of our work in developing care closer to home, there are active example of System level action already being taken, for example there are emerging plans for some key diagnostics being delivered more locally in the community via PCNs. This will enable an improvement in access to care closer to home from within local communities rather than having to travel to a hospital setting for diagnostics for Cardiorespiratory Diseases for example Spirometry, Feno, Electrocardiogram (ECG) and Blood Pressure Monitoring.

Below is an indication of the Melton Primary Care Workforce data inclusive of ARRS Staff to provide a context for the local picture in Melton:

<u>MELTON, SYSTON AND VALE PCN (WTE)</u>	March 2023	April 2023	May 2023
GPs excluding registrars	33.99	33.99	33.99
GP registrars	10.67	11.73	11.09
Nurses	0	0	0
Direct Patient Care roles (ARRS funded)	0	0	0
Other – admin and non-clinical	5.16	5.16	5.16
Total excluding registrars	39.15	39.15	39.15
<i>Additional Roles & Reimbursement Staff Groups (WTE)</i>			
Advanced Occupational Therapist Practitioner	0	0	0
Advanced Paramedic Practitioner	0	0	0
Advanced Pharmacist Practitioner	0	0	0
Advanced Practitioner	0	0	0
Care Coordinator	6.63	7.48	7.48
Clinical Pharmacist	12	9.49	8.6
Dietician	0	0	0
Digital and Transformation Lead	0	0	0
First Contact Physiotherapist	0	0	0
General Practice Assistant	2	2	1
Health and Wellbeing Coach	0	0	0
Mental Health Practitioner Band 6	0	0	0
Mental Health Practitioner Band 7	2	2	1
Mental Health Practitioner Band 8a	0	0	0
Nursing associate	1.84	2.83	2.83
Paramedic	2.99	1.99	1.99
Pharmacy Technician	2.93	2.93	2.93
Physician Associate	1.99	1.99	1.99
Podiatrist	0	0	0
Social Prescribing Link Worker	2	2	3
Trainee nursing associate	0.99	0	0
Total	35.36	32.71	30.81

3.5.2 Secondary Care Healthcare

Melton Mowbray Hospital is a community hospital and provides day-case procedures, diagnostics and outpatient services as well as a number of community and mental health services. The hospital includes one 17 bed in-patient ward providing rehabilitation, sub-acute and palliative care.

Main Hospital	Children's Community House	Maternity Building	PCT Building
Psychology Clinic	Children's Occupational Therapy and Physiotherapy	Musculoskeletal Physio	East Locality 0-19 Healthy Together Service
Community Mental Health Team	SIREN Study	Maternity Services	Looked After Children Service
Learning Disability			
Mental Health Services for Older People (MHSOP) Outpatient Service			
Care Programme Approach Staff			
District Nursing Leg Ulcer Clinic			
Speech and Language Therapy			
Dalglish Ward – Community Hospital Ward			
Dental			
X Ray			
Minor Injuries			
Endoscopy / Theatre			

University Hospitals of Leicester (UHL) NHS Trust: UHL is one of the biggest and busiest NHS Trusts in the country, serving the residents of Leicester, Leicestershire, and Rutland, and increasingly specialist services over a much wider area. The trust activity is spread across the General, Glenfield and Royal Infirmary hospital sites. It has its own Children's Hospital and works closely with partners at the University of Leicester and De Montfort University, providing world-class teaching to nurture and develop the next generation of doctors, nurses, and other healthcare professionals, many of whom go on to spend their working lives with the trust. UHL is also home to a National Institute for Health Research (NIHR) Biomedical Research Centre, which supports critical research, including lifestyle, diabetes, and cardio-respiratory diseases. UHL also has an Experimental Cancer Medicine Centre. Its HOPE Unit is vital in delivering clinical trials of new cancer treatments. It is supported by the locally based charity Hope Against Cancer. Furthermore, Glenfield Hospital's heart centre continues developing new and innovative surgery techniques.

Nottingham University Hospitals (NUH) NHS Trust: NUH is another of the biggest and busiest acute Trusts in England, providing services to over 2.5 million residents of Nottingham and its surrounding communities. The Trust is made up of Queen's Medical Centre (QMC) (emergency care site), Nottingham City Hospital (cancer centre, heart centre, stroke services) and Ropewalk House (outpatients and hearing services). NUH has a national and international reputation for many specialist services, including stroke, renal, neurosciences, cancer services, and trauma. QMC is home to Nottingham Children's Hospital. NUH is at the forefront of many research programmes and new surgical procedures. Nottingham is the only NHS trust and university partnership in the country to have three successful bids for Biomedical Research Units in hearing, digestive diseases and respiratory medicine. As a teaching trust, it has strong relationships with the University of Nottingham and other universities across the East Midlands, including Loughborough University.

Rutland Memorial Hospital in Oakham includes Inpatient Community Hospital Stepdown Ward: which includes 16 beds, palliative care suite and complex rehabilitation. In addition, there are a range of Outpatient, Diagnostic and other services.

Where do Melton patients historically travel for their Secondary Care?

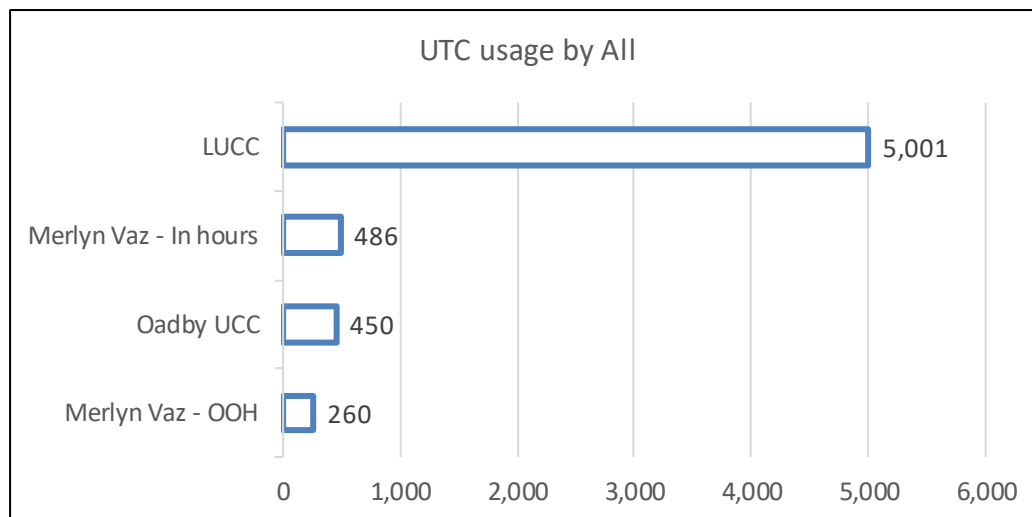
Overall, there has been a range of between 58,000 – 68,000 annual outpatient attendances across all secondary care settings both in and out of area for Melton registered patients. The majority of this, between 70% - 80% annually, of all secondary care outpatients for Melton patients takes place in an LLR setting. The vast majority of this is accessed at one of the three University Hospitals Leicester sites or around 11%-16% of activity has taken place at an LLR Community Hospital site. The vast majority of Melton Borough population can access Melton Community Hospital by Car within around 30 minutes (One way).

The table below shows driving travel times / distances for the other top 10 OP provider settings from the centre of Melton:

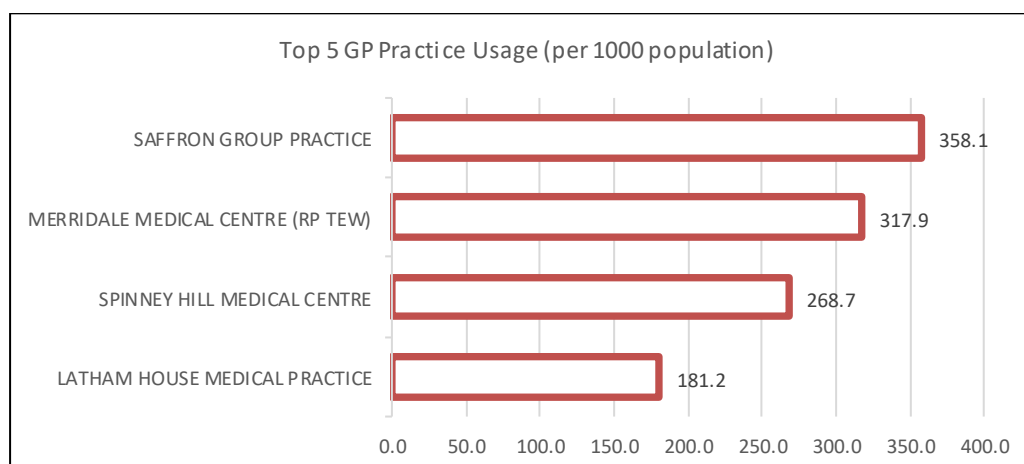
Secondary Care Provider Setting	One way distance/travel time from centre of Melton by Car
Rutland Memorial Hospital	10.6 miles, about 25 minutes
University Hospitals Leicester Glenfield	18.2 miles, about 37 minutes
University Hospitals Leicester General	16.4 miles, about 42 minutes
Loughborough CH	17 miles, about 44 minutes
Market Harborough Community Hospital	22.8 miles, about 48 minutes
University Hospitals Leicester Royal Infirmary	20.7 miles, about 48 minutes
Nottingham University Hospital City Hospital	24.6 miles, about 55 minutes
Coalville Community Hospital	26.3 miles, about 53 minutes
Fielding Palmer Community Hospital	34.5 miles, about 55 minutes
Hinckley & Bosworth Community Hospital	33.3 miles, about 1 hour 2 minutes

3.5.3 Urgent and Emergency Care (UEC)

For the Melton, Syston and Vale PCN, Latham House Medical Practice has the highest amount of activity at an Urgent Treatment Centre (UTC), with The County Practice and The Jubilee Medical Practice following, each having similar amounts of activity levels. The chart below shows that patients from the Melton, Syston and Vale PCN use the Loughborough Urgent Care Centre (UCC) significantly more than Merlyn Vaz and Oadby UCC.



In attendances at UHL Emergency Department (ED), Latham House Medical Practice was in the top 5 LLR GP practice usage (per 1000 population) with a value of 181.2 from May 2022 – May 2023. In comparison to other practices in the PCN, Latham House Medical Practice had almost twice as much activity as The Jubilee Medical Practice and The County Practice (2nd and 3rd amounts of activity respectively from within Melton).



Furthermore, Latham House Medical Practice has the highest usage of Minor Injuries Unit (MIU) across Leicestershire. Of this, most of the activity took place at Melton Mowbray MIU.

3.5.4 Local Authority & Voluntary Sector Services

Leicestershire County Council and neighbouring organisations provides many critical services to the population of Leicestershire, including Adult Social Care, Public Health, Children's services, Family Hubs, Adults & Communities services (including Adult Learning), Environmental & Transport services.

Melton Borough Council provides and physically hosts many essential local and regional services delivered locally to Melton Residents. This is delivered from one of the most valuable community assets within Melton, the Local Community Support Hub. The Community Support Hub works with a wide network of statutory and VCSE partners, many of whom deliver from within the multi-agency setting at Phoenix House. Provider organisations who deliver services directly from the Hub are shown in the diagram below with those provided by Leicestershire County Council shown by a red border and those provided in conjunction with the NHS shown by a blue border.



Melton Borough Council has redesigned and coordinated many of its people / community focussed services through an Integrated People Offer, bringing together services and partnerships that support residents across the Borough through a focus on:

- **Healthy and Active Communities:** including managing the Council's leisure contract and supporting residents to remain active and well within our communities. Proactive partnership working with a range of partners, and delivery of activities and programmes through external funding.
- **Enabling and Connecting Communities:** including our customer services team and supporting some of our most vulnerable residents through our community support hub, through which mentors directly support residents with a range of needs. Leadership of our corporate responsibilities for safeguarding, equalities and armed forces covenant
- **Supporting Communities:** housing options, housing register, homelessness prevention, homelessness relief and reducing the risk of rough sleeping. Responsibility for the Council's statutory homelessness function and delivery of services in line with the homelessness reduction act. Leadership of our corporate responsibilities around domestic abuse
- **Empowering Communities:** Includes a range of services and functions that empower communities and individuals to live independently and to support community and voluntary sector partners to thrive. Services include community grants, refugee support, lifeline services, engagement with community groups and parish councils, and Melton Community Lottery. Key partnership for this service is the countywide Lightbulb Service (delivering Disabled Facilities Grants and a range of services to keep people safe and independent at home).
- **Safer Communities:** keeping communities safe through effective prevention and management of antisocial behaviour and crime (including envirocrime) and associated programmes, partnerships and initiatives including CCTV and the Safer Melton Partnership.

Furthermore, the Council have recently entered into a Partnership pilot with the Leicestershire Partnership NHS Trust (LPT) to host a Senior Mental Health Neighbourhood Lead to further support and develop the mental health offers and services across Melton district.

Enabling and ensuring decent and safe homes is another key role for Melton Borough Council as a strategic housing authority and as a landlord to tenants across approximately 1800 homes across the Melton Borough. Partnership working across a range of services supports this, and the complexity of housing needs means that no two cases are the same. The evidence is clear that living in familiar, safe, accessible and warm accommodation contributes to physical and mental wellbeing - having somewhere to call home is a fundamental pillar of good physical

and mental health. There are a number of ways in which the council and its partners contribute to this:

As a Landlord

- Through an asset management plan, to meet the decent homes standard across all council homes
- Investing in and improving council homes
- For all council homes to meet health and safety requirements
- Management of anti-social behaviour
- Tenancy management, including provision of support and onward referrals
- Engaging with tenants, listening to their needs and working with them to improve services
- The provision of support to tenants with additional support needs, including those in sheltered and extra care schemes
- Provision of aids and adaptations to support independence

As a Strategic Housing Authority

- Housing advice, assistance and preventing homelessness wherever possible, and supporting people to access suitable accommodation to meet their needs and fulfilling statutory homelessness duties
- Supporting eligible households to access the housing register, in order to help them to access affordable housing solutions relevant to their needs
- Supporting veterans in line with the Armed Forces Covenant
- Proactive support to victims of domestic abuse to remain safely in or to leave their accommodation
- Partnership with a range of organisations and services including the Lightbulb Service to prevent the escalation of needs and support people to live well, including access to the Disabled Facilities Grant to adapt homes
- Advice, assistance and intervention for the private rented sector to ensure homes are safe and free from hazards
- Supporting refugee resettlement into the community
- Preventing rough sleeping and taking swift action where this occurs. Taking additional measures to keep people safe during periods of extreme weather (Severe Weather Emergency Protocol)
- Working with other partners such as adult social care to ensure appropriate housing solutions for adults with health, care and support needs
- Supporting residents to access energy efficiency measures to insulate and improve the thermal efficiency of their homes

3.5 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).

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 community often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are more likely to get ill and less likely to access services when unwell, known as the inverse care law.

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 of the pandemic response have worsened these inequalities further, with young people, informal carers, those in crowded housing, on low wage, and frontline workers experiencing a more significant disadvantage 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 social isolation, which may have longer-term impacts on their health and wellbeing.

It is important to explain what we mean by Inequalities vs inequity as the term is interchangeably used throughout the LLR framework. Health inequalities is the commonly used term; however we are actually referring to health equity and inequities in LLR. Equality means treating everyone the same/providing everyone with the same resource, whereas Equity means providing services relative to need. This will mean some warranted variation in services for different groups (see Figure 6).

Figure 6: Representation of equality and equity using adapted bicycle example



3.5.1 Core20PLUS5 Approach to Reducing Health Inequalities

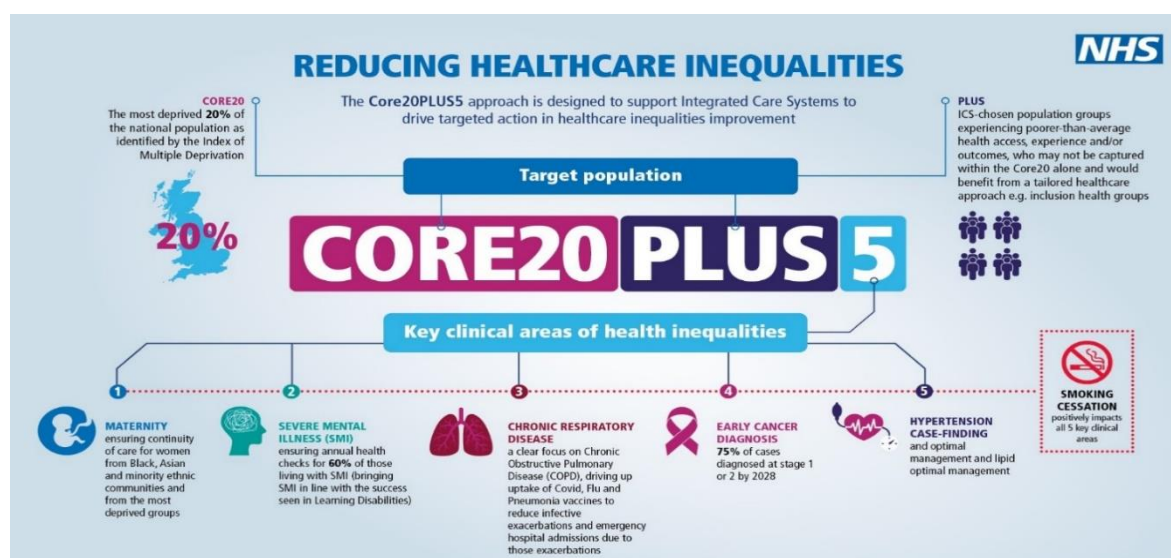
Core20PLUS5 is an NHS England approach for adults¹¹ and children¹² to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

‘**Core20**’ relates to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation.

‘**PLUS**’ population groups are those identified at a local level. Populations NHS England would expect to see identified in these groups are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, (known as inclusion health groups) and coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence). Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

‘**5**’ relates to the five clinical areas of focus which require accelerated improvement that sit within national programmes; national and regional teams coordinate activity across local systems to achieve national aims. For adults, the five clinical areas are Maternity, Severe Mental Illness (SMI), Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension Case Finding.

Figure 7: Core20PLUS5 approach for Adults

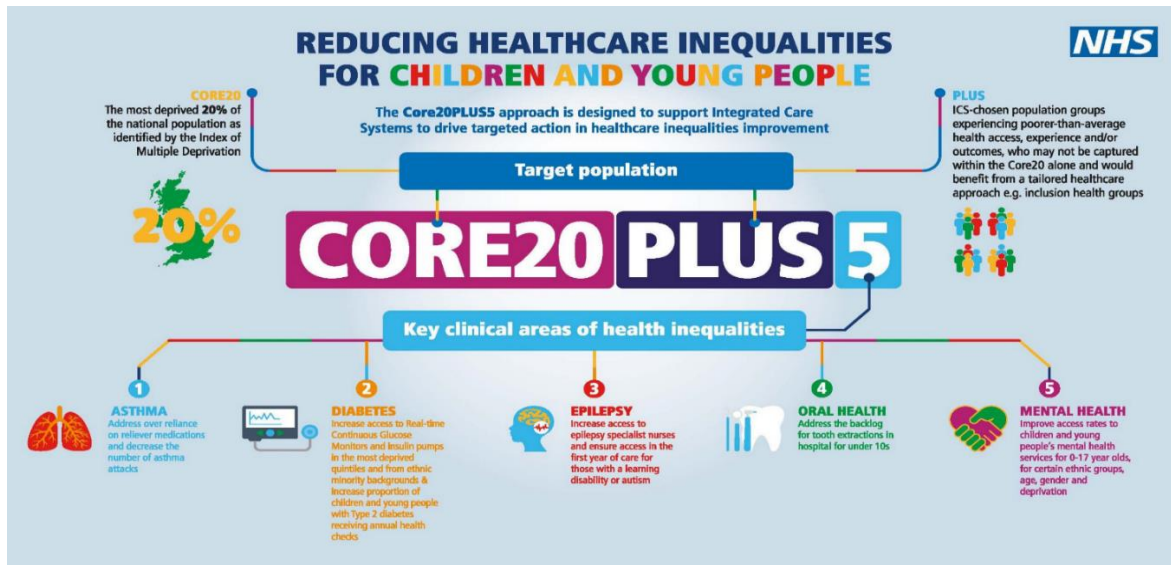


¹¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

¹² [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

For children there is additional focus on young carers, looked after children/care leavers and those in contact with the justice system in the PLUS population. The 5 clinical areas are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Figure 8: Core20PLUS5 approach for Children and Young People

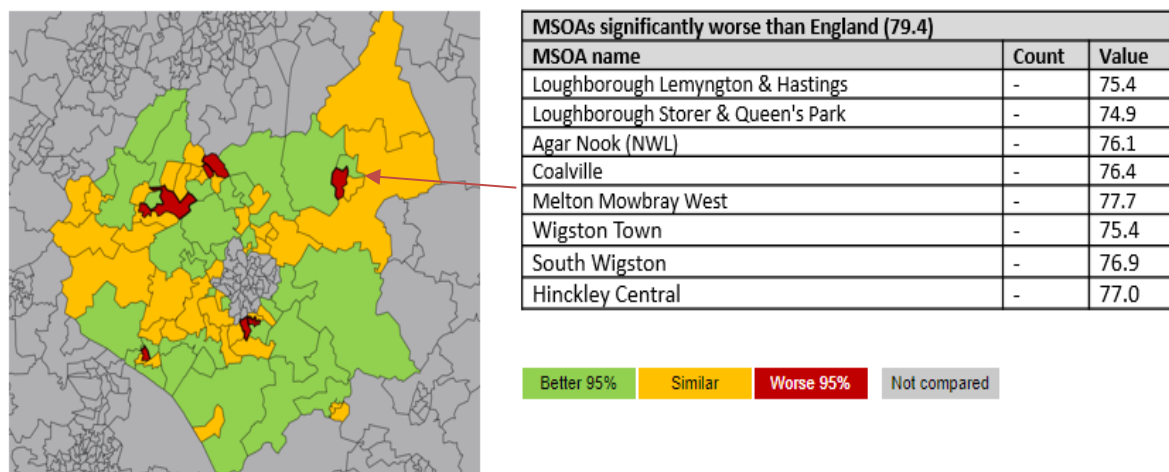


Life expectancy and healthy life expectancy are two key measures that help to identify where health inequalities exist. Indicators on inequality in life expectancy and healthy life expectancy identify the difference in the results for people in areas of highest deprivation and those in the areas of least deprivation using a national approach.

Across the districts, life expectancy is either significantly better (higher) than or similar to England on all indicators. However, when life expectancy data is viewed at MSOA level, we can see there are 8 areas where life expectancy is significantly worse (lower) than England.

The table below highlights that Male Life Expectancy at Birth for a Melton West resident (77.7) is significantly worse than the England average (79.4).

Figure 9: Life expectancy at birth (upper age band 90 and over) (male, 5 Year range) 2016-20 by MSOAs in Leicestershire



Overall Melton residents generally experience relatively low levels of deprivation with no residents living in the lowest 20% of areas of deprivation across the country. However, when looking across the range of domains that make up the index of multiple deprivation, Melton has at least one Lower Super Output Area (Melton Mowbray West) in the 10% most deprived areas for the following domains: Education, Living Environment and Barriers to Housing.

Melton Mowbray West is a County Ward and consists of the following local Borough Wards: Melton Dorian, Melton Egerton and Melton Sysonby by electorate wards with a total electorate of around 10,700.

3.6 What have Melton Residents Said

Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. This includes having sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities. This definition is not limited to public sector organisations, as anchor institutions are defined more by their link to a place than their sector.

In LLR, our NHS Anchor institutions have a strong history of engagement and involvement with a range of stakeholders. Public and patient participation has been refined over time with the NHS undertaking more work to understand the needs of the local population to inform the design and delivery of care.

Much of this work dates from the last 3-5 years and provides an understanding of what people want from local services including our most vulnerable groups. The information that has been analysed has been used to shape the priorities within this plan and will be used further to guide partnership action going forward. Key themes from the analysis of this provided top line findings around information, access, GP services, Community understanding and location of services.

More specifically during the development of this plan, a key survey was undertaken, from 9th of May -19th of June 2022, with the local population and communities with the aim of looking at the future healthcare needs of local people to inform planning for services provided by local General Practice and other practice staff in and around Melton. A total of 4454 people attempted the survey (response rate of 8.7%), 3214 fully completed it (response rate of 6.25%) out of which 2919 were registered patients of Long Clawson and Latham House Medical Practice.

The feedback from the people of Melton is summarised below, along with a range of services residents would like to be provided closer to home if available:

- Health and Wellbeing Support (e.g., advice on eating healthily, exercising regularly, sleeping well, advice on emotional wellbeing)
- Mental health support groups
- Self-care
- Alzheimer/Dementia support groups

- Range of Preventative services provided by partner organisations
- Outpatient clinics
- Diagnostic tests
- Out-of-hours services (Monday – Friday before 8 am and after 6.30 pm and Saturday and Sunday)
- Day case surgery with a local anaesthetic (numbing an area of the body)
- Therapy services (e.g., physiotherapy, occupational therapy)

3.6.1 What does Melton Community Health and Wellbeing Partnership (MCHWP) want to achieve?

To support people living in Melton and reduce health inequalities, the Melton Community Health and Wellbeing Partnership want to focus on the following areas which were identified during the partnership relaunch in January 2023:

- ✓ Focus integrated partnership effort on those with complex care and multiple long-term conditions. This will enable us to understand and respond to the needs of the people of Melton with health and wellbeing professionals working with communities in their surroundings and adapting integrated working to their needs.
- ✓ Support the local population by being more proactive in prevention and promoting self care, starting with an outreach approach to NHS Health checks locally to prevent long term conditions and enable management for those that have them. By focusing efforts on socio-economically disadvantaged communities, we will identify individuals and communities who are less likely to attend their general practice and therefore be at greater risk.
- ✓ Consider young people in Melton and the associated cultural issues when delivering improvement locally including mental health and prevention services. Focus on tailored approaches and partnership working when delivering local actions to support this cohort, including anti-social youths and those not in employment. This can be enabled by developing stronger links with the Community Safety Partnership and their Community Safety Action Plan for Melton. Improvement in the local provision of Child and Adolescent Mental Health Service (CAMHS) would also be of benefit locally by reducing waiting lists of younger patients.
- ✓ Develop more effective communication with adults and children's communities to raise awareness of local services, including tailored approaches to local young people where there is the greatest concentration. We want to look at more co designed and innovative pathways, e.g. digital apps to engage this specific community to deliver local messages using terms and methods they understand and use. It will still be important to also include face to face interaction where needed. Also continue to develop engagement and partnership with communities to build rapport, share two-way learning and develop a directory of services for young people locally to enable self-care in the community. It will be important to Melton to link in with wider place developments around online social prescribing systems to support this. This will be underpinned with the ethos of being

specific to Melton and not result in duplication but effectively increasing awareness, information and guidance through locally meaningful accessibility.

The Life Course in Melton

In alignment with the Leicestershire JHWS a life course approach has been adopted for the plan:

4.1 Life Stage 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, by allowing them to have positive educational attainment, emotional wellbeing and resilience, and life skills, enabling them to contribute to their community and thrive. We know that the families, communities and environments in which we are born, grow and develop significantly impact on health and wellbeing outcomes in later life.

Where we are now?

There are a number of different measures regarding best start in life that can be used to gain an indication of the current picture in Melton. One of these measures is breastfeeding initiation which is lower in Melton than England and regional values. More specifically, breastfeeding initiation is significantly lower in Melton Mowbray North, South and West in comparison to the LLR average. At 10-14 days, both Melton Mowbray North and West remain significantly lower than the LLR average for prevalence of breastfeeding and at 6-8 weeks, Melton Mowbray West remains significantly lower than the LLR average.

Another indicator of best start in life is the smoking status of mothers at time of delivery. This has improved in Melton from 2019/20 to 2021/22 from 8.4% to 6.5%.

The prevalence of overweight (including obese) pupils in Reception in Melton is 21.1% which is lower than the regional value but the prevalence of obesity, including severe obesity, in Year 6 pupils (ages 10-11) is increasing in Melton. The value is also higher when compared with the regional value and value for England.

The percentage of five-year-olds with experience of visually obvious dental decay is lower in Melton when compared to regional and England values.

What do we want to achieve?

- Support expectant and new mothers to initiate and sustain breastfeeding, especially within Melton Mowbray North, South and West.
- Support expectant mothers to stop smoking during pregnancy.
- Provide and expose expectant and new mothers with supportive information on lifestyle for the best start in life.
- Promote and support healthy eating in children.
- Support children to be physically active.

We will work together to further strengthen our approaches in 2023-28 to ensure that all children and young people get the best start for life that they can. Future plans to work together are outlined in the Children and Families Partnership Plan for Leicestershire, 2021-2023¹³ with the following five priorities at the heart of it:

Figure 10: Children and Families Partnership Plan Priorities



4.2 Life Stage 2: Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing are assets to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want everyone in Melton 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 which confirms the importance of strong communities, healthy behaviour and the wider determinants of health (housing, work, education and skills, built and natural environment, income and transport).

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

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, broader care, and voluntary sector around local geographical areas
- Increasing access and strengthening offers for children, young people, 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

¹³ [Leicestershire Children and Families Partnership Plan 2021-23](#)

Where we are now?

Many people in Melton live healthy and safe lives already. Data shows that 70.7% of the population of Melton is more physically active than both the regional and national values, although the percentage of adults cycling for travel at least three times a week is the lowest of the Leicestershire districts. This suggests that alternative methods of exercise to cycling may be utilised by the population of Melton.

The percentage of adults classified as overweight or obese (62.8%) is in line with the England value and lower than the regional value.

Data shows that the smoking prevalence in adults is higher than both the regional and England values. This pattern is also replicated when comparing smoking prevalence in adults in routine and manual occupations to the regional and England values. Melton also has one of the highest prevalence of adults with a long-term mental health condition who smoke in the East Midlands.

During the Covid-19 pandemic, Covid-19 vaccination rates in Melton were well above the average England rates. However, Melton also has the highest John Hopkins University (JHU) risk score rate per 1000 population for at least one JHU COVID risk when compared to all other districts and places in LLR. Essentially this flag has broadly represented both local/national criteria for being classified as being at risk of contracting COVID. In the absence of national focus on COVID, we should see the flag (and at practice-level risk stratification reporting), as broadly indicative of increased vulnerability to infectious illness.

From April 2022 – March 2023, 301 referrals were made to Turning Point, the local substance misuse support service. This is 7.4% of all referrals made in Leicestershire in this time period. Around 45% of all clients are Opiate clients in receipt of treatment. This is the second highest district across all other LLR districts. Melton has the second lowest number of Alcohol clients in treatment when compared to all other LLR districts. However, data shows that Melton also has the highest proportion of alcohol successful completions from all those receiving treatment for alcohol. This shows that accessing such services is having a positive improvement in treatment outcomes and there could be potential to make even further improvement.

The percentage of people who “often or always” felt lonely in Melton is lower than in Leicestershire and England. The percentage of people who reported that they hardly ever or never feel lonely is generally higher than Leicestershire and England. The risk of loneliness in Melton is assessed as being relatively low.

Emergency hospital admissions for intentional self-harm and suicide are lower in Melton than Leicestershire and England averages. Referrals to the mental health urgent care services from 01/11/2020-31/10/2022 show that around 4% of total LLR contacts were from Melton residents. 72% of these referrals were from Melton Mowbray North, Melton Mowbray West and Melton Mowbray South. The recorded prevalence of patients with depression in 2020/2021 is 16.34% which falls in the upper quintile. A number of agencies, including the

Borough Council and local GP's have reported concerns about relatively low-level mental health needs in the community, possibly worsening following the Covid-19 pandemic.

Melton has a high level of economic inactivity at 26.7% of all 16–64-year-olds, compared to an East Midlands regional figure of 20.8% and a national figure of 21.3%. In Melton there are high levels of care worker demand and activity as well as a high dependence on food jobs which are mainly based around low skill/low wage jobs. For every job in food production and processing, in terms of the national average, there are 9 in Melton. It may be due to this that wages in Melton are lower than the national average of £613 per week at £455 per week.

At the more complex end, we know that people with Severe Mental Illness (SMI) are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. In July 2023, Melton had 346 individuals on the SMI register. In the 12 months up to July 23, only approximately 40% of these individuals had completed all six annual physical health checks, lower than the LLR average.

Impact of the Cost of Living

The cost-of-living crisis is impacting all demographic groups within the population. Due to increased travel costs, people may not be willing/able to travel to access required services. The cost-of-living crisis is impacting all demographic groups within the population. Due to increased travel costs, people may not be willing/able to travel to access required services. Increases in costs such as fuel, energy and day to day living costs continue to impact on the financial resilience of households. This is reflected and observed through community engagement, services such as foodbanks reporting an increase in working families requesting support and increasing demand for financial support through schemes such as the Household Support Fund.

Fuel poverty will mean people have to choose between heating their homes or putting food on the table; this will have a profound negative impact on the physical well-being of the population, especially the vulnerable, elderly and those living with multiple long-term conditions.

We know that there are areas of Melton are in the highest quintile nationally for fuel poverty (2020). These borough wards are Wymondham, Croxten Kerial and Melton Egerton, with a range of between 14% and 16% of households being in fuel poverty.

The impact on the population's mental health is already being seen with increases in the number and acuity of people presenting with mental health issues, many of whom have never been in contact with services. Concern and worry around personal finances are resulting in a significant increase in cases of stress, anxiety and depression.

What do we want to achieve?

- Develop and embed a local Neighbourhood Mental Health offer
- Reduce smoking prevalence in adults

- Reduce substance misuse in adults through increasing access to services
- Reduce emergency admissions from violence linked to alcohol
- Support adults to be physically active
- Tackle and mitigate the impacts of fuel poverty

4.3 Life Stage 3: Living and Supported Well

As people age, become unwell or develop one or more Long Term Conditions (LTCs), they must be supported to live as independently as possible, for as long as possible, while maximising their quality of life. Due to an ageing population, there will be a corresponding anticipated increase in health conditions related to age, such as dementia, falls, cardiovascular disease and mobility issues. The more LTCs people have, the more significant health and social care support they will require. With a targeted population health management approach, we can focus on supporting those with disabilities and multiple LTCs (at any age) to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

Where we are now?

In Melton there is a recorded prevalence of patients with hypertension is 17.18%. The England wide GP mean prevalence is 14.19% with Melton's prevalence falling in the upper quintile. Other conditions that have a prevalence in the upper quintile include atrial fibrillation, heart failure and osteoporosis.

For Long Term Conditions (LTC) Melton has a 342 people per 1,000 population rate for patient population with managed Long-Term Conditions, this is the second highest rate across LLR places / districts with only Leicester City higher for this cohort. Hypertension is by far the most prevalent LTC in Melton with over 5,000 people (c.10% of overall population) having this condition, followed by Diabetes and Chronic Renal Failure.

For complex health issues Melton has 244 people per 1,000 population for those defined as having complex health issues often linked to having more than one condition, this is the second highest rate across LLR places / districts with only Rutland being higher for this cohort. Overall, there are circa 7,800 registered patient population across Melton that have 5 or more complex Long-Term Conditions. The highest age bands with patients in this cohort are age 34 – 64 and aged 80 plus and in both these categories there is a higher number of female patients than male. 4,000 people of this cohort are over 65 with the rest all being of working age.

Hip fracture rates in Melton are the highest of all areas across the East Midlands and are significantly above the East Midlands and England rates. Within Melton, Waltham-on-the-Wolds had the highest prevalence of emergency hospital admissions for hip fractures in patients aged 65 years and older.

With Melton being a rural area access to Digital Services can both be vital but also difficult to access in the hard-to-reach areas for technology infrastructure. Melton practices offer key NHS App functionality locally for those patients that are registered including appointment booking, repeat prescription ordering and viewing of the patients Detailed Care Record (DCR).

Melton patients have higher than England usage for Appointment booking / cancellation. For repeat prescription ordering there is variation with patients from Latham House using repeat prescriptions less than those in Long Clawson practice, where repeat prescription ordering is significantly higher than national figures. Viewing of the Detailed Care Record for Melton is lower than the national picture across Long Clawson and Latham House practices.

What the above shows is that the population of Melton can use Digital Technology to support access to Primary Care however we also know that Melton has the some of the most digitally excluded areas across LRR districts.

What do we want to achieve?

- Integrate the local community support model offer with health / wellbeing teams
- Prevent falls through supporting the frail or those at risk
- Target support for people with 5 or more complex health issues
- Deliver enhanced access enabled by additional roles in Primary Care
- Increase provision of care closer to home e.g., diagnostics
- Empower residents to access preventive and self-care approaches including through Digital channels
- Support development of community led groups to create local capacity for specific cohorts e.g., residents/ patients with dementia.
- Supporting people to live and age well

4.4 Life Stage 4: Dying Well

The end of life is an inevitable part of the life course. It is a challenging subject for many people to acknowledge and discuss openly. We want to normalise and plan for this stage of life to ensure everyone has choice about their care, treatment, and support for loved ones and carers. This care needs to be a dignified, personalised approach for the individual, their friends and family.

It is essential 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.

Where we are now?

Approximately 32.5% of deaths for people of all ages in Melton occur at home with 41.4% of deaths of people of all ages occurring in hospital. Of the deaths that occur at home, 29.7% of these were older than 85 years old which is highest in the LLR districts.

Melton has the highest % rate per population for deaths occurring at home across all LLR districts and places for those aged 84 and over. Recent trends suggests that for all ages the % of deaths occurring at home are increasing.

Melton has the highest percentage of deaths with Cancer as an underlying cause in people aged 65-74 years old across the East Midlands region. The percentage of deaths with circulatory disease as an underlying cause for all ages is higher in Melton than the regional and England value.

In the Melton, Syston and Vale PCN, 24.73% of palliative patients do not have a care plan and 49.10% of vulnerable patients do not have a ReSPECT plan (September 2022 data).

What do we want to achieve?

- Obtain age friendly accreditation in Melton
- A better understanding of what dying well means to people in Melton. Normalise conversations about dying, undertake listening exercises around experiences and lessons learnt, and identify what actions can be taken to improve this.
- Provide support to family members and carers as well as the patient.
- Provide robust care planning with the patient and their family/carers. Care plans must be shared appropriately to ensure all relevant parties are informed and are aware of the patient's wishes. Empower patients and their families to determine how they die.
- Ensure easy transition between the hospital and the community/home with appropriate information sharing between different service providers.

5. Our Local Priorities

5.1 Agreed Priorities via Integrated Working Group

To support initial partnership focus, a prioritisation exercise was undertaken with a wide range of stakeholders on the 23 emerging priorities.

An online survey was shared with over 50 members. They ranked the priorities in order of those they would like to be a focus of collective partnership action through the development of the CHWB action plan (1 being most important, 7 being least important). The survey also provided the opportunity for stakeholders to highlight any additional areas they felt were important that did not feature in the emerging priority list.

To ensure that the voice of the community reflected our findings, the emerging priorities were aligned against the Melton insights, as referenced in section 3.6.

The results were taken to the Melton Community Wellbeing Partnership Board in Jan 2023 and follow-on integrated working group meetings and Melton Borough Council forum July 2023, with the resulting final set of priorities agreed as shown below.

Priorities for Melton 2023 – 2028

Figure 11: Priorities for the Melton Community Health and Wellbeing Plan

Melton CHWBP Strategic Theme	Strategic Priorities 2023 – 2028
A. BEST START IN LIFE	1. We will support Children to be Physically Active
	2. We will promote and support Healthy Eating in Children
	3. We will support expectant mothers with smoking cessation during pregnancy
	4. We will support expectant/new mothers with lifestyle for Best Start
	5. We will support expectant mothers - Breastfeeding initiation and prevalence
B. STAYING HEALTHY, SAFE AND WELL	6. We will develop and embed a local Neighbourhood Mental Health Offer
	7. We will reduce smoking prevalence in Adults
	8. We will reduce Substance Misuse in Adults through increasing access to services
	9. We will reduce emergency admissions from violence linked to alcohol
	10. We will support Adults to be Physically Active
	11. We will tackle and mitigate impacts of fuel poverty
C. LIVING AND SUPPORTED WELL (enabled by Integrated Health, Community Support and Wellbeing)	12. We will prevent falls through supporting the frail or those at risk of hip fractures
	13. We will Target support for people with 5 or more complex health issues
	14. We will deliver Enhanced Access enabled by additional roles in Primary Care
	15. We will increase provision of care closer to home e.g. Diagnostics
	16. We will empower residents to access preventive and self-care approaches including through Digital channels
	17. We will support development of community led groups to create local capacity for specific cohorts e.g. residents / patients with Dementia
	18. Supporting people to live and age well
D. FIT FOR THE FUTURE COMMUNITY	19. We will Integrate the local community support hub model further with health/wellbeing teams
	20. We will explore options for a 2 nd Primary Care Site in Melton
	21. We will enhance digital infrastructure e.g. through Superfast Broadband Programme
	22. We will Work to improve economic inclusion and prosperity (by developing links with Levelling Up proposal)
	23. We will Locally embed Healthy design and development in new developments linked to local growth e.g. New Housing, Infrastructure and Employment land

Top Ranked/Agreed Priorities from Melton Survey Dec 2022 (“Do” Priorities)

Figure 12: Strategic “Do” Priorities Summary for Melton



Priority 1: Support expectant mothers (Breastfeeding initiation and prevalence)

The levels of breastfeeding within Melton are below national averages. We therefore want to support expectant and new mothers to initiate and sustain breastfeeding, especially within Melton Mowbray North, South and West.

The Leicestershire JHWS includes a commitment to 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 support this Leicestershire wide commitment as well as identify specific local actions to improve the prevalence of breastfeeding within Melton, particularly in Melton Mowbray North, South and West.

Priority 2: Develop and embed a Melton Neighbourhood Mental Health Offer

Monitoring from the Office of National Statistics (ONS) found that the prevalence of moderate or severe depressive symptoms among adults in Great Britain rose after the start of the Covid-19 pandemic. In surveys taken between July 2019 and March 2020 prevalence was 10%, but this rose to 19% by June 2020 and 21% by January to March 2021.

Across the County, we will continue to listen and respond to the Leicestershire population as part of the 'Step up to Great Mental Health' programme as we deliver proposals for transformation. Our plans include the aim to increase the proportions of people with mental health challenges that have access to and take up high quality advice, support and access to local amenities, including activities and groups to strengthen mental health and wellbeing. This will enable them to live as independently as possible.

Several actions have already been identified in the Leicestershire JHWS which we will link in with to ensure the needs of Melton are taken into consideration. These actions aim to improve emotional and mental health support for residents of Leicestershire. We know that people with Severe Mental Illness (SMI) are at higher risk of poor physical health and outcomes. The delivery of our vision for improvement will therefore aim to make an increase in the number of checks completed to at least 60%. There is also focus on encouraging the take up of subsequent recommended interventions. Implementation of a new social prescribing website linked to Primary Care systems will support this.

A dedicated mental health neighbourhood lead has been recruited within the borough whose role is to support the development and implementation of a neighbourhood approach to mental health. They are currently overseeing the development of a collaborative approach between multiple partners and the people to plan, organise and implement a mental health offer that meets the needs of the residents of Melton. This has involved the setting up of a local Melton Mental Health Network which has over 75 invitees across a range of local and County wide delivery partners.

There are several areas that the network since being established has already identified that will help develop a better service for the residents of Melton Borough through actions over the course of this plan:

- Provide a voice and endorse relevant Mental Health plans in Melton Borough
- Understand local challenges and needs through service user voice
- Influence decision making by feeding back local experience
- Become a knowledge hub of mental Health for Melton and share best practice
- Proactively learn about services that are available and their referral processes
- Connect with each other and local/regional organisations
- Collaborative working to move local actions forward
- Enable greater focus on Prevention
- Increasing SMI Physical Health Checks
- Ongoing local Mental Health Network

Priority 3: Empower residents to access preventive and self-care approaches including through Digital channels

As Melton is such a rural area, access to digital and non-digital services can be difficult in some of the hard-to-reach areas for technology and transport infrastructure. The population of Melton can use digital technology; however, we also know that Melton has some of the most digitally excluded areas across LLR districts. We therefore want to empower more residents to access preventative and self-care approaches including but not limited to, through digital apps and / or devices.

The Leicestershire JHWS commits to empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of digital approaches, assistive technology, accessible diagnostics, and support. We will fully support this place level work.

Locally we will identify specific actions for the residents of Melton to ensure they are able to access appropriate preventative and self-care services. We will also need to ensure that people are aware of the range of methods in how to access these services including through digital channels which are available by ensuring appropriate communication channels are in place. The services that people need locally range from simple activities to promote healthy lifestyle choices such as exercising and eating healthily, to more complex actions to improve health such as receiving treatment and rehabilitation activities.

The focus of this priority will initially be enabling people to live a healthy lifestyle through the following key areas of need:

- Promote and support Healthy Eating in Children
- Reduce smoking prevalence in Adults
- Support Adults to be Physically Active
- Working age adults with or at risk of multiple long-term conditions and complex needs
- Adults with substance misuse and in need of Mental Health Support

Our developing integrated ways of working across local service partners involved in the above at a neighbourhood level will be imperative to the success of our improvement in Melton. This way of working will enable partners to build a more holistic view of local preventative and self-care services and their associated referral routes so that patients can promptly access services they need.

Priority 4: Prevent falls through supporting the frail and those at risk of hip fractures

There has been a 30.0% increase in people aged 65 years and over since the last census in 2011 and population projections to 2040 estimate significant growth of 45% in this age group. We are therefore facing an ageing population.

Melton has the highest levels of hip fractures across the East Midlands, with values significantly higher than both the regional and England averages. Within Melton, Waltham-on-the-Wolds had the highest prevalence of emergency hospital admissions for hip fractures in patients aged 65 years and older.

The Leicestershire JHWS identifies a number of county wide actions which are intended to reduce the number of falls and associated hip fractures that people over 65 experience, including people in residential and nursing care, including:

- Undertaking an assessment to look in more depth at the rates of hip fractures, causes for this and possible preventative measures.
- Scoping a self-assessment tool for falls risk for 60+ with onward signposting and app to help manage balance.
- Piloting of a falls crisis response service.
- Reviewing Assistive technology services to support Falls Risk.
- Building 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.

Melton will review the services currently available, along with the Leicestershire wide actions and identify any local actions required to enable the reduction of falls and support the frail.

Priority 5: Integrate the local community support hub model further with health/wellbeing teams

Vertical integration of services at place or neighbourhood is a critical component of delivering high quality health and well-being services to the residents of Melton. There is a need to move away from single-disease clinics, into holistic care by providing multi-disciplinary team (MDT) clinics that are specific to local needs. We need to review how we make better use of our Voluntary and Community Sector Services and work with them together locally (e.g., food banks and support groups for substance misuse and Mental Health).

It will be important that there is the ability for professionals to share information between each other to understand underlying needs and behaviours of key population cohorts, for

example certain behaviours can be because of trauma leading to drug use or unhealthy lifestyle choices. Developing operational links such as between local Community partners at the Community Hub, MBC services and health and wellbeing partners including Adults Social Care can bring about a more holistic operational partnership approach in managing those in need and at-risk populations of a wider range of issues, more proactively.

The infrastructure needs to support this integration by making better use of existing space through co-location of teams and improving digital access and information-sharing between partners.

Figure 13: Example of an integrated Health and Wellbeing Centre



The following ICS initiatives will facilitate and enable the integration of health and social care across the system:

- ✓ Integrated Neighbourhood Teams
- ✓ Ease of Access
- ✓ Home First and Community Rehabilitation
- ✓ Better use of the Voluntary Sector and Local Communities
- ✓ Improve Communications and navigation of local services

Ultimately our starting point for action should and will be to build on local existing foundations to improve partnership culture around operational collaboration and population health and wellbeing improvement across the spectrum of need in Melton.

Our aims include the development of greater partnership understanding of future plans for delivery of not only local healthcare improvement but key neighbouring areas such as Lincolnshire and Charnwood where there is a local resident population accessing services over the border. We can achieve this through robust partnership working across LLR and with out of area Integrated Partnership functions, in the context of the improvement priorities of this plan. A key to this will be the transition of our working group that has driven the strategic planning to now oversee delivery of priorities improvement for the local population. This will be developed in close partnership with the local Community Health and Wellbeing partnership board and priority leads to enable coordinated dialogue and alignment of relevant delivery plans that impacts Melton residents. This will require key operational discussions and relationships to be built with partners on the border around opportunities to

collaborate including scope for greater integrated partnership working at neighbourhood level with Primary Care.

Priority 6: Explore options for a 2nd Primary Care Site in Melton

Access to a GP is consistently raised as a concern by Melton residents and stakeholders. The need for additional health care infrastructure (second GP surgery) to meet demand for primary care is recognised and there is a leadership commitment by the ICS to support an agreement in principle to work with MBC on considering future potential options.

The number of 'new' people moving into the borough from the housing growth identified in MBC's local plan is sizeable and will undoubtedly put additional strain on the current Primary Care services being delivered in the borough. Whilst the predicted population growth may not offer a viable stand-alone surgery it is anticipated that patients at LHMP may choose to migrate to a new practice based on the local concerns with access and choice.

There is therefore an established strong partnership approach in place with Melton Borough Council to explore the options for improving future Primary Care through developing a robust business case for change that consider the range of feasible options for future provision. We will bring in the right partners to facilitate robust discussions and development of options to ensure the right decision is made for the local population.

6. Melton Borough Community Health and Wellbeing Delivery Action Plan 2023 -2025 development

To ensure the Plan remains relevant, major review and evaluation gateways will take place on a three-year cycle. Whilst we have been careful to select priorities for the Plan that reflect the future need as well as the present, inevitably these may change over time. For this reason, the delivery action plan will be reviewed on an annual basis reflecting both stakeholder, residents and communities' feedback to ensure these priorities are still the right ones.

6.1 Transitioning to Integrated Delivery

For each priority theme, a delivery working group will be established. Where appropriate, the delivery groups will have representation from health, the district council, public health and the voluntary sector who will all have collective ownership of the priority, with one named representative identified as the lead to facilitate meetings and ensure that progress is being monitored. We expect that these groups will meet monthly.

Once established, the delivery group will review the feedback from the priority workshops, and the data associated with the priority to create the local action plan for delivery (to include a monitoring dashboard), using SMART performance measures. This will take place over the first two months.

6.2 Annual Reviews

Over the five-year period of this plan, at the end of each 12-month action plan cycle, a review of the actions plan will take place including understanding progress/improvement against planned improvement trajectories and/or key project deliverables to identify whether there are any areas of significant change in the borough and / or satisfactory progress is taking place with any longer term priorities. If required, a review of the action plan priorities will take place. Where the range of actions for a key priority area are delivered then the working group with support from the Melton Community Health and Wellbeing Partnership Board will consider bringing other priorities within the plan forward accordingly, for more locally focussed partnership delivery. An annual summary will be produced at the end of each 12-month cycle.

7. Stakeholders

Integrated planning and delivery, enhanced collaboration and smarter resourcing across the partnership will be imperative to the delivery of this plan. To deliver our ambitions for Melton, we as a partnership need to consider how we work together in the future through creating an enhanced local environment for better collaboration between stakeholders will be key to deliver our ambitions for the population of Melton through working towards a “whole systems approach” to community level health and wellbeing.

This shift in ways of working means that we will all need to offer joint working support alongside local and system partners and / or locally established groups to get their input on the priority delivery projects in line with our ambitions. This way of working over the life of the plan will include partners sharing feedback, offering skills, expertise, and knowledge to delivery of priorities, and sharing of resources. This is not an exhaustive list but illustrates what we mean by working together towards local shared delivery aims and objectives outlined within the Melton CHWB plan.

MBC are working with partners and local leads to re-introduce the Melton Community Health and Wellbeing Partnership Board. This board will play an important role with key membership to aid links in with local MBC Health Scrutiny committees and working closely with local Cllrs that hold portfolio links to key strategic priorities within the plan. The support from local electorate will be a key enabler for successful local strategic partnership delivery and strategic decision making, that will need to be underpinned by ongoing communication and robust progress updates to develop the ways of working between respective partners that are responsible delivery and council statutory functions linked to Health.

7.1 Collaboration

The following Stakeholders have been involved in the development of the Melton Community Health and Wellbeing Plan:

- MVS Primary Care Network
- Melton Borough Council (MBC)
- Leicestershire Partnership Trust (LPT)

- Leicestershire Public Health
- Leicestershire County Council
- Voluntary, Community and Social Enterprise (VCSE) colleagues
- Active Leicestershire
- Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)
- Residents of Melton through engagement

7.2 Ongoing links to the Leicestershire Health and Wellbeing Board

It is envisaged that the strategic partnership Integrated working groups, made up of strategic stakeholder representatives, that are forming alongside the development of this Community Health and Wellbeing Plans will be the delivery arm of the plans noting that specific priorities will have their own focus sub-groups where required to drive daily activity and feed into this. This will be overseen by the Melton Community Health and Wellbeing Partnership Board, and the vision is that this will have oversight of the plan with regular reporting into Leicestershire Staying Healthy Partnership. Subsequently there is a requirement for Melton's progress to be reported into the Leicestershire Health and Wellbeing Board to ensure that there is synergy and sustained alignment with the Leicestershire Joint Health and Wellbeing Board (JHWPB).



HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

BETTER CARE FUND QUARTER 2, 2023/24 RETURN

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with the quarter 2, 2023/24 template report of the Better Care Fund (BCF). The report also seeks approval for the submission of the template which sets out performance against BCF metrics, revised demand and capacity modelling and statements as to whether the national conditions continue to be met.

Recommendation

2. It is recommended that:
 - a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 2 be noted;
 - b) The Quarter 2 BCF 2023-24 template, attached as the appendix to the report, be approved for submission to NHS England.

Policy Framework and Previous Decision

3. Nationally, the BCF plan for 2023/24 for Leicestershire was officially approved by NHS England (NHSE) in September 2023.
4. The Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board approved the BCF Year 23-25 report for the NHSE submission deadline of 30 June 2023, using his powers of delegation.

3. Background

5. In September 2023, the national BCF team published the Quarter 2 template for reporting the position, which requires approval by the Health and Wellbeing Board.
6. The aim of the report and template is to inform the HWB of progress against BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those

responsible for delivering the BCF plans at a local level (including integrated care boards, local authorities and service providers).

7. The completed DRAFT Quarter 2 template is attached to this report as the Appendix A. The NHSE submission deadline is 31 October 2023.
8. The template consists of tabs that update progress against the following:
 - Whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-24 continue to be met through the delivery of the plan.
 - A confidence assessment on achieving the metric targets for each of the BCF metrics which includes a brief commentary outlining the challenges faced in achieving the target along with any support needs and successes that have been achieved.
 - A refresh of the hospital and community demand and capacity model along with a tab detailing any assumptions taken in regard to the projection of future data.

Update against national conditions for the 2023/24 Plan

National condition 1

9. This national condition was met at plan approval stage and will be met in full at the February 29 2024, meeting of the Health and Wellbeing Board where the full plan and Section 75 will be presented.
10. All other national conditions are being met. These are:
 - National Condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
 - National Condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

BCF Metrics

11. The below table shows the BCF metrics for this financial year, the targets and outturns for Quarter 1 where available:

Metric	Target Q1	Actual Q1	Commentary
Indirectly standardised rate (ISR) of admissions per 100,000 population	165.1	198.7	The Integrated Care Co-ordination hub continues to reduce community demand on ambulance waits and overall admissions and has been

			recognised nationally as an area of good practice.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	92.7%	92.37%	System-wide improvements to co-working discharge planning between health and social care partners is beginning to take effect. Multi-Disciplinary Teams (MDTs) happen with patients on wards and early discharge planning is now part of overall Integrated Discharge Team (IDT) working across all Clinical Management Groups (CMGs)
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.1.	412.1	Currently this metric is on track to meet target. The review of current services aims to tie follow-on support for those that have fallen to the developing Intake model to ensure a reduction in repeat fallers and admissions as a result. Long term commissioning options for the falls car service is being produced.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	515	N/A	The Pathway 2 re-design is on track to meet the timelines for delivery as part of the intermediate care model. Community hospital P2 beds will go live in Sept. With re-purposed high dependency beds to be re-commissioned from Jan 1st.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90%	N/A	Reablement success remains high and currently on track to meet the target for this metric. Additional investment to meet demand is being finalised.

Updated demand and capacity modelling

12. This section updates both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
13. At the time of submission of this report, two areas of refreshed data remain draft as further updates may be received prior to submission to NHSE. These

are for community rehabilitation demand and capacity and community urgent response demand and capacity.

14. This section is split into 3 separate tabs:
 - C&D Guidance & Assumptions - Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.
 - C&D Hospital Discharge – This section is used to enter updated demand and capacity related to Hospital Discharge. The table at the top calculates the gap or surplus of capacity using the figures provided. Expected capacity and demand from the original planning template has been populated for reference.
15. In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this return it also collects the number of packages of intermediate/short term care that are expected to be spot purchased to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields.
16. Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that the local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term."
17. For C&D Community, this section is used to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures have been extracted from the original planning template for reference.
18. Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3.

Circulation under the Local Issues Alert Procedure

19. None

Background papers

Better Care Fund Planning Requirements 2023/24: <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

Better Care Fund Policy Framework 2023-25: <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

BCF Report to the Health and Wellbeing Board May 2023:

<https://politics.leics.gov.uk/documents/s176283/HWBB%20Cover%20Report%20-%20Leicestershire%20Better%20Care%20Fund%20Planning%2023-25.pdf>

Officer to Contact

Jon Wilson Director of Adults and Communities

Telephone: 0116 3057454

Email: jon.wilson@leics.gov.uk

Lisa Carter Health and Social Care Integration Service Manager

Telephone: 0116 3050786

Email: lisa.carter@leics.gov.uk

List of Appendices

Appendix A – BCF Quarter 2 template 23-24

Relevant Impact Assessments

Equality and Human Rights Implications

20. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
21. An equalities and human rights impact assessment has been undertaken which is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>.

This concluded that the BCF will have a neutral impact on equalities and human rights.
22. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

23. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
24. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
25. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being

implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.



This page is intentionally left blank

HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023**REPORT OF THE DIRECTOR OF PUBLIC HEALTH****JSNA UPDATE - PROPOSED PROCESS AND GOVERNANCE****Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on JSNA Chapter delivery and proposals on the governance and process by which chapters within a Joint Strategic Needs Assessment (JSNA) cycle are prioritised and agreed.
2. This will enable the Board to have greater oversight, ensuring prioritisation of work in each JSNA cycle so the production of chapters can be scheduled appropriately to inform the Board's strategic thinking and the commissioning of services across Leicester, Leicestershire and Rutland. This will allow for any new topics that are emerging to be considered and any new approaches to the presentation of data that the Health and Wellbeing Board wishes to explore.

Recommendation

3. The Health and Wellbeing Board is required to:
 - Note progress on the JSNA chapters to date and the current planned list of future chapters.
 - Approve the re-establishment, terms of reference and membership of the JSNA Oversight Reference Group and proposed governance arrangements
 - Ask the Reference Group to review and discuss the current list of JSNA chapters scheduled within the cycle to 2025 and bring back any suggested changes/additions to the Board for approval.
 - Receive and consider future JSNA chapters as they become available including any progress updates on the recommendations highlighted within the JSNA.

Policy Framework and Previous Decision

4. JSNAs are assessments of the current and future health and social care needs of the local community. Local authorities and Integrated Care Boards (ICBs) have equal and joint responsibilities to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board (HWB). The responsibility falls on the HWB as a whole and so success will depend upon all members working together throughout the process.

5. The purpose of JSNAs, in conjunction with Joint Health and Wellbeing Strategies (JHWs) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JSNAs are a continuous process of strategic assessment and are an integral part of ICB and local authority commissioning cycles informed by local evidence-based priorities. Health and Wellbeing Boards need to decide for themselves when to update or refresh JSNAs.
6. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
7. The Board has previously endorsed that the JSNA will be published in subject-specific chapters throughout a three-year time period on an iterative basis, in line with ICB and local authority commissioning cycles. The outputs of the JSNA will be:
 - Subject-specific chapters of an assessment of current and future health and social care needs.
 - Infographic summary of each chapter.
 - A data dashboard that is updated on a quarterly basis to allow users to self-serve high level data requests.
8. In preparing JSNAs, HWBs must have regard to the [statutory guidance](#) issued by the Secretary of State, explaining the duties and powers relating to JSNAs. The guidance does not cover what services should be commissioned in response to local JSNA findings – these decisions need to be made locally, based on need.
9. The policy intention is for HWBs to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
10. In 2018 the Director for Public Health presented a report to the HWB, highlighting the responsibilities that the Board has in publishing a JSNA, the timescale to do so and the proposed governance structure to enable production of the JSNA. This included the establishment of a JSNA Reference Group to oversee development of relevant chapters within the JSNA 3-year cycle.
11. The aim of the Reference Group was to support JSNA work across Leicestershire, setting the timetable for the development of the JSNA and agreeing the format and content of the JSNA. The 3-year cycle was presented to the HWB, so members were aware year by year which JSNA chapters were being progressed.

Background

12. Due to the increase in a number of service demands during the Covid pandemic, the JSNA Reference group was paused as a result of this and other operational pressures and capacity issues. As a result, and due to other changes in roles across organisations, it has not met in recent times. However wider data and intelligence priority delivery have continued to be overseen by a separate LLR Health/Care Data Cell.
13. The current JSNA cycle runs from 2022-2025. The list of chapters included in this next cycle has been produced on the basis of previous cycles and was presented to the HWB in December 2022.
14. The current list of Leicestershire chapters for the JSNA that are completed or due to be progressed/programmed are listed below. Published chapters to date can be accessed via this link: <https://www.lsr-online.org/leicestershire-2022-2025-jsna.html> :

Current JSNAs/Needs Assessments	Other theme areas for JSNA programming
Demographics, deprivation, economy and housing overviews (due)	Children and Young People's Physical Health and Teenage Pregnancy
Oral Health Needs (<i>Underway</i>)	Early Years/Best start in life
Sexual Health HNA (<i>Underway</i>)	Adult Physical Activity, Obesity and Diabetes
Health Inequalities - complete	Frailty - older people
Children and Young People's Mental Health – complete	Access to Health Services
Substance Misuse and Alcohol (<i>Underway</i>)	Housing and Economic Development Needs Assessment and associated transport planning.
Carers JSNA (underway)	Learning Disability
Pharmaceutical Needs Assessment – complete	SEND and access to education and welfare/health services
Adult Mental Health and Dementia (<i>Underway</i>)	Covid Impact/update to health inequalities
Gambling Harms – Needs Assessment (<i>Underway</i>)	Health Protection, Immunisations/Vaccination/Flu and Covid
End of Life Care - complete	Cardiovascular and Respiratory Disease
Air Quality – due to commence	Tobacco
	Cancer

15. Additional chapters have been included to meet specific commissioning needs as they arise and where Business Intelligence capacity allows. However, a more

robust partnership process and approach to prioritisation will ensure wider agencies needs are met, linking to broader commissioning plan updates.

Proposals/Options

16. To enable greater oversight and ensure that the JSNA chapters align with the HWB priorities, the need to re-establish the JSNA Reference Group, or something similar, has been identified. This will include clear governance arrangements and provide assurance to the HWB that the JSNA chapters meet the requirements of the Board.
17. The Terms of Reference for the JSNA Reference Group and proposed membership (*names are indicative at this stage and to be confirmed with the relevant agencies/staff*) are attached at Appendix A.
18. It is anticipated that the JSNA Reference Group will agree the timetable for the chapters within the JSNA cycle, seeking approval from the HWB and input from service leads to ensure it aligns with current priorities.
19. The delivery of the JSNA will reflect a multi-agency view with input from relevant partners, including data provision and analysis input from Business Intelligence. It is important to note that the JSNA is a product of the HWB and helps to inform the Board of its strategic priorities. The findings will need to be presented to the Board concisely, referencing the data and setting out clearly the recommendations identified. Being able to align the recommendations to the Joint Health & Wellbeing Strategy objectives will be key including being clear on what is required from the Board.
20. It will be the responsibility of the HWB to delegate the actions, as per the recommendations to the relevant subgroup or subgroups. In cases where a JSNA does not clearly align to a specific subgroup, authority will be sought from the Board to allow an officer to develop a working/steering group to take forward actions.
21. While overall accountability sits with the HWB it is the responsibility of the subgroup or working/steering group to support the delivery of the actions and report back to the Board on progress within the agreed timescales.

Background papers

Government Guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

Joint Strategic Needs Assessment Report

<https://politics.leics.gov.uk/documents/s135081/JSNA%202018%20Leicestershire%20HWBB%20v1.0.pdf>

Appendices

Appendix A – Proposed Terms of Reference/Membership for the JSNA Reference Group

Officers to contact

Mike Sandys, Director for Public Health

Mike.Sandys@leics.gov.uk

Joshna Mavji, Assistant Director for Public Health – Commissioning

Joshna.Mavji@leics.gov.uk

Victoria Rice - Public Health Intelligence Manager

Victoria.Rice@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

22. Equalities issues and needs will be picked up in each relevant JSNA Chapter. There will also be a specific chapter looking at health inequalities across the system.

Crime and Disorder Implications and Environmental Implications

23. Environmental factors such as air and river quality feed into a number of health needs assessments and will be picked up in the individual chapters, where relevant. Crime and disorder issues are dealt with through separate analytical processes feeding into the safer communities reporting structures.

Partnership Working and associated issues

24. The JSNA is a partnership responsibility overseen by the multi-agency Health and Wellbeing Board. A variety of boards and agencies will need to support delivery of needs assessment recommendations.

Risk Assessment

25. Each chapter will consider relevant risks related to prevalent health and care needs and supporting services and work plans. A separate risk management process is in place for services managed by the County Council and is common in other agencies.

Appendix A

LEICESTERSHIRE COUNTY COUNCIL
JOINT STRATEGIC NEEDS ASSESSMENT
REFERENCE GROUP
TERMS OF REFERENCE

Purpose:

Preparing a Joint Strategic Needs Assessment (JSNA) is a legal duty of the Health and Wellbeing Board (HWB). Each HWB will need to decide for themselves when to update or refresh JSNAs. However, boards will need to assure themselves that their evidence-based priorities are up to date to inform relevant local commissioning plans. The last JSNA chapters for Leicestershire were produced over a rolling three-year cycle from 2018-21/2.

The purpose of this Reference Group is to oversee and support the development of the JSNA for Leicestershire and of the supporting evidence and its use. The Group will set the timetable for the development of the JSNA and agree the format and content. The Reference Group will meet as and when required, starting in early 2024.

Key responsibilities:

- To oversee the JSNA process and contents
- To ensure that the development of the JSNA chapters meets the statutory duties of the HWB
- To ensure active engagement from all stakeholders
- To communicate to a wider audience how the JSNA is being developed
- To ensure that the JSNA addresses issues of provision and identifies need
- To identify any gaps in health and social care provision/needs
- To influence their organisation and partners to ensure the JSNA has impact on planning and commissioning decisions

Governance:

- Leicestershire County Council – the Health and Wellbeing Board oversees and approves the JSNA timetable and agree chapters.
- Relevant Subgroups act as key stakeholders in feeding into JSNA Chapter development and supporting intelligence and taking forward JSNA Chapter recommendations.
- The Reference Group will be chaired by the Public Health Director of Leicestershire County Council, Mike Sandys or his nominee.

JSNA Reference Group Proposed membership: *Names indicative at this stage subject to confirmation.*

Local Authority JSNA Leads

Mike Sandys, Director of Public Health, Chair, LCC
Joanne Miller, Head of Business Intelligence, LCC

Adults & Communities, LCC

Kate Revell, Head of Service, Planning and Commissioning, LCC

Children & Families, LCC

Head of Service - Commissioning & Planning, LCC

Chief Executives - Economic, LCC

Sarah Rudkin, Economic Growth Team Manager, LCC

Primary Care – GP Representative

TBC Rowan Sil, Ibstock Surgery

District Councils tbc – was

Teresa Neal, Blaby District Council

Simon Jones, Hinckley & Bosworth Borough Council

Environment & Transport, LCC

Alex Scott, Head of Service Business Management, LCC

Healthwatch Leicestershire -TBC

Intelligence Leads

Victoria Rice Public Health Intelligence Manager, LCC

Hanna Blackledge, Lead Public Health Analyst (Interim), LCC

Philippa Crane, Lead Analyst Integration - Midlands and Lancs CSU

Integrated Care Board

Ket Chudasama – Planning and Commissioning, LLR ICB

Amit Sammi – Strategy and Planning, LLR ICB

Leicestershire Partnership Trust

Katrina Coley, Family Services Manager

Public Health

Joshna Mavji Consultant in Public Health, LCC

Sally Vallance, Acting Head of Service

University Hospitals of Leicester

TBC - Head of Planning and Development

Voluntary Sector - TBC, VAL

Equality & Diversity Representation

Carine Cardoza, Equalities & Diversity Challenge Group

NB: Membership will be reviewed regularly and may be extended by agreement of the Reference Group members

Frequency of meetings: Meetings will be held quarterly or as and when required.

Support arrangements:

The meetings will be minuted by Leicestershire County Council.

Declarations of Interest

Where there is an item to be discussed, where a member could have a commercial or financial interest, the interest is to be declared and formally recorded in the minutes of the meeting.

HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023**REPORT OF THE DIRECTOR OF PUBLIC HEALTH
LEICESTERSHIRE COUNTY COUNCIL****JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS –
DEMOGRAPHY AND ORAL HEALTH****Purpose of Report**

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the headlines, conclusions and recommendations arising from two recent JSNA chapters developed on Leicestershire's Demography and on Oral Health.

Recommendations

2. It is recommended that the Health and Wellbeing Board:
 - a) Supports the findings and recommendations of the Demography Joint Strategic Needs Assessment Chapter and approves the Chapter for publication.
 - b) Asks Strategic Planners and Commissioners to consider the various demographic changes, trends and issues arising and ensure that these are taken into consideration, where possible, in future service and commissioning plans and strategies.
 - c) Supports the findings and recommendations of the Oral Health Joint Strategic Needs Assessment Chapter and approves the Chapter for publication.

Policy Framework and Previous Decision

3. The Health and Wellbeing Board considered a report on plans for the development of the JSNA in 2022, which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time-period on an iterative basis, in line with Integrated Care System (ICS) and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:
 - Subject-specific focused chapters/narrative on an assessment of current and future health and social care needs with recommendations; and
 - Accompanying Tableau data dashboards that are updated on a regular basis to allow users to self-serve high level related data requests.

Background

4. The County Council and ICB (previously Clinical Commissioning Groups) have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. A separate paper on the agenda sets out further details about the JSNA development process, together with plans to refresh the JSNA work plan and reinstate a JSNA Reference Group to oversee the work.
5. The purpose of the JSNA is to help improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
6. Analytical resources were prioritised towards the Covid-19 emergency response effort during 2020/21 and 2021/22 and hence it was not possible to maintain the JSNA refresh process during that time, in common with other areas nationally. However, following the pandemic, work has progressed to assess the data and needs, including Covid-19 impact, across a range of topics. The national 2021 Census data was released from Autumn 2022 onwards and is allowing for refresh of a number of underpinning elements of the JSNA including the overall demographic picture.

JSNA Chapter - Demography

7. A copy of the full JSNA Chapter on Demography is included in the link attached – <https://www.lsr-online.org/leicestershire-2022-2025-jsna>. A summary of the key findings is set out below and a short presentation will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Demography Chapter Findings

Population

- The total population of Leicestershire in 2021 was 712,300, an increase of 9.5% since 2011. There were approximately 8,900 more females (360,600) than males (351,700).
- The male population is rising at a fractionally slower rate (9.4%) compared to females (9.6%) since 2019.
- There were 116,962 children under the age of 15 in Leicestershire in 2020 (16.3% of the population).

- Compared with England, the population of Leicestershire is older, with higher proportions of the population aged 40-64 (33% in the county compared with 32.1% in England) and 65 and over (20.7% compared with 18.4% for England).
- The largest quinary age bands in Leicestershire were 50-54 (7.3% of the total population), 55-59 (7.1%) and 45-49 (6.4%).
- Overall, the Leicestershire population is weighted towards older adults (those aged 45-59) with a considerable proportion in the 65+ age bands as a result of increased birth rate in the post-war period.
- In comparison to England, the population of the county is less likely to be very young (specifically the under 10s) and younger adults (25-39 age bands) and slightly more likely to be older adults (45-74 age bands).
- Between the ages of 0 and 29, males outnumber females in all quinary age bands. However, from the 30-34 age band onwards, females outnumber males.
- In 2021 Charnwood has the largest population (183,971) of Leicestershire districts, followed by Hinckley and Bosworth (113,640). Melton has the smallest population (51,752).
- All local authorities in Leicestershire experienced a rise in population between 2011 and 2021. Charnwood had the biggest increase with 17,871 and Melton had the lowest increase with 1,376.
- Earl Shilton ward (10,630) and Hinckley De Montfort ward (10,519) in Hinckley and Bosworth have the highest populations in the county. Wymondham ward in Melton (1,563) has the lowest population, followed by Gaddesby ward, also in Melton.
- Loughborough Oxford Street Lower Super Output Area (LSOA) has the highest population density in Leicestershire, with just over 12,800 people per km². Greater Wymondham in Melton has the lowest population density in the county, with just 20 people per km².

Population Change

Between 2018 and 2043: -

- The population of Leicestershire is projected to increase by 23.3% to 860,618 in 2043, an increase of 162,350 people. This is compared to an increase of 14.3% for the East Midlands and 10.3 percent for England.

- The greatest cumulative change by broad age is projected to occur in the 65+ age band, accounting for an additional 71,888 older people in the county by 2043.
- Leicestershire is projected to experience much higher percentage increases amongst all broad age bands than the East Midlands and England, although the difference is much smaller for older people.
- The greatest actual change is projected to occur in the 75-79 quinary age band, increasing by 20,900 people which is also the highest percentage change at 113%.
- North West Leicestershire is projected to experience the highest level of population growth; increasing by 34.4%. All Leicestershire districts are projected to increase their population at a higher rate than the East Midlands and England, with the exception of Melton and Oadby and Wigston.
- To 2043, the 65 plus age group is projected to experience large percentage growth. North West Leicestershire is projected to see the greatest percentage change in this group, increasing by 67%.

Components of Change - Fertility and Migration

- Net migration (both international and within the UK) is projected to be a much larger driver of population change compared to natural change. Net natural change in Leicestershire is projected to start to drop from 2018 onwards and is negative from 2031 onwards.
- Internal migration (people moving into Leicestershire from elsewhere in England) accounts for around 5,595 net additional people on average every year. International migration (people entering Leicestershire from outside the UK) accounts for a net addition of just over 800 people per year.
- Harborough, Hinckley and Bosworth, Melton, North West Leicestershire and Oadby and Wigston are all projected to experience flat or negative net natural change across the entire projection period. All Leicestershire districts are projected to have a net increase in population between 2018 and 2043 as a result of all migration. In Charnwood, this equates to 34,967 additional people by 2043.
- Net natural change is projected to be positive for roughly the first half of the 2018 population projections (i.e., more births than deaths), until it drops below zero in 2031 (i.e., more deaths than births), remaining constant at -470 from 2036 until the end of the projection in 2043.
- The General Fertility Rate (GFR) in Leicestershire in 2021 (53.4 per 1,000 population) is not significantly different to the rate for England (54.3 per 1,000 population).

population). Both nationally and locally, mothers aged 30-34 have had the highest birth rate over the last three years. Those aged 25-29 have the second highest birth rate, followed by those aged 35-39 years.

- The rate of live births to women below 18 years of age in Leicestershire in 2021 (1.8 per 1,000 females aged 15-17 years) is significantly better (lower) than the rate in England (3.2 per 1,000 females aged 15-17 years).

Mortality and Healthy Life

- In 2020, the directly age standardised mortality rate (ASMR) for those under 65, between 65 and 74 and between 75 and 84 all have a significantly lower rate than the national average. For those aged 85 and older, the rate is similar to the national average.
- The rate of premature mortality in Leicestershire is significantly better (lower) than the national average for persons, males and females in 2021.
- In Leicestershire, over a quarter (25.4%) of all deaths were due to cancer in 2020. This is significantly above the national percentage.
- Approximately a fifth (21.7%) of all deaths in Leicestershire were due to circulatory disease in 2020, this is not significantly different to the national rate. The percentage of deaths from circulatory disease in Leicestershire has significantly declined over the most recent five time periods.
- Over a third (40.7%) of all deaths in Leicestershire in 2021 were in hospital, followed by in the home (32.8%), care homes (20.7%), hospices (3.4%) and other places (2.3%). This pattern is reflected nationally.
- The Healthy Life Expectancy at birth for males in Leicestershire has decreased year on year since 2015-17, from 65.2 years to 62.9 years in 2018-20.
- In 2021, 16.5% of the county population considered themselves to have a condition that limited their day-to-day activities, a slight rise compared to 2011 when the figure was 16.2%.

Ethnicity, Religion and Language

- The vast majority of the county population (87.5%) belong to the white ethnic group, (including the white Irish ethnic group). This equates to almost 623,429 people. The next largest ethnic group in Leicestershire is the Asian ethnic group (8.1%), followed by the mixed or multiple ethnic group (2.2%) and the black ethnic group (1.1%).
- The largest religious group in the county is Christian (45.7%), followed by Hindus (3.7%), Muslims (2.3%) and Sikhs (1.7%). 40.3% of the population stated they had no religion while 5.5% did not state a religion.
- 95.2% of residents have English as their main language. This is followed by Polish and Gujarati (both 0.8%), Panjabi (0.6%) and Romanian (0.4%).

Gypsy and Traveller Population

- There are a total of 61 recognised gypsy and traveller sites in the county. Given issues around access, and the temporary nature of the population, it is difficult to say how many individuals or families this equates to.
- There are approximately 400 gypsy and traveller children on roll in county schools, and 77 who are home-schooled.
- Education is an issue for the gypsy and traveller community. Few children stay on at school past Year 6 and many adults are unable to read and write.
- Contrary to popular belief, many gypsies and travellers are registered with their GP and dentist. However, there is a lack of understanding around issues such as diet, smoking, sexual health, immunisation, and cancer screening.
- Mental health is also a concern within the community, with issues around depression, anxiety and suicide.
- Many gypsy and traveller families will face issues around fuel poverty, housing, and benefits.

Prison Population

- In May 2023, HMP Gartree had a population of 591 males, against an operational capacity of 608. The majority of inmates were British nationals (86%).
- Over two-thirds of inmates were White (67%), followed by Black ethnic groups 13%, 11% Asian and 6% mixed/multiple groups.

GP Registered Population

- In June 2023, the number of people registered with a GP in Leicestershire was 753,281, compared with a resident population of 712,366, a difference of 40,915. This difference is the result of a number of factors, such as changes of address, multiple registrations and out of county registrations (both in and out of Leicestershire) but also the time difference between the registered population and the census.

2019 Indices of Deprivation

- Leicestershire is not deprived overall; the county is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation, where 1st is the most deprived.
- All seven Leicestershire districts fall within the least deprived half of all local authority districts within England. North West Leicestershire is the most deprived district in the county (ranked 216th out of 326) while Harborough is the least deprived (ranked 308th out of 326).
- However, pockets of significant deprivation exist; four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough (Loughborough Bell Foundry and Loughborough Warwick Way LSOAs) and two in the Greenhill area of Coalville.

- Just under 12,000 people in Leicestershire live in neighbourhoods falling in the two most deprived deciles nationally (out of a total population of just over 713,000). The vast majority of Leicestershire residents live in less deprived areas; over 406,000 people (57% of the total population) live in neighbourhoods falling in the three least deprived deciles nationally.

Employment and NEETs

- Fewer people in Leicestershire were considered economically inactive, 17.9%, compared to 21.5% in Great Britain. Within this group, Leicestershire had a higher proportion of retirees, 17.8% of the group compared to 13.8% nationally, but less long-term sick, 21.4% locally and 25.8% nationally.
- Leicestershire has one of the lowest NEET rates of all the county authorities in England at 1.3% of 16/17-year-olds.

Business

- Leicestershire's highest employment sector is manufacturing, followed by professional, scientific and technical. The rise of Transport and Storage has been large, with the pandemic bringing a logistics boom. The number of jobs increased by a third between 2019 and 2020. Jobs in Health have also seen a rise since 2019.
- Leicestershire is similar to the overall East Midlands profile in being predominantly micro and small businesses (97.9% and 98% of businesses respectively). Leicestershire had 31,220 active businesses in 2021, which has increased slightly since 2016 by 800 with some slight fluctuation.
- Business survival rates in Leicestershire are better than both regional and national comparisons for 3-year survival but behind both comparators for 5-year survival of businesses founded in 2016. Leicestershire has shown a fall in high growth businesses over the previous 5 years, from 155 in 2016 to 115 in 2021.

Occupations, Earnings and GDP

- Occupation data for January 2022-December 2022 shows that Leicestershire residents are much more likely to work in managerial and professional occupations (50.4% in Leicestershire) compared to other East Midlands residents (45.5%). Leicestershire residents are also more likely to work in administrative occupations and skilled trades (23.0% Leicestershire, 19.9% East Midlands). The final group, which includes process plant and machine operatives; and elementary occupations has 12.4% of the Leicestershire workforce compared to 19.2% in the East Midlands.
- Gross annual pay for Leicestershire residents is slightly above the East Midlands average but below the England average.
- GDP for Leicestershire for 2021 was £28,457 per head. This compares to £34,690 for England as a whole. GDP in Leicestershire dipped in 2020 due to the pandemic and this was also the case for the rest of England. Compared to 2019, GDP has returned to a similar level, and is £188 per head higher.

Qualifications

- Leicestershire has a lower proportion of the 16-64 population qualified to Level 4 (above 'A' Levels and in many cases will hold a degree) compared to national levels (2.9% fewer people) but the proportion is 5.0% higher than the East Midlands average. Considering Level 3 ('A' level or equivalent), Leicestershire has a higher proportion of population qualified to this level than both the Great Britain and East Midlands levels. This is also the case at Level 2 and Level 1. Fewer people in Leicestershire have no qualifications when compared to national and regional figures.

Travel to Work

- Workers in Leicestershire tend to work from home more than others. The other notable characteristic of Leicestershire workers is that a lower proportion of workers work less than 2km from home and between 2km and 5km.
- Leicestershire has the second highest proportion working between 10km and 20km from home.
- Leicestershire has the joint lowest 'passenger in car or van' (lift sharing') although several other authorities are similar (4%). Lowest 'on foot', less than half the proportion of Leicester city (6% and 14% respectively). Joint second highest 'driving a van or car' (54%). Joint lowest 'Bus, minibus or coach' (2%). The highest is Nottingham city at 12%.

JSNA Oral Health Chapter

- A copy of the full Oral Health JSNA Chapter is set out in the link attached - <https://www.lsr-online.org/uploads/oral-health-8.pdf?v=1696331112>
- A summary of the findings, conclusions and recommendations are set out in the section below and a short presentation, appended to this report, will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Oral Health Chapter Findings

- On behalf of the Health and Wellbeing Board the JSNA Oral Health chapter reviews the evidence base for oral health and oral inequalities. It looks at the local evidence of health inequalities using key measures such as life expectancy and healthy life expectancy.
- Groups found to be at highest risk of poor oral health included:
 - Children with special educational needs (SEN) and Looked After Children
 - Vulnerable elderly groups (including care home residents)
 - People with disabilities
 - Prison populations
 - Military Personal

- Refugees and Asylum Seekers
 - Gypsy, Roma and Traveller Groups
 - Homeless Community.
12. There are also a range of lifestyles that were explored as they increase the risk of poor oral health these include:
 - 150,000 adults and 5000 children with obesity
 - 65,450 adults who smoke
 - 66% of children not reporting eating 5 fruit or vegetables a day
 - The Human Papilloma Virus - vaccine uptake trending downwards.
 13. Large oral health inequalities were found to persist in both the adult and children population. 1 in 4 adults are without 20 or more natural teeth in the most deprived areas versus 1 in 10 in the least deprived areas. 1 in 4 adults in Leicestershire are likely to have one or more obvious untreated decayed teeth. It is also concerning that 14% of Gypsy or Traveller people describe their health as “bad” or “very bad”, more than twice as high as the white British group.
 14. Children are three times more likely to have a tooth extracted and twice as likely to experience tooth decay in the most deprived areas compared to the least deprived areas. 11% of 3 years and 23.7% of 5-year-olds already had experience of dental decay when surveyed. From surveying 3-year-olds for oral health it was also found that 20% of children from ‘other’ ethnic groups and 18.4% of Asian/Asian British children had already experienced dental decay.
 15. When implementing the recommendations certain challenges need to be considered, these centre around dental access and workforce shortage challenges with the dental workforce. At the time of writing the JSNA, 40% of dental practices were not registering any more NHS patients, 35% would only accept patients referred by another dentist and 10% of practices would only accept children.
 16. The dental workforce was surveyed by the Local Dental Committee and results made available to the JSNA to understand workforce challenges and inform the JSNA recommendations. The survey found that:
 - 95% (54 practices) reported difficulties recruiting dental staff.
 - 93% (41 practices) reported difficulties recruiting Qualified Dental Nurses.
 - 43% (23 practices) of those practices experiencing problems recruiting dentists report that posts had been vacant for 6-12 months.
 - 81% (35 practices) reported these DCP recruitment difficulties were affecting their ability to deliver their NHS contract.

Summary of Recommendations JSNA Oral Health Chapter

17. As a result of findings and analysis from the JSNA Oral Health chapter a range of recommendations have been developed, full details of which are available in the full JSNA chapter. Below are the summarised recommendations themselves.

Investigate access issues and work with them:

- The elderly, particularly those living alone and in residential homes
- Children living in poverty.
- Residents living in rural areas.
- Men of working age.
- Consider surveying the Gypsy, Roma, and Traveller population to obtain oral health needs and gain an understanding of barriers to oral health provision with the aim of addressing the findings.
- To explore community transport links which could positively impact residents access to dentists especially for those living in areas of high deprivation.

Support population groups at risk:

- Consider a targeted Oral Health Promotion Programme within residential homes including the Making Every Contact Count approach to support oral health and address the drivers of poor oral health.
- Consider training for care home staff in administering and supporting oral care including an analysis of their training needs.
- To explore evidence based alternative methods of delivery to support care home staff and residents if dental workforce shortages result in an inability to recruit the necessary skills.
- Consider targeted health promotion for the youngest children including a Community Fluoride Varnishing Programme targeting children with the highest need to begin with.
- To explore evidence-based alternatives to Community Fluoride Varnish that take into account dental workforce shortages.
- Explore applying to be a 'super user' to access more granular data from the results of the National Dental Epidemiology Programme (NDEP) survey to inform health promotion planning for 3- and 5-year-olds.

Promoting Healthy lifestyle choices

- Consider integrating Oral Health education into healthy lifestyle services.
- Consider ways to maintain healthy eating education in education settings.
- Consider ways to increase HPV vaccination uptake in eligible pupil populations.

- Continuation of the County Council's Oral Health improvement Team provision including supervised tooth brushing and oral health training

Increase public understanding

- Consider the need for accessible health literacy for groups known to be a higher risk of dental caries.
- Continuation of the County Council's Oral Health improvement Team provision including supervised tooth brushing and oral health training.
- Consider increasing the level of fluoridation programmes across Leicestershire.

Consultation and Patient/Public Involvement

18. The JSNA Chapters draw on a wide range of research and consultation evidence in forming their conclusions. Further details are set out in the detailed chapters attached in the links to the report.

Resource Implications

19. The recommendations in the report and JSNA Chapters are aimed at informing commissioning plans and associated budgeting processes for relevant health and care agencies. Particular recommendations may well have implications for the prioritisation of budgets across services.

Circulation Under Local Issues Procedure

None

Appendices

20. Appendix A – Presentation on the JSNA Oral Health Chapter
21. Demography JSNA Chapter - <https://www.lsr-online.org/leicestershire-2022-2025-jsna>
22. Oral Health JSNA Presentation – attached as Appendix.
23. Oral Health JSNA Chapter Draft - <https://www.lsr-online.org/uploads/oral-health-8.pdf?v=1696331112>

Officers to contact

Name: Richard Wilding

Job Title: Team Leader/Business Partner - Corporate Services/Insight

Telephone: 0116 305 1585

Email: richard.wilding@leics.gov.uk

Name: Hanna Blackledge

Job Title: Interim Public Health Intelligence Lead (JSNAs)

Email: Hanna.Blackledge@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

24. The JSNA chapters take due regard to the equality and human rights of different population groups. In particular, the Chapters examine sources of health inequalities and recommendations are designed to help alleviate issues created through identified Inequalities.

Partnership Working and Associated Issues

25. A broad range of partner organisations are involved in the support and care of our resident's oral health, these organisations have been consulted to understand the oral health landscape as members of the Task and Finish Group for the chapter and have been integral to shaping the recommendations resulting from the chapter.
26. With the Boards approval the recommendations will be taken forward via an action plan with partner organisations responsible engaged to implement the recommendations successfully.

Oral Health

Joint Strategic Needs Assessment (JSNA)



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP



Background and Aims

- On behalf of the HWB we formed a multi agency group with representation across the ICS
- How you would like us to proceed with the recommendations?
- How you would like to be kept up to date with on-going developments?





Who is at Risk?

Vulnerable children	Vulnerable adults	People with disabilities	Prison population
Military personnel	Roma Gypsy Traveller population	Refugees and Asylum Seekers	Homeless Community



Lifestyle Factors Can Cause Poor Oral Health

Obesity

150,000

Smoking

65,450

Diet

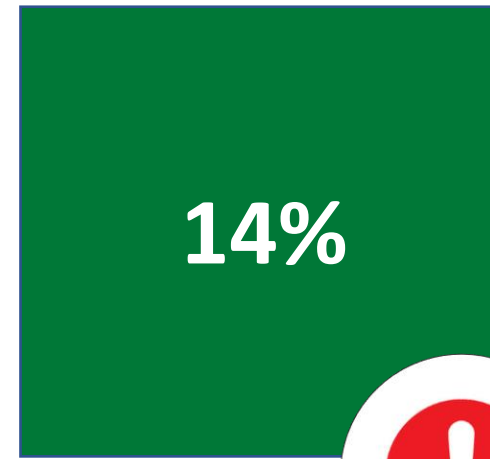
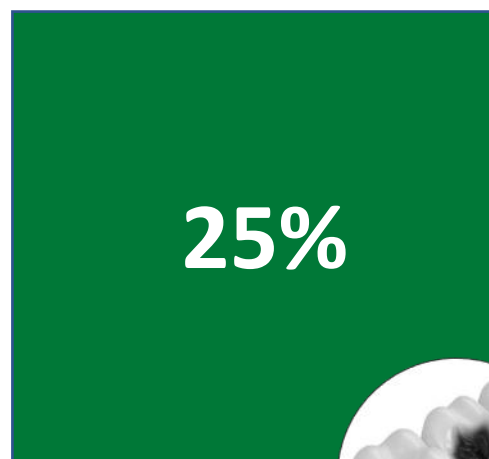
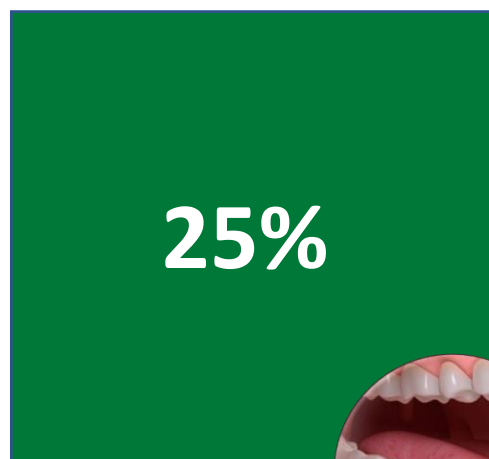
34%

HPV Vaccine





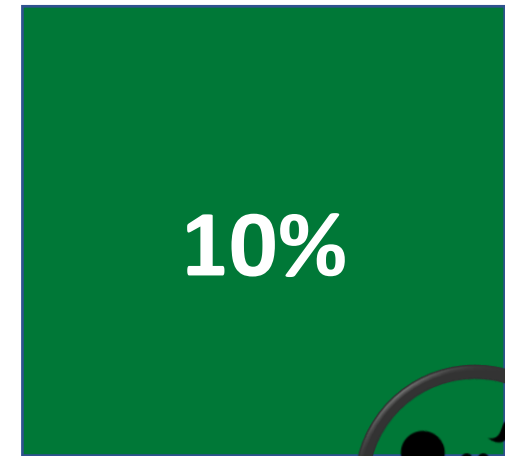
Health Inequalities Persist within our Adult Population



165

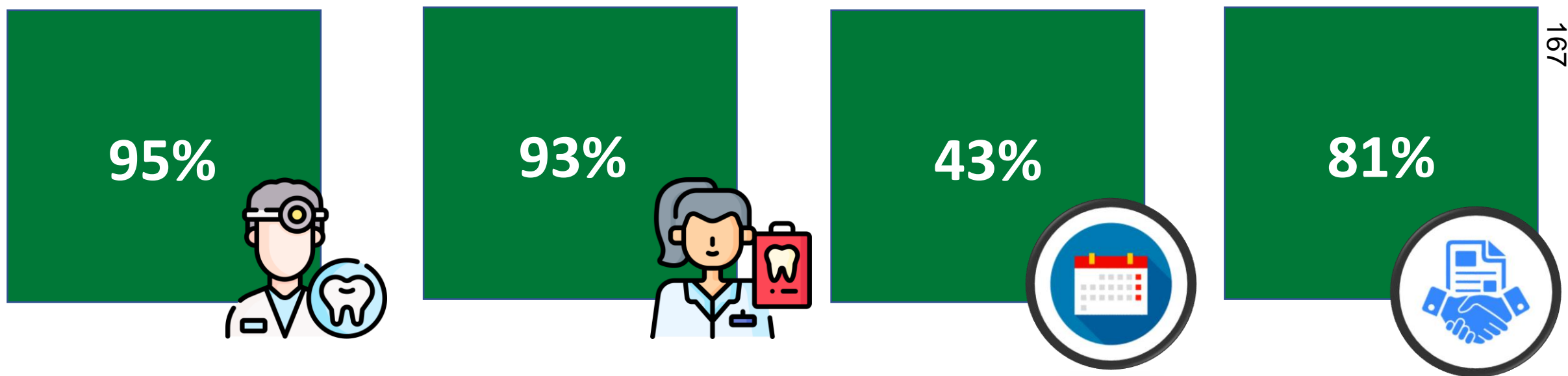


Accessing a Dentist





There are large workforce shortages across dentistry





Accessing a dentist is a national issue

- Fairer payments for more completed dental care.
- Attracting overseas dentists.
- Training dentists, dental therapists and hygiene professionals.

NHS Long Term Workforce Plan

June 2023





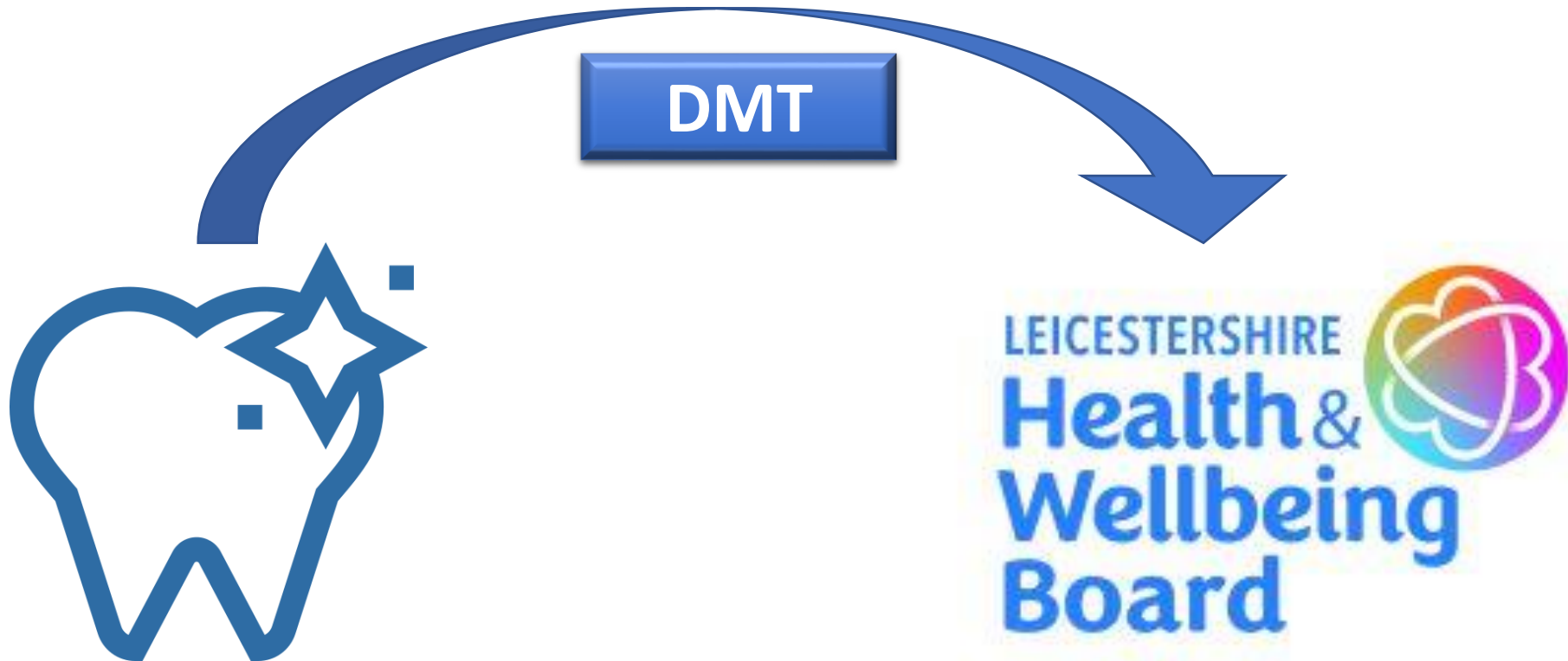
Recommendations

- Investigate access issues and work with them.
- Supporting Population Groups at Risk.
- Promoting Healthy Lifestyle Choices.
- Increase Public Understanding.





Proposed Governance





This page is intentionally left blank

**HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023****REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES****LEICESTERSHIRE CHILDREN AND FAMILIES PARTNERSHIP PLAN: PROGRESS UPDATE****Purpose of the report**

1. The purpose of this report is to present to the Health and Wellbeing Board a progress update on the delivery of the 'Best Start for Life' priorities of the Joint Health and Wellbeing Strategy which sits within the Children and Families Partnership Plan 2021-23.

Link to the local Health and Care System

2. The Children and Families Partnership is a subgroup of Leicestershire's Health and Wellbeing Board. The Children and Families Partnership Plan is aligned to the Leicestershire County Council Strategic Plan and Joint Health and Wellbeing Strategy.

Recommendation

3. The Health and Wellbeing Board is asked to note the progress in delivery of the Joint Health and Wellbeing Strategic Priorities that sit within the Children and Families Partnership Plan.

Policy Framework and Previous Decisions

4. In November 2016 the Health and Wellbeing Board approved the Terms of Reference for a Children and Families Partnership to replace the Supporting Leicestershire Families Executive as a subgroup of the Health and Wellbeing Board. The expanded remit included oversight of how the priorities for children and families as set out in the Joint Health and Wellbeing Strategy, are delivered.
5. In May 2018, the Health and Wellbeing Board approved the Children and Families Partnership Plan for 2018 - 21 and in November 2020 approved the refreshed Plan for 2021 - 23.

Background

6. The Children and Families Partnership Plan is a strategic document which sets out the shared vision for children, young people and their families and the priority outcomes that need to be improved. The Plan is not a detailed description of the individual work of each partner against the identified priority areas, but rather a summary of key areas of work that are best delivered together to have the biggest impact on the lives of children and young people.

7. The five priorities of the Partnership Plan are:
 - i. Ensure the best start for life (early years)
 - ii. Keep children safe and free from harm
 - iii. Support children and families to be resilient (early help)
 - iv. Ensure vulnerable families receive personalised, integrated care and support
 - v. Enable children to have good physical, emotional and mental health
8. The Integrated Care System Children's Design Group, Leicestershire Education Excellence Partnership, SEND and Inclusion Board, Youth and Justice Partnership Board and Early Help Partnership are aligned and provide regular reports to the Children and Families Partnership.

Progress update

9. Priority leads have continued to work with partners and other key stakeholders to deliver against the five priority action plans of the current Children and Families Partnership Plan, which runs to 2023. The Partnership is undertaking a review and refresh of the Partnership Plan and will align this to meet the objectives set out in the Best Start for Life chapter of the Joint Health and Wellbeing Strategy. The updated Partnership Plan will be shared with the Health and Wellbeing Board for agreement by December 2023.
10. For the purposes of this report, updates will focus on the progress that has been made against two the spotlight areas of the First 1001 Critical Days/School Readiness and Family Hubs.
11. The work being undertaken on the First 1001 Critical Days/School Readiness sits within the "Best Start for Life – Early Years" priority action plan of the current Children and Families Partnership Plan. This work aligns to the First 1001 Critical Days and School Readiness sub-themes of the Joint Health and Wellbeing Strategy.
12. Work to embed support for families throughout the First 1001 Critical Days has been focussed on workforce development, to raise awareness of the importance of the first 1001 days for children's development across the children's workforce. This includes a communications plan to share key messages and practical support with families.
 - Leicestershire County Council (LCC) Children and Family Wellbeing Service (CFWS) has developed an e-learning module that has been completed by 196 staff. This module is now mandatory for all new CFS staff and will be shared via the Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) website for all professionals to access. Multi-agency webinars have been delivered to LCC, LPT and UHL staff and to early years providers, foster carers and Homestart volunteers. Workshops have also been delivered to midwifery students at De Montfort University and students at further education colleges.
 - Resources, including a Five to Thrive leaflet and Baby's First 1001Days animation, have been developed in consultation with local parents to help share practical ideas for promoting children's development.

- Interactive events were delivered by Children and Family Wellbeing Service in March and September, aimed at sharing key messages and modelling the behaviours that support early brain development to attract families who don't usually engage in services. Messages are shared every other month via Council social media and also shared by UHL and LPT.

13. Work in relation to School Readiness has focussed on the early identification of children at risk of delay, embedding an integrated Early Years Pathway, delivering support and training to early years professionals. Including a communications plan to share key messages with families on the importance of accessing early years provision and practical ideas to support children's learning and development. Activity undertaken has included:

- Embedding an integrated Early Years Pathway. Identification of children at risk of delay has significantly improved through the sharing of two-year health review data and a pathway of support from Health, Children Family Wellbeing and Early Years SEND services is now well established. This data has also been used to support early years providers to attend a programme funded by Healthy England, Language & Living, SEND Integration. This is a joint project between health and education services across LLR. The focus of the programme has been to improve early identification and intervention for children with speech and language needs and occupational therapy needs, thereby preventing escalation of needs and onwards referral. Using data from ASQ low scores for fine and gross motor skills helped to pinpoint early years providers from Blaby and Earl Shilton where there were higher levels of need. Settings were invited to participate in the project through access to training, audits and questionnaires, supporting setting 'champions' to cascade information and learning strategies to settings and receiving on-site support from an Occupational Therapist where needed.
- Delivering a campaign to promote the importance of early education and access to early years provision. A robust communications campaign is now embedded as business as usual and data shows children are now returning to access their Early Years provision. 'Two to School' top tips for parents provide a range of hints, tips and examples to support parents in the home learning environment.
- Developing support for early years professionals and parents to address developmental areas impacted by Covid 19. The effects of the Covid 19 pandemic included delays in children's development of social skills, communication and literacy and had an impact on children accessing provision. Support at home is important for children's early development, in particular opportunities to share books and develop a wide vocabulary. As children's experiences at home vary, it is important that practitioners focus on communication and language for all children, particularly for those who do not benefit from a rich vocabulary at home. A raft of high-quality training has been offered to the Early Years workforce to enable them to support children effectively, including supporting practitioners to understand how children learn and develop oral language, which specific techniques help children to develop oral language, and identification of children who may need more frequent and targeted approaches.

14. Research shows that children who spend longer in early years provision have better educational outcomes later and that high-quality early years provision particularly benefits children from low-income backgrounds.
 - 96% of providers in Leicestershire are rated by Ofsted as good or better.
 - 80.7% percentage of Leicestershire children are reaching their age-appropriate milestones and achieving a good level of development at the 2-year health review.
15. Over the last five years, the trend for school readiness (percentage of children achieving a good level of development at the end of Reception year) has significantly increased. In 2022/23 the good level of development for Leicestershire was 69.1%, which is above both the national and East Midlands average. 70.9% achieve the expected Early Learning Goal for communication and language and literacy.
16. The work being undertaken through Family Hubs sits within Supporting Children and Families to be Resilient - Early Help priority of the current Children and Families Partnership Plan. This work aligns to the First 1001 Critical Days, School Readiness and Preparing for Life sub-themes of the Joint Health and Wellbeing Strategic Delivery Plan.
17. Family Hubs are a national programme of the Department for Education. Leicestershire was one of twelve local authorities to be successful in applying for Transformation Funding, a time limited grant funded programme (due to end September 2024) to support the transformation of partnerships and service delivery. Family Hubs are 'one-stop shops' for all families 0-19 (or to 25 for young people with SEND), providing access to information, advice, resources, and support.
18. Family Hubs are very much about partnership arrangements and, working across the Early Help System to ensure that as far as possible there are integrated services being delivered in local communities. This could include co-location, delivering services from Family Hubs, or working together as a Team around the Family or Community. In the county this is being developed through:
 - Buildings based activity. Re-branding and launch of 20 Children and Family Wellbeing Centres as Family Hubs, places where all families can go for help. Additionally, working closely with county libraries (including providing training to Library staff) to create 'Hubs in Libraries' offering access to information and advice through a Family Hubs partnership website.
 - Development of a website for Parents and Carers, Young People, Professionals, and Volunteers. As well as having appropriate and useful content, linking to relevant partner sites, the website will focus on self-help resources on key topics such as parenting and behaviour, health and wellbeing. Resources will also be available to support workforce development and induction, for example, developing brief videos which help to explain the multitude of different roles and organisations providing services to children and families.
 - Community Engagement. This includes work to engage with families in more rural areas who may lack access to buildings and who may also be experiencing digital poverty. Connections have been made with a wide range of partners who

may be able to support taking information out to communities, for example through the mobile library service, Rural Community Council, etc.

19. Other targeted engagement has included:

- Maternity Champions Project. A time-limited project was commissioned in Charnwood to help understand local barriers to services which were contributing to late bookings particularly amongst Black, Asian, and other Minority Ethnic communities. Centre for Fun and Families was commissioned to explore barriers and issues and work with the Children and Family Wellbeing Service to identify, train and support 'Maternity Champions' – individuals from local communities who can promote the importance of maternity and early years services and enable services to understand barriers to women accessing services.
- Work with Gypsy and Traveller communities through Leicestershire Gypsy and Traveller Equalities organisation. It has been identified that a growing number of young women, some who are also young parents, are living separately from their communities and require additional support to access services. It is also well known that Gypsy and Traveller families are unlikely to access maternity, early years, or other universal health services. By working with women from those communities we will develop a greater understanding of barriers, solutions, and improved ways of working.

Future Developments

20. Work on the 1001 Critical Days, School Readiness and Family Hubs priorities will continue as part of the refreshed Children and Families Partnership Plan for 2024-26. Activity to be undertaken over the next year will include:

- Developing a Maternity and Early Years Strategy and action plan for Leicestershire. The aims of the strategy and action plan include developing consistent and shared messages across all the providers working in the 0-5 arena, developing shared data systems so that as a partnership we can take collective responsibility for the delivery of high-quality services and work together to target areas or populations with the highest needs and meaningful engagement with Leicestershire communities to support our collective response to commissioning and quality assurance.
- Expansion of childcare - In the Spring Budget 2023, the Chancellor announced the expansion of childcare and by September 2025, most working families with children under the age of 5 will be entitled to 30 hours of childcare support. Leicestershire has seen a significant loss of childcare places due to the pandemic, cost of living crisis and retention and recruitment issues within the sector. The Early Years Inclusion and Childcare Service are working with providers to look at willingness and capacity within the sector to offer increased places.
- The Early Help Partnership is currently developing a new Early Help Strategy and action plan for Leicestershire aimed at providing a partnership approach to

the delivery early help and Family Hubs. In November the Early Help Partnership will be attending a workshop to develop a Theory of Change for Family Hubs. This event will be facilitated by Coram, the evaluation partner for Leicestershire's Family Hubs programme. The workshop will provide an opportunity for both strategic leads and practitioners to work on their shared vision for integrated working and transforming how we collectively deliver the Early Help System.

- Launch of the Family Hubs Website, currently scheduled for December 2023/January 2024.

Officer to Contact

Jane Moore
Director of Children and Family Services
Tel: 0116 305 2649
Email: jane.moore@leics.gov.uk

Mala Razak
Children and Families Partnership Manager
Tel: 0116 305 8055
Email: mala.razak@leics.gov.uk

Relevant Impact Assessments

Equality Implications

1. The Partnership Plan seeks to ensure that effective arrangements are in place so that services meet the identified needs of local people, and to deliver actions that have a positive impact on outcomes for children and families. An EHIRA screening has been carried out in relation to the impacts of the Plan and no equality, diversity or human rights impacts were identified. There are no equality implications arising from the recommendations in this report.



Leicestershire Children and Families Partnership

Health & Wellbeing Board – 31st October 2023



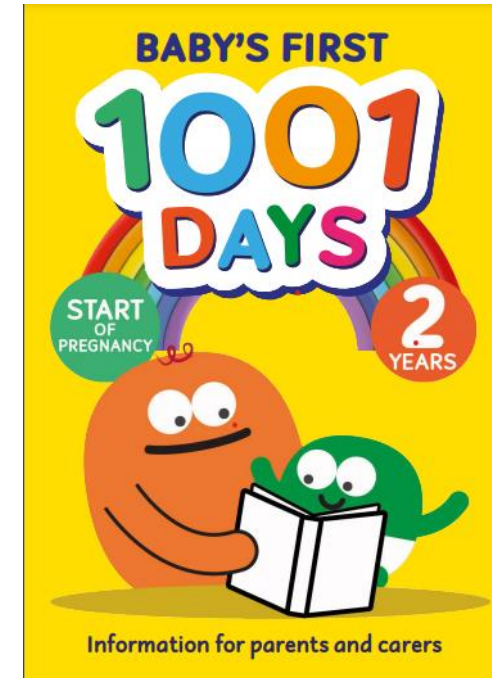
1001 Critical Days – Key Achievements

Workforce development:

- ❖ E learning module
- ❖ Multi-agency workshops
- ❖ Working with FE colleges

Communications plan:

- ❖ Social media
- ❖ Webpages
- ❖ Resources
- ❖ Locality events



Social Media



Facebook posts encouraging new parents to sign up for 1001 critical days events at the local Family Hubs (Children and Family Wellbeing Centres) - 19 posts in total

	Impressions	Likes/reactions	Comments	Shares	Link clicks	Other clicks/ detailed expands
Total	19446	56	7	52	77	50
Facebook	6900	43	6	42	57	50
Twitter/X	4860	9	1	10	10	n/a
NextDoor	7686	4	0	n/a	10	n/a



Impressions= number of people viewing the posts



Media Coverage – 1001 days events



6 Sept	https://coalville.nub.news/news/local-news/coalville-hub-is-to-host-free-session-to-help-parents-with-1001-critical-days-following-babys-birth-198750
6 sept	https://www.harboroughmail.co.uk/health/harborough-district-parents-and-carers-invited-to-free-baby-brain-development-sessions-4283304
8 sept	1001 Days baby development sessions – Interview fosse 107 radio
	Hinckley Times
21 sept	Harborough mail -Boost for your baby's brain



Coalville hub is to host free session to help parents with '1001 critical days' following baby's birth

By Coalville Hub News Reporter
6th Sep 2023 | Local News



Harborough district parents and carers invited to free 'baby brain development' sessions

The period from conception to a child's second birthday, is considered crucial by experts

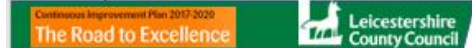
By The Newsroom
Published 6th Sep 2023, 16:54 BST – 1 min read
Updated 6th Sep 2023, 16:55 BST



School Readiness – Key Achievements



- ❖ Pathway of support
- ❖ Language & Living SEND Integration
- ❖ Ready for School letters and leaflets
- ❖ Two to School top tips
- ❖ Take up of Free Early Education Entitlement after COVID
- ❖ Communication & Language training



Early Years Foundation Stage Profile -2023 data (provisional)



GLD	All children	Boys	Girls	FSM
<u>National</u>	<u>67.3%</u>	<u>60.6%</u>	<u>74.2%</u>	<u>51.6%</u>
<u>East Midlands</u>	<u>66.8%</u>	<u>60.5%</u>	<u>73.5%</u>	<u>52.1%</u>
<u>Leicestershire</u>	<u>69.1%</u>	<u>62.7%</u>	<u>76.1%</u>	<u>45.8%</u>

Take up of Free Early Education Entitlement after COVID



	2 year old	3 year old
Autumn 22	92%	94%
Spring 23	90%	92%
Summer 23	75%	100%

Communication & Language - universal & targeted training



To enable effective support we have supported the Early Years workforce to access a raft of high quality training

Supporting Children's communication – the role of adult and communication strategies

- ❖ We are making them short one hour sessions
- ❖ Material back in the setting to cascade to staff
- ❖ Resources that have most demonstrable impact

Challenges – Expansion of childcare



- ❖ In the Spring Budget 2023, the Chancellor announced an expansion in childcare: 30 hours childcare support for every child over the age of 9 months for working parents by September 2025.
- ❖ This will be introduced in phases, with 15 hours childcare support for working parents of 2-year-olds coming into effect in April 2024 and 15 hours childcare support for working parents of 9 months in September 2024.
- ❖ This staggered approach will give childcare providers time to prepare for the changes, ensuring there are enough places and staff ready to meet increased demand. We want to make sure that taxpayers' money is used efficiently, and the new offer is delivered in the best way.
- ❖ The government is also working to deliver its ambition for all parents of primary school aged children to access childcare in their local area between 8am and 6pm.

Next Steps: Developing a Maternity and Early Years Strategy for Leicestershire



As we reviewed the strategy we wanted a partnership approach to the strategy
We needed to map and understand the current networks/meetings/strategies that exist across LLR in this '0-5' space:

- ❖ Healthy Babies Strategy Group: Strategy to Support Healthy Pregnancy, Birth and Babies in LLR 2019-2024
- ❖ Better Births Plan LLR
- ❖ Maternity Services Liaison Committee
- ❖ 1001 Critical Days Steering Group
- ❖ Infant Feeding Strategy Group
- ❖ Maternity Design and Early Years Pathway Delivery Group (LLR)

Leicestershire Maternity and Early Childhood Strategy 2023- 25



Aims

What we hope to achieve from this strategy and action plan:

1. **Consistent and shared messages across all the providers working in the 0-5 arena:** It is important that our workforce is informed, has a shared evidence base, a good understanding of services available, and how to access them
2. **An ability to prioritise services according to need:** This requires us to develop shared data systems so that, as a partnership, we can take collective responsibility for the delivery of high-quality services and work together to target areas or populations with the highest needs and agree our shared outcomes
3. **Meaningful engagement with Leicestershire communities:** For example, maternal voice is heard and responded to in the delivery of this strategy. This will support our collective response to commissioning and quality assurance.

061



Family Hubs



The story so far

- Leicestershire County Council was **awarded nearly £1 million from the £12 million family hubs transformation fund to set up Family Hubs across Leicestershire.**
- Family Hubs are ‘one-stop shops’ where families with children and young people (0-19 and up to 25 for young people with SEND) can access a **broad and integrated range of early help** to overcome difficulties and build stronger relationships.
- The hubs will be a mixture of physical and virtual spaces, where people will have easy access to a range of family advice, support services and **guidance** on issues such as social care, education, and mental and physical health.
- A network of ‘family hubs’ will be created across **Leicestershire** The county’s family hubs are set to be up and **running by spring 2024**



Key Achievements: Partnership Conference 2023

In mid-June we held our first partnership conference at Kegworth which attracted over 60 colleagues from partner organisations across Leicestershire. It was a fantastic opportunity to meet up in person, listen to some inspirational speakers in workshops focussing on leadership, Reducing Parental Conflict and building our digital website. The opportunity to share our thinking, network and focus on shared priorities was received well. We had some great feedback from those who attended and are already planning our next.





Start for Life

- We will deliver a Start for Life offer through the Children and Families Partnership Plan, Priority One – Maternity and Early Years Strategy
- The Start for Life offer will be published and made available to families and professionals through the Family Hubs website by March 2024

Working to reduce barriers to services

During the feasibility stage for Family Hubs, and through our partnership working, 2 areas identified for closer focus:

1. Access to maternity and early years services. Drawing on the 'Equity and Equality' guidance plus local findings on late bookings, Maternity Champions project in Loughborough
 - Centre for Fun and Families
 - Reaching women in communities who may tend to book late or be unaware of services
 - Volunteer programme to sustain learning and connection to services

Family Hubs - Community Engagement Work

- Reaching out to families and communities to ensure our work is built on family needs
- Initial focus on rural areas (lack of access to buildings, digital poverty)
- Connecting with a wide range of partner organisations which includes:
 - Rural Community Council
 - Menphys
 - Active Together
 - Read Easy
 - HAF events
 - All of our usual partners such as Healthy Together, VRN, Police, District Councils, Schools, Voluntary and Community Centre, CAMHS
- Exploring creative solutions – linking with mobile rural services – library bus, Leicestershire Mind, Rural Community Council, etc.

MONTH	SITE	OPENING DATE
May	Coalville	26/05/2023
June	Loughborough West	01/06/2023
June	Venture House	20/06/2023
June	Hinckley Granville Road	30/06/2023
August	Mkt Harborough	08/08/2023
August	Wigston Magna	09/08/2023
September	Braunstone Town	05/09/2023
September	Huncote	14/09/2023
September	Wigston Library	19/09/2023
October	Syston Library	05/10/2023
October	Greenhill	18/10/2023
October	Shelthorpe	25/10/2023
November	Earl Shilton	03/11/2023
November	Earl shilton Library	06/11/2023
November	Hinckley Library	07/11/2023
November	Barwell	15/11/2023
November	Bagworth	24/11/2023
December	Lutterworth	05/12/2023
December	Lutterworth Library	07/12/2023
January	Castle Donington	09/01/2024
January	Loughborough Library	18/01/2024
January	Measham	23/01/2024
February	Moirā	12/02/2024
February	Broughton Astley	16/02/2024
March	Thurmaston	20/03/2024
March	Mountfields	27/03/2024
March	Harborough Library	no formal opening
March	Melton Library	no formal opening
March	Ashby Library	no formal opening
March	Coalville Library	no formal opening
March	Birstall Library	no formal opening
March	Blaby Library	no formal opening
March	Broughton Astley Library	no formal opening
March	Glenfield Library	no formal opening
March	Oadby Library	no formal opening
March	Shepshed Library	no formal opening



Reducing Parental Conflict

“Relationships Matter in Leicestershire”

- Partnership document sharing vision, aims, commitment
- Why relationships matter
- Underpins relational working across the partnership
- Link to workforce development

Impact: Reducing Parental Conflict

- Parental Conflict Toolkit – We have commissioned a Toolkit as workers told us that they lacked the confidence and resource to ask those difficult questions around relationships. We continue to roll out this training to people working directly with families. To date we have trained 438 professionals and volunteers, including 40 schools.
- Core Development Group (CDG) – Steers RPC in Leicestershire and has representation from many partners including CFWS, Public Health, Education, Violence Reduction Network, District Councils, Centre for Fun & Families, Leicestershire GATE (Gypsy Traveller Equality). Midwifery and Police have recently joined the Group.

Family Hubs: Challenges

- Majority of funding to be spent by end of March 2024
- Funded work ends September 2024
- Short timescale for achieving transformational change
- Family Hubs is a key element of the wider Early Help System
- Work to promote understanding that Early Help is everyone's responsibility, not a referral.

Next steps: Workforce & Website Development

- Across our business support networks we have Centre Support Assistants, central business support staff and library assistants who have accessed training on Making Every Contact Counts, an Introduction to Adult Mental Health, Reducing Parental Conflict and Trauma Informed practice .
- Ambition to develop an early help competency framework and learning and development plan across LLR – work just starting with City and Rutland
- Website currently has a holding page - [Family Hubs Leicestershire](#)
- Dedicated areas for Parents & Carers, Young People, volunteers and Professionals
- Website designed to be a self help element of early help with a focus on improving community resilience and reducing the reliance on referrals being the favoured route to support

Evaluation of change

- Pleased to have appointed Coram to undertake a process evaluation of our work on Family Hubs
- Developing a Theory of Change – November partnership workshop
- Opportunities for involvement in focus groups and workshops

Evaluation of change

- Pleased to have appointed Coram to undertake a process evaluation of our work on Family Hubs
- Developing a Theory of Change – November partnership workshop
- Opportunities for involvement in focus groups and workshops



HEALTH AND WELLBEING BOARD – 31 OCTOBER 2023

LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23 AND BUSINESS PLAN 2023-25

Purpose of the Report

1. The purpose of this report is to present to the Health and Wellbeing Board the Annual Report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2022/23, and the Business Plan of the LRSAB for 2023-25.
2. The final LRSAB Annual Report is the report of the SAB Independent Chair who must publish an annual report on the effectiveness of safeguarding adults in the local area. This is a statutory requirement under the Care Act 2014.
3. The Annual Report and Business Plan are shared with the Health and Wellbeing Board to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems.

Recommendation

4. The Health and Wellbeing Board is asked to note the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) Annual Report for 2022/23 and Business Plan for 2023-25 and take into account the key points of relevance relating to health and wellbeing.

Policy Framework and Previous Decisions

5. The LRSAB is a statutory body established as a result of the Care Act 2014. The main purpose of the LRSAB is to ensure effective, co-ordinated multi-agency arrangements for the safeguarding of adults.
6. Safeguarding Adults Boards have three core duties. They must:
 - Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
 - Publish an annual report detailing how effective their work has been;
 - Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.
7. The LRSAB has a Strategic Plan for 2020-2025. This is a shared plan with the Leicester Safeguarding Adults Board. The Strategic Plan of the LRSAB for 2020-2025 was presented to the Health and Wellbeing Board on 9th July 2020. The Business Plan supports the Strategic Plan and relates to the first of these duties, and the Annual Report to the second of these duties.
8. The Leicestershire and Rutland Safeguarding Adults Board (LRSAB) and the Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) share some

operational arrangements. They also share some partnership structures with the Leicester Safeguarding Children Partnership Board (LSCPB) and Leicester Safeguarding Adults Board (LSAB).

9. It is a statutory requirement for the Chair of the SAB to publish an Annual Report into the effectiveness of safeguarding adults arrangements in the local area. This report must be reported to the Leader of the Council together with the Chief Executive of the local authority, the Chairman of the Health and Wellbeing Board, the Police and Crime Commissioner and local Healthwatch.
10. In Leicestershire and Rutland there is, in addition, a protocol between both safeguarding boards and the Health and Wellbeing Board that requires the presentation of the Business Plans of the safeguarding boards with an expectation that the Health and Wellbeing Board will consider any implications of these plans for the health and well-being strategies of the county.

Background

LRSAB Annual Report 2022/23

11. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2022/23 on service quality and on safeguarding outcomes for adults in Leicestershire and Rutland. Specifically, it evaluates performance against the priorities that were set out in the LRSAB Business Plan 2022/23.
12. The full version of the Annual Report 2022/23 is provided as Appendix A.
13. The key messages from the LRSAB, specifically in relation to the Leicestershire Health and Wellbeing Board are:
 - a) As is reported nationally, there continues to be pressure on health and care services in Leicestershire, and in turn this impacts on the workforce.
 - b) In relation to the Hidden Harm Business Priority, the LLR SAB Performance Subgroup produced a Hidden Harm Assurance Report for 2022/2023. It collated information from across subgroups and partnerships on hidden harm, including analysis of insights project, alerts and community concerns. It was presented to the SABs early in the new business year. Work was completed in relation to Self-Neglect, Domestic Abuse, Cuckooing, and adults with Learning Disabilities
 - c) In relation to the Care Homes Business Priority, a resource pack was developed by the LLR SAB Training Subgroup for care providers. It highlights procedures, guidance, information and resources available to care homes. Also, a multi-agency audit was carried out, and the LLR SAB Performance Subgroup collated data and assurance on safeguarding in care homes and produced a report for 2022/23.
 - d) Data has not altered significantly; the Board will look at this in the next year as partners return to pre-Covid service levels.
 - e) There were fewer Safeguarding Adults Reviews (SARs) commenced in 2022/23 and the Board continued to work on and implement the lessons learnt from SARs.
 - f) Stronger links were formed between the SAB and the LLR Carers Delivery Group through a representative of that group joining the Board.

Business Plan 2023-25

14. The LRSAB Business Plan sets out the key deliverables and activities required regarding the Board's priorities for 2023-25. The plan is shared with the Leicester Safeguarding Adults Board (LSAB) and is [published](https://www.lrsb.org.uk) on the on the Safeguarding Partnership's website www.lrsb.org.uk.
15. The LRSAB Business Plan is provided as Appendix B to this report and the priorities are outlined in the table below.

1. Self-Neglect	Ensuring that local safeguarding partners are working together to effectively safeguard adults who self-neglect
2. Mental Capacity Act	Ensuring that local safeguarding partners are using the Mental Capacity Act to effectively safeguard adults, where appropriate
3. Domestic Abuse	Understanding the local response to domestic abuse in older people and safeguarding adults

Consultation/Patient and Public Involvement

16. The Annual Report includes a summary of the consultation and engagement work the SAB have carried out with adults with care and support needs and practitioners. There are several quotations included in the report.
17. All members of the SAB have had opportunities to contribute to and comment on drafts of the Annual Report.
18. Prior to publication, the LRSAB Annual Report was considered by the Adults and Communities Overview and Scrutiny Committee and Cabinet. Both welcomed the report.

Resource Implications

19. There are no resource implications arising from this report, as this is a retrospective report. The LRSAB operates within a budget to which partner agencies contribute.
20. Safeguarding partners have, along with Safeguarding Children Partnership (SCP) statutory partners, set a single agreement of principles to share the operating costs of the Safeguarding Children Partnership (SCP) and Safeguarding Adults Board for Leicestershire and Rutland.
21. Expenditure has significantly reduced in the last year. This is due to support services no longer being used, with the processes being brought in-house. Additionally, expenditure on Safeguarding Adult Reviews decreased due to the number of reviews already being in an advanced stage and alternative methodologies being used, as appropriate. There was no cost for SAB engagement as a number of projects had been paid for in the previous year. As of 1st April, the Safeguarding Partnerships' reserve funds stand at £168,895. Plans for further use of these reserve funds will be drawn up in the coming year.
22. Leicestershire County Council hosts the Safeguarding Partnerships Business Office that supports the SAB and the SCP.

Timetable for Decisions

23. The [Annual Report was published](#) on 19th September 2023 on the Safeguarding Board's website www.lrsb.org.uk. Comments from the Health and Wellbeing Board will feed into the planning and reporting process for the coming year.

Background Papers

24. Report to the Health and Wellbeing Board on 1st December 2022 "[Leicestershire & Rutland Safeguarding Adults Board Annual Report 2021/22 and LLR SAB Business Plan 2022-23](#)".

Circulation under the Local Issues Alert Procedure

25. None.

Appendix

26. Appendix A: Annual Report of the Leicestershire and Rutland Safeguarding Adults Board 2022/23

Appendix B: Joint Business Plan for the Leicester, Leicestershire & Rutland Safeguarding Adults Boards 2023-25

Officers to Contact

Seona Douglas, Independent Chair of the LRSAB
Safeguarding Partnerships Business Office, Leicestershire County Council
Telephone: 0116 305 7130
Email: lrsbpo@leics.gov.uk

Jon Wilson, Director of Adults and Communities
Tel: 0116 305 7454
Email: jon.wilson@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

27. The LRSAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership to safeguard adults. At the heart of the work is a focus on any individual or group that may be at greater risk of safeguarding vulnerability. The Annual Report includes a summary analysis of the characteristics of the subjects of SARs.

Health Implications

28. Safeguarding is everyone's responsibility. Health and care needs can be linked to safeguarding risk for adults and children and the health and care system can support the prevention of, identification of and response to safeguarding risk.
29. The Care Act 2014 requires that a SAB develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself

with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health
- The safety of adults with care and support needs living in social housing
- Effective interventions with adults who self-neglect, for whatever reason
- The quality of local care and support services
- The effectiveness of prisons in safeguarding offenders
- Making connections between adult safeguarding and domestic abuse.

Crime and Disorder Implications and Environmental Implications

30. The LRSAB works closely with Community Safety Partnerships in Leicestershire to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups, for example domestic abuse and Prevent. The Safeguarding Partnerships Business Office also supports Community Safety Partnerships in carrying out Domestic Homicide Reviews.
31. The published LRSAB Annual Report will primarily be made available online in electronic form, rather than paper. There are no environmental implications arising from this report.

Partnership Working and associated issues

32. Safeguarding adults is dependent on the effective work of the partnership as set out in national regulation relating to the Care Act 2014.

This page is intentionally left blank



**Safeguarding
Adults Board**
LEICESTERSHIRE & RUTLAND

**Leicestershire & Rutland
Safeguarding Adults Board
Annual Report - 2022-23**



A Message from the Independent Chair

I was delighted in December 2022 to be offered the role of chairing the Leicester and Leicestershire & Rutland Safeguarding Adults Boards. Partners have already impressed me with their commitment to people who use our services, and working together to make sure that we understand the profile of those adults at risk, and ensuring they receive the care, support and services they require when necessary.

Since taking up the role, I have started to make sure that I get out and about in the area to gain an understanding of the local issues. I am passionate about supporting the Boards to constantly ensure that residents are at the centre of all that we do, and that our processes and procedures support this focus.

The subgroups that support the work of the Safeguarding Adults Boards have delivered a great amount this year which is all detailed in the Report; however, partners are aware we still have a lot of work to do. Currently we are looking at the information and data collected by partners across the Boards to see what this is telling us about the nature of safeguarding activity, so that we can consider how we prevent adults being in vulnerable situations which lead to them being at risk of abuse. It is also important where there are risks that we all work together to swiftly address any concerns highlighted. All partners want to ensure that we work, and make decisions that are evidence based, and take account of the people who use our services views and aspirations.

It is hard for people at the current time, with emergence from COVID 19, and isolation and loneliness still significant issues for many. The pressures on households may continue in the foreseeable future with the fluctuations of economic pressures, which partners are all aware can add to stress within families. This at times can be very challenging.

I would like to thank all partners for their hard work and dedication and professionalism in working to support adults at risk and being open to continually looking to improve the services/support provided, and I look forward to continuing the work with them in the future.

I hope you will find that this Annual Report reflects well on the work of the Leicestershire & Rutland Safeguarding Adults Board for 2022/23 as already highlighted and the challenges some of which remain for our communities.

The Safeguarding Adults Boards are currently reviewing their Strategy and refreshing some elements of this, so that we focus on the issues that really matter in Leicester, Leicestershire, and Rutland, and we work to increase our ability to gain feedback from as many people as possible to inform future objectives.

We are also working with other partnership Boards, and the Health and Wellbeing Board, to continue to coordinate across the area with regard to protecting and supporting any adult at risk.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the Safeguarding Adults Boards in the next year to continue this journey.

Seona Douglas, Independent Chair

The Safeguarding Adults Board

The Care Act 2014 stipulates that each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. A SAB must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.

The Leicestershire & Rutland Safeguarding Adults Board brings together organisations across the counties of Leicestershire and Rutland to oversee the multi-agency approach to safeguarding adults with care and support needs.

The work of the SAB is informed by the six key principles which underpin all adult safeguarding work, as set out in the [Care and Support Statutory Guidance](#):

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability.

The SAB:

- Sets how organisations should work together to safeguard adults with care and support needs
- Provides multi-agency training and development resources to support good safeguarding
- Tests how well organisations are working together and the difference this is making
- Reviews serious safeguarding incidents to identify improvements needed
- Uses learning and feedback to improve and develop how agencies work together to safeguard adults.



Safeguarding adults means helping adults at risk who need support from community care services to keep their independence, remain safe and exercise choice in their life. The Board partner agencies from the statutory, voluntary and independent sector come together to seek assurance that the persons thought to be at risk stay safe, are effectively safeguarded against abuse, neglect, discrimination, are treated with dignity and respect and enjoy a high quality of life.

The SAB members are made up of the following agencies:

LEICESTERSHIRE & RUTLAND SAB MEMBERSHIP	
Criminal Justice	Leicestershire Police
	HMP Prisons
	National Probation Service (NPS)
Emergency Services	East Midlands Ambulance Service (EMAS)
	Leicestershire Fire and Rescue Service (LFRS)
Health	Leicester, Leicestershire and Rutland Integrated Care Board (ICB)
	Leicestershire Partnership NHS Trust (LPT)
	University Hospitals Leicester NHS Trust (UHL)
Local Authorities (Leicestershire and Rutland)	Adult Social Care
	Public Health
	Lead Member
District and Borough Councils	Joint representative for all areas
Government Department	Department of Work and Pensions
Consumer Champions	Healthwatch

For the beginning of the period this report covers, the Clinical Commissioning Groups (CCGs) for the area were partners, but these were replaced by an Integrated Care Board (ICB) from July 2022.

A new Independent Chair, Seona Douglas, was appointed in December 2022. The Independent Chair for Leicestershire and Rutland is jointly appointed with the Leicester Safeguarding Adults Board.

The full membership of the partnership can be found on the SAB website <https://lrsb.org.uk/sab-membership-list>

This is the statutory annual report of the SAB outlining the work it has carried out during 2022/23.

For more information on how the Board works please visit www.lrsb.org.uk/adults

Safeguarding Data

Leicestershire

Safeguarding Enquiries and Alerts

	2021/22	2022/23
Individuals Involved In Safeguarding Concerns	4423	4035
Individuals Involved In Section 42 Safeguarding Enquiries	621	457
Conversion rate of concerns to enquiries	14%	11%
Number of Concluded Section 42	694	494

Concluded Enquiries by Types of Abuse

(more than one type of abuse can be recorded against enquiries so percentages will not add up to 100%)

	2021/22	2022/23
% of completed enquiries which record – Physical Abuse	31%	28%
% of completed enquiries which record – Sexual Abuse	9%	10%
% of completed enquiries which record – Psychological Abuse	21%	23%
% of completed enquiries which record – Financial or Material Abuse	24%	23%
% of completed enquiries which record – Discriminatory Abuse	1%	<1%
% of completed enquiries which record – Organisational Abuse	19%	22%
% of completed enquiries which record – Neglect or Acts of Omission	28%	32%
% of completed enquiries which record – Domestic Abuse	7%	10%
% of completed enquiries which record – Sexual Exploitation	3%	2%
% of completed enquiries which record – Modern Slavery	2%	2%
% of completed enquiries which record – Self-Neglect	4%	5%

Making Safeguarding Personal

Concluded Enquiries – outcomes asked / expressed

	2021/22	2022/23
Yes they were asked and outcomes were expressed	54%	56%
Yes they were asked but no outcomes were expressed	14%	14%
No	17%	15%
Don't know	5%	5%
Not recorded	10%	10%

Concluded Enquiries where outcomes expressed – outcomes achieved

	2021/22	2022/23
Fully Achieved	60%	58%
Partially Achieved	33%	35%
Not Achieved	7%	7%



INDIVIDUALS INVOLVED IN SAFEGUARDING CONCERNS

2021/2022 2022/2023
4423 - 4035

Individuals Involved In Section 42 Safeguarding Enquiries
2021/2022 - 621 - 2022/2023 - 457

CONVERSION RATE of concerns to enquiries

2021/2022 2022/2023
14% 11%

Number of **Concluded** Section 42 **694 - 494**



Leicestershire has seen a drop in concerns and enquiries. There has been a drop in the category of physical abuse and an increase in neglect. Consequently, the highest category of abuse in 2022-23 is neglect and acts of omission. "Fully achieved" desired outcomes is still primarily the recorded outcome at the end of the enquiry.

"My relative is being looked after in the care home very well. I am more than satisfied. I go into see her every day and I see for myself the excellent care she receives."

"Excellent carers – kind and caring. They keep in touch with my daughter-in-law and let her know if the nurse or GP needs to be contacted."

Feedback from people who use Leicestershire services

Rutland

Safeguarding Enquiries and Alerts

	2021/22	2022/23
Individuals Involved In Safeguarding Concerns	277	261
Individuals Involved In Section 42 Safeguarding Enquiries	33	44
Conversion rate of concerns to enquiries	12%	17%
Number of Concluded Section 42	36	24

Concluded Enquiries by Types of Abuse

(more than one type of abuse can be recorded against enquiries so percentages will not add up to 100%)

	2021/22	2022/23
% of completed enquiries which record – Physical Abuse	19%	4%
% of completed enquiries which record – Sexual Abuse	8%	4%
% of completed enquiries which record – Psychological Abuse	6%	0%
% of completed enquiries which record – Financial or Material Abuse	0%	13%
% of completed enquiries which record – Discriminatory Abuse	0%	0%
% of completed enquiries which record – Organisational Abuse	0%	0%
% of completed enquiries which record – Neglect or Acts of Omission	64%	75%
% of completed enquiries which record – Domestic Abuse	3%	4%
% of completed enquiries which record – Sexual Exploitation	0%	0%
% of completed enquiries which record – Modern Slavery	0%	0%
% of completed enquiries which record – Self-Neglect	0%	0%

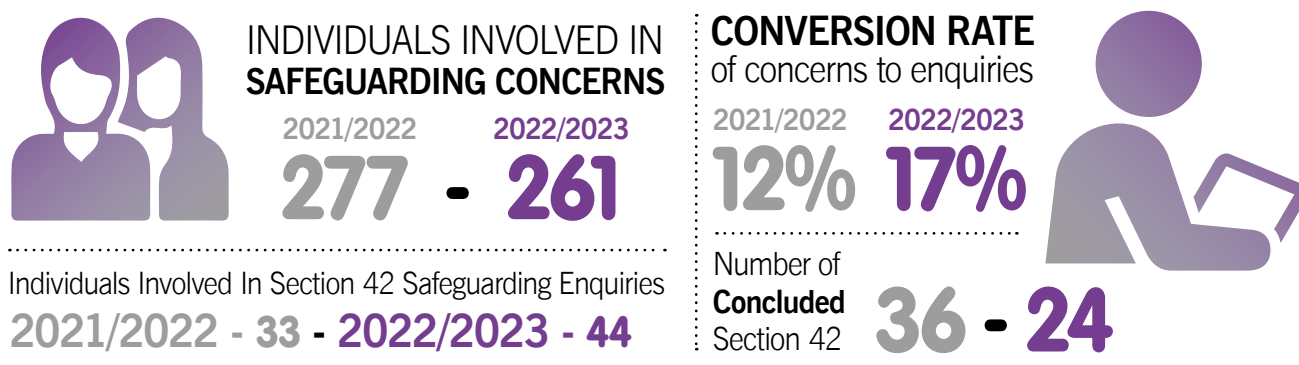
Making Safeguarding Personal

Concluded Enquiries – outcomes asked / expressed

	2021/22	2022/23
Yes they were asked and outcomes were expressed	86%	79%
Yes they were asked but no outcomes were expressed	11%	0%
No	0%	0%
Don't know	0%	4%
Not recorded	3%	17%

Concluded Enquiries where outcomes expressed – outcomes achieved

	2021/22	2022/23
Fully Achieved	55%	58%
Partially Achieved	39%	26%
Not Achieved	6%	16%



Rutland has seen a small drop in concerns; however, an increase in enquiries. There has been a drop in the category of physical abuse and an increase in financial abuse compared to 2021-22. Rutland believe that there may be some interaction between neglect and physical abuse – i.e. they may be cross-recorded as multiple categories of abuse. Rutland are starting to see multiple recording of categories of abuse as it is a true reflection of the abuse that occurred. This has only happened in a couple of enquiries in 2022/23 but will be more present in 2023/24 reporting. The highest category of abuse remains neglect and acts of omission. “Fully achieved” desired outcomes is still primarily the recorded outcome at the end of the enquiry.

“They were helpful and they did their best for me.”

“I could say what I wanted to say and they listened to me.”

Feedback from people who use Rutland services

Meeting our Strategic Priorities

The SAB set a joint Strategic Plan for 2020-2025 with the Leicester SAB in 2020 which provides the framework for forward priorities of the two SABs.

The strategic priorities are:

Core Priorities

1. Ensuring Statutory Compliance – carrying out the required functions of the SAB
2. Enhancing Everyday Business of our partners

Developmental Priorities

1. Strengthening User and Carer Engagement
2. Raising awareness within our diverse communities
3. Understanding how well we work together
4. Prevention – helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

The SAB also sets annual Business Plans to progress work as part of the Strategic Plan. The work on these priorities is embedded within the assurance, training, procedure and review work of the SAB outlined further in the following sections of this report.

The annual business plan priorities for 2022/23 were Hidden Harm and Care Homes. Further detail on these is provided later in the report.



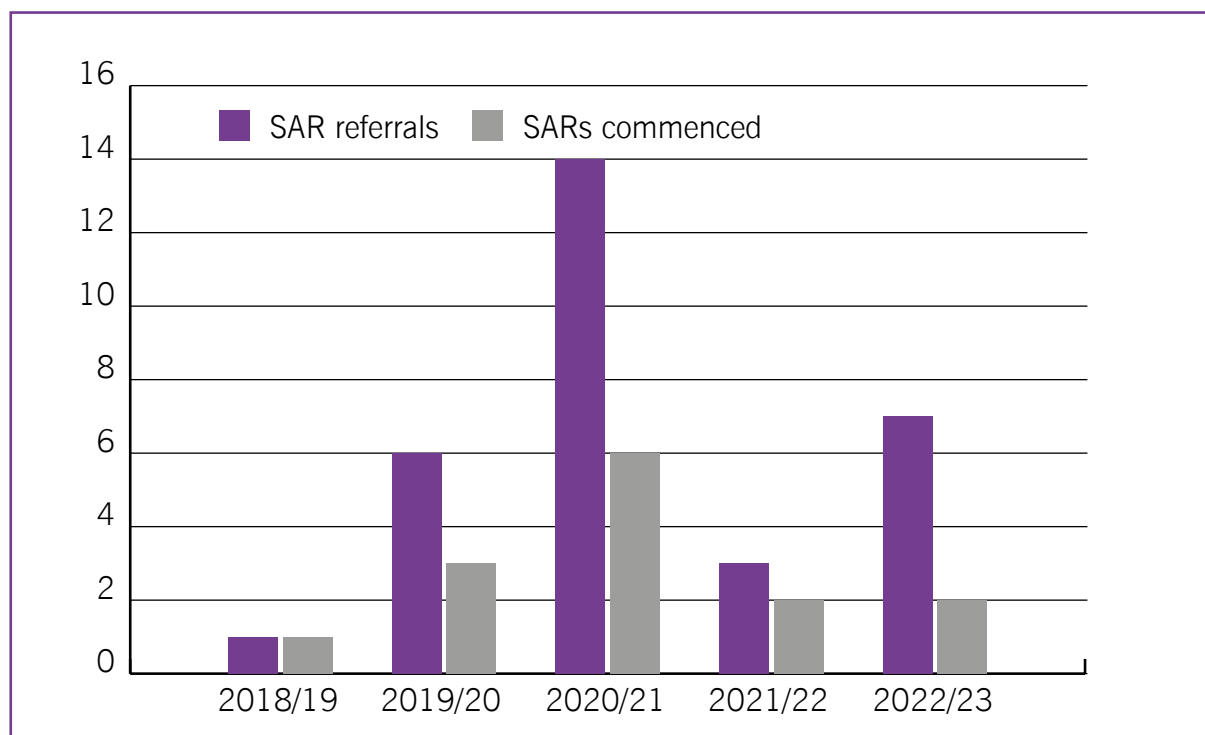
Core Priority 1: Ensuring statutory compliance

Safeguarding Adults Reviews

Safeguarding Adults Boards have a statutory duty under Section 44 of the Care Act 2014 to undertake Safeguarding Adults Reviews (SARs) into cases where individuals with care and support needs have been seriously harmed or died and abuse or neglect is suspected. The reviews are focused on identifying how multi-agency safeguarding systems and practice can be improved in future.

During 2022-23 the SAB had seven referrals for SARs. This is an increase of three referrals from 2021-22 but a reduction from 14 in 2020-21. The SAB identified two of these met the criteria for a review. One of these SARs resulted from a re-referral. Another SAR from a referral made in 2022-23 will be commenced within 2023-24. With the other referrals, the SAB determined the cases did not meet the criteria for a SAR. The SAB continued work on seven other SARs, with four of these being completed and two being published during the year.

The chart below shows the number of referrals for SARs and SARs commenced each year for the past five years. In some cases, a SAR may have been referred in one year and commenced in the next year.



Of the nine people considered as subjects of SARs agreed or under way during 2022/23:

- Five (55%) were female and four (45%) male
- Seven (78%) were of White British ethnicity, one (11%) of Asian ethnicity and one (11%) of White and Black mixed heritage
- Two (22%) were aged over 65 and one (11%) was aged under 25
- Three (33%) had mental ill-health
- Three (33%) had a learning disability

We have reviewed how we record protected characteristics of adults in our Safeguarding Adults Reviews to ensure that each individual's diverse needs and experiences are identified and analysed appropriately. We recognise the importance of continuing to develop our understanding of under-representation of people from the Black, Asian and Multi-Ethnic/Global Majority communities.

Of the five reviews open at the end of March 2023, one had been in progress for more than 18 months, two further had been in progress for around 12 months and two had been in progress for 6 months.

Key areas of learning from the SARs worked on during 2022-23 were:

- When working with adults with a learning disability, agencies need to be assured that they place their voice at the centre of care plans
- Practitioners need to feel confident to address and challenge the use of inappropriate language, including if used by carers and family members of adults with a learning disability
- Adults with a learning disability are at risk of diagnostic overshadowing
- Opportunity to apply the Mental Capacity Act is sometimes missed resulting in decisions being made that are not necessarily always in the best interest of the person at risk
- Practitioners need to understand how and when to escalate concerns
- Agencies need to promote advocacy services and empower their practitioners to know when and how to seek advocacy services
- Work needs to continue around the identification of carers, carer's assessments and to recognise carer strain
- Practitioners need to be cognisant to the signs and indicators of Domestic Abuse in older people and not assume behaviour is due to carer's stress or symptomatic of physical/mental ill health e.g., Dementia.

Action plans are in place to address the findings from reviews.

The SAB shared key messages from SARs through its [Safeguarding Matters newsletter](#). To support workers to put learning from SARs into practice, the SAB has continued to use [7-minute learning briefings](#). These concise documents are focused on encouraging reflection and development within teams and by individuals to develop practice in response to the learning.

A Leicestershire Adults & Communities' Staff Survey showed that 87% of respondents agreed that 'The Council has a Safeguarding Adults Board which has a clear understanding of safeguarding risks and a clear, resourced plan to address them'. Some comments indicated that improvements had been made within safeguarding and having a Lead Practitioner for Safeguarding within Leicestershire Adult Social Care was beneficial. Learning from SARs was also identified as a strength during the staff workshops. Suggestions to improve partnership working in relation to safeguarding included, building on the work of the SAB, open and honest communications, greater awareness of roles and responsibilities amongst all partners, joint training and events.

As a result of learning from SARs we have:

- Produced a special issue of Safeguarding Matters on working with adults with learning disabilities, including case studies based on SARs and articles on topics such as being a good communicator, addressing and challenging inappropriate language, Annual Health Checks, Diagnostic Overshadowing and Mental Capacity
- Formed better and closer links between the SAB and the Transforming Care Team and LeDeR
- Carried out awareness raising regarding the LLR Escalation procedure via Safeguarding Matters Live
- Sought assurance from key agencies regarding their approach to informing staff about escalation routes and how to address professional differences
- Added Mental Capacity Act (MCA) Training as a development objective to the workplan of the LLR SAB Training Subgroup. Also, the SAB Audit Subgroup has decided to carry out an MCA audit in 2023-24
- Commissioned a training session from POhWER, a UK Advocacy Charity, on Independent Mental Capacity Advocates (IMCAs), focusing on safeguarding, and published an article on “Understanding Mental Health Terminology”, including IMCA and Advocate, in Safeguarding Matters
- Formed stronger links between the SAB and the LLR Carers Delivery Group, with a representative now sitting on the SAB. This will help track progress against the priorities identified in the “Joint Carers Strategy Refresh 2022-2025 – Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland”
- The multi-agency Domestic Abuse procedure was updated throughout to reflect changes as a result of the introduction of the Domestic Abuse Act 2021.

This business year, Leicestershire & Rutland SAB also added its published reviews to the [National Safeguarding Adults Review \(SAR\) Library](#) developed by the National Network for Chairs of Adult Safeguarding Boards.

Regional work

Leicestershire & Rutland SAB were involved in an East Midlands regional review of SARs. In preparation for the Care Quality Commission (CQC) inspection framework, the SAB took advantage of some work commissioned by Partners in Care and Health to provide evaluation and advice on safeguarding adults work.



Core Priority 2: Enhancing Everyday Business

Multi-Agency Safeguarding Procedures

Leicestershire and Rutland Safeguarding Adults Board works with Leicester Safeguarding Adults Board to maintain up-to-date multi-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated website called the MAPP (Multi-Agency Policies and Procedures) www.lradultsafeguarding.co.uk/.

Throughout 2022/23 these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

Updates include:

- A new chapter on No Recourse to Public Funds
- Resolving Professional Disagreements procedure updated (to include a specific reference to Escalation)
- Modern Slavery chapter updated
- Whistleblowing chapter updated
- Mental Capacity chapter updated
- Making Safeguarding Personal chapter updated
- Domestic Abuse chapter updated
- Disclosure and Barring chapter updated
- The Care Act 2014 chapter updated
- A new chapter on Whole Family Approach
- Safeguarding Adults Data Returns chapter updated
- Best Interests chapter updated
- Criminal Offences and Adult Safeguarding chapter updated.

A full list of new chapters and amendments made can be found on the '[Amendments](#)' page of the Leicester, Leicestershire and Rutland MAPP.

If you want to sign up for alerts regarding SAB procedure updates, please [click here](#).

If you have any comments or feedback on the procedures, you can use the [contact form](#).

Training

The SAB continued to support up-to-date training in single agencies, including all key partners and many care providers, through providing a competency framework for adult safeguarding and disseminating learning from reviews and updates to procedure and legislation.

The SAB's training co-ordination and delivery function is shared with the Leicester Safeguarding Adults Board to support consistent and effective partnership working.

We provided training resources and events in support of our priorities and learning from reviews. We continued to use a more blended approach to learning, incorporating video resources and resource packs alongside online training sessions.

Resources

The [LLR SABs' YouTube channel](#) continues to develop a bank of safeguarding videos and other resources that can be utilised by partners for learning and development – for example, in single agency training and supervision.

A regular Trainers' Network is facilitated, monthly email briefings are disseminated and regular [Safeguarding Matters newsletters](#) are published. As of this year, we have also introduced Safeguarding Matters Live (see below). During 2022-23, 167 additional people signed up to the Safeguarding Matters distribution list.

Training Delivery

This year [Safeguarding Matters Live](#) was launched. These are live online briefings for all staff across the children and adults multi-agency partnerships. They share learning from reviews and audits, procedure and guidance updates, and resources to support practice. The June 2022 briefing was attended by 289 delegates with the December 2022 briefing attendance increasing to over 500 delegates. The slides from the events are made available via our website and sessions are available to watch on the Safeguarding Children Partnerships' [YouTube Channel](#).

In November 2022, a training session from POHWER, a UK Advocacy Charity, was delivered on Independent Mental Capacity Advocates (IMCAs), focusing on safeguarding.



Training Impact

We want to improve our understanding of access to and impact of SAB training resources to enable us to focus on providing effective training and learning resources that support changes in practice. To do this, we are going to join up with the Safeguarding Children Partnership who are commissioning a learning management system that will work with our continued blended approach.

Free online information session on what adult safeguarding is

The session covers:

- What is adult safeguarding?
- What is abuse and neglect?
- Signs of abuse and neglect in adults
- What to do if you're worried about an adult





Safeguarding Adults Board
LEICESTERSHIRE & RUTLAND

Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE



Developmental Priorities 1 & 2: Strengthening User and Carer Engagement & Raising awareness within our diverse communities

Engagement

During this business year, the Leicester Engagement Subgroup became the Leicester, Leicestershire and Rutland Engagement and Communication Subgroup, allowing for a sub-regional response to this important area of safeguarding.

'What is Adult Safeguarding?' online information sessions have been regularly delivered to support those who work in Leicester, Leicestershire & Rutland, including to community members and groups.

"I have a clearer idea about the actions I could take if I suspected someone was in trouble."

"[Following the session] I will be more attentive to the possibility of adults being in need of care and support on a daily basis."

"[The information provided] will help me, as I work with vulnerable families, to speak up when I see something."

Feedback from delegates on "What is Adult Safeguarding" training

Our "See Something Say Something" awareness campaign and [video](#) continued to be promoted with the video having reached 1,041 views by quarter one and over 1,500 views by the end of the business year. In November 2022, the Engagement and Communication Subgroup split this longer video into three shorter videos to make them more accessible on social media:

- See Something, Say Something: [Exploitation – Frank's Story](#)
- See Something, Say Something: [Domestic Abuse – Joe's Story](#)
- See Something, Say Something: [Neglect – Jenny's Story](#)

The Engagement & Communication Subgroup oversaw the SAB's promotion of adult safeguarding during National Safeguarding Adults Week 2022 (15th-21st November). This included an awareness campaign and promotion of the above safeguarding animations. A Leicestershire County Council Facebook post relating to this had over 10,000 hits by people who read, shared or commented on it, which was the highest received for a Facebook post on the County Council channel that month.

In response to the potential for exploitation, the [local 'Tricky Friends' animation](#) (adapted from Norfolk SAB's animation) was translated into [Ukrainian](#) and promoted across the partnership.

Developmental Priority 3: Understanding how well we work together

Quality assurance and service improvement

Performance data

The Performance Subgroup set up a new dataset for the Safeguarding Adults Boards (SABs). Returns are now being considered on a quarterly basis and exceptions reported into the SABs.

Self-Assessment

The LLR SAB Performance Subgroup refreshed the Quality Assurance Framework (QAF) during 2022-23.

Also, during 2022-23, the safeguarding partners and specific relevant agencies carried out a self-assessment of their safeguarding effectiveness. The Safeguarding Adults Assurance Framework (SAAF) is designed for agencies to provide assessment of their current performance in several key areas in relation to safeguarding adults and to provide a reasonable comparison with results from the previous year.

Following improvement work in the year the majority of partner agencies provided evidence that they were effective across all areas in the assessment:

- Strategic and Governance Arrangements
- Impact on Safeguarding Considered in Service Change
- Workforce Capacity and Resilience
- Use of Making Safeguarding Personal (MSP) principles and response to safeguarding needs and welfare
- Effective response to adults at risk affected by 'hidden harm'.

Where agencies judged themselves as not meeting the standard for being 'fully effective' against an area of assessment, additional information was required to indicate how they plan to achieve full effectiveness and by when. All agencies were asked for their plans for how they would improve effectiveness. Returns will be fully analysed and presented to the SABs at the start of the 2023/24 business year.

Audits

The SAB carried out two multi-agency audit processes during 2022/23. The process brings together workers from different organisations to give a multi-agency view on practice in safeguarding cases in order to identify areas of good practice and areas for learning and improvement. The audits focus on particular themes or parts of the safeguarding process. Practitioners are invited to give a frontline perspective on cases.

The first audit focused on repeat referrals from care homes. It looked at situations where there were three repeat safeguarding referrals/alerts for adults living in a care home within a 6-month period (from 1st June 2021 to 1st December 2021).

The repeat referrals from care homes audit found:

- There was evidence that the principles of Making Safeguarding Personal are being applied. There were some good examples of practice where safeguarding was explained well, the views, wishes and desired outcomes of the adult at risk were recorded and mental capacity was considered, and assessed if appropriate to do so.
- Multi-agency involvement within cases, for the most part, was strong, involving a variety of relevant professionals.
- Many of the cases discussed involved people with trauma in their history.
- There were some delays in providers giving access to records/care plans.
- The three Local Authorities have different expectations and processes in place for incident reporting and providers might find it difficult if Local Authorities are asking for different things.

The findings from this audit are being taken forward as follows:

- The SAB Training Subgroup is taking forward Trauma-Informed Practice as a training need relating to Safeguarding Adults.
- The SAB Procedures Subgroup is going to update and re-launch the 'Causing Enquiries to be Made' guidance, with additional information regarding the importance of timely information sharing.
- The SAB Procedures Subgroup is to consider guidance regarding information sharing with GPs.

The second audit focused on cuckooing. This is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds. Locally, in 2020, "Guidance for Working with Adults at Risk of Exploitation: Cuckooing" was produced and launched during Safeguarding Adults Week.

The cuckooing audit found:

- Whilst cuckooing guidance has been produced and promoted locally, and there was good awareness locally of what cuckooing is, there was not much awareness of the existence of the local guidance.
- Despite the cuckooing guidance not being used, there was good evidence of multi-agency working.
- With cuckooing, an adult at risk can also sometimes be a person accused of causing harm and this can be interchangeable.
- Where there is a case with suspected cuckooing, but it does not meet the safeguarding threshold, it might be closed by Adult Social Care. Agencies might think it is being dealt with when it is not.
- Building a therapeutic relationship is important, as it enables an individual to seek and receive help. Practitioners need to consider communication methods.

The findings from this audit are being taken forward as follows:

- The SAB Procedures Subgroup will review the Cuckooing Guidance / Templates in light of learning from this audit.
- The SAB Training Subgroup will consider how the Cuckooing Guidance can be re-promoted.

Other assurance work

Partners Inspection Reports

The SABs received information on inspections of:

- Leicestershire Partnership NHS Trust (LPT) Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units by the Care Quality Commission (CQC)
- Police Efficiency, Effectiveness and Legitimacy (PEEL) Assessment of Leicestershire Police by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

The Health and Care Act 2022 introduced a new independent assessment process for Local Authority Adult Social Care Services and Integrated Care Systems. The Care Quality Commission (CQC) will assess services using their Assessment framework for local authority assurance.

Homes for Ukraine and safeguarding duties

There are specific safeguarding duties related to the Homes for Ukraine scheme. Therefore, in September 2022, the SABs received assurance from each of the Local Authorities about how the scheme is working in their area, support processes in place, such as checks and visits, and the process in place to deal with any safeguarding risks. 999 Ukrainian guests arrived in Leicestershire in 2022/23. The approximate number of active sponsors at the end of the year was 300. In Rutland, the number of active sponsors fluctuated during the 2022/23 period, but by March 2023 it was 32 sponsors. 131 people were housed in Rutland in 2022/23.

Information Sharing Agreement

The local Information Sharing Agreement of the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships and Safeguarding Adults Boards was updated throughout 2022/23 and re-published in April 2023.

Developmental Priority 4: Prevention – helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

Annual Business Plan Priorities

The two priorities in the Business Plan for 2022-23 were continued from 2021-22. This was due to the continued national and local prevalence of these themes, particularly due to the exacerbation of issues during the Covid-19 pandemic, and the breadth of the work requiring completion to achieve an appropriate level of assurance.

Hidden Harm

Reviewing how we work together across society to prevent the needs of, and harm to, adults with care and support needs being missed or hidden and ensuring we respond effectively.

Rationale (established 2021-22):

- Local and national SARs identify people “hidden in plain sight” as a recurring theme for improvement.
- We are concerned that, during Covid-19, services had less physical contact with and ‘eyes on’ people to fully understand their needs and circumstances. In addition, some informal care arrangements that support safeguarding of individuals may not have functioned in the same way when restrictions were in place.
- Specific areas of concern include self-neglect and individuals with mental ill-health and/or learning disabilities, and individuals from black and other diverse backgrounds.

What we did

As part of the Safeguarding Adults Assurance Framework (SAAF), agencies were asked “What does your agency/organisation have in place to effectively hear and respond to adults at risk affected by ‘hidden harm’?” and to rate their effectiveness. Early analysis shows that all Leicestershire & Rutland agencies that responded to the question reported full effectiveness in 2022/23.

The LLR SAB Performance Subgroup produced a Hidden Harm Assurance Report for 2022/2023. It collated information from across subgroups and partnerships on hidden harm, including analysis of insights project, alerts and community concerns (see below for more detail). It was presented to the SABs early in the new business year.

Different areas where adults could be considered “hidden in plain sight” were considered across 2022-23 and the following work was completed:

Self-Neglect

- The LLR SAB Performance Subgroup’s deep dive assurance exercise analysed data around the specific areas of concern identified regarding individuals who self-neglect, who have mental ill-health and/or learning disabilities, and individuals from black and other diverse backgrounds. Local Authority demographic data indicated that:
 - The ethnicity of the majority of people across Leicestershire and Leicester, who were supported via safeguarding for either self-neglect or domestic violence categories of abuse, was White British. This may indicate under-reporting of abuse for BAME residents of our communities.
 - The percentage of people who experienced mental ill-health whilst being supported through safeguarding for either self-neglect or domestic violence categories of abuse was significantly higher in Leicestershire than Leicester.
- There was a comprehensive discussion about Self-Neglect at the SAB meeting in November 2022, considering and analysing the ongoing challenges.
- The LLR SAB Procedures Subgroup is in the process of reviewing self-neglect policy, including the use of the Vulnerable Adult Risk Management (VARM) process for individuals at high risk due to self-neglect.

Domestic Abuse

- In June 2022, a presentation on the Domestic Abuse Act 2021 was delivered to the SABs, setting out the three stages of implementation and the potential local impact.
- A Domestic Abuse and Safeguarding Research Project, entitled “Perpetrators of Domestic Abuse Against Older Adults: Characteristics, Risk Factors and Professional Responses” and carried out by Durham University, was supported by the LLR SABs. Initial findings from the research project were received at the start of the year, with a fuller update provided during March 2023. The research focuses on (i) perpetrators of domestic abuse and (ii) safeguarding older adults from domestic abuse. Learning identified is likely to be important nationally. Full analysis and outcomes will be shared once the research has been published and, in the meantime, the 2023/24 Business Plan will focus on actioning areas of improvement and promoting best practice identified so far.

Cuckooing

- A multi-agency audit focusing on “cuckooing” was facilitated by the LLR SAB Audit Subgroup. A local Safeguarding Adults Review (Leicestershire and Rutland SAB, Person D, published June 2022) identified that there was a gap in understanding the level of recording of cuckooing incidents locally. The results of the audit are discussed in more detail in the “Quality assurance and service improvement” section.

Adults with learning disabilities

- In June 2022, a presentation was given to the LLR SABs on the Transforming Care Programme (TCP) and the outcome of the Safe and Wellbeing Reviews carried out for LLR inpatients between November 2021 and February 2022.
- The “LeDeR Annual Report 2021/22 and Annual Health Checks” was presented to the LLR SABs at their Board meeting in November 2022.

Impact:

Whilst work has been undertaken locally, there is ongoing work to be done, particularly around the local self-neglect approach and responding to perceptions of domestic abuse, which still appear to focus on intimate partners rather than encouraging consideration of abuse by the wider family.

There needs to be a clearer understanding of the different groups and existing forums across the partnership that focus on adults with learning disabilities, which bring together providers and those in quality assurance and commissioning roles, and their safeguarding remit. The Board is linking with LeDeR to achieve an improved understanding of the volume and type of safeguarding issues for people with learning disabilities. It will continue to seek assurance that local safeguarding partners are working together to effectively safeguard adults with learning disabilities, challenging discrimination against people with learning disabilities and actively responding to the perspectives and experiences of people with learning disabilities.

Care Homes

Work together to support and sustain effective safeguarding in care homes.

Rationale (established 2021-22):

- A number of issues in care homes regarding quality of care and safeguarding became apparent during Covid lockdowns with increase in safeguarding alerts relating to care homes and care homes closing.
- Closure of care homes and lack of capacity in the system increases risk around safeguarding.
- As care homes open up for visitors, more people are seeing those in care homes, and therefore potential for more concerns to be raised.

What we did

A resource pack was developed by the LLR SAB Training Subgroup for care providers. It highlights procedures, guidance, information and resources available to care homes, including:

- A brief overview of the role of Safeguarding Adults Boards
- Local Multi-Agency Policies and Procedures
- Escalation guidance
- Thresholds guidance
- Causing enquiries to be made
- Information about Leicestershire Social Care Delivery Group (LSCDG)
- Safeguarding Adults Trainers' Network

- Safeguarding Matters newsletter
- Our YouTube channel and resources
- Social Care Institute for Excellence (SCIE)
- Research in Practice for Adults (RiPfa)
- Where to find our local, published Safeguarding Adults Reviews
- Free Mental Capacity Act Training
- Our local basic safeguarding awareness resource for safeguarding children and adults.

The resource was added to the safeguarding section of the provider.net website. Oversight of the document remains with the LLR SABs Training Subgroup where it will be reviewed on an annual basis.

In addition, Contracts and Commissioning Teams across Leicester, Leicestershire and Rutland Local Authorities and the Integrated Care Board (ICB) have reviewed the National Institute for Health and Care Excellence (NICE) “Safeguarding adults in care home guidance” published in 2021.

Local escalation procedures have also been reviewed in line with the NICE “Safeguarding adults in care home” guidance.

A multi-agency audit on care homes was completed by the SABs’ Audit Subgroup. The audit focused on situations where there were 3 repeat safeguarding referrals/alerts for adults living in a care home within a 6-month period (from 1st June 2021 to 1st December 2021). For more detailed information on learning from this audit, see the “Quality assurance and service improvement” section.

During 2022/23 the SABs received assurance on dementia care home oversight across Leicester, Leicestershire and Rutland with all three Local Authorities and the Integrated Care Board providing reports.

The LLR SAB Performance Subgroup collated data and assurance on safeguarding in care homes and produced a report for 2022/2023. It will be presented to the SABs early in the new business year.

Impact:

Work undertaken has led to a better understanding of the local picture and how local policies are informed by statutory guidance. The SAB acknowledges the challenging national picture around workforce capacity within the care sector and will ensure that resources for care providers offer up to date information and support.



Finance

The work of the SAB is supported by the Leicestershire & Rutland Safeguarding Partnerships Business Office that also supports the Safeguarding Children Partnership and carries out Domestic Homicide Reviews. The SAB is funded by contributions from its partners.

A single funding arrangement for the Safeguarding Adults Boards and Safeguarding Children Partnerships for 2020 onwards has been agreed between the statutory partners for the Safeguarding Adults Boards and the children's Safeguarding Partners for Leicester, Leicestershire & Rutland.

The contributions from partners for the Leicestershire & Rutland SCP and SAB as a whole for 2022/23 can be seen below alongside contributions for the previous year:

	2021/22	2022/23
Leicestershire County Council	£102,496	£119,266
Rutland County Council	£45,833	£50,367
Leicestershire Police	£88,725	£97,500
West Leicestershire CCG and East Leicestershire & Rutland CCG*	£88,724	£97,500
National Probation Services	£1,348	N/A
Total income for SCP and SAB	£327,126	£364,633

*Note – the contribution was made before the two Clinical Commissioning Groups became the Leicester, Leicestershire & Rutland Integrated Care Board (ICB)

Statutory partners agreed to reduce contributions for one year in 2021/22 with the difference to be funded from the SCP and SAB reserves.

Overall expenditure across the SCP and SAB for 2022/23 was £317,689. Expenditure for the SAB was apportioned as follows:

	2021/22	2022/23
Staffing	£105,579	£115,342
Independent Chairing	£4,448	£5,418
Support Services	£3,250	£0
Operating Costs	£4,556	£4,540
Engagement	£4,453	£0
Case Reviews	£19,391	£6,975
Total Expenditure	£141,677	£132,275

Expenditure has significantly reduced in the last year. This is due to support services no longer being used, with the processes being brought in-house. Additionally, expenditure on Safeguarding Adult Reviews decreased due to the number of reviews already being in an advanced stage and alternative methodologies being used, as appropriate. There was no cost for engagement as a number of projects had been paid for in the previous year.

Forward priorities 2023 onwards

The Leicestershire & Rutland SAB is developing a new joint Strategy for 2024-2027 with the Leicester SAB. The Strategy provides the framework for forward priorities of the two SABs.

The three annual priorities in the Business Plan for 2023/25 are:

Self-Neglect

**Mental Capacity Act /
Assessments**

Domestic Abuse

For each of these areas, we have set out our rationale for prioritising the topic, and presented the key deliverables, leads, activities, impact measures and timescales. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of adults with care and support needs. The [Joint Leicester, Leicestershire & Rutland Safeguarding Adults Board Business Plan for 2023-24](#) is published on our website.

The SAB will also work to continue to meet its statutory responsibilities and continue to develop its approach to learning and improving safeguarding of adults.

This page is intentionally left blank



Leicestershire and Rutland Safeguarding Adults Board (LRSAB) and Leicester Safeguarding Adults Board (LSAB) Joint Business Plan for April 2023 to March 2025

We have identified three priority areas for us to focus our collective efforts over the next two years, following the principle that we should concentrate our capacity on a small number of topics, in order to have significant impact, and focus our resources. Based on our analysis of the situation across Leicester, Leicestershire and Rutland (LLR) we have identified the following priority areas:

- 1. Self-Neglect**
- 2. Mental Capacity Act**
- 3. Domestic Abuse**

For each of these areas, we have set out our rationale for prioritising the topic, and presented the key deliverables, leads, activities, impact measures, and timescales. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of our residents.

1. Self-Neglect

Rationale:

- Safeguarding Adults Reviews have been or are being undertaken by Leicester SAB and Leicestershire and Rutland SAB as well as nationally, which have highlighted key learning in relation to self-neglect.
- There is a cross-over between our Mental Capacity Act priority and self-neglect.

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Receive assurance that local safeguarding partners are working together to effectively safeguard adults who self-neglect	Performance Subgroup	Ensure that self-neglect is a focus in performance and assurance activity by: monitoring within the core data set and providing SABs with metric that speaks to this priority. Responding to requests for assurance arising from other business plan activity – for example, from the multi-agency audit.	N/A as is itself assurance activity	
Multi-agency audit	Audit Subgroup	Undertake a multi-agency audit in relation to self-neglect	N/A as is itself assurance activity	Audit to be planned for April 2024
Making local and national learning	Training Subgroup	Develop a 7-minute briefing in relation to	Staff survey	January 2024

around self-neglect accessible to practitioners		self-neglect in Safeguarding Adults Reviews		
Improved staff awareness and understanding locally of the routes to supporting adults who self-neglect	Training Subgroup	Promote the re-launch of the self-neglect and VARM guidance	Staff survey and/or pre and post event questionnaire	February 2024
Improved resources and guidance for supporting individuals who self-neglect	Policy & Procedures Subgroup	Conclude the review of the VARM guidance	1. Staff survey 2. Number of times the relevant resources have been accessed 3. Multi-agency audit	December 2023
Increase awareness in the Voluntary and Community Sector (VCS) of self-neglect including ways to support individuals who self-neglect	VCS Safeguarding Forum	Ensure that self-neglect is a focus at one of the forums during 2023/24	Pre and post forum evaluations	March 2024

2. Mental Capacity Act (MCA)

Rationale:

- Local Safeguarding Adults Reviews and audits over last few years have identified MCA learning including around:
 - Best Interests
 - Advocacy
 - Recording of decisions and that assessments have been carried out
 - Complexity of co-existing conditions
 - Fluctuating capacity
 - Role of parents and carers / listening to them / sharing information with them (with permission)
 - Lack of understanding of the process by frontline workers and whose responsibility it is to carry out assessments
- Need for more suitable resources to support frontline practitioners in their daily practice in recognising the situations where a person's mental capacity is in question
- Demystifying the process

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Receive assurance that local	Performance Subgroup	Ensure that MCA is a focus in performance and	N/A as is itself assurance activity	

safeguarding partners are using the Mental Capacity Act to effectively safeguard adults where appropriate		assurance activity by: monitoring within the core data set and providing SABs with metric that speaks to this priority. Responding to requests for assurance arising from other business plan activity – for example, from the multi-agency audit.		
Multi-agency audit	Audit Subgroup	Undertake a multi-agency audit in relation to MCA	N/A as is itself assurance activity	Audit completion due October 2023
Improved awareness and use of the Mental Capacity Act across the partnerships	Training Subgroup	Undertake a thematic analysis of MCA learning from local and national reviews.	Staff survey	March 2024
Improved awareness and use of the Mental Capacity Act across the partnerships	Training Subgroup	Establish an MCA Community of practice which will bring staff together for MCA learning and development.		March 2024
Improved staff awareness and understanding locally of the use of MCA	Training Subgroup	Commission multi-agency MCA training for access across the partnerships Target some training at managers to build confidence in leaders in MCA in the system.	Training evaluations	March 2024
Improved understanding of the lived experience of local people	Engagement & Comms Subgroup	Develop a targeted engagement activity aimed at informal carers who have had experience of being involved in MCA assessments / decisions for the cared for person that has an agreed purpose, target audience, and feedback route or governance to hear the experiences of people.		July 2024
Improved resources and guidance for use of the MCA	Policy & Procedures Subgroup	The LLR MCA procedure was reviewed and updated in February 2023. The role of the policy and		April 2024

		procedures group will therefore be to respond to learning identified from other business plan activity – for example, should the multi-agency audit identify any required changes to the procedure.		
Increase awareness in the Voluntary and Community Sector (VCS) of MCA	VCS Safeguarding Forum	Ensure that MCA is a focus at one of the forums during 2023/24	Pre and post forum evaluations	March 2024

3. Domestic Abuse

Rationale:

- Safeguarding Adults Reviews, Domestic Homicide Reviews and audits have been undertaken by Leicester SAB and Leicestershire and Rutland SAB, which have identified case specific learning in relation to safeguarding adults and domestic abuse in older people. A research project is being undertaken to better understand systems issues and our local response to older people experiencing domestic abuse who also come under safeguarding adults.

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Receive assurance that local safeguarding partners are working together to effectively safeguard adults who self-neglect	Performance Subgroup	Ensure that Domestic Abuse is a focus in performance and assurance activity by: monitoring within the core data set and providing SABs with metric that speaks to this priority. Responding to requests for assurance arising from other business plan activity – for example, from the multi-agency audit.	N/A as is itself assurance activity	
Understand local response to domestic abuse in older people and safeguarding adults	LSAB and LRSAB in conjunction with Durham University	Completion of research project		Autumn 2023
Once findings of research project have been	LSAB and LRSAB Board Office to	Respond to learning from the research project.		Winter 2023

delivered, set up a work group to address issues identified and improve domestic abuse and safeguarding adults for older people locally.	set up working group.			

This page is intentionally left blank



HEALTH AND WELLBEING BOARD – 31 OCTOBER 2023

LEICESTERSHIRE AND RUTLAND SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2022/23 AND BUSINESS PLAN 2023-25

Purpose of the Report

1. The purpose of this report is to present the Health and Wellbeing Board with the Annual Report of the Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) for 2022/23 and the Business Plan of the LRSCP for 2023-25 for information.
2. The LRSCP Annual Report is the report of the identified Safeguarding Partners who must publish an annual report on the effectiveness of multi-agency arrangements for safeguarding children. This is a statutory requirement under Working Together 2018.
3. The Annual Report is shared with the Health and Wellbeing Board to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems.

Recommendation

4. The Health and Wellbeing Board is asked to note the Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) Annual Report for 2022/23 and Business Plan for 2023-25 and the key points of relevance relating to health and wellbeing.

Policy Framework and Previous Decisions

5. The Children Acts of 1989 and 2004 set out specific duties for local authorities, working with partner organisations and agencies, to safeguard and promote the welfare of all children in their area. Section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.
6. These duties can only realistically be discharged with the full co-operation of other partners, many of whom have individual duties when carrying out their functions under section 11 of the Children Act 2004.
7. The Children and Social Work Act 2017 and Working Together 2018 (statutory guidance on multi-agency working to safeguard and promote the welfare of children) give responsibility for this join-up locally to the Safeguarding Partners, the Police, Integrated Care Board (ICB) and the Local Authority, which have a shared and equal duty to agree and make arrangements to work together to safeguard and promote the welfare of all children in a local area.

8. The multi-agency safeguarding arrangements locally are managed through a partnership – the Leicestershire and Rutland Safeguarding Children Partnership – that covers the counties of Leicestershire and Rutland. The arrangements were published on 28th June 2019 and commenced on 29th September 2019. These arrangements replaced the former Local Safeguarding Children Board (LSCB). The arrangements are reviewed each year by the Safeguarding Partners and changes are reported in the Annual Report. They were updated and re-published in October 2022 [here](#).
9. The essential contribution of the health and care sector to safeguarding is recognised in statute through the shared and equal responsibility for the multi-agency safeguarding children arrangements between the Integrated Care Board alongside the Local Authorities and Police.
10. The Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) and the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) share some operational arrangements. They also share some partnership structures with the Leicester Safeguarding Children Partnership Board (LSCPb) and Leicester Safeguarding Adults Board (LSAB).
11. It is a statutory requirement, as set out in Working Together 2018, that the Safeguarding Partners publish a report at least once every twelve months on the arrangements and their effectiveness.
12. Under this statutory framework for safeguarding, there is no requirement to share reports with the Health and Wellbeing Board. However the Annual Report is being shared following publication in line with previous practice in order to support understanding across partnerships and effective partnership working across systems.

Background

LRSCP Annual Report 2022/23

13. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2022/23 on safeguarding outcomes for children in Leicestershire and Rutland. Specifically, it evaluates performance against the priorities that were set out in the LRSCP Business Plan 2022/23.
14. The report outlines the learning, assurance, training and improvement activity of the LRSCP and its partners and the impact this has had on safeguarding children.
15. The full version of the Annual Report 2022/23 is provided as Appendix A.
16. Key messages from the SCP specifically in relation to the Leicestershire Health and Wellbeing Board are:
 - a) Partner organisations, workers and managers have worked well together to safeguard children and to identify needs and areas for improvement to safeguard children in the midst of ongoing challenge and change relating to the post-pandemic era and other societal pressures such as the cost-of-living crisis.
 - b) The partnership has continued its work to respond to emerging risks, such as safeguarding babies. For example, early in 2022/23, ICON was launched across the local Safeguarding Children Partnerships. ICON is an evidenced-based programme focused on reducing abusive head trauma (AHT) triggered by crying. The mnemonic ICON outlines the key messages of the programme: infant crying is

normal, comforting methods can help, it's OK to walk away, and never, ever shake a baby.

- c) The partnership continued with work established in 2021 around Child Mental Health and Emotional Wellbeing.
- d) The partnership completed work seeking assurance on Keeping Adolescents Safe / Supporting Safe Adolescents after establishing a Task & Finish group.
- e) Work has continued to understand how well the partnership works to safeguard children from diverse backgrounds.
- f) The partnership has worked to improve engagement with schools from all sectors and improve learning processes with its priority of Effective Safeguarding in Independent and Out of School settings. This included setting up an independent schools' forum during 2022/23. The forum allows independent schools to consider topics specific to them such as safeguarding across borders, the Independent Inquiry into Child Sexual Abuse on residential schools, and guardian arrangements.
- g) The partnership will continue to work together, consider and respond to national developments relating to safeguarding, foster a reliable, trusting culture in organisations and across our area and challenge and drive improvement in multi-agency safeguarding of children.

Business Plan 2023-25

- 17. The LRSCP Business Plan sets out the key deliverables and activities required regarding the Partnership's priorities for 2023-25. The plan is shared with the Leicester Safeguarding Children Partnership Board (LSCPB) and is [published](#) on the Safeguarding Partnership's website www.lrsb.org.uk.
- 18. The LRSCP Business Plan is provided as Appendix B to this report and the priorities are outlined in the table below. Five of the priorities have been continued from the previous Business Plan due to the continued national and local prevalence of these themes and the breadth of the work requiring completion to achieve an appropriate level of assurance.

1. Safeguarding Babies	Continue to improve how the partnership works together with families before and after births to safeguard babies
2. Child Mental Health, Emotional Wellbeing and Safeguarding	Seek assurance that partners are working to support good mental health for children and that mental health and safeguarding are effectively addressed together
3. Keeping Adolescents Safe / Supporting Safe Adolescents	Work to develop a life-stage approach to safeguarding children relating to extra-familial threat/harm outside the home
4. Safeguarding children from diverse backgrounds	Complete work to understand and improve how well partners work together with children and families from diverse backgrounds

5. Effective Safeguarding in Independent and Out of School settings	Work with faith groups, independent schools, community organisations and other settings to support them to play an effective role in safeguarding children
6. Transitional Safeguarding	Work with the local Safeguarding Adults Boards to seek assurance that Transitional Safeguarding is being managed appropriately across Leicester, Leicestershire & Rutland

Consultation/Patient and Public Involvement

19. The Annual Report includes a summary of the consultation and engagement work the SCP has carried out with children and young people and practitioners. There are several quotations included in the report.
20. All members of the SCP have had opportunities to contribute to and comment on drafts of the Annual Report.
21. Prior to publication, the LRSCP Annual Report was considered by the County Council's Children and Families Overview and Scrutiny Committee and Cabinet. Both groups welcomed the report.

Resource Implications

22. There are no resource implications arising from this report, as this is a retrospective report. The LRSCP and LRSAB operate within a budget to which partner agencies contribute.
23. Safeguarding partners have, along with Safeguarding Adults Board (SAB) statutory partners, set a single agreement of principles to share the operating costs of the Safeguarding Children Partnership (SCP) and Safeguarding Adults Board for Leicestershire and Rutland.
24. As of 1st April, the Safeguarding Partnerships' reserve funds stand at £168,895. Plans for further use of these reserve funds will be drawn up in the coming year.
25. Leicestershire County Council hosts the Safeguarding Partnerships Business Office that supports the SAB and the SCP.

Timetable for Decisions

26. The [Annual Report was published](#) on 19th September 2023 on the Safeguarding Partnership's website www.lrsb.org.uk. Comments from the Health and Wellbeing Board will feed into the planning and reporting process for the coming year.

Background Papers

27. Report to the Health and Wellbeing Board on 1st December 2022 "[Leicestershire & Rutland Safeguarding Children Partnership Annual Report 2021/22](#)".

Circulation under the Local Issues Alert Procedure

28. None.

List of Appendices

29. Appendix A: Annual Report of the Leicestershire and Rutland Safeguarding Children Partnership 2022/23.

Appendix B: Joint Business Plan for the Leicester, Leicestershire & Rutland Safeguarding Children Partnerships 2023-25

Officers to Contact

Amanda Boodhoo, Independent Chair of the LRSCP
Safeguarding Partnerships Business Office, Leicestershire County Council
Telephone: 0116 305 7130
Email: lrsbpo@leics.gov.uk

Jane Moore, Director of Children and Family Services
Telephone: 0116 305 6340
Email: Jane.Moore@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

30. Safeguarding children, young people and adults concerns individuals who are likely to be disadvantaged in a number of ways. Information on differing needs of and impacts on different groups of individuals with regard to safeguarding is considered as part of the process to develop the Partnership's Business Plan. The Partnership had a specific priority in 2022/23 to explore the safeguarding of children from diverse backgrounds. The work on this is continued into 2022/23.

Health Implications

31. Safeguarding is everyone's responsibility. Health and care needs can be linked to safeguarding risk for children and the health and care system can support the prevention of, identification of and response to safeguarding risk.

Crime and Disorder Implications and Environmental Implications

32. There is a close connection between the work of the LRSCP and that of Community Safety Partnerships in Leicestershire. For example, the LRSCP works closely with Community Safety Partnerships to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups, for example domestic abuse and Prevent. The LRSCP also supports Community Safety Partnerships in carrying out Domestic Homicide Reviews and acting on their recommendations.
33. The published LRSCP Annual Report will primarily be made available online in electronic form, rather than paper. There are no environmental implications arising from this report.

Partnership Working and associated issues

34. Safeguarding children is dependent on the effective work of the Partnership as set out in national regulation, Working Together 2018, published by the Department for Education.



**Leicestershire & Rutland
Safeguarding Children Partnership
Annual Report - 2022-23**

Foreword

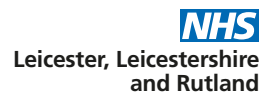
We are pleased to present this report of the Leicestershire & Rutland Safeguarding Children Partnership that covers the period from 1st April 2022 to 31st March 2023.

Over the year, as the impact of the Covid-19 pandemic on the everyday work of organisations decreased, the partnership was able to return to more pre-pandemic practices. For example, we have increased the number of face-to-face training events offered. We also recognise that a more blended and flexible approach to learning is now more suitable and effective for a multi-agency workforce that continues to face significant capacity issues.

Our approach is system-led but child-focused. In responding to national reviews and local learning, we have increased our quality assurance work, with a view to further increasing the correlation with service improvement. As we enter the next year, we will continue to map how the outcomes of our procedural and audit activity directly benefit frontline practice and, in turn, directly impacts the lives of children and their families.

We want to thank all the dedicated workers and managers, whether frontline or in support roles, in organisations across Leicestershire & Rutland that are working to support the welfare and safety of children.

The Safeguarding Partners for Leicestershire & Rutland



“The Social Worker needs a medal! She has done so well and she gives our child chances and listens to him. She thinks about what our child needs. She gives him trust and he responds to that. The Social Worker has saved him.”

Leicestershire Parent/Carer

“The worker has been an absolute diamond. She has always been on the end of the phone. I have not felt like it’s been intrusive at all. She is just lovely”

Rutland Parent/Carer

The Partnership

The Leicestershire & Rutland Safeguarding Children Partnership (SCP) brings together organisations across the counties of Leicestershire and Rutland with the vision:

“For children and young people in Leicestershire and Rutland to be safe, well and achieve their full potential”

The members of the partnership include the statutory safeguarding partners: Police, Local Authorities, and Integrated Care Board. For the beginning of the period this report covers, the Clinical Commissioning Groups for the area were statutory safeguarding partners, but these were replaced by Integrated Care Boards from July 2022.

The membership also includes other relevant agencies including schools, health agencies, probation and other organisations working with children. The full membership of the partnership can be found on the SCP website <https://lrsb.org.uk/scp-membership-list>.

The Partnership:

- Sets how organisations should work together to safeguard children
- Provides multi-agency training and development resources to support good safeguarding
- Tests how well organisations are working together and the difference this is making
- Reviews serious safeguarding incidents to identify improvements needed
- Uses learning and feedback to improve and develop how agencies work together to safeguard children.

During 2022-23, independent scrutiny was led by an Independent Advisor. The Independent Advisor for Leicestershire and Rutland was jointly appointed with the Leicester Safeguarding Children Partnership Board. The Independent Advisor scrutinised the work and effectiveness of the partnership and provided an independent view into decisions regarding Local Child Safeguarding Practice Reviews. For 2023-24, the Leicestershire & Rutland Safeguarding Children Partnership (SCP) and Leicester Safeguarding Children Partnership Board (SCPb) will appoint an Independent Chair.

This is the statutory report of the SCP outlining the work it has carried out from April 2022 to the end of March 2023.

For more information on how the SCP works please visit <https://lrsb.org.uk/lrscp>.



The work of the Partnership

The Priorities of the Partnership

The SCP worked with the Leicester Safeguarding Children Partnership Board to identify shared priorities for 2022/23. Three of these priorities – Safeguarding Babies, Child Mental Health and Emotional Wellbeing and Safeguarding Children from Diverse Backgrounds – were continued from 2021/22. This was due to the continued national and local prevalence of these themes and the breadth of the work requiring completion to achieve an appropriate level of assurance.

The work on these priorities was embedded within the assurance, training, procedure and review work of the partnership outlined further in the following sections of this report.

Safeguarding Babies:

Improving how we work together with families before and after births to safeguard babies and seek assurance that multi-agency working with families to safeguard babies is effective.

Rationale (established 2021-22):

- Recent local and national case reviews as well as assurance work of the partnerships have highlighted safeguarding risks to babies
- National increase in number and proportion of serious safeguarding incidents that relate to baby deaths and harm to babies.
- Two national reviews, three local reviews, and three further rapid reviews regarding baby deaths, exploring shaken babies; contact and working with fathers/males; substance misuse; pre and post-birth planning; safer sleeping.
- Covid-19 response has affected services for expectant and new mothers and has been seen to cause additional stress in family environments, which can increase risk factors.

What we did:

Early in 2022/23 [ICON](#) was launched across the local Safeguarding Children Partnerships. ICON is an evidenced-based programme focused on reducing abusive head trauma (AHT) triggered by crying. The mnemonic ICON outlines the key messages of the programme: **I**nfant crying is normal, **C**omforting methods can help, **I**t's **O**K to walk away, and **N**ever, ever shake a baby.

National ICON Week took place from 26th-30th September 2022 and was supported by the local Safeguarding Children Partnerships which included:

- Engaging fathers and male carers in [ICON](#) messages through promoting two [videos aimed at young fathers](#)
- Launching and publicising the Safeguarding Children Partnerships' [ICON web pages](#) which offer national and local resources to help parents cope with infants crying
- A radio campaign delivered by EAVA community radio using ICON messages aimed at members of our diverse community voiced in Somali, Gujarati, Hindi

- Local midwives, health visitors and our named safeguarding GP being filmed giving out the timely touch point ICON messages in a short video which can be used to teach parents and multi-agency staff the importance of not shaking babies. This is unique to LLR and we aim to share this nationally on the ICON national website and with other ICB areas
- Social media communications about ICON week sent out across our partnership organisations
- Multi-agency training demonstrating the roll out of ICON across LLR and the targeting of more vulnerable parents with low birthweight and premature babies and when parents had substance misuse or parenting issues.

During ICON week, the ICON Resources webpage on the Leicestershire & Rutland website was accessed 144 times.

A request has been made for our [local ICON launch](#), led by the Integrated Care Board, to be promoted nationally.

Impact:

Measuring the impact of ICON is a key deliverable for our 2023-25 business plan.

We have received positive feedback from one of the families affected by Abusive Head Trauma who have been pivotal in supporting the design and roll out of ICON nationally.

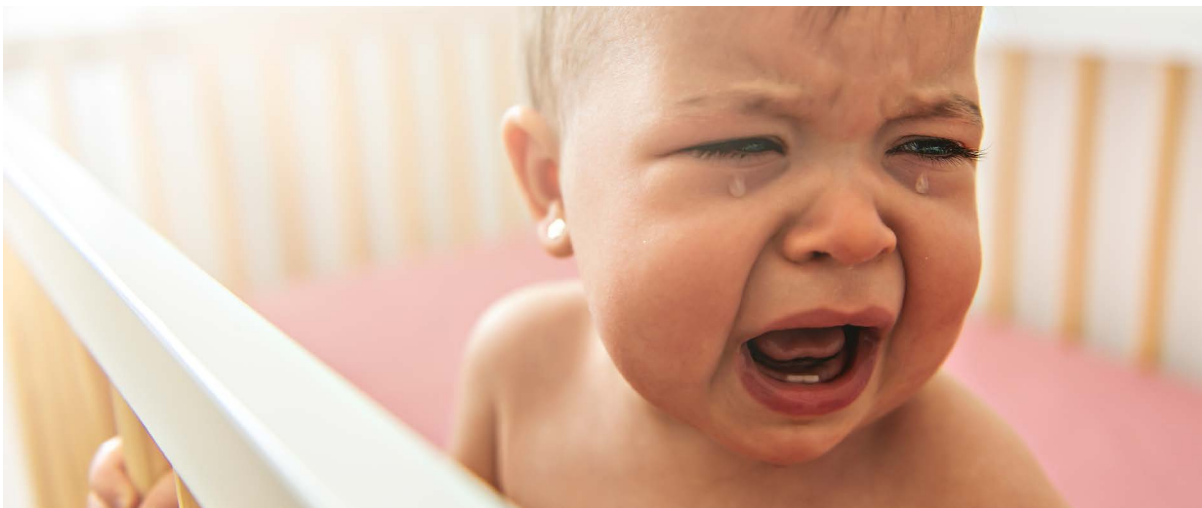
Feedback has also been received from the ICON Founder and Chief Programme Advisor Dr Smith highly praising Leicester, Leicestershire and Rutland's approach:

“I am absolutely blown away by this! You have all done such an amazing job...There is so much to applaud here...The examples of good practice are so innovative and already embedded.”

ICON Founder and Chief Programme Advisor

“I cried for all that you are doing. That the ICON message is reaching all the touch points, and that it is in the red book. You have really nailed it and you have created all that I could have hoped for in Leicestershire and beyond.”

Parent representative for ICON



Child Mental Health and Emotional Wellbeing:

Seek assurance that partnership working supports good mental health for children and that mental health and safeguarding are effectively addressed together.

Rationale (established 2021-22):

- Previous case reviews, assurance work and work with young people have identified the following which require further work and assurance
- Gap in joint working when children in need of safeguarding have been referred to mental health services
- Young people report mental health support needs not always well understood by schools (being addressed by Welfare Education Return training)
- Follow up to 2021 assurance work regarding safeguarding and CAMHS waiting lists
- Young people tell us that effective mental health support remains a high priority for them
- Surveys and cases suggest ongoing Covid restrictions are having an impact on mental health of children and young people
- There is ongoing work regarding design of services and pathways for child mental health that will link with safeguarding

What we did:

Assurance was sought by the SCPs and, at the August 2022 meeting of the Planning and Delivery Group (PDG), a presentation was received regarding Children and Young People (CYP) Mental Health and Neuro Diverse (ND) Transformation from Leicestershire Partnership NHS Trust (LPT). It was agreed that a forum for discussions to take place about child mental health, emotional wellbeing, and safeguarding, in a more in-depth manner would be useful.

Impact:

Meetings have since taken place between the PDG Chair and the Chairs of the new Children and Young People (CYP) Mental Health Integrated Collaborative Delivery Group to build links between the collaborative and the Safeguarding Children Partnerships. The collaborative has been established to empower local partners to work collectively towards the betterment of Children and Young People Mental Health pathways within the region.

Our 2023-25 business plan will continue to seek assurance that children subject to safeguarding arrangements and Child and Adolescent Mental Health Services (CAMHS) are effectively safeguarded through effective multi-agency working.

Keeping Adolescents Safe / Supporting Safe Adolescents: Seek assurance that there is a clear governance and approach for safeguarding children from harm outside the home and that it is effective.

Rationale:

- Work to develop a life-stage approach to safeguarding children relating to extra-familial threat/harm outside the home
- Ongoing concerns regarding a clear response to peer-on-peer sexual abuse
- Developing national approach regarding 'serious youth violence'

What we did:

The SCPs received an update from the LLR Child Criminal Exploitation Operations Group. The group continues to oversee the development of a Contextual Framework to provide Adolescent Safeguarding and promote awareness raising to prevent future harm. The group provided assurance that:

- They continue to oversee the development of a Contextual Framework to provide Adolescent Safeguarding and promote awareness raising to prevent future harm.
- This includes the development of a Community Safety Plan, which is overseen independently by our Safeguarding Units. This is a statutory document, which holds as much weight as a Child Protection Plan, which responds to worries and harm outside the home, within the context of where the harm occurs and transitions with the child after eighteen. This intensive targeted support will offer an alternative child protection plan for children at risk of extra familial harm.
- There is engagement with the DfE funded Tackling Child Exploitation Support Programme.
- Children's Social Care have worked in collaboration with Leicestershire Police to develop a Protocol for Children in Custody. This will support a child's wellbeing, identify underlying vulnerabilities by information exchange and improve children's lived experience in being received into police custody.
- The group has representation within the Contextual Safeguarding Network for strategic leads.
- There is use of DfE Practice Principles to tackle exploitation and extra-familial harm to support a collaborative partnership response to safeguard adolescents.
- The Child Criminal Exploitation Operations Group has oversight of the progression of our partnership data set. This is supported by the Daily Risk Management Meeting (DRMM) and the Fortnightly Operational Review Meeting (FORM). The partnership is represented at these risk management meetings and needs to be satisfied that all resources and opportunities have been utilised to improve safety and a reduction in risk.
- Progression tracking of high-risk cases is debated by the partnership and professional challenge is welcomed.
- There is a planned scoping exercise to map the existing safeguarding response to Extra-Familial Harm provided by the local hub. This will also consider the interlinked agency pathways across the partnership to services that protect and support Adolescent Safeguarding. This will offer a coordinated approach across statutory and support services to implement early intervention and prevention programmes.
- A new quality assurance framework has been developed to not only analyse the data sets and indicators

to understand trends and themes, but to also monitor the quality of partnership risk management meetings. This will provide both reassurance and quality assurance that best practice is demonstrated in both supporting victims and utilising harm reduction approaches to challenge harmful behaviours.

- In response to our Missing children, we continue to offer independent return interviews. This work is quality assured through dip sampling Return Interview documentation. Diagnostic work is being undertaken in relation to the analysis of nil returns and how we respond to the unmet need of those children that for whatever reason do not engage with interviews. We continue to capture their voice and circumstances of the missing episodes, by trusted adults advocating for them.
- Becoming a trauma informed partnership will assist in early identification of our vulnerable children, improve response time and overall outcomes for children.
- A legacy from the Harm outside the Home DfE Project is the www.childexploitationeastmidlands.org.uk website, which the SCP supported in its development. The site aims to provide schools a one stop access point to raise awareness and encourage working together to prevent child exploitation and abuse. A trauma-informed toolkit is available to education to assist in recognising the signs associated with childhood trauma and adverse childhood experience. The site also signposts to local services and multi-agency training.

Impact:

Whilst work has been undertaken locally, there is ongoing work to be done, particularly around putting in place a strategic plan for the local approach to safeguarding children from extra-familial threat. The Safeguarding Children Partnerships will, throughout 2023-25, continue to seek assurance that local safeguarding partners are working together to effectively safeguard children from extra-familial threat. This will include supporting a new regime of multi-agency audit work.



Safeguarding Children from Diverse backgrounds:

Understand and improve how well partners work together with children and families from diverse backgrounds.

Rationale (established 2021-22):

- The SCPs do not have information on whether the ethnic or cultural background of a child or other diversity factors have an impact on how well agencies work together with children and their families to safeguard children.

What we did:

A task and finish group was set up to take this work forward, chaired by an independent expert. The following work was completed:

- A local agreement of the definition of “cultural competence” was confirmed
- A survey of practitioners took place, including voluntary and community sectors
- Practitioner focus groups were held
- Learning from reviews and local data was collated

An overview of workstreams, strategies, initiatives, and resources across the partnerships that relate to safeguarding children from black and minoritised communities was identified.

Quantitative data was provided by all three Local Authorities, Police, Integrated Care Board (ICB), and Domestic and Sexual Violence and Abuse (DSVA) services.

Impact:

Consideration of race and cultural competence is now embedded in all audits and reviews across the Safeguarding Children Partnerships. Training that considers safeguarding children from diverse backgrounds was delivered to 520 delegates across the partnerships through 25 different training sessions, whilst a further 432 people watched relevant training videos. The partnerships recognise that Safeguarding Children from Diverse backgrounds needs to be an ongoing priority and that the task and finish group was just the start. The business plan priority for 2023-25 includes improved understanding of the role of immigration status, culture, faith, and parenting.

Effective Safeguarding in independent and out of school settings:

Work with faith groups, independent schools, community organisations and other settings to support them to play an effective role in safeguarding children.

Rationale:

- SCP consideration of Independent Inquiry into Child Sexual Abuse (IICSA) reports and local LADO and national data identify the need and opportunity for further work with religious institutions, alternative education and other out-of-school settings to support robust safeguarding.
- SCP initial conversation with independent schools identified the need to develop specific ongoing engagement approach.

What we did:

An independent schools forum was set up during 2022/23. The forum allows independent schools to consider topics specific to them such as safeguarding across borders, the independent inquiry into child sexual abuse on residential schools, and guardian arrangements.

A multi-agency task and finish group has been set up, chaired by Local Authority Designated Officers (LADOs), to progress the other key deliverables in this objective focusing on out of school settings, small and community organisations. This work will continue into the 2023-25 business plan.

Impact:

The independent schools forum is well attended with around 20 delegates per meeting. One outcome was a request that social care nationally allow more time for referrals to be completed before timing out. This request was raised at the National Safeguarding Children Partnership Manager Network and local areas agreed to consider making the required changes.

Training Delivery numbers realised towards priorities:

Safeguarding Babies: 8 sessions were delivered to 465 attendees

Child Mental Health & Emotional Wellbeing: 15 sessions were delivered to 353 attendees

Keeping Adolescents Safe/Supporting Safe Adolescents: 18 sessions were delivered to 472 attendees

Safeguarding children from diverse backgrounds: 25 sessions were delivered to 520 attendees

Effective Safeguarding in independent and out of school settings: in terms of action taken, a more extensive mailing list has been developed. We have trained practitioners in independent and out of school settings in our business-as-usual safeguarding training as typically expected.

For further information, please see the Training section below.

Combined number of people who attended training or watched a training video against the SCP Business priorities:

Priorities	Trained	Watched a Training Video	Total
Safeguarding Babies	465	1054	1519
Child Mental Health and Emotional Wellbeing	340	432	772
Keeping Adolescents Safe / Supporting Safe Adolescents	472	75	547
Safeguarding Children from Diverse Backgrounds	520	432	952
Effective Safeguarding in Independent and Out of School Settings			0
Total of professionals benefited from SCP training			3790

Quality assurance and service improvement

The SCP has a Quality Assurance Framework shared with the Leicester Safeguarding Children Partnership Board. This can be found here <https://lrsb.org.uk/lrscp>.

During the year the SCP reviewed comparative data for the safeguarding system against other areas of the country. End of year data had not been considered by the time this report was completed and is not able to be shared. It will be considered early in the next business year.

Self-Assessment

During 2022-23 the safeguarding partners and specific relevant agencies carried out a self-assessment of their safeguarding effectiveness. The Section 11 is designed for agencies to provide assessment of their current performance in several key areas in relation to safeguarding children and to provide a reasonable comparison with results from the previous two years.

Following improvement work in the year almost all partner agencies provided some evidence that they were effective across all areas in the assessment:

- Strategic and Governance Arrangements
- Impact on Safeguarding Considered in Service Change
- Workforce Capacity and Resilience
- Engagement with Children
- Children Affected by Domestic Abuse

Early analysis indicates that the assessment did not directly identify any areas for significant work across partners or on a multi-agency basis. Where agencies judged themselves as not meeting the standard for being 'fully effective' against an area of assessment, additional information was required to indicate how they plan to achieve full effectiveness and by when. All agencies were asked for their plans for how they would improve effectiveness. Returns will be fully analysed and presented to the SCPs at the start of the 2023/24 business year.



Audits

A multi-agency audit focusing on Electively Home Educated (EHE) children was undertaken during 2022/23. This group of children appears to have increased post pandemic and, given learning from national high-profile cases, a Leicestershire Local Child Safeguarding Practice Review and a Leicester Serious Case Review, it was agreed that an audit to consider visibility of children in this cohort would be valuable.

The audit considered how well information is being shared across agencies and whether there are missed opportunities to support children in this cohort. 20 cases each were considered for Leicestershire and Leicester and 10 cases for Rutland. The scope of the audit was one calendar year from 1st January 2021 to 31st December 2021.

Findings suggested a number of areas of development including:

- Gaining an understanding of current information sharing practice within and across agencies across Leicester, Leicestershire and Rutland linked to Education, Health and Care (EHC)
- Developing improved and systematic information sharing to notify key agencies that a child has become Electively Home Educated, taking account of any information governance issues and current practice, including use of the Information Sharing Agreement (ISA) appropriately
- Reviewing how information is captured in the process of EHE starting, to include potential risk factors increasing a child's future vulnerability when children are referred to Inclusion teams
- Considering any awareness raising work that is required, including training, to support professional understanding of the impact on children of their EHE status
- Engagement work with parents to understand barriers to engagement with Education services including any method to establish links to Early Help offer or improve cooperation
- Considering how EHE children are offered the opportunity of seeing the School Nurse/11+ Teen Health Service routinely as part of a targeted support offer.

A task and finish group will be set up to complete the required work.

A deep-dive multi-agency audit, focusing on Pre-Birth Planning, was due to be completed before the end of 2022-23. This theme was agreed to support the Safeguarding Babies business priority and in light of recent learning from local Rapid Reviews. Whilst the audit itself was completed within the year, the multi-agency Audit Discussion Day, where analysis and key learning is identified, leading to recommendations and an audit report has yet to take place. Timescales have been affected by agency capacity, partly due to the increased programme of audit activity carried out this year (see below). This work will be completed early in the next year.

In addition to in-depth audits, a programme of 3-monthly dip-sample audits was set up to enable the Safeguarding Children Partnerships to frequently provide assurance and evidence current multi-agency working. The first dip-sample audit focused on repeat referrals, and the second is due to consider contacts with children experiencing mental ill health.

As requested by the Child Safeguarding Practice Review Panel, there was a Local Authority only audit, facilitated by the SCPs, to provide assurance that referrals are not deemed malicious without a full and thorough multi-agency assessment.

Other assurance work

'Keep in Touch' Assurance Meetings

The SCP holds a monthly 'Keep in Touch' assurance meeting with Leicester SCPB. The purpose of the meetings is to enable senior safeguarding leads to share intelligence and joint oversight of the ability of LLR multi-agency children's safeguarding services to maintain statutory functions in relation to safeguarding children, to share information and data and to provide a timely response to emerging safeguarding issues with partnership support. The meetings consider operational matters affecting safeguarding services, with a particular focus on workforce capacity and wellbeing. During the year the group has discussed the following areas of concern:

- Significant workforce capacity concerns across a number of agencies, regarding recruitment and retention of staff, but also a loss of experience through staff turnover and significant use of agency workers
- Changes in staffing may impact upon agencies trying to contact individual workers for information sharing.

In response to these concerns the SCP has supported open reflection and conversations regarding the impact of workforce gaps on services and how this is impacting safeguarding through the Keep in Touch meeting and at the main Partnership meetings. They have gained assurance that safeguarding continues to be prioritised across all agencies.

The SCP also asked the Independent Advisor to carry out an in-depth analysis of workforce capacity across the partnership. Independent scrutiny questions were sent out to individual agencies and the collated results were disseminated in October 2022. It was found that workforce capacity is affecting levels of support that can be provided, but safeguarding children is being prioritised across services and can be sustained. Lower risk cases may not be receiving as good a service as before and communication between organisations may be suffering. Also, a lack of access to early support appears to be impacting pressure on some acute services. All organisations reported that they are providing management oversight and availability to support staff and ensure appropriate prioritisation. Most organisations have plans in place to address staffing gaps in the short term, including innovative approaches to recruitment and providing ongoing support. All organisations reported they are communicating with partners to aid understanding. There are approaches in place to hear from children in many organisations and agencies are responding to this. Children are reporting room for improvement.

The SCP Planning & Delivery Group will continue to monitor workforce issues, via the Keep in Touch Meeting, with a particular focus on the effect on the lived experience for children and families, longer-term plans for workforce stability and considering innovations and solutions adopted elsewhere in the country.

An Operational Performance Group has been formed. It feeds into the LLR SCP Audit & Assurance Group, with a standing item on the agenda. Whilst the monthly Keep In Touch meetings are more operational to unpick practice issues and are more strategic, the Operational Performance Group meetings evaluate multi-agency working.

Information Sharing Agreement

The local Information Sharing Agreement of the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships and Safeguarding Adults Boards was updated throughout 2022/23 and [re-published](#) in April 2023.

Internal Quality Assurance Processes

The Audit and Assurance Group (AAG) sought assurance from partner agencies around their internal quality assurance processes. The aim was to provide a picture of activity that agencies have completed over the previous twelve months, giving an overview of what the key successes have been, what are the areas for development and any key actions for the forthcoming year linked to the business plan priorities.

It was positive to note that agencies reported the dissemination of learning from reviews and audits internally through a number of different briefing methods. Additionally, examples were shared of learning workshops to support frontline practitioners to strengthen safeguarding practice.

The group recognised that, given the key role schools play in safeguarding, a stronger connection between the AAG and Education is required. Options are being explored to create links to quality assurance work focused on safeguarding taking place in local schools.

Paediatric Sexual Assault Referral Centre (PSARC)

We have improved engagement with the East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS). It raised concerns with the LLR Safeguarding Children Partnerships to ensure that EMCYPSAS is included in strategy discussions for children and young people who have experienced sexual assault.

Between October 2022-January 2023, EMCYPSAS received 103 Leicester, Leicestershire and Rutland invites to strategy discussions which was a significant increase on previous engagement.

The impact of this work is enabling an increased number of children and young people who have experienced sexual assault to access the full range of sexual health screening, counselling and follow up, including psychosocial therapy, and contact with a Child Independent Sexual Violence Advisor (CHISVA).

The requirement to refer children and young people who have experienced sexual assault to the EMCYPSAS has been incorporated into LLR SCP procedures and, together with briefings for staff, this will support maintaining this improved response.



Multi-Agency Safeguarding Procedures

The partnership has ensured procedures are in place for multi-agency safeguarding in line with Working Together 2018 and has specifically revised the following procedures in response to learning from local and national reviews and assurance processes:

- Children and Young People go Missing from Home or Care
- Children and Families Moving Across Local Authority Boundaries
- Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children
- Multi-Agency Management of Medically Unexplained Symptoms, Perplexing Presentations and Fabricated or Induced Illness
- Child Exploitation, CSE and Assessment of Risk Outside the Home (Contextual Safeguarding)
- Bullying
- Children of Parents with Learning Disabilities
- Children of Parents who Misuse Substances
- E-Safety: Children Exposed to Abuse through the Digital Media
- Gang Activity, Youth Violence and Criminal Exploitation Affecting Children
- Harmful Sexual Behaviour
- Safeguarding Children Vulnerable to Violent Extremism (PREVENT)
- Underage Sexual Activity
- Agency Roles and Responsibilities
- Allegations Against Persons who Work with Children
- Domestic Abuse
- Pre-Birth and Post Birth Planning
- Self-Harm and Suicidal Behaviour

The SCP procedures can be found online: <https://llrscb.proceduresonline.com/index.htm>

A full list of new chapters and amendments made can be found on the '[Amendments](#)' page of the Leicester, Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual.

If you want to sign up for alerts regarding SCP procedure updates, please click [here](#).

Training

The SCP's training co-ordination and delivery function is shared with the Leicester Safeguarding Children Partnership Board to support consistent and effective partnership working.

We provided training resources and events in support of our priorities as well as other areas identified in a training needs assessment with partners, identifying other key areas including missing children and young carers.

We continued to use a more blended approach to learning, incorporating video resources and resource packs alongside online training sessions. We also returned to more face-to-face training following the pandemic.

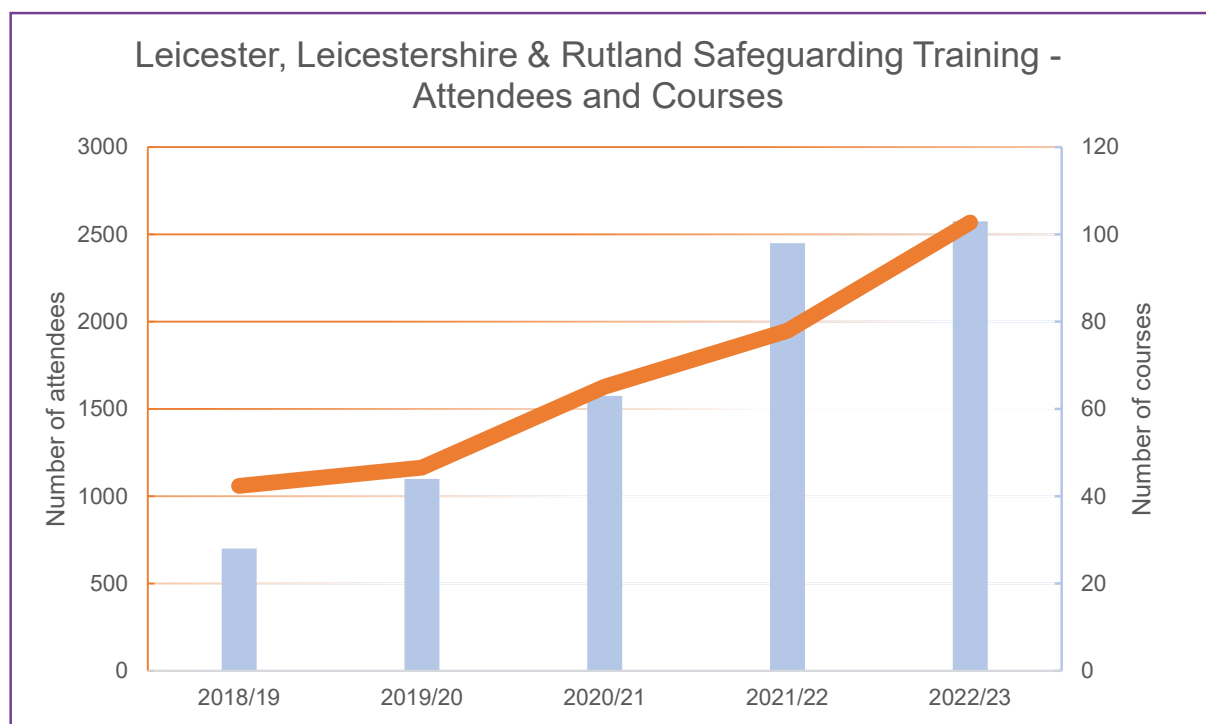
Resources

The [LLR SCPs' YouTube channel](#) continues to develop a bank of safeguarding videos that capture presentations from multi-agency training events and other resources that can be utilised by partners for learning and development – for example, in single agency training and supervision.

A regular Trainers' Network is facilitated, monthly email briefings are disseminated and regular [Safeguarding Matters newsletters](#) are published. As of this year, we have also introduced Safeguarding Matters Live (see below). During 2022-23, 167 additional people signed up to the Safeguarding Matters distribution list.

Training Delivery

Overall training was delivered to 2,569 individuals over 103 training events this year. The chart identifies a continued increase in numbers attending SCP training on previous years.

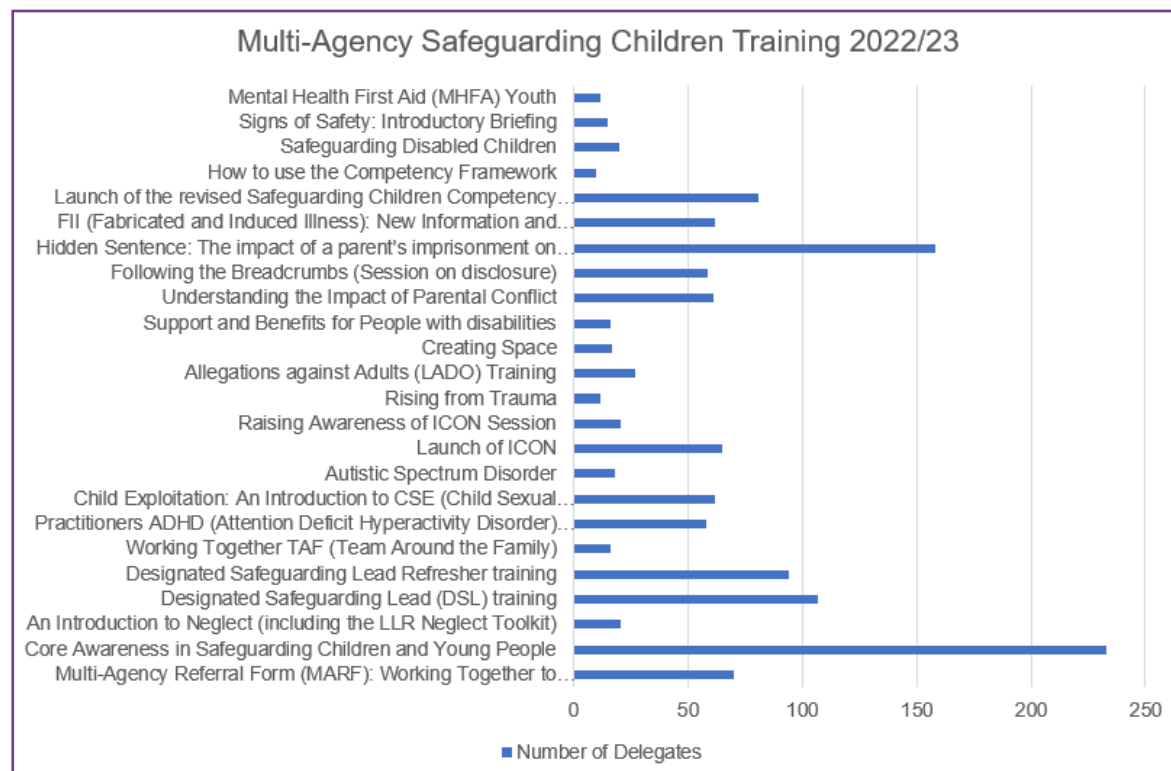


Alongside this increase, some training events did have to be cancelled in January/February 2023 due to low numbers and uptake. Overall, the cancellation rate is lower than in the previous year. Since re-establishing face-to-face training, it has been found that there is a better uptake of this training in comparison to virtual training. It is reported that cancelled places on training are often due to workload.

During 2022/23 a total of 1,315 delegates attended our regular multi-agency safeguarding children training. The generic safeguarding courses – for example, Core Safeguarding and Designated Safeguarding Lead training – often book up quickly, indicating both interest and need.

The LLR SCP Multi-Agency Learning & Development Group supported the content and delivery of a new project about the 'Impact of Imprisonment on the Family and Children'. This project had a launch event at City Hall in Leicester and a planned programme of training continues to be delivered. Six sessions have been delivered and there are others planned.

Following the review and relaunch of the Safeguarding Children Competency Framework (LLR), a session 'How to use the Competency Framework' has been developed, which had its first session in March 2023.



The delivery and support of two big conferences was not possible this year compared to last year, due to strikes and other sectoral balances. It was possible to support some larger events around policy and guidance change, such as 'Missing: Raising Awareness of the Missing from Home Joint Protocol', and the extension of the use of the Operation Encompass platform in the Autumn of 2022. Also, support was given to the 'Looked after Children (LAC) Health Summit 2022' and 'Young Carers' training as well as Leicester City and Leicestershire & Rutland 'Parental Conflict' Training.

In addition to our regular training, the following larger events and conferences were facilitated, with a further 1,254 delegates attending:

Conferences Facilitated by Multi-Agency Learning & Development Group During 2022/23		
Conferences	Number	Total attendees
Missing from Home Joint Protocol	2	77
Looked After Children Health Summit	1	45
Supporting Families – Reducing the Impact of Parental Imprisonment	1	50
Safeguarding Matters Online Briefing	2	789
Learning from Reviews: Baby's first Home (womb)	1	108
Learning from Reviews: Baby's first Home (womb) (film played as trainer unavailable)	1	95
Young Carer's Awareness Training	2	90
		1,254

This year [Safeguarding Matters Live](#) was launched. These are live online briefings for all staff across the children and adults multi-agency partnerships. They share learning from reviews and audits, procedure and guidance updates, and resources to support practice. The June 2022 briefing was attended by 289 delegates with the December 2022 briefing attendance increasing to over 500 delegates. The slides from the events are made available via our website and sessions are available to watch on the Safeguarding Children Partnerships' YouTube Channel.

The Multi-Agency Learning & Development Group also supported the advertising and booking of the trauma-informed training programme designed and delivered by Barnardo's and funded by the local Violence Reduction Network. In addition, the group supported Disability Allowance Training by the Department of Work and Pensions Team, as well as promoting the 'What is Adult Safeguarding?' sessions run by the local Safeguarding Adults Boards.

Training Impact

"Brilliant session – very informative and good group for interactions and discussions."

"The training was very informative, and I now have more knowledge about Neglect and how the neglect toolkit is used."

Feedback from delegates on Neglect training

737 delegates completed pre- and post-evaluation forms. Professionals are asked to rate their own knowledge, skills and confidence before and after the training sessions and to set themselves three key actions which they will put into practice. These key actions are considered during impact evaluations, which explore how knowledge has been used in day-to-day work. Additionally, 88 delegates filled in an evaluation form for the Learning from Reviews events and 336 evaluations were completed for Safeguarding Matters Live.

We want to improve our understanding of access to and impact of SCP training resources to enable us to focus on providing effective training and learning resources that support changes in practice. To do this we are in the process of commissioning a learning management system that will work with our continued blended approach. The learning management system was due to be implemented during 2022-23; it has been delayed to accommodate further exploration of the business model and effective implementation.

The reach of some of our training videos is set out below:

The number of times the training videos being fully watched by professionals:

Name of Category	Name of Video	Total seen by
ICON		560
	Full Launch Recording	165
	Never Ever Shake a Baby – Morning	127
	Never Ever Shake a Baby – Home from Work	95
	LLR – ICON Touchpoint 1	54
	LLR – ICON Touchpoint 2	119
Safeguarding Matters		559
	Safeguarding matters online recording December 2022	171
	Safeguarding Children Updates	43
	Dr Alun Elias – FII	85
	Fire Safety Hoarding	35
	Nigel's Story	24
	Safer Sleeping for babies	9
	Myth of Invisible Men	42
	Safeguarding matters online recording June 2022	150
Competency Framework	Launch of Revised Safeguarding Children Competency Framework	382

MARF – Thresholds		66
Parents Guide to CE Video / 2022-2023 hits		75
FII		200
	FII New Information and Procedure Change	98
	FII New Information and Procedure Training	17
	Dr Alun Elias – FII (Safeguarding Matters Live)	85
LCC Young Carers	LCC Young Carers	432
Adolescent Neglect 2022-23 Hits		20
Learning From Reviews		62
	Babies' First Home Womb	21
	Babies' First Home Womb Edited	41
	Total Reach:	2356

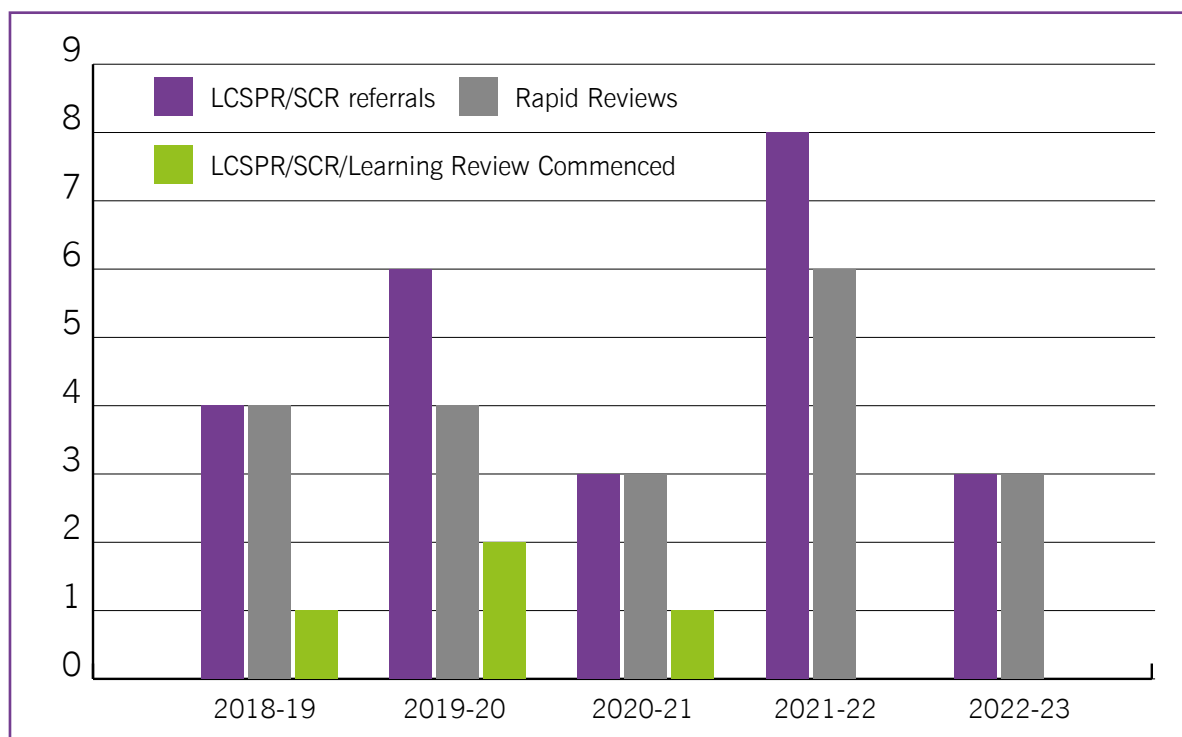


Child Safeguarding Practice Reviews

Local Rapid Reviews and Local Child Safeguarding Practice Reviews

The partnership assesses Serious Safeguarding Incidents as defined by Working Together 2018 and decides whether a Local Child Safeguarding Practice Review (LCSPR), in order to identify how to improve safeguarding responses in future, is required.

The Partnership carried out three rapid reviews following a serious incident notification in the period of this report. One Rapid Review was carried out by a sub-regional SCP. As shown in the chart, this number is down from eight carried out in 2021-22 but more in line with the three completed in 2020-21. The Safeguarding partners will monitor numbers to identify any longer-term trends. The peak in 2020-21 could be linked to the Covid-19 pandemic.



The partnership was able to identify learning to improve safeguarding systems from all of the Rapid Reviews. The partnership identified no further learning was to be gained from further review of any of these cases and therefore no Local Child Safeguarding Practice Reviews were required. This view was supported by the Independent Advisor to the Partnership and by the National Child Safeguarding Practice Review Panel.

Two Local Child Safeguarding Practice Reviews, commenced in previous years, continued to be worked on in 2022-23. One was published in August 2022. It was published on both the SCP website, where it will remain for one year, and on the NSPCC national review repository. The other Local Child Safeguarding Practice Review is due to be published later in 2023.

These Local Child Safeguarding Practice Reviews have taken longer than the statutory six months to complete for the following reasons:

- Commencing reviews was delayed by finding availability for meetings across partners, agreeing an approach regarding the reviewer and commissioning a reviewer.
- The reviewer identified the need to speak to professionals who worked directly with the children and their families to fully understand the case and learning, which has been delayed awaiting decisions regarding prosecution.
- Criminal processes have also delayed speaking to families.

Of the five children considered as both subjects of Rapid Reviews and LCSPRs under way during 2022/23:

- Four (80%) were female and one (20%) male.
- Three (60%) were of White British ethnicity and two (40%) of mixed heritage.
- Three (60%) were babies, one (20%) was a child and one (20%) was a teenager.

In line with the national picture, children under 12 months of age continue to account for the majority of notifications, which links to our continued business priority around safeguarding babies.

The partnership has continued to develop approaches to improve quality and timeliness of rapid reviews. Local agencies worked well to continue to contribute to rapid reviews and the ongoing Local Child Safeguarding Practice Reviews whilst facing continued resource challenges.

In addition, the rapid reviews and Local Child Safeguarding Practice Reviews have identified good individual and multi-agency working by many organisations to prioritise, see and respond to children at risk of harm.

The reviews also identified the following key areas:

- Recognition and response to the vulnerability of babies, including unborn babies, via the pre-birth process
- Continued work with parents and consistent and persistent messaging around safer sleeping
- Increased professional curiosity around parental mental ill health, alcohol and substance misuse, particularly when the main source of information is self-reporting
- Increased awareness of the complex impact that ethnicity can have for both adults and children and how this is linked to engagement with services
- Improved confidence in recognising and responding to potential Perplexing Presentations and Fabricated and Induced Illness.

In response to this learning from reviews the following action has been undertaken:

- The LLR SCP “Pre-Birth and Post Birth Planning” procedure has been further updated and strengthened.
- LLR Pre-Birth Guidance for Local Authorities is being produced. The multi-agency assessment document development will be influenced by the National Research in Practice work, which all three Local Authorities across LLR are part of. This group will conclude in July 2023. The “Developing pre-birth assessment practice: Change Project 2023” will develop tools and guidance which can be used nationally and across LLR.
- Multi-Agency training sessions on “Baby’s First Home” were delivered.
- 7-Minutes Briefings were published on “Safeguarding un/born babies” and Safer Sleeping.
- An LLR Safer Sleeping Risk Assessment Tool is being produced and is due to be launched in Autumn 2023.
- Joint work was completed with drug and alcohol services to strengthen a key leaflet on reducing the risk to children in households where there is parental substance misuse.
- The LLR SCP “Children of Parents who Misuse Substances” is being reviewed and updated, in consultation with drug and alcohol services.
- Learning from reviews is being fed into ongoing work around the Safeguarding children from diverse backgrounds business priority.
- The significant update to the “Multi-Agency Management of Medically Unexplained Symptoms, Perplexing Presentations and Fabricated or Induced Illness” procedure was promoted via multi-agency training sessions.

Learning is shared with practitioners across organisations through multi-agency training, briefings and learning events, including to communicate updated guidance and changes in procedures. Also, the SCP communicates learning to the partnership workforce through the Safeguarding Partnerships’ [Safeguarding Matters newsletter](#) and live events, the LLR Safeguarding Digest and through ‘[7-Minute Briefings](#)’, which are designed to convey key messages from reviews and encourage managers and workers to reflect on their practice.

Action plans are in place to respond to and monitor areas of learning from reviews.

The partnership continues to develop its approach to rapid reviews and these have become a useful tool to identify learning swiftly and ensure action can be taken more quickly to respond to matters arising from serious safeguarding incidents.

National Reviews

The Child Safeguarding Practice Review Panel's "Child Protection in England: National review into the murders of Arthur Labinjo-Hughes and Star Hobson" was published in May 2022. It sets out recommendations and findings for national government and local safeguarding partners to protect children at risk of serious harm.

In September 2002, the Child Safeguarding Practice Review Panel published two Panel Briefings on "Bruising in non-mobile infants" and "Multi-Agency Safeguarding and Domestic Abuse".

In October 2022, the Phase 1 report of the Child Safeguarding Practice Review Panel's "Safeguarding children with disabilities and complex health needs in residential settings" was published. The Phase 2 report followed in April 2023.

The Safeguarding Partners considered each of these publications in turn and took action and received assurance where required, including:

- Local templates for Rapid Reviews and Local Child Safeguarding Practice Reviews have been updated to ensure that protected characteristics of each family member, along with details of the whole family are recorded, to ensure that families' diverse needs, experiences and wider family networks are identified and analysed appropriately.
- Independent scrutiny of workforce capacity across the partnership took place.
- Following the reviews into Star Hobson and Arthur Labinjo-Hughes's deaths, one of the identified learnings was that the agencies involved should have been more robust in their response to contacts and concerns raised by family members or anonymous sources. The SCP sought assurance from our Local Authority partners in response to a request issued by the National Panel:

'All Safeguarding Partners should assure themselves that referrals are not deemed malicious without a full and thorough multi-agency assessment, including talking with the referrer, and agreement with the appropriate manager'.

Each Local Authority locally completed an internal audit to assure itself and the SCP. They considered 15 contacts each, which were received via the 'front door' from source Anonymous/Family within the previous six months.

The Local Authorities reported the following:

- Generally, the dip sample evidenced a positive picture with partner agency information considered and appropriate action taken resulting in the right services for children and young people.
- Information and discussions were held with parents to gain further information where required and appropriate and in the majority of these cases children were also spoken to, with information sought from them regarding their day-to-day experiences.
- The audit has highlighted that there is a need to focus on strengthening manager rationale for case closure.
- The local LLR Pre-Mobile baby procedure has been regularly reviewed over the last few years and was last updated in June 2022. The name of the procedure was changed at that point to "Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children", as previously the word "bruising" did not feature. This improves searching for the procedure by practitioners.

- Assurance was provided that Rapid Reviews and Local Child Safeguarding Practice Reviews in Leicestershire & Rutland do involve local specialist domestic abuse services, where domestic abuse is present (either current or non-recent).
- The local SCP Domestic Abuse procedure was revised and relaunched.
- The Phase 1 report into children with learning disabilities identified two urgent actions which were sent to directors of children's services across the country with an expectation that they respond and bring the actions to SCPs. The first action was around undertaking Quality and Safety Reviews for all children with complex needs and disabilities currently living within placements with the same registrations to ensure they are in safe, quality placements. The second action asked for a review of all information on any LADO referrals, complaints and concerns over the last 3 years relating to the workforce in such establishments.

The SCP received Leicestershire County Council and Rutland County Council's audits. These reports provided assurance to the partnership that no safeguarding concerns had been identified in respect of the children from Leicestershire and Rutland placed in qualifying dual residential special schools and children's homes or by the Local Authorities hosting the establishments over the past three years. The core learning related to young people in long term residential educational placements was shared with SEND boards in each Local Authority.

- The Dynamic Support Pathway was first launched across Leicester, Leicestershire and Rutland in December 2021. It is a pathway developed to provide support for individuals (all age) with a learning disability, autism or both who are deteriorating in their health and well-being whilst living in the community. Following the Child Safeguarding Practice Review Panel's publication, NHS England and NHS Improvement (NHSEI) published new guidance in November 2022 and this contained additional recommendations and new minimum standards. NHSEI published their final policy in January 2023 with an aim to launch the new pathway by May 2023. As a result of this, a full benchmarking exercise was delivered across LLR to identify areas of improvement/new processes required. A multi-agency Task and Finish Group was established to design new processes and documentation required. People with lived experience and representatives from Parent Carer Forums have been involved in developing this pathway from the start and will continue to be part of the team to monitor and review the processes going forward. LLR are now ready to launch the new pathway.
- Diverting Children and Young People with Learning Disabilities and Autism from the risk of Sexual and Criminal Exploitation

The ICB and Barnardo's launched a new initiative aimed to support early identification of children and young people with learning difficulties and autism who are referred to the Dynamic Support Register (DSR) and who may be at risk of being drawn into child sexual exploitation and child exploitation.

This work has included an Information Sharing Agreement and questions added to the Dynamic Support Register Multi-Agency Assessment Template that identify risk of child exploitation.

If response to the child exploitation questions raise significant concern, a Child Exploitation Risk Assessment is completed and a referral to Children's Social Care, as per the LLR SCP Procedures.

Where answers to the risk of exploitation questions raise concern that the child/young person's interests or social life may potentially expose the child/young person to a risk of exploitation, a Barnardo's Key Worker contacts the Vulnerability Hub and supports opportunities for diverting exposure to potentially harmful situations with the child/young person and parents and carers.

The final report of the Independent Inquiry into Child Sexual Abuse (IICSA) was published in October 2022. The national recommendations were discussed by the SCP and actions will be progressed by the Planning & Delivery Group.

How feedback from children and families has informed our work and influenced service provision

Since the Covid-19 pandemic, the SCP has struggled to maintain its Young People's Advisory Group (YPAG). The membership of this group is drawn from other youth groups, such as the Children in Care Council and Youth Council. Therefore, it is challenging to engage with young people who are already giving up their time for other forums.

Children and young people will be invited to sit on a specific interview panel for the role of Independent Chair for the SCPs.

The SCP does want to ensure it is having meaningful engagement with young people that makes a difference to the work of the partnership. Therefore, the focus is on drawing upon existing participation work within organisations across the partnership, to understand what young people are saying about safeguarding and how partners are hearing and responding to the voice and lived experience of children and young people. This will reduce duplication and consultation fatigue, and where the partnership requires specific participation work this will be carried out through working with existing participation groups.

This year it has been agreed that the LLR SCP Voluntary and Community Sector (VCS) Reference Group will join up with adults' organisations to form a VCS forum. This will broaden the scope of engagement, as many groups cross over between children's and adults' services.

"She has supported us through our toughest challenges; sometimes advising, sometimes listening and sometimes just being present in the moment. She always followed through with what was best for the family and most of all gave us hope that things would eventually get better. She has made a real difference in our lives and today, with her tireless support and dedication, we got the outcome we wanted."

Family feedback about the support offered from a Leicestershire Children & Family Wellbeing Service Worker

"Understanding the impact this has had on all the children has made me more determined to get the help I need. I love them and want them to have a dad they can be proud of".

Feedback from a Father following work with the Leicestershire Domestic Abuse Team

An example of our partners using feedback from children and families to influence service provision is in the establishment of the Teen Health Service. There were consultation processes in 2021 in both Leicestershire and Rutland (as each has their own Teen Health Service). The feedback from these consultations was used to develop the service models, with the services being launched in 2022.

In Rutland, consultations with schools, pupils, and parents highlighted what the priorities are for the people of Rutland and their aim is to tailor support services to reflect the current demands from young people. In Leicestershire, the consultation was shared on the County Council's website, promoted by email to schools, with local communities through social media including Twitter and Facebook. It consisted of a variety of questionnaires and surveys, determined by the demographics of the consultation groups, workshops with professionals, staff and Head teachers and one-to-one interviews with parents. The consultation was also shared with voluntary and community groups through the Council's Communities teams and with Leicestershire Equalities Challenge Group, chair of Leicestershire Parents SEND Hub and Leicestershire Adoption and Fostering Group. Feedback received from parents and carers, professionals working with children and families in Social Care, Education and Youth Justice was positive and contributed to the development of the service model. Service users were surveyed about their experience of the current service model and where improvements could be made. Engagement events were held with partners such as Health (NHS) i.e. Maternity services, University Hospital Leicestershire (UHL) services, Clinical Commissioning Group (now the ICB) and via partnership working groups, such as Perinatal Mental Health and Children's Design Groups, such as Children and Young People's Mental Health and Emotional Wellbeing Group. Additional consultation with schools and children and young people to ensure their views were included ran until 30th September 2021 to better understand how services could be accessed and to identify priorities. Focus groups were also held with County Council staff who had experience of maternity services.

"The worker tries really hard to ensure I get the things I need. The worker helps me think through my decisions and questions me about if I have got things sorted which is good as, without this, I would not have got a lot of things sorted that I have done."

Feedback from a Leicestershire young person

"I can't thank you enough [...] sometimes words get in the way of what I really want to say and leave me misunderstood but, from the bottom of my heart, for all the times you've been there and guided me through adopting a new life, all I can say is I couldn't have done this without you".

Feedback from a Rutland young person



Finance

The work of the SCP is supported by the Leicestershire & Rutland Safeguarding Partnerships Business Office that also supports the Safeguarding Adults Boards and carries out Domestic Homicide Reviews for Community Safety Partnerships in Leicestershire & Rutland. The SCP is funded by contributions from its partners.

A single funding arrangement for the Safeguarding Children Partnerships and Safeguarding Adults Boards for 2020 onwards has been agreed between the statutory partners for the Safeguarding Adults Boards and the children's Safeguarding Partners for Leicester, Leicestershire & Rutland.

The contributions from partners for the Leicestershire & Rutland SCP and SAB as a whole for 2022/23 can be seen below alongside contributions for the previous year:

	2021/22	2022/23
Leicestershire County Council	£102,496	£119,266
Rutland County Council	£45,833	£50,367
Leicestershire Police	£88,725	£97,500
West Leicestershire CCG and East Leicestershire & Rutland CCG*	£88,724	£97,500
National Probation Services	£1,348	N/A
Total income for SCP and SAB	£327,126	£364,633

*Note – the contribution was made before the two Clinical Commissioning Groups became the Leicester, Leicestershire & Rutland Integrated Care Board (ICB)

Statutory partners agreed to reduce contributions for one year in 2021/22 with the difference to be funded from the SCP and SAB reserves.

Overall expenditure across the SCP and SAB for 2022/23 was £317,689. Expenditure for the SCP was apportioned as follows:

	2021/22	2022/23
Staffing	£105,579	£115,357
Independent Advisor	£7,914	£6,562
Support Services	£12,370	£1,090
Operating Costs	£6,700	£8,055
Training	£48,100	£48,550
Case Reviews	£5,254	£5,800
Total Expenditure	£185,917	£185,414

Expenditure overall was broadly in line with the previous year. Expenditure on support services has significantly decreased with only legal advice for the partnership now funded from this budget. The increase in expenditure on operating costs is linked to the development of new training resources, including video assets.

Priorities for 2023-25

Having reviewed learning from local and national reviews, and from local assurance and engagement work, as well as considering the impact of the 2022-23 priorities, the SCP has determined that its priorities should remain going forward. Therefore, the SCP will share the following forward priorities with the Leicester Safeguarding Children Partnership Board:

Safeguarding Babies

**Child Mental Health,
Emotional Wellbeing,
and Safeguarding**

**Keeping Adolescents
Safe / Supporting Safe
Adolescents**

**Safeguarding
Children from Diverse
Backgrounds**

**Effective Safeguarding
in Independent and Out
of School Settings**

For each of these areas, we have set out our rationale for prioritising the topic, and presented the key deliverables, leads, activities, impact measures and timescales. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of our children and families. The [Joint Leicester, Leicestershire & Rutland Safeguarding Children Partnership Business Plan for 2023-25](#) is published on our website.

This page is intentionally left blank



Leicestershire and Rutland Safeguarding Children Partnership (LRSCP) and Leicester Safeguarding Children Partnership Board (LSCPB) Joint Business Plan for April 2023 to March 2025

The voice and lived experience of children – how we focus on this and ensure that children and young people have a voice and are heard – is a principle running through all our priorities.

Our **assurance and audit group** will undertake a partnership wide self-assessment with a focus on (i) data for safeguarding children and (ii) the effectiveness of multi-agency practice and leadership in relation to Child Sexual Abuse (see national findings on local multi-agency leadership from IICSA, October 2022).

We have identified five priority areas for us to focus our collective efforts, following the principle that we should concentrate our capacity on a small number of topics, in order to have significant impact, rather than dissipate our resources by trying to do everything. Based on our analysis of the situation across Leicester, Leicestershire and Rutland (LLR) we have identified the following priority areas:

1. Safeguarding Babies – Improving how we work together with families before and after births to safeguard babies
2. Child Mental Health, Emotional Wellbeing, and Safeguarding
3. Keeping Adolescents Safe / Supporting Safe Adolescents
4. Safeguarding Children from Diverse Backgrounds
5. Effective Safeguarding in Independent and Out of School Settings
6. Transitional Safeguarding

For each of these areas, we have set out our rationale for prioritising the topic, and presented the key deliverables, leads, activities, impact measures, and timescales. This will enable us to monitor progress and secure assurance that our actions are making a positive difference to the lived experience of our residents.

1. Safeguarding Babies - Improving how we work together with families before and after births to safeguard babies

Rationale:

- Recent local and national case reviews as well as assurance work of the partnership has highlighted safeguarding risks to babies
- National increase in number and proportion of serious safeguarding incidents that relate to baby deaths and harm to babies
- Two national reviews, three local reviews, and three further rapid reviews regarding baby deaths, exploring: shaken babies; contact and working with fathers/males; substance misuse; pre- and post-birth planning; safer sleeping; possible coercive reproduction

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Measuring the impact of ICON (a programme)	ICON Steering Group (Chair Claire Turnbull)	Obtain data and information to measure the impact of ICON across	N/A as the action is itself measuring impact	Provide report to the January 2024 meeting

focusing on the prevention of Abusive Head Trauma) locally		Leicester, Leicestershire and Rutland		of the Safeguarding Children Partnerships (SCPs)
Assurance of effectiveness of safeguarding babies	Assurance and Audit Group Chair	Undertake a dip sample of babies up to one year old subject to Child Protection plans across Leicester, Leicestershire and Rutland to consider whether there has been an improvement in safeguarding babies in recent years	N/A	Provide report to the January 2024 meeting of the SCPs
Assurance of effectiveness of safeguarding babies	Assurance and Audit Group (Chair)	Complete a safeguarding babies (pre-birth) multi-agency audit across Leicester, Leicestershire and Rutland and present findings to the SCPs	N/A	Present findings to the July 2023 meeting of the SCPs
Our safeguarding approaches engage effectively with males	All Safeguarding Partners	Through the S11 audit (or alternative) provide evidence of the impact on safeguarding babies of your improved approaches to working with males (see “The Myth of Invisible Men” 2021)	N/A	Findings presented to the March 2024 meeting of the SCPs
	Policy and Procedures Subgroup Chair (Task and Finish Group Chair)	Develop SCP Guidance: Improving identification and engagement with new partners, including males and assessing impact upon children in the household	Workforce engaging effectively with makes, measured by a frontline staff survey during 2024/25 business year	Presented to March 2024 meeting of the SCPs
Improved awareness and understanding locally of coercive reproduction	Multi-Agency Learning and Development Group (MALDG)	Where it exists, to identify learning around coercive reproduction and safeguarding babies and embed this learning into the learning and development offer as appropriate	Improved recognition of and response to coercive reproduction across the local safeguarding system, measured by a frontline staff survey during 2024/25 business year	Quarterly subgroup reports to be provided to Planning and Delivery Group (PDG)
Improve multi-agency understanding	Audit and Assurance Group	Launch and disseminate Multi-agency Safe Sleep Guidance	Improved recognition and response to	Report to SCPs by the end of Q2 2023/24

of safe sleep practice for babies	Chair. CDOP Chair.		parental compliance with safe sleep advice, measured by a frontline staff survey during 2024/25 business year	
2024/25 work themes / topics: <ul style="list-style-type: none"> • Develop and facilitate a frontline staff survey to measure impact of work undertaken • Progress recommendations from the safeguarding babies (pre-birth) multi-agency audit • Progress learning obtained from the dip sample of babies up to one year old subject to Child Protection plans • Continue to measure impact 				

2. Child Mental Health, Emotional Wellbeing, and Safeguarding

Rationale:

- Case reviews, assurance work and work with young people have identified the following which require further work and assurance:
 - Gap in joint working when children in need of safeguarding have been referred to mental health services
 - Local collaborative response to suicidal ideation in children and young people
- Young people tell us that effective mental health support remains a high priority for them
- Continued follow up to 2021/22 and 2022/23 assurance work regarding safeguarding and CAMHS waiting list

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Receive assurance that children subject to safeguarding arrangements and CAMH services are effectively safeguarded through effective multi-agency working	Planning and Delivery Group Chair	The SCPs via the PDG to continue to seek assurance that mental health and safeguarding are effectively addressed together locally.	The experience of local children and young people	Assurance to be provided by the October 2023 SCPs meeting
		Experiences of local children and young people to be heard. Reports from children's voices captured by advocate at the Child Protection Conference	N/A as this is in itself measuring the impact	By the end of Q4 of 2023/24
	Audit and Assurance Group Chair	Multi-agency dip sample audit of records for children being safeguarded	The experience of local children	By the end of Q4 of 2023/24

		and in receipt of CAMHs	and young people	
Improve local responses to children and young people at risk of suicide	Policy and Procedure Group (Chair)	Review and update local suicide procedures and guidance, taking into account learning from local reviews and the CDOP's themed suicide review (2023).	Data to be identified and obtained across LLR	Policies and procedures to be updated and presented to the January 2024 meeting of the SCPs
2024/25 work themes / topics: <ul style="list-style-type: none"> Progress learning obtained from the dip sample of children being safeguarded and in receipt of CAMHs Continue to measure impact Progress learning from hearing the experiences of local children and young people subject to child protection processes and Looked After Children and in receipt of CAMHs 				

3. Keeping Adolescents Safe / Supporting Safe Adolescents

Rationale:

- Work to develop a life-stage approach to safeguarding children relating to extra-familial threat/harm outside the home.
- Ongoing concerns regarding a clear response to peer-on-peer sexual abuse
- Developing national approach regarding 'serious youth violence'

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Receive assurance that local safeguarding partners are working together to effectively safeguard children from extra-familial threat	Child Exploitation Operations Group (Chair) Adolescence Safety and Diversion Board (Chair)	Plan in place for the local approach to safeguarding children from extra-familial threat. Plan to be approved by the Safeguarding Partners.	Experiences of children and families subject to extra-familial harm	Within 2023/24 business year
Multi-agency audits	Assurance and Audit Group	Support the Multi-Agency CSR (MACSE) Hub in undertaking a new regime of audit work	N/A	Audit/s to be completed by January 2024

2024/25 work themes / topics:

- Receive assurance that approaches to safeguard children from extra-familial threat are embedded and effective, including hearing the experiences of local children and families

4. Safeguarding children from diverse backgrounds

Rationale:

- The SCPs require more information about how agencies work together with children and their families to safeguard children in the context of intersectionality (the interaction of systems of inequality based on protected characteristics and other forms of discrimination).
- Learning from local reviews has identified a need to consider the role of immigration status, culture, faith, and parenting in safeguarding.
- Recognising the significant increase in Unaccompanied Asylum-Seeking Children (UASC) in LLR (particularly in Leicester City) and the additional needs and risks for these children and young people.

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Improved understanding of the role of the role of immigration status, culture, faith, and parenting.	Business Offices	Explore what can be accessed through the migration partnership (for example Home Office briefings) to support practitioners to improve their understanding of local immigration. Share with the Multi-Agency Learning and Development Group (MALDG) for dissemination.		By the end of Q3 of 2023/24
	Multi-Agency Learning and Development Group (MALDG)	Disseminate information accessed through the migration partnership.		By the end of Q1 of 2024/25
		Provide multi-agency learning and development around immigration status, culture, faith, and parenting.		Ongoing throughout 2023-2025

5. Effective Safeguarding in independent and out of school settings

Rationale:

- SCP consideration of IICSA reports and local LADO and national data identify the need and opportunity for further work with religious institutions, alternative education, and other out-of-school settings to support robust safeguarding.
- Recognition of the importance to continue to engage with independent schools via the forum set up during 2022/23.
- National Child Safeguarding Practice Review [safeguarding children with disabilities and complex health needs in residential settings](#)

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Increase awareness of parents and carers of safeguarding their children when involved in small organisations	Out of School Settings Task and Finish Group (Chair)	Develop and promote information leaflets for parents	Awareness level of parents and carers	August 2023
Resources and training targeted at small and community organisations including faith groups	Out of School Settings Task and Finish Group (Chair)	Hold an event for small and community organisations including faith groups	Feedback from delegates	October November 2023
Independent Schools Forum	LLR SCPs Business Managers	Continue to host the independent schools forum, expanding membership across LLR	Feedback provided by schools involved	Ongoing with initial report to be provided to the November 2023 PDG meeting

2024/25 work themes / topics:

- Obtain ongoing assurance / undertake relevant workstreams as identified in relation to the national Child Safeguarding Practice Review safeguarding children with disabilities and complex health needs in residential settings'

5. Transitional Safeguarding

Rationale:

- Learning from local and national Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adults Reviews (SARs)

Key Deliverable	Lead	Activity	Impact Measure	Timescale
Work with the local Safeguarding Adults Boards to	Transitional Safeguarding Task and Finish Group	Consider the following: Are you confident that we are managing	N/A as the action is itself	March 2024

seek assurance that Transitional Safeguarding is being managed appropriately across Leicester, Leicestershire and Rutland		transitional safeguarding in the most appropriately effective way? What assurance do we have of this?	measuring impact	
2024/25 work themes / topics: <ul style="list-style-type: none"> Additional work as identified by the task and finish group. 				

This page is intentionally left blank



HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH LEICESTERSHIRE'S HEALTH – WHAT THE HEALTH AND WELLBEING BOARD'S DASHBOARD TELLS US

Purpose of report

1. The purpose of this report is to present the Director of Public Health's Annual Report for 2023.

Link to the local Health and Care System

2. Production of the Director of Public Health's (DPH) Annual Report is a statutory duty for the Director of Public Health and is an independent report on the health and wellbeing of the local population.

Recommendation

3. It is recommended that the Health and Wellbeing Board:
 - a) Notes the Director of Public Health's Annual Report for 2023 (attached as the appendix to the report);
 - b) Notes the recommendations in the report setting out priorities for the Public Health Department
 - c) Considers its own priorities for the medium term in the light of the data in the report.

Policy Framework and Previous Decisions

4. The report is published annually and is presented to the Health and Wellbeing Board as part of the publication process for the report.

Background

5. The purpose of a Director of Public Health's annual report is to improve the health and wellbeing of the people of Leicestershire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations.
6. One of the roles of the Director of Public Health is to be an independent advocate for

the health of their population. The Annual Reports are a way by which Directors of Public Health make their conclusions known to the public.

Summary of the Annual Report

7. This year's report presents data on the health of the population across Leicestershire. The data underpins the Health and Wellbeing Strategy of Leicestershire's Health and Wellbeing Board. A dashboard of over 100 indicators looks at each stage of what is known as the life course, from birth and the early years of life, through working age life to older age and, eventually, death. Performance is compared against the national average and against other comparable areas in the country.
8. Good health is dependent on a complex set of circumstances including 'lifestyle' behaviour, social and community networks, living and working conditions and broader socio-economic conditions with lifestyle behaviour and socio-economic factors being the primary drivers of 'good health'.
9. Overall, Leicestershire enjoys good health with over half of the indicators in the dashboard being above that of the national average performance and only around on indicator in eight being below the national average performance.
10. Comparing Leicestershire against a basket of 15 comparable authorities, there are 30 indicators where Leicestershire's performance is in the top three when compared with similar authorities, and 14 where performance is in the bottom three compared with neighbouring authorities.
11. Smoking prevalence, childhood obesity in year 6, vaccination coverage in early years, homelessness and a number of indicators relating to child development are worthy of note. Life expectancy overall is better than average and inequalities in life expectancy at birth is performing well. Mental health indicators suggest that Leicestershire has comparatively good public mental health.
12. Looking at the 'big' public health issues where national and comparative performance leaves room for concern the two big issues the department needs to give more focus to are:
 - Physical Activity, where both the percentage of physically active adults and the percentage of adults walking for travel need improvement and;
 - Diet, where the percentage of adults aged 16 and over meeting the '5-a-day' recommendations requires improvement.
13. The wider determinants of health clearly influence our health. Locally the data shows air quality (measured by the level of PM2.5) and the 'winter mortality index' to be an area of relatively poorer performance.
14. Public health needs to play its role in supporting other agencies to improve performance in indicators that are primarily the responsibility of other organisations. The department will work with partners to improve the uptake of vaccination, immunisation and screening – particularly the shingles and HPV vaccines.

15. Overall population health status may mask areas or sectors of the population that have poorer health status. A further report is needed to examine the detail of how health is experienced by different parts of the population.

Resource Implications

16. Full implementation of the recommendations of the report may need to be addressed through the commissioning and budget setting cycle of partner organisations. For public health, the council receives a grant, ring fenced to promote action on public health functions and priorities.

Timetable for Decisions

17. The Annual Report will be considered by the Health Overview and Scrutiny Committee on 1st November and by the Cabinet on 24th November. It will be considered by the County Council at its meeting on 6th December.

Background Papers

18. The dashboard used to inform the Annual Report is available via <https://www.lsr-online.org/uploads/2023-dph-annual-report-dashboard.pdf?v=1697714149>

Officer to Contact

Mike Sandys
Director of Public Health
Email: mike.sandys@leics.gov.uk
Telephone: 0116 305 4239

List of Appendices

Annual Report of the Director of Public Health 2023.

This page is intentionally left blank

2023 Annual Report of the Director of Public Health, Leicestershire

Leicestershire's Health

What the Health and Wellbeing
Board's dashboard tells us



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP



Foreword



Welcome to my annual report for 2023. It has been a little while since I last published an annual report, for what I hope are understandable reasons. It was always my intention for the 2020 annual report to focus on the response to COVID and for the 2021 report to focus on recovery from COVID and addressing important non-COVID issues.

Of course, life didn't pan out like that, with COVID continuing to dominate the work of the public health department throughout 2020 and 2021.

Even then, the past year or so has been remarkable for the number of other health protection related incidents that have drawn the local authority into being part of the health protection response. Monkeypox, heatwaves, the dispersal of asylum seekers to temporary accommodation and Strep A being four issues for which the Council is not resourced to respond to in public health terms but has stepped up to do so. Not forgetting that COVID has never gone away completely and still requires an amount of resource from the department.

As such, it feels like it is only now that we are beginning to have the space to consider the health of the population more generally and get back to something approaching 'business as usual'.

Going back to my last report in 2019, I examined physical activity in a report entitled "Leicestershire's Health – Physical Activity – Moving to a Whole System Approach".

The report has helped move our approach to physical activity to one where all parts of local government, the NHS and communities are engaged in helping make the right choice the easy choice. An update on progress against the key recommendations can found elsewhere in this report.

In this year's report I have gone back to the specified purpose of a DPH annual report to be a paper that describes the health of our communities. I want to focus on some of the big issues that drive how healthy we are. In doing so I will use the report to ensure that the public health department's work is fully aligned with the Government's emerging major conditions strategy and focusses its efforts on those topics that do most to improve our health and Wellbeing.

I would like to thank all my colleagues that have helped in producing this report, particularly Victoria Rice from the Strategic Business Intelligence Team for her work in constructing the data and narrative that underpin this report and Jenna Parton and Liz Orton for their input.

I would also like to take this belated opportunity to place on record my thanks to my colleagues throughout the Public Health Department, the Council, the NHS, blue light services, district councils and the voluntary sector for their part in responding to the challenges of COVID. Thank you for keeping going day after day in stressful circumstances.

Mike Sandys DL, BA Hons, MA, MSc, (Hon) DUniv, FFPH
Director of Public Health



Contents

Foreword	2
Introduction	4
Summary and recommendations	5
Summary	5
Recommendations	6
What makes us healthy?	7
The Major Conditions Strategy	9
Leicestershire's Health and Wellbeing Strategy	10
Leicestershire's Health and Wellbeing Board dashboard	11
Best Start for Life	11
Staying Healthy, Safe and Well	14
Living and Supported Well	17
Dying Well	19
Mental Health	21
Health Inequalities	23
Feedback on recommendations from 2019	25
Appendix 1	27
Similar areas to Leicestershire	27

Introduction

Directors of Public Health have a statutory duty to write an Annual Public Health Report that describes the state of health within their communities.

It is a major opportunity for advocacy on behalf of the population and, as such, can be used to help talk to the community and support fellow professionals, providing added value over and above intelligence and information routinely available such as that contained within health profiles or the Joint Strategic Needs Assessment (JSNA).

It is intended to inform local strategies, policy and practice across a range of organisations and interests and to highlight opportunities to improve the health and wellbeing of people in Leicestershire. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

Within this report, data is presented on the health of the population of Leicestershire. The content should be used by commissioners and providers of services to respond to changes in the health of Leicestershire residents.

The data itself is that that underpins the Health and Wellbeing Strategy for Leicestershire, which is the strategy of Leicestershire's Health and Wellbeing Board.

The board monitors progress by way of a dashboard of over 100 indicators looking at each stage of what is known as the life course, from birth and the early years of life, through working age life to older age and, eventually, death.

Performance is compared against the national average and against other comparable areas in the country, enabling the Health and Wellbeing Board to assess absolute and relative performance against its objectives.

The recommendations made largely relate to actions for the Public Health Department. Specific recommendations for departments of the County Council or partner organisations haven't been made in this report although there is an expectation that these will follow through discussion at the Health and Wellbeing Board.



Summary and recommendations

The vast majority of what makes us healthy and keeps us healthy are factors outside of the remit of the NHS. Over two thirds of what contributes to good health outcomes are socio economic factors (things like education and employment) and lifestyle behaviours such as whether we smoke tobacco or drink alcohol excessively.

The Health and Wellbeing Strategy for Leicestershire takes a life course approach, taking action across four 'life stages'; Best Start of Life, Staying Healthy Safe and Well, Living and Supported Well and Dying Well. The strategy also supports action on two cross cutting themes; mental health and tackling health inequalities. To make health improvements across the life course requires concerted action by all partners of the Health and Wellbeing Board.

A 'dashboard' of 108 indicators helps the Health and Wellbeing Board assess progress. Of those 108, 100 indicators have data available and show 52 indicators where Leicestershire's performance is above the national average, 35 similar to the national average and 13 below the national average.

Summary

By each life stage and the cross cutting themes Leicestershire's overall performance is as follows:



Best Start for Life

- 26 indicators are better than the national average, 13 are similar to the national average and three below average



Staying Healthy Safe and Well

- 14 indicators are better than the average, nine are similar to the national average and nine are below the national average



Living and Supported Well

- Three indicators are better than the national average, six are similar to the national average and no indicators are performing worse than the national average



Dying Well

- Of the three indicators, one each are above the national average, similar to the national average and below the national average.



Mental Health

- Six indicators are performing better than the national average, four are similar to the national average and no indicators are below the national average



Health Inequalities

- Of the four indicators for which data is available, two are performing in Leicestershire above the national average, and two are similar to the national average.

The dashboard also enables the Board to assess performance against the local authorities most comparable to Leicestershire (Appendix A to this report lists those authorities).

Overall, there are 30 indicators where Leicestershire's performance is in the top three when compared to our similar authorities, and 14 where our performance is in the bottom three compared with our neighbouring authorities.

Overall, Leicestershire is a comparatively healthy place with health status, generally, above the national average.

There is much to commend in the performance of a number of indicators. Smoking prevalence, childhood obesity in year 6, vaccination coverage in early years, homelessness and a number of indicators relating to child development are worthy of note. Life expectancy overall is better than average and inequalities in life expectancy at birth is performing well.

Similarly, the mental health indicators suggest that Leicestershire has comparatively good public mental health, but that shouldn't hide mental health as a prime concern.

Recommendations

For my own department there are specific recommendations, both for things that we lead and for things where we can support others.

Looking at the 'big' public health issues where national and comparative performance leaves room for concern the two big issues the department needs to give more focus to are:

- Physical Activity, where both the percentage of physically active adults and the percentage of adults walking for travel need improvement and;
- Diet, where the percentage of adults aged 16 and over meeting the '5-a-day' recommendations requires improvement

I will review the work of the department to ensure we are providing a comprehensive range of measures on these big lifestyle behaviours, not only providing high quality services but a broader range of measures in areas such as physical activity and diet.

The wider determinants of health clearly influence our health. Locally the data shows PM2.5 to be an area of concern. We have made big strides in this work over the last three years but there remains much to do. Working with partners to improve air quality will remain a focus of the public health department.

Performance against the 'winter mortality index' data shows tackling excess winter deaths should receive more priority. The County Council, through public health provides a range of grant funded activity. I will work with partners to understand the totality of work in this area and review the scope and ambition of our plans.

Public health needs to play its role in supporting other agencies to improve performance in indicators that are primarily the responsibility of other organisations; we will work with partners to improve the uptake of vaccination, immunisation and screening – particularly the shingles and HPV vaccines.

Overall population health status may mask areas or sectors of the population that have poorer health status. A further report is needed to examine the detail of how health is experienced by different parts of the population, be it geographically, socio-economic status or by protected characteristics where data is available. The next DPH Annual Report will look in detail at this.



What makes us healthy?

If one were to ask the average punter what keeps them healthy, the first thing they might say is ‘the NHS’. They then might say something about individual behaviours such as whether we smoke, how much we exercise we do, or what we eat.

If further questioned, people might recognise that the kind of work they do, where they live, and how much money they have are the sorts of things that help keep them healthy.

The answer is, of course, that all of that is right.

Whitehead and Dahlgren (1991) Figure 1 provides a well known model of the relationship between people, their quality of life, their health and their environment.

This shows that our personal characteristics occupy the centre of the model and include things like our sex, our age, our ethnicity and hereditary factors. Then we recognize that individual ‘lifestyle’ factors including behaviours such as whether we smoke, drink alcohol excessively, how physically active we are and what we eat plays, a part in our health.

Moving beyond that our social and community networks, including family and wider social circles, living and working conditions, housing, access to green space and education all make a difference to our health. It is widely recognised that, taken together, these factors are the principal drivers of how healthy people are.

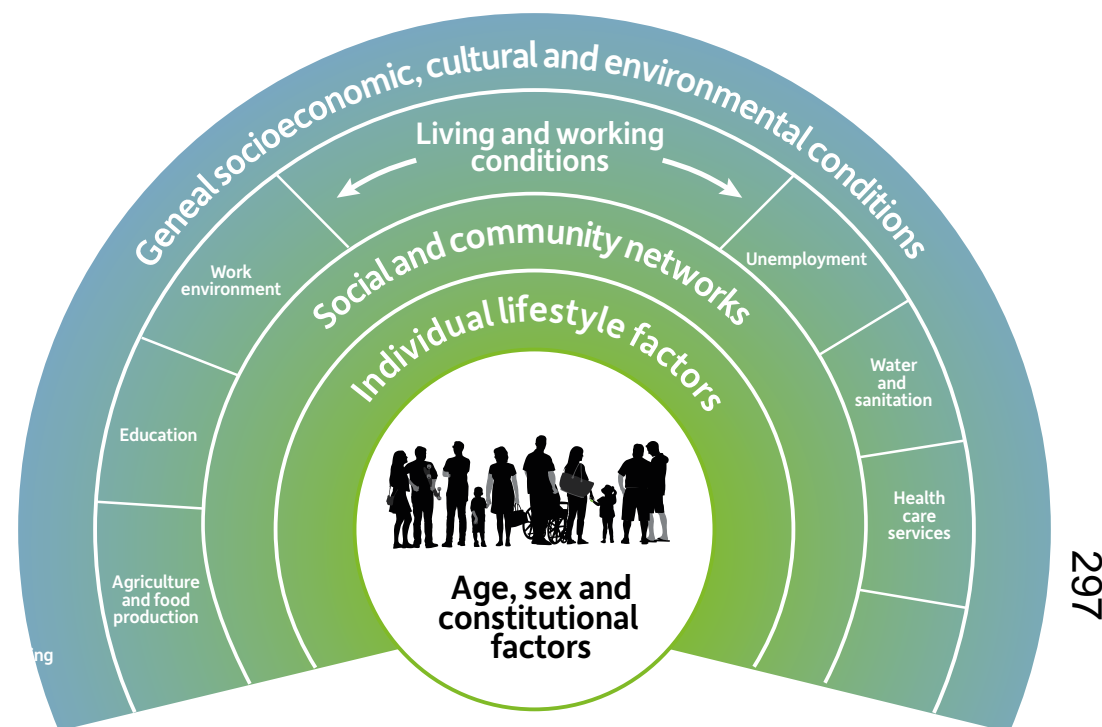


Figure 1. The Dahlgren and Whitehead model of health determinants

Source: Dahlgren and Whitehead (1991)

Lastly, broader national and international socio-economic conditions can affect our health.

These broad social and economic circumstances which together influence the quality of the health of the population are known as the ‘social determinants of health’. How these social determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time.

Having seen that there are a range of factors that influence health it is important to think about ‘how much’ of a particular issue has an effect. Figure 2 shows research by the Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute published in 2014.. As the diagram shows over two thirds of what contributes to good health is driven by our health behaviours (30% of the total) and those broader socio-economic factors (40%). Smoking and diet remain the two single biggest lifestyle factors with education income and employment being on an equal footing to smoking and diet.

The NHS, either through the quality of care or access to care actually accounts for just one fifth of what contributes to good health and the built environment 10%

Contributors to health outcomes

Health behaviours 30%	Socioeconomic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental quality 5%
Diet / exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family social support 5%		
	Community Safety 5%		



The Major Conditions Strategy

The recently published Major Conditions Strategy of HM Government is an important policy driver that will help shape the of the department. A brief summary of key points is provided here for information.

Together, six groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience 2 or more of these conditions at the same time.

The six groups are:

- cancer
- chronic respiratory disease
- dementia
- cardiovascular disease (including stroke) and diabetes
- musculoskeletal disorders
- mental ill health

The strategic framework of the Major Conditions Strategy focuses on:

- primary prevention - acting across the population to reduce risk of disease
- secondary prevention - halting progression of conditions or risk factors for an individual
- early diagnosis - so we can identify health conditions early, to make treatment quicker and easier
- prompt and urgent care - treating conditions before they become crises
- long-term care and treatment - in both NHS and social care settings

To have the greatest impact, the Government will prioritise change in 5 areas:

- rebalancing the health and care system towards proactive prevention by managing personalised risk factors
- embedding early diagnosis and treatment in the community
- managing multiple conditions effectively - including through aligning generalism and specialism
- better connection and integration between physical and mental health services
- shaping services and support around people, giving them more choice and control over their care

The focus of the strategy on primary and secondary prevention and the well established evidence base showing how action on lifestyle behaviours can make a difference to five of the six major conditions, present a major opportunity for our public health work to be front and centre of the national strategy.



Leicestershire's Health and Wellbeing Strategy

Leicestershire Health and Wellbeing Strategy 2022-2032 is a long term ten year plan of the Leicestershire Health and Wellbeing Board to improve the health of residents.

It sets out an overall vision of;

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

The Health and Wellbeing Board 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 mental and physical health and ensuring there are the healthy places, cultures and environments to support this. The board wants to embed a strength-based approach to allow individuals, families and communities to support each other, aim high and thrive.

The strategy recognises 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. The board will work to ‘level up’ this gradient and ensure everyone has an equitable opportunity to support their health and wellbeing.

This report won't dig into the detail of the proposed actions in the strategy (although I would urge you to read the full strategy and action plan) but it does look at the detail of the indicators of health considered by the Board and assesses Leicestershire performance.

Leicestershire's Health and Wellbeing Strategy takes a life course approach, with an action plan addressing priorities sat each stage of life. These stages are:

- The Best Start for Life
- Staying Healthy, Safe and Well
- Living and supported well
- Dying Well

Additionally, there are two cross cutting themes of;

- Good mental health
- Tackling Health Inequalities

For each of these stages and sections the Health and Wellbeing Board has a series of sub-groups to make progress on these areas with an indicator dashboard to guide them.



Leicestershire's Health and Wellbeing Board dashboard

Best Start for Life

Performance Summary

- Out of all the 42 comparable indicators presented for Best Start for Life, three are significantly worse than the national average or benchmark, 13 are similar and 26 are significantly better.
- Looking at 'trend over the last five time periods', where available six indicators show deteriorating performance, five indicators have no significant change, and three indicators are improving.
- Leicestershire ranks first (best performing) when compared to its similar neighbours for the following indicators:
 - Hospital admissions as a result of self-harm (10-24 years) - Persons
 - Hospital admissions as a result of self-harm (10-24 years) – Males
- Leicestershire ranks in the top three (best performing) compared to our comparator authorities in nine indicators:
 - Hospital admissions as a result of self-harm (10-24 years) – Person, Males and Females
 - Population vaccination coverage – Dtap/IPV/Hib (1 year old)
 - Percentage of children achieving a good level of development at 2 to 2 and a half years – Persons and Females
 - Year 6: Prevalence of overweight (including obesity)
 - 16 to 17 year olds in education, employment or training (NEET) or whose activity is not known – Persons and Females
- There are currently three where Leicestershire's performance is worse than the national average:
 - HPV Vaccination coverage – Males and Females
 - Caesarean section %
- There are currently four indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing) of our comparator authorities:
 - Caesarean section %
 - A&E attendances (under 1 year) – Persons and Males
 - Low birth weight of term babies





Leicestershire Joint Health and Wellbeing Strategy - Best Start for Life (1)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
	Caesarean section %	F	All ages	2021/22	38.2	15/15	30.6	38.2	34.7		
	Infant mortality rate / 1,000	P	<1 yr	2019 - 21	3.2	7/15	2.2	5.5	3.9		
	Neonatal mortality and stillbirth rate / 1,000	P	<28 days	2020	6.0	9/15	4.3	8.3	6.5		
1001 Critical Days	A&E attendances (under 1 year) / 1,000	P	<1 yr	2021/22	1,094.3	14/16	447.0	1,105.4	1,094.5		
		F	<1 yr	2021/22	974.1	13/16	387.9	1,022.3	1,001.1		
		M	<1 yr	2021/22	1,217.6	16/16	502.3	1,217.6	1,183.7		
	Low birth weight of term babies	P	>=37 weeks	2021	2.7	14/15	1.7	2.8	2.8		
	Population vaccination coverage: Dtap / IPV / Hib (1 year old)	P	1 yr	2021/22	95.9	3/15	96.7	93.7	91.8		
	Proportion of New Birth Visits (NBVs) completed within 14 days	P	<14 days	2021/22	91.0	4/15	95.3	34.8	82.7		
	Smoking status at time of delivery	F	All ages	2021/22	8.3	4/15	6.1	12.6	9.1		
School Readiness	Percentage of children achieving a good level of development at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	80.7	12/15	88.3	75.5	81.1		
	Percentage of children achieving a good level of development at the end of Reception	P	5 yrs	2021/22	67.6	3/15	70.7	62.3	65.2		
		F	5 yrs	2021/22	74.8	2/15	77.6	68.2	71.9		
		M	5 yrs	2021/22	61.2	5/15	64.0	56.6	58.7		
	Percentage of children with free school meal status achieving a good level of development at the end of Reception	P	5 yrs	2021/22	47.1	7/15	50.1	43.0	49.1		
		F	5 yrs	2021/22	54.7	7/15	59.8	47.8	56.6		
		M	5 yrs	2021/22	39.9	8/15	43.6	34.4	41.9		
	Percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	89.3	7/15	92.3	81.3	86.5		
	Percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	P	2-2.5 yrs	2021/22	92.6	8/15	95.2	85.0	91.1		
	Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2021/22	21.1	5/15	18.5	25.0	22.3		
	Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2021/22	33.2	3/15	32.1	37.8	37.8		

Statistical Significance compared to England or Benchmark:

Better
 Worse
 Higher
 Similar
 Not compared
 Lower

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

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Leicestershire Joint Health and Wellbeing Strategy - Best Start for Life (2)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Preparing for Life	16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	P	16-17 yrs	2021	3.2	3/15	2.4	7.9	4.7	<div></div>	<div></div>
		F	16-17 yrs	2021	2.8	3/15	2.2	7.1	4.1	<div></div>	<div></div>
		M	16-17 yrs	2021	3.5	4/15	2.7	8.4	5.3	<div></div>	<div></div>
	A&E attendances (under 18 years) / 1,000	P	<18 yrs	2021/22	380.0	9/16	280.8	464.9	439.8	<div></div>	<div></div>
		F	<18 yrs	2021/22	354.9	9/16	259.0	443.5	412.7	<div></div>	<div></div>
		M	<18 yrs	2021/22	403.6	10/16	301.7	485.5	465.6	<div></div>	<div></div>
	Hospital admissions as a result of self-harm (10-24 years) / 100,000	P	10-24 yrs	2021/22	265.6	1/15	265.6	765.7	427.3	<div></div>	<div></div>
		F	10-24 yrs	2021/22	433.6	2/15	428.4	1,361.5	711.4	<div></div>	<div></div>
		M	10-24 yrs	2021/22	111.7	1/15	111.7	232.1	153.8	<div></div>	<div></div>
	Under 18s conception rate / 1,000	F	<18 yrs	2021	10.7	5/15	8.1	16.2	13.1	<div></div>	<div></div>
	A&E attendances (0 to 4 years) / 1,000	P	0-4 yrs	2021/22	696.2	11/16	387.2	792.9	762.8	<div></div>	<div></div>
		F	0-4 yrs	2021/22	627.1	11/16	347.2	714.4	690.3	<div></div>	<div></div>
		M	0-4 yrs	2021/22	760.9	11/16	424.7	868.0	831.9	<div></div>	<div></div>
	Children in care / 10,000	P	<18 yrs	2022	49.0	4/15	36.0	77.0	70.0	<div></div>	<div></div>
	Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	F	12-13 yrs	2021/22	78.3	5/16	84.9	63.4	69.6	<div></div>	<div></div>
		M	12-13 yrs	2021/22	71.1	5/16	78.9	55.1	62.4	<div></div>	<div></div>
	School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	P	Primary school	2021/22	2.5	7/15	1.8	3.2	2.6	<div></div>	<div></div>
			School age	2021/22	2.8	6/15	2.3	3.9	3.0	<div></div>	<div></div>
			Secondary school	2021/22	3.0	7/15	2.3	4.8	3.2	<div></div>	<div></div>
		F	School age	2021/22	1.7	8/15	1.4	2.4	1.8	<div></div>	<div></div>
M		School age	2021/22	3.7	4/15	3.2	5.3	4.1	<div></div>	<div></div>	
Average Attainment 8 score	P	15-16 yrs	2021/22	49.4	6/15	51.8	46.3	48.7	<div></div>	<div></div>	

Statistical Significance compared to England or Benchmark:

■ Better
■ Worse
■ Higher
■ Similar
■ Not compared
■ Lower

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

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Staying Healthy, Safe and Well

Performance Summary

- Out of the 32 comparable indicators presented for Staying Healthy, Safe and Well, nine are significantly worse than the national average or benchmark, nine are similar and 14 are significantly better.
- Looking at the 'trend over the last five time periods' where available, seven indicators are getting worse, four indicators have no significant change and two indicators are getting better.
- Leicestershire ranks first (best performing) when compared to its similar neighbours for the following indicators:
 - Homelessness: households owed a duty under the Homelessness Reduction Act
 - Percentage of people in employment – Persons and Females
- Compared to our comparator authorities there are eight indicators where our performance is in the top three in comparison with our comparator authorities:
 - Homelessness: households owed a duty under the Homelessness Reduction Act
 - Percentage of people in employment – Persons and Females
 - Chlamydia detection rate per 100,000 aged 15 to 24 – Persons and Males
 - Smoking Prevalence in adults (18+) - current smokers (APS) – Persons, Males and Females
- There are nine indicators where Leicestershire's performance is worse than the national average:
 - Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Persons, Males and Females
 - Percentage of adults walking for travel at least three days per week
 - Chlamydia detection rate per 100,000 Adults aged 15-24 – Persons and Females
 - HIV testing coverage
 - Population vaccination coverage, shingles vaccination coverage
- There are currently seven indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Persons, Females and Males
 - Air pollution: fine particulate matter (new method – concentrations of total PM2.5)
 - Gap in the employment rate for those who are in contact with secondary mental health services & on the Care Plan Approach, & the overall employment rate – Persons
 - Percentage of physically active adults
 - Percentage of adults aged 16 and over meeting the '5-a-day' recommendations





Leicestershire Joint Health and Wellbeing Strategy - Staying Healthy, Safe and Well (1)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	P	18-69 yrs	2021/22	11.0	16/16	53.0	11.0	26.0		
		F	18-69 yrs	2021/22	11.0	16/16	54.0	11.0	26.0		
		M	18-69 yrs	2021/22	12.0	16/16	55.0	12.0	27.0		
	Percentage of adults walking for travel at least three days per week	P	16+ yrs	2019/20	11.7	10/16	15.4	10.4	15.1		
	Sickness absence: the percentage of working days lost due to sickness absence	P	16+ yrs	2019 - 21	1.1	10/15	0.5	1.8	1.0		
	Air pollution: fine particulate matter (new method - concentrations of total PM2.5)	N/A	Not applicable	2021	7.7	13/14	6.2	7.9	7.4		
	Child Poverty, Income deprivation affecting children index (IDACI)	P	<16 yrs	2019	10.6	4/16	9.9	15.5	17.1		
	Homelessness: households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2021/22	4.4	1/15	4.4	12.1	11.7		
	Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	2.3	4/16	7.4	1.0	2.3		
Building Strong Foundations	Fuel poverty (low income, low energy efficiency methodology)	N/A	Not applicable	2021	11.0	4/13	7.0	15.8	13.1		
	Gap in the employment rate for those who are in contact with secondary mental health services & on the Care Plan Approach, & the overall employment rate	P	18-69 yrs	2020/21	70.9	15/16	54.6	72.6	66.1		
	Percentage of people in employment	P	16-64 yrs	2021/22	81.1	1/15	81.1	74.4	75.4		
		F	16-64 yrs	2021/22	78.6	1/15	78.6	70.8	71.8		
		M	16-64 yrs	2021/22	83.5	4/15	85.3	76.4	79.1		
	Violent crime - violence offences per 1,000 population	P	All ages	2021/22	26.6	7/15	23.0	37.7	34.9		

Statistical Significance compared to England or Benchmark:

■ Better
■ Worse
■ Higher

■ Similar
■ Not compared
■ Lower

Direction of Travel:

▼ Decreasing ▲ Increasing ► No significant change
▼ Decreasing and getting better ▲ Increasing and getting better ▬ Cannot be calculated
▼ Decreasing and getting worse ▲ Increasing and getting worse

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023



Leicestershire Joint Health and Wellbeing Strategy - Staying Healthy, Safe and Well (2)

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Enabling Healthy Choices and Environments	Cancer screening coverage: bowel cancer	P	60-74 yrs	2022	73.7	8/15	76.5	71.4	70.3	▲	●
	Cancer screening coverage: breast cancer	F	53-70 yrs	2022	69.7	8/15	74.7	62.9	65.2	▼	●
	Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2022	73.8	5/15	77.6	65.7	67.6	▼	●
	Chlamydia detection rate per 100,000 aged 15 to 24	P	15-24 yrs	2022	1,553.9	3/13	1,756.1	716.3	1,680.1	▼	●
		F	15-24 yrs	2022	1,934.2	4/13	893.4	2,256.6	2,110.0	▼	●
		M	15-24 yrs	2022	1,122.4	3/13	1,179.2	526.2	1,111.6	▼	●
	HIV testing coverage, total (%)	P	All ages	2021	40.8	6/15	59.5	21.2	45.8	▼	●
	Percentage of adults (aged 18 plus) classified as overweight or obese	P	18+ yrs	2021/22	64.1	6/15	60.0	68.2	63.8	▬	●
	Percentage of physically active adults	P	19+ yrs	2021/22	66.8	15/15	73.4	66.8	67.3	▬	●
	Successful completion of drug treatment: opiate users	P	18+ yrs	2021	4.9	11/15	9.7	3.3	5.0	▶	●
	Admission episodes for alcohol-related conditions (Narrow)	P	All ages	2021/22	432.5	6/15	363.0	669.7	494.0	▬	●
		F	All ages	2021/22	311.9	6/15	228.0	528.9	341.3	▬	●
		M	All ages	2021/22	565.2	6/15	512.2	826.5	663.5	▬	●
	Over 25s abortion rate / 1000	F	25+ yrs	2021	14.6	7/16	11.6	18.8	17.9	▲	●
	Percentage of adults aged 16 and over meeting the '5-a-day' recommendations	P	16+ yrs	2021/22	33.2	14/15	39.7	29.9	32.5	▬	●
	Percentage of adults who feel lonely often or always or some of the time	P	16+ yrs	2019/20	21.1	8/15	17.0	24.2	22.3	▬	●
	Population vaccination coverage: Shingles vaccination coverage (71 years)	P	71	2021/22	49.8	5/16	55.7	38.0	44.0	▬	●
	Smoking Prevalence in adults (18+) - current smokers (APS)	P	18+ yrs	2022	9.4	2/15	9.3	14.0	12.7	▬	●
		F	18+ yrs	2022	8.8	1/15	8.8	14.2	10.9	▬	●
		M	18+ yrs	2022	9.9	2/15	9.1	15.7	14.5	▬	●

Statistical Significance compared to England or Benchmark:

■ Better
■ Worse
■ Higher
■ Similar
■ Not compared
■ Lower

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

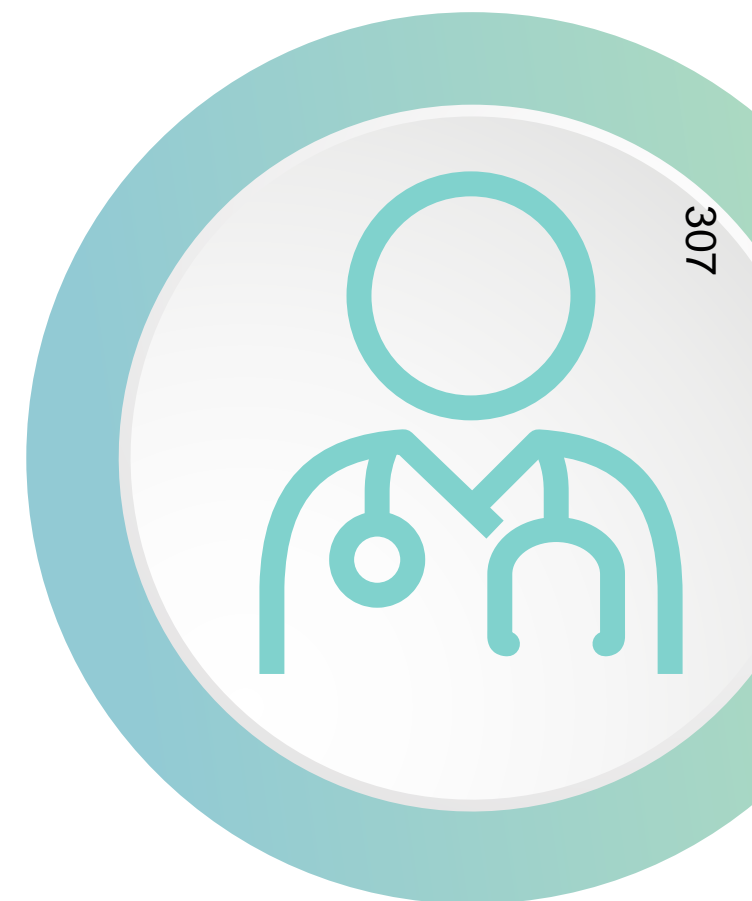
Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Living and Supported Well

Performance Summary

- Out of the nine comparable indicators presented for Living and Supported Well, three are significantly better than the national average or benchmark and six are similar.
- There are two indicators where, in comparison with our comparator authorities, our performance is in top three:
 - Emergency hospital admissions due to falls in people aged 65 and over – Persons and Males
- There are currently two indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Winter mortality index – Persons and Females





Leicestershire Joint Health and Wellbeing Strategy - Living and Supported Well

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator					Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Up scaling prevention and self care	Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2021/22	1,686.4	3/15	1,658.3	2,314.9	2,099.9		
		F	65+ yrs	2021/22	1,916.2	4/15	1,870.4	2,623.7	2,360.0		
		M	65+ yrs	2021/22	1,388.8	3/15	1,334.6	1,893.8	1,749.6		
	Hip fractures in people aged 65 and over	P	65+ yrs	2021/22	549.2	8/15	452.0	607.4	551.2		
		F	65+ yrs	2021/22	642.8	6/15	562.6	707.6	661.5		
		M	65+ yrs	2021/22	424.4	11/15	315.5	505.6	401.1		
	Winter mortality index	P	All ages	Aug 2020 - Jul 2021	38.7	13/15	20.6	61.1	36.2		
		F	All ages	Aug 2020 - Jul 2021	37.7	14/15	18.7	64.1	36.0		
		M	All ages	Aug 2020 - Jul 2021	39.6	12/15	17.3	58.2	36.5		

Statistical Significance compared to England or Benchmark:

Better
 Worse
 Higher
 Similar
 Not compared
 Lower

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

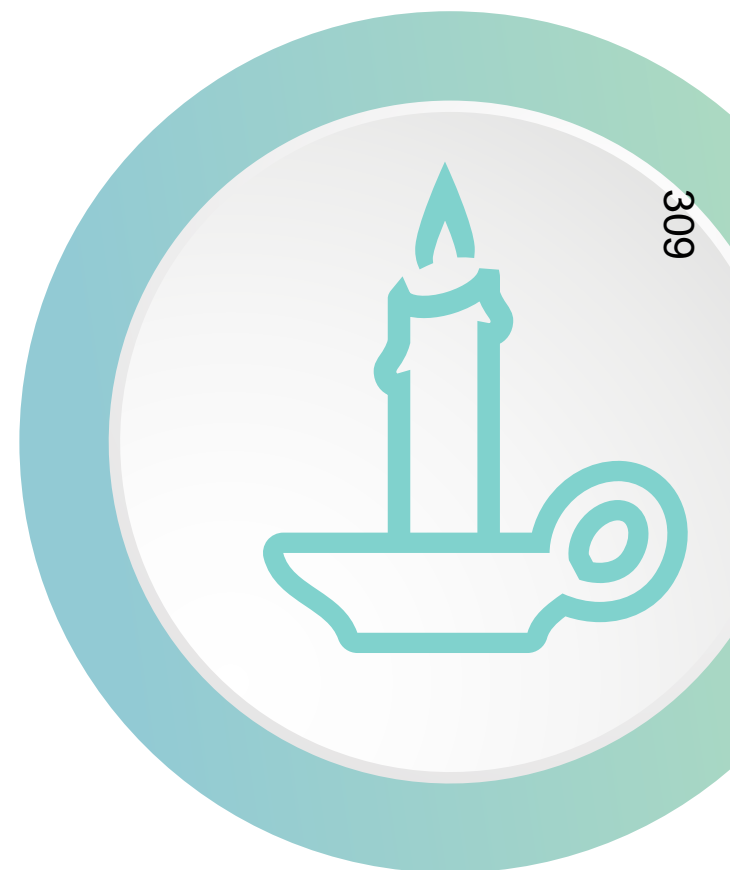
Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Dying Well







Performance Summary

- Out of all the comparable indicators presented for Dying Well, one indicator is significantly higher, one indicator is similar, and one indicator is significantly lower when compared to the national average.
- Looking at 'trend over the last five time periods', where available, one indicator is significantly increasing, one indicator is significantly decreasing, and one indicator has no significant change.
- There is one indicator where our performance is in the top 3 compared with our 16 comparator authorities:
 - Percentage of deaths that occur in care homes
- There is currently one indicator where performance in Leicestershire is worse than the national average:
 - Percentage of deaths that occur at home
- There is currently one indicator where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):
 - Percentage of deaths that occur at home



Leicestershire Joint Health and Wellbeing Strategy - Dying Well

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
Normalising end of life care plan	Percentage of deaths that occur at home	P	All ages	2021	32.8	15/16	25.6	34.1	28.7		
	Percentage of deaths that occur in care homes	P	All ages	2021	20.7	3/16	18.8	28.5	20.2		
	Percentage of deaths that occur in hospital	P	All ages	2021	40.7	10/16	36.4	47.2	44.0		

Statistical Significance compared to England or Benchmark:

■ Better
■ Worse
■ Higher

■ Similar
■ Not compared
■ Lower

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

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Mental Health

Performance Summary

- Out of all the comparable indicators presented for Mental Health, four are statistically similar and six are significantly better than the national average.
- Looking at 'trend over the last five time periods', where presented, one indicator is decreasing and getting worse, and one indicator has no significant trend.
- Leicestershire ranks 1st (best performing) when compared to its similar authorities for the following indicators:
 - Suicide rate – Persons and Males
 - Hospital admissions for mental health conditions – Persons, Females and Males
- Overall, there are eight indicators in the mental health theme where our performance puts Leicestershire in the top three compared to our comparator authorities:
 - Suicide rate – Persons and Males
 - Hospital admissions for mental health conditions – Persons, Males and Females
 - Estimated prevalence of common mental disorders: % of population aged 16 & over
 - Estimated prevalence of common mental disorders: % of population aged 65 & over
 - Percentage of looked after children whose emotional wellbeing is a cause for concern
- There are currently no indicators where Leicestershire's performance is worse than the national average.
- There are currently no indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing).





Leicestershire Joint Health and Wellbeing Strategy - Cross Cutting Theme: Mental Health

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Estimated dementia diagnosis rate (aged 65 and older)	P	65+ yrs	2023	59.3	9/15	68.2	52.5	63.0		
Estimated number of children and young people with mental disorders – aged 5 to 17	P	5-17 yrs	2017/18	12,440.3	7/16	9,914.4	27,062.5	Null		
Estimated prevalence of common mental disorders: % of population aged 16 & over	P	16+ yrs	2017	13.7	2/16	13.5	16.2	16.9		
Estimated prevalence of common mental disorders: % of population aged 65 & over	P	65+ yrs	2017	8.6	3/16	8.5	10.2	10.2		
Self reported wellbeing: people with a high anxiety score	P	16+ yrs	2021/22	23.6	12/15	18.4	26.6	22.6		
Suicide rate	P	10+ yrs	2019 - 21	8.7	1/15	8.7	15.1	10.4		
	F	10+ yrs	2019 - 21	5.1	6/15	3.7	7.6	5.2		
	M	10+ yrs	2019 - 21	12.3	1/15	12.3	22.8	15.9		
Hospital admissions for mental health conditions	P	<18 yrs	2021/22	56.9	1/15	56.9	182.7	99.8		
	F	<18 yrs	2021/22	80.6	1/15	80.6	290.3	143.4		
	M	<18 yrs	2021/22	34.5	1/15	34.5	85.1	58.1		
Percentage of looked after children whose emotional wellbeing is a cause for concern	P	5-16 yrs	2021/22	36.0	3/15	26.0	64.0	37.0		

Statistical Significance compared to England or Benchmark:

Better
 Worse
 Higher
 Similar
 Not compared
 Lower

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

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Health Inequalities

Performance Summary

- Out of all the comparable indicators presented for Health Inequalities, two are statistically similar, and two are significantly better when compared to the national average.
- There are two indicators in the health inequalities theme where Leicestershire's performance is in the top three when compared to our comparator authorities:
 - Inequalities in life expectancy at birth – females and males





Leicestershire Joint Health and Wellbeing Strategy - Cross Cutting Theme: Health Inequalities

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Healthy life expectancy at birth	F	All ages	2018 - 20	63.6	12/15	69.4	60.0	63.9		
	M	All ages	2018 - 20	62.9	12/15	68.0	61.5	63.1		
Inequality in life expectancy at birth	F	All ages	2018 - 20	4.9	3/15	4.3	7.8	7.9		
	M	All ages	2018 - 20	6.0	2/15	5.7	9.3	9.7		
Life expectancy at birth	F	All ages	2018 - 20	84.1	8/15	84.9	82.6	83.1		
	M	All ages	2018 - 20	80.5	6/15	81.5	79.2	79.4		

Statistical Significance compared to England or Benchmark:

Better
 Worse
 Higher
 Similar
 Not compared
 Lower

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

Data Source: Office for Health Improvement & Disparities <https://fingertips.phe.org.uk/>

Produced by Business Intelligence Service, Updated September 2023

Feedback on recommendations from 2019

The 2019 report highlighted the need for a whole systems approach to physical activity. Like everything else COVID put a spanner in our work but nonetheless, good progress has been made in pursuing the recommendation in that report. Having said that, that the current report continues to highlight physical activity as an area where we must do better is a concern.

The 2019 report said:

“Policy makers and public sector organisations should adopt the seven components set out here as the basis of thinking about their approach to improving physical activity levels. In doing so the ‘magnificent seven’ should be underpinned by strong systems leadership, active policy and partnerships and research. The seven components are:

- Active travel
- Active environment
- Active early years and schools
- Active people and families
- Active workplaces and workforces
- Active communities
- Physical activity as medicine

Although all seven needed to be considered together by policy makers and stakeholders, the report prioritised three in particular. They were and the progress against them are as follows.

1. We need to work towards a future where active design principles are embedded in planning policy and are central to planning decisions across Leicestershire. This would be facilitated by the development of healthy planning design guidance being adopted by all district local authorities. Further work is also needed to promote the use of our green assets for physical activity purposes.

Progress: Leicestershire Public Health team and Active Together are working closely with all district local authorities to embed active and healthy design principles throughout their Local Plans. Support to create standalone health and wellbeing policies and associated policies focusing on health impact assessment is ongoing throughout the development of Local Plans. Health Impact Assessments will allow the opportunity to explore how Developers have considered active design, design and use of green and blue space and connectivity with existing green assets within relevant planning applications. A Healthy Placemaking website is now live which hosts a plethora of national best practice and guidance around healthy and active design, with health impact assessment expectations and processes embedded within this. Health Impact Assessments will accompany published Local Plans to summarise the health opportunities and risks within the scope of the plan

2. In future, we want to work more closely with local planning authorities to increase provision of active travel and high-quality walking and cycling infrastructure in new developments. Newly built areas should ideally prioritise cycling and walking as the preferred means of transport and the adoption of 20 mph limits/zones where appropriate.

Progress: The Leicestershire Public Health Team and local district Planners have been working closely to agree a common approach to Health Impact Assessment regarding new development within the county. This will allow early conversations with potential Developers masterplanning and design of new developments, where inclusion of cycling and walking infrastructure through design can be explored based on local need and best practice recommendations and guidance. Local Plan Health Impact Assessment thresholds based on size and local health data will then require these assessments to be submitted with relevant planning applications, providing a record of benefits and risks to health and wellbeing and recommendations around these.

3. We need to prioritise those programmes aimed at families. For example, Leicestershire County Council, working in partnership with the Home Start Charities, District Councils and Leicester-Shire and Rutland Sport (LRS) have been successful in securing funding from Sport England to help low income families become more active together. The programme works directly with families to assess their physical activity needs, and co-produce bespoke activity plans with achievable, time related goals.

Progress: Families receive weekly visits from volunteers who review their physical activity plans and help with difficulties they've faced, if necessary, attending activity sessions with families to boost their confidence and help them develop manageable routines. The programme ensures that there are free and low-cost family friendly physical activities in the community using outdoor gyms, parks and other green spaces. We need to learn from this programme to help identify and better target opportunities to promote affordable and flexible physical activity through culture and leisure services.



Appendix 1

Similar areas to Leicestershire

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. The 'nearest' (most alike) neighbours to Leicestershire are listed below:

- Worcestershire
- Staffordshire
- Nottinghamshire
- Warwickshire
- Derbyshire
- Somerset
- Hampshire
- Suffolk
- Gloucestershire
- Essex
- North Yorkshire
- Cambridgeshire
- Oxfordshire
- Northamptonshire
- West Sussex





PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP

