Leicestershire County Council

Meeting:	**Health Overview and Scrutiny Committee**
Date/Time:	**Wednesday, 5 March 2025 at 2.00 pm**
Location:	**Sparkenhoe Committee Room, County Hall, Glenfield**
Contact:	**Mr. E. Walters (0116 3052583)**
Email:	**Euan.Walters@leics.gov.uk**

Membership

Mr. J. Morgan CC (Chairman)

Mr. N. Chapman CC	Ms. Betty Newton CC
Mr. M. H. Charlesworth CC	Mr. T. J. Pendleton CC
Mr. R. Hills CC	Mrs B. Seaton CC

Please note: this meeting will be filmed for live or subsequent broadcast via You Tube at https://www.youtube.com/@committeemeetingsatleicest9269/playlists

Item		Report by
1.	Minutes of the meeting held on 15 January 2025.	(Pages 5 - 10)
2.	Question Time.	
3.	Questions asked by members under Standing Order 7(3) and 7(5).	
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5.	Declarations of interest in respect of items on the agenda.	
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	

Democratic Services ◦ Chief Executive's Department ◦ Leicestershire County Council ◦ County Hall
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12. Date of next meeting.

     The next meeting of the Committee is scheduled to take place on
     Wednesday 4 June 2025.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk.   The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?

- How have the voices of local people and frontline staff been heard?

- What does success look like?

- What is the history of the service and what will be different this time?

- What happens once the money is spent?

- If the service model is changing, has the previous service model been evaluated?

- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 15 January 2025.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC	Mr. R. Hills CC
Mrs. H. J. Fryer CC	Ms. Betty Newton CC
Mr. D. Harrison CC	Mrs B. Seaton CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health
Mr. B. Champion CC – Cabinet Support Member
Fiona Barber – Healthwatch Leicester and Leicestershire
David Baxter – Integrated Care Board (Minute 48 refers)

39. Minutes of the previous meeting.

The minutes of the meeting held on 13 November 2024 were taken as read, confirmed and signed, subject to the addition of Fiona Barber, Healthwatch Leicestershire, to the attendance list.

40. Question Time.

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

41. Questions asked by members.

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

42. Urgent items.

There were no urgent items for consideration.

43. 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.

Mrs. M. E. Newton CC and Mrs. B. Seaton CC both declared non-registerable interests in agenda item 10: Health Performance Update as they had close relatives that worked for the NHS.

44. Declarations of the Party Whip.

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

45. Presentation of Petitions.

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

46. Medium Term Financial Strategy 2025/26 - 2028/29

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2025/26 to 2028/29 Medium Term Financial Strategy (MTFS) as it related to Public Health. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, and Mr. B. Champion CC Cabinet Support Member, to the meeting for this item.

Arising from discussions the following points were noted:

(i)   Funding for Public Health came solely from the Department of Health and Social Care, not Council tax. The Public Health Grant for 2025/26 had not yet been announced but was expected soon. As the funding details had not yet been received an assumption had been made by the department that there would be a 2% increase in the Grant for 2025/26.

(ii)   The Public Health Grant could only be spent on public health functions. The department had specific statutory duties, as well as an overall statutory duty to take steps to improve the overall health of the population. The Public Health Grant was also used by other departments within the County Council for discretionary services that could be described as fulfilling the Public Health department's overall duty to improve the health of the population. Should further savings have to be made by Public Health, that funding to other departments could have to be withdrawn.

(iii)   Leicestershire County Council spent less on lifestyle services, such as stop smoking, weight management etc, than other authorities. It was not mandatory for Public Health departments to fund lifestyle services so in theory they could be cut. However, this would be difficult in practice as those services contributed to the department's overall duty to improve the health of the population and had a positive impact.

(iv)   The MTFS covered a 4 year period but the benefits of health interventions often took longer than that to become apparent.

(v)   In response to concerns raised by a member about the impact of cuts on services, some reassurance was given that services commissioned and delivered by Public Health were given an efficiency score and those services which had the biggest impact for the largest number of people were prioritised. The department's approach was to redesign commissioned services so that as good a service could be provided at a reduced cost. The Homelessness Service was one example of this.

(vi)   With regards to measuring the impact of services, regular modelling took place. There was a Public Health Outcomes Framework which contained 36 indicators related to public health priorities and delivery.

(vii)   The NHS was no longer funding any pay increases for providers commissioned by the local authority therefore Public Health was facing a cost pressure resulting from the NHS Agenda for Change pay rises. However, subsequent to the report for the meeting being published the department had received £868,000 additional funding to cover those costs.

(viii) In response to concerns raised by a member regarding people feeling isolated and lonely, particularly the elderly, it was explained that the First Contact Plus and Local Area Co-ordinator services helped with this issue. A report on this topic would be considered at the next meeting of the Committee.

(ix)   Public Health funded the Health Check programme which was delivered by General Practice. There had been an increase in demand for the service which was a positive because it meant that more people were getting checked but this did add cost pressures to the department.

(x)   The council held a contract with Soldiers', Sailors' and Airmen's Families Association (SSAFA) to provide support to ex-service personnel. The contract was due to end in March 2025 and the service was being reviewed. A large amount of data relating to the service, particularly referral outcomes, was being analysed. No decision had been made yet on whether the service would be recommissioned or cut. Members emphasised that it was important to provide some support to armed forces veterans. In response it was clarified that work with veterans would still take place even if the SSAFA contract was not renewed but consideration would have to be given to whether it should be carried out by organisations other than SSAFA. An alternative could be for the support to be provided by Local Area Co-ordinators and First Contact Plus. There were also other charities that worked with military veterans. A member emphasised that working age veterans and older veterans had different needs.

RESOLVED:

(a)   That the report and information now provided be noted;

(b)   That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 27 January 2025.

47.   Annual Report of the Director of Public Health - Leicestershire's Health - Inequalities in Health.

The Committee considered a report of the Director of Public Health which presented his Annual Report for 2024 which focused on health inequalities in Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Health inequalities in Leicester City received a lot of attention but there were also significant inequalities in Leicestershire. It was hoped that the Director of Public Health's Annual Report could be used to draw attention to those inequalities and be used as a vehicle for tackling them by the Public Health department itself and bodies such as the Integrated Care Board.

(ii) Healthwatch Leicestershire emphasised that they had the ability to engage with diverse groups of people that could be affected by health inequalities and offered the Director of Public Health assistance with obtaining feedback to help design services and implement the recommendations in the report. The Director of Public Health welcomed this.

(iii) A member raised concerns that whilst it was good to engage with communities and understand their issues, there was a risk of raising their expectations that the problems could be solved. Some issues needed tackling on a national level. Concerns were also raised that vulnerable groups had been identified in previous years but the inequalities remained.

(iv) In response to a question as to how quickly Public Health could react to significant national/regional events such as pandemics, flooding, or economic crises, it was explained that Public Health tended to rely on data that was collected annually which made a fast response difficult. However, real time monitoring did take place and there were bodies such as the Mental Health Sub Group or the Resilience Forum that would react to sudden trends.

(v) Some parts of Leicestershire had a high number of students residing there but as students did not normally record their university accommodation as their main place of residence they would be excluded from the data.

(vi) The more resilient communities were and able to join together to tackle local issues, the easier it would be for health professionals to plan interventions.

(vii) In response to a suggestion that the public did not always know where to go for help, reassurance was given that contact details had recently been published in the Leicestershire Matters magazine and they would be included again in further publications of the magazine.

RESOLVED:

That the contents of the Director of Public Health's Annual Report for 2024 be welcomed.

48. Health Performance update.

The Committee considered a joint report of the Chief Executive and ICS Performance Service which provided an update on public health and health system performance in Leicestershire based on the available data in December 2024. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item David Baxter, Integrated Care Board.

Arising from discussions the following points were noted:

(i)   The performance assessment of the NHS was based on the National System Priorities for 2024/25 alongside local priorities agreed by the Integrated Care System. Benchmarking was against 40 other Integrated Care Boards nationally.

(ii)   Public Health performance was measured against the Key Performance Indicators in the Public Health Outcomes Framework set nationally by the Department of Health and Social Care.

(iii)   Members questioned how the performance data for Leicestershire compared with neighbouring areas and pointed out that Leicestershire residents could choose to seek treatment out of county if the performance was better elsewhere. In response it was explained that the report did provide comparison data with 'nearest neighbours' i.e those areas with similar demographics and economic factors but future reports could provide a comparison with regional neighbours if required. However, caution was given that comparing performance in Leicestershire with other parts of the East Midlands could be misleading because the systems in different counties worked in different ways. For example, with regards cancer performance Leicester Royal Infirmary was a specialist centre for cancer and dealt with more complex cases than other hospitals in the region.

(iv)   Some of the data in the report relating to cancer performance was quite old therefore did not give a completely accurate and up to date picture. There was confidence, however, that the metric relating to the 62-day standard was on an improving trajectory.

(v)   A member raised concerns about Urgent and Emergency Care performance particularly ambulance handover times at the Emergency Department and questioned why no improvements had been seen despite this being a problem for many years. It was questioned whether the plans that had been put in place were adequate. In response reference was made to this being a national problem and high demand now being seen throughout the year, not just in winter. One of the issues was all beds within the hospital being occupied as the occupants were not being discharged quickly enough. Even if additional wards were set up there was still a problem of having enough staff to work on them.

(vi)   With regards to concerns raised about dental performance the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee had scrutinised this in detail at a recent meeting and was likely to be considering the matter again.

(vii)   The metric for Diagnostics – percentage of patients waiting over 6 weeks was RAG rated red. It was explained that out of the 9 diagnostic tests it was only the one for audiology that was below target, and the other 8 were performing to plan.

RESOLVED:

That the update on public health and health system performance in Leicestershire be noted.

49. Noting the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee.

The Committee considered the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, a copy of which, marked 'Agenda Item 11', is filed with these minutes.

RESOLVED:

That the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

50. Date of next meeting.

RESOLVED:

That the next meeting of the Committee be held on Wednesday 5 March 2025 at 2.00pm.

2.00 - 3.35 pm   CHAIRMAN
15 January 2025

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 5 MARCH 2025

JOINT REPORT OF INTEGRATED CARE BOARD, UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST, LEICESTERSHIRE PARTNERSHIP NHS TRUST AND HEALTHWATCH LEICESTERSHIRE

UNDERSTANDING OUR PATIENT INSIGHTS

Purpose of report

1.   The purpose of this report is to provide an overview of how NHS organisation's and Healthwatch across Leicestershire collate patient feedback and comments about services and use these insights to help us to continuously improve.

Background

2.   NHS organisations across Leicestershire involve people in various methods to gather feedback about health and care so we can shape services around the needs of local people.

3.   When people share insights and experiences, they help us to improve the quality of care locally and the health and wellbeing of people in Leicestershire.

4.   It also helps us to ensure people make better, more informed use of health services.

5.   To find out more about how each organisation gathers and uses feedback visit:

University Hospital's Leicester:
https://www.leicestershospitals.nhs.uk/contact/feedback/

Leicestershire Partnership Trust:
https://www.leicspart.nhs.uk/contact/feedback/

Leicester, Leicestershire Integrated Care Board:
https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/

Healthwatch Leicester and Leicestershire - Healthwatch Leicester and Healthwatch Leicestershire are an independent watchdog that has been formed to make local health and social care services better for people. You can find out more about Healthwatch Leicester and Leicestershire by visiting: https://healthwatchll.com/

Appendices

6.   The appendix to this report gives the detail on the processes for the ICB, UHL, LPT and Healthwatch Leicester and Leicestershire.

Officer(s) to Contact

Leicester, Leicestershire Integrated Care Board
Jenny Goodwin
Deputy Chief Officer Communications and Engagement and Insights
Email: jenny.goodwin6@nhs.net

University Hospital's Leicester
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hannah.mitchell@uhl-tr.nhs.uk

Leicestershire Partnership Trust
Alison Kirk
Head of Patient Experience and Involvement
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Healthwatch Leicester and Leicestershire
Hardip Chohan
Director of Operations and Services
hardip.c@valonline.org.uk

Understanding Our Patient Insights

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)

University Hospital Leicester (UHL)

Leicestershire Partnership NHS Trust (LPT)

Healthwatch Leicester and Leicestershire

Leicestershire Health Overview and Scrutiny Committee: 5 March 2025

Understanding our Patients Insights

- NHS organisations gather feedback from patients in various ways to support developing and providing high-quality services for people living in our communities in Leicestershire.

- Healthwatch work closely with all organisations and share regularly independent insights on all services supporting the same aim.

This slide pack offers an overview of how each organisation's patient feedback is gathered, worked upon and used to inform services and decision-making.

If you have any feedback for our teams please get in touch using the links below:

University Hospitals of Leicester

Leicestershire Partnership Trust

Leicester and Leicestershire Integrated Care Board

Healthwatch Leicester and Leicestershire

Understanding Our Patient Insights

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)

Leicestershire Health Overview and Scrutiny Committee: 5 March 2025

How the ICB collects patient insights

- Public consultations and engagements (national, regional & local)
- Complaints, compliments, MP enquiries, patient enquiries, Freedom of Information (FOI) requests
- Provider quality assurance reports
- Anecdotal feedback
- Citizens' Panel *(1149 members)*
- Voluntary, Community and Social Enterprise (VCSE) Alliance *(231 member organisations)*
- Patient Participation Group (PPG) Network *(264 members)*

How the ICB shares and uses patient insights

- **Complaints data and themes** reported to Organisational Development Group (ODG) and Executive Management Team (EMT).
- **Provider Quality Assurance Report** to System Quality Group quarterly. Summary of themes, trends and learning points also shared with other teams for their use.
- **Primary Care insights** including patient experience, as well as quality and contract visits reported through the Quality Assurance Team.
- Summary and highlights of recent **insights** reported bi-monthly to the Quality and Safety Group
- **Insights collected by other organisations** fed in through governance structure, e.g. annual GP Patient Survey, Healthwatch Enter and View Reports, Care Quality Commission (CQC) reports.
- All insights suitable for public domain saved on **Insights, Behaviour and Research Hub**.

Insights, Behaviour and Research Hub
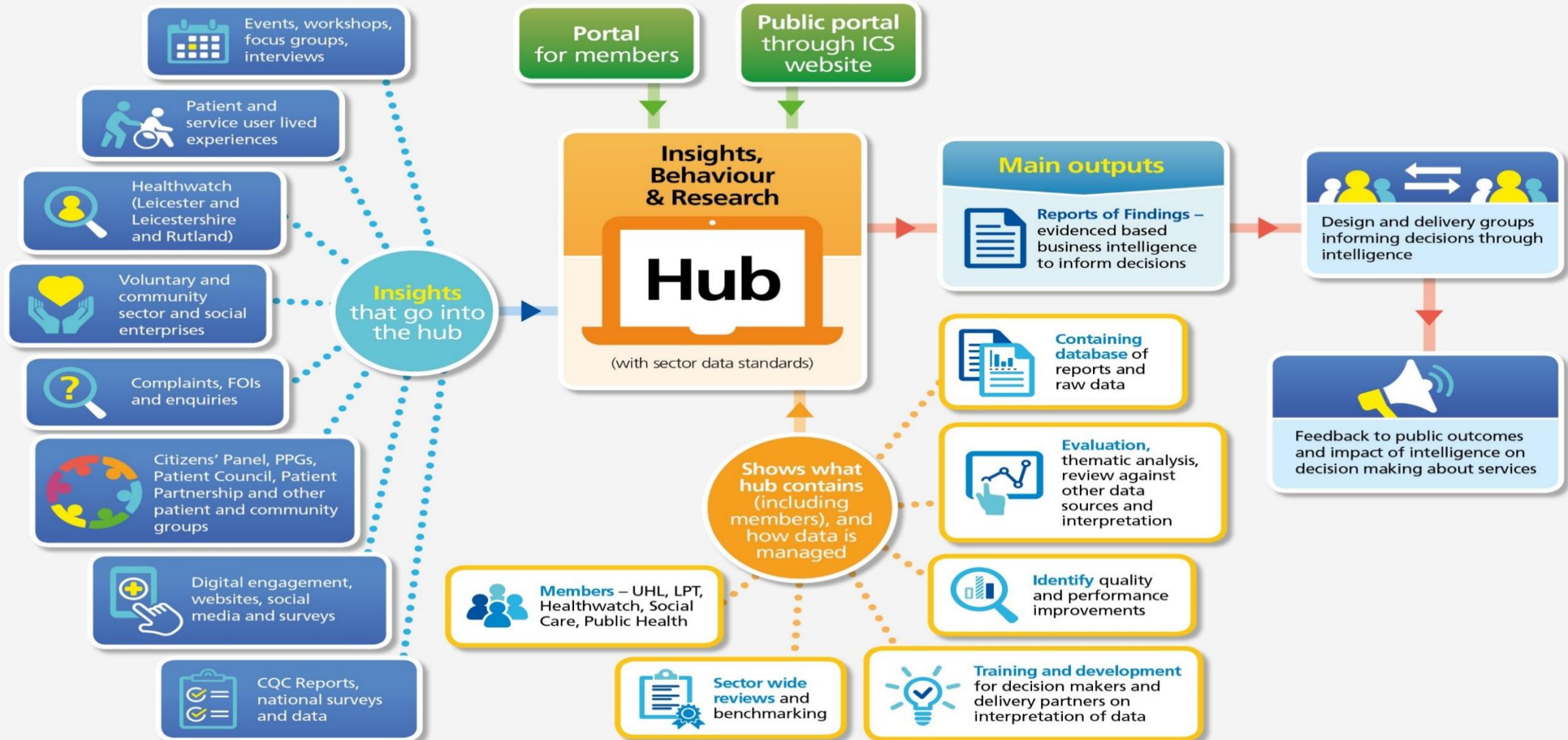
Assurance that patient insights are used

- **Public and Patient Involvement Assurance Group (PPIAG)**
  - Independent group
  - Meets monthly to assure that:
    - Proposals to change and improve services are developed with appropriate and sufficient public and patient involvement.
    - Insights and business intelligence are regarded and have influenced decisions made in all ICB collaboratives.
  - Report produced and presented at Quality and Safety Assurance Committee bi-monthly.

Patient insights: 2024 to date

- ## 4 Public consultations (3,320 participated)
  - Gluten-free prescriptions (1,477 participated)
  - Lutterworth Community Health Services (1,398 participated)
  - Homeless GP Service (207 participated)
  - Asylum Seeker GP Service (238 participated)
  - Rutland Same Day Access (ongoing)

- ## 3 formal engagement projects (32,705 participated)
  - Palliative and End of Life Care Strategy (729 participated)
  - Young Voices on Healthcare (3,002 participated)
  - GP Practice Services (28,974 participated)
  - Carers review (23 interviews)

- All insight gathered from patients, carers, stakeholders and members of the public has been used to influence our decision making i.e.
  - the homeless GP service has been designed to reflect the needs of those who receive these services and those who work with this community based on what they told us during the consultation and;
  - for the gluten free consultation, we have developed a toolkit for GP practices and additional support for coeliac patients.

What the ICB is working on

- **Publish People and Communities Strategy 2025-28**
- **Co-design a VCSE Strategy with the sector**
- **Review complaints policy, including feedback mechanisms/lessons learnt**
- **Develop the Insights, Behaviour and Research Hub**
  - o Increase volume of insights by introducing monthly topics
  - o Increase membership by continuing to promote internally and to VCSE Alliance
  - o Expand membership to local authority colleagues
  - o Formalise process for sharing insights from complaints
  - o Formalise process for sharing provider quality assurance insights
  - o Strengthen how we triangulate all patient insights collected across the local health system
- **Further develop Citizens' Panel**

Patient Experience
University Hospitals of Leicester

Leicestershire HOSC 5th March 2025

University Hospitals of Leicester NHS Trust

How we collect patient feedback:

- **All patients in all settings:**
- Friends and Family Test (FFT)
  - Automated SMS message, QR/online, touch screen device, paper forms at end of treatment/any time. Available in four languages
- Message to Matron / Contact the CEO
  - Paper forms available across all clinical areas
  - Electronic form
- Compliments/Complaints by contacting PALS
  - Focused sample
- **Focused feedback collection**:
  - National patient experience surveys
  - Engagement with community groups, for example the carers groups engagement led to the development of the UHL Carers Passport
  - Healthwatch external visits to the Trust
  - Patient Stories
  - 15 steps programme

What do we hear from feedback?

- 2024 average % positive scores
  - Inpatient = 98% vs national 94% (94% peer trusts)
  - Outpatient = 95% vs national 94% (94% peer trusts)
  - Emergency = 81% vs national 79% (78% peer trusts)
  - Maternity = 94% vs national 92% (90% peer trusts)
- Top themes of suggestions for improvement in 2024 were:
  - Waiting time in hospital
  - Consultation/treatment outcomes
  - Communication
- Examples of work streams initiated from feedback in 2023:
  - Sleep promotion
  - Nutrition and hydration group
  - Maternity improvement programme
  - #saferUHL – improving fundamentals of care

Improving Patient Experience

#itsnotpinkorfluffy

How we use feedback and forward steps?

- Each clinical area produces "You said, we did" displays monthly (example right) to create a dialogue between colleagues and patients that can evolve over time and reassure the public that patient feedback matters

- Corporately the key work streams for 2024 (based on 2023 feedback) were sleep promotion, nutrition and hydration, accessible information standards

- Fifteen Steps Assessments – Patient Experience conduct these visits, assessing ward and outpatient areas from a patient perspective. Positive outcomes and any areas for improvement are immediately fed back to clinical leaders in a constructive and supportive way

- These visits are an opportunity to monitor whether wards are acting on their feedback in particular the key work streams above

Forward Steps For 2025

- Waiting times – this improved planned care waits and discharge from hospital workstreams

- Consultation/treatment outcomes - ensuring information given regarding what's happening today and what needs to happen for safe discharge

- Improving communication - this is covered by the #saferUHL improving fundamentals of care and the UHL Carers passport and involvement of carers

From 1.4.2024 to current, UHL received 1,175 formal complaints and 4,032 PALS contacts. The top complaint theme was questions about treatment. The top PALS theme was information about outpatient appointments

Leicestershire Partnership NHS Trust

Alison Kirk
Head of Patient Experience and Involvement

Leicestershire HOSC 5 March 2025

Understanding our patient and carer experience

It is understood that each method of feedback has its strengths and weaknesses. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered; and is beneficial to help prioritise where to focus efforts on action planning.

We use a range of approaches to collect and understand the experience of our patients, carers and service users:

- Frequent feedback – comments, enquiries, and concerns
- Friends and Family Test (FFT)
- Complaints
- Compliments
- Patient surveys
- Patient engagement and involvement

What our patients, carers and families told us in 2023/24

26,236 individual pieces of feedback recorded

87% of feedback via **Friends and Family Test**

22,886 ratings

18,063 individual comments

9% response rate

87% positive ratings

8% negative ratings

5% neutral ratings

3% of all feedback are **concerns and complaints**

495 concerns and comments

239 complaints

10% of all feedback are **compliments**

2616 compliments received

Understanding our patient and carer experience

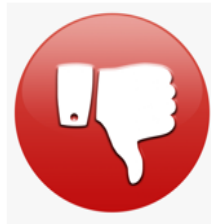## What did our patients and carers tell us about when we didn't meet their expectations?

Patients and service users report their experience of care based on two key things: rational and emotional aspects of care. The **rational** aspects will focus on the systems and processes that impact on the experience of care. The **emotional** aspects of care focus on the attitudes and behaviours of those who deliver that care.

The tables below set out the top three themes in terms of negative experience. Through the analysis of this data and the themes that have arisen the feedback demonstrates that patients and carers reported the highest dissatisfaction on the rational elements of their care, processes and systems that result in poor experience. Communication; staff attitude and implementation of care including concerns relating to appointments and discharge from services.

Head — Rational
Heart — Emotional
Process & system   Behaviour & attitude
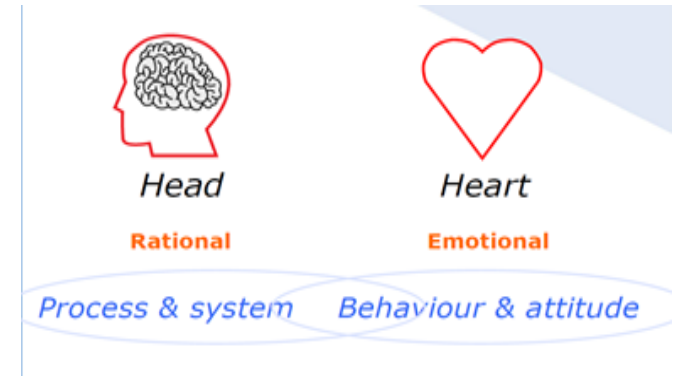
Top 3 Negative Themes via FFT -

1. Staff Attitude	1338
2. Implementation of Care	1245
3. Communication	1037

Complaints	Concerns, Comments
Appointments (25)	Communication (96)
Communication (23)	Appointments (82)
Discharge (13)	Attitude of Staff (50)

## What did our patients and carers tell us about when we did meet their expectations?

The majority of positive feedback received by our patients and carers is received through compliments and comments received as part of the Friends and Family Test feedback. Whilst we encourage all services to report the compliments they receive, this isn't done routinely across a majority of services. Over the year **2616 compliments** were formally reported. In addition to this **11434 individual comments rated very positive or positive** were received through the Friends and Family Test.

Here is a breakdown of the themes where the Trust met the expectations of our patients and carers.

Care & Treatment 72%

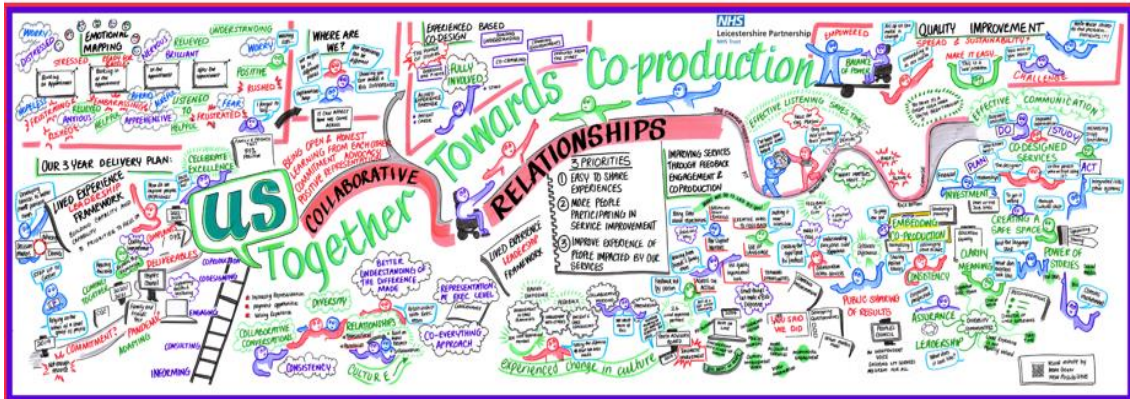**Communication 21%**

Staff Attitude 7%

Head — Rational

Heart — Emotional

Process & system   Behaviour & attitude

28
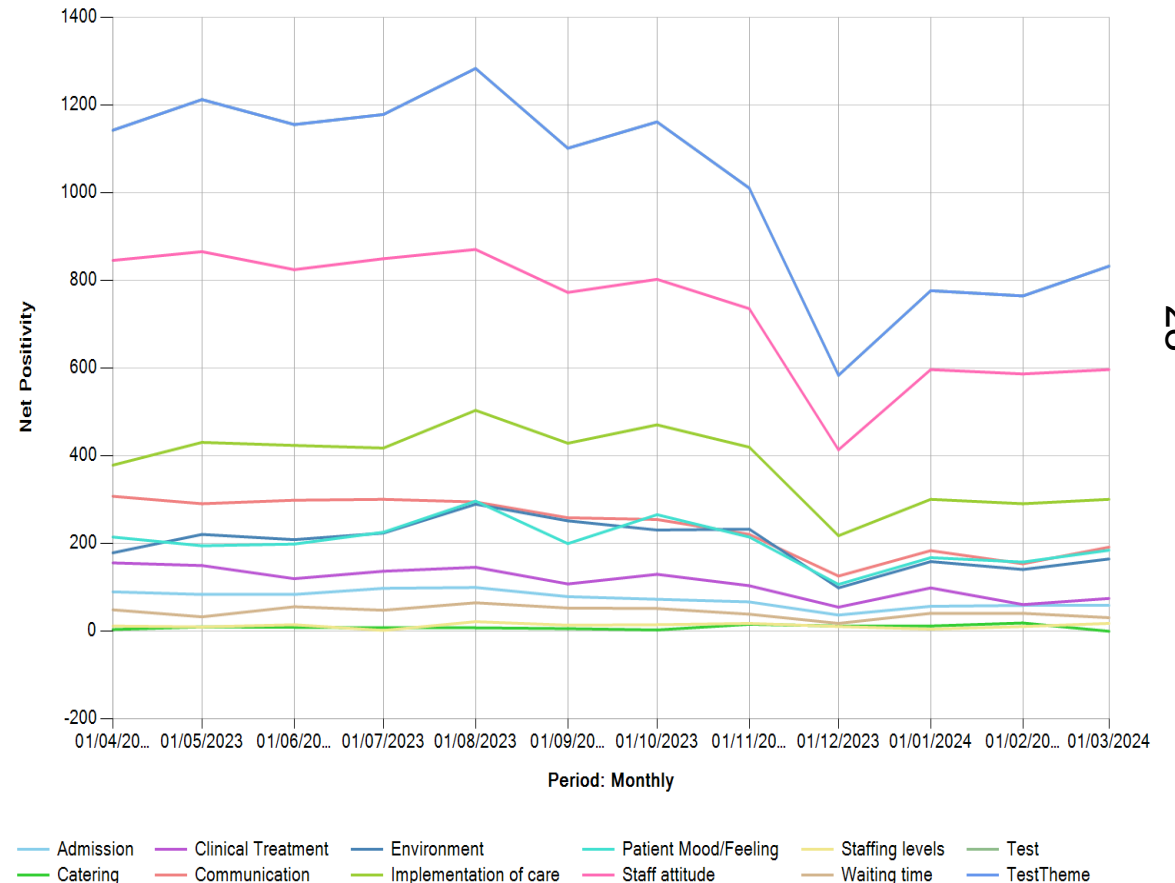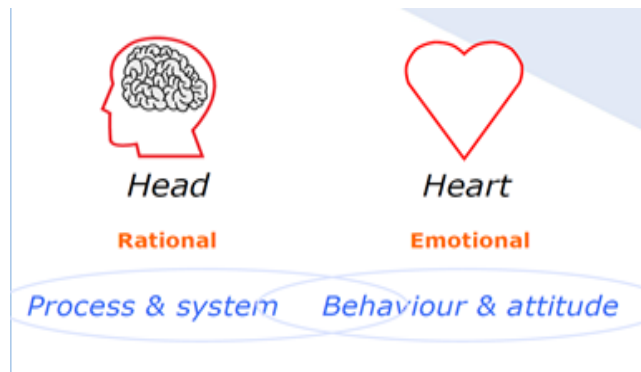
Working with our patients and carers on improvement and transformation

Working collaboratively with our patients and carers

How we involve our patients, carers and families to improve our services – A Framework for Involvement and Coproduction

The Trust's framework for involvement has been co-created with service users and carers and is now an integral part of how we support, develop, match and involve people with various service improvement opportunities across the Trust. Our framework aims to provide a structured approach to recruiting, training and developing service users and carers as they sign up for involvement.

Our service user and carer involvement network has steadily grown to over 300 members over the year, an increase of 43 people from 2022/23. 2023/24 has seen an increase in members from staff referrals and word of mouth.

Network members are offered different involvement opportunities, based on their lived experience, skills and interests. The framework ensures that those wanting to get involved can get the best out of their involvement experience. This includes various training and development opportunities, and setting personal involvement objectives with those who want to progress from individual and low-level generic involvement, to a more defined role, such as a Lived Experience Partner.

Members also receive monthly Patient Experience and Involvement newsletters (https://shorturl.at/oWz7d), and monthly virtual and face-to-face Involvement cafes which support connections and wellbeing.

Working with our patients and carers on improvement and transformation

How patients, carers and families work with us, bringing their own lived experience of Trust services

As a result of 18 months' work co-designing our Lived Experience Leadership Framework with a group of Experts by Experience, we launched the Lived Experience Leadership Framework in June 2023.

The Framework sets out how the Trust will work in partnership with patients and carers at all levels of governance, quality improvement and transformation.

The Framework will also be a blueprint for the Integrated Care System and is a key priority of the People's and Community Integrated Care System Strategy.

The Trust currently has 22 paid Lived Experience Partners, our Youth Advisory Board, People's Council and Patient and Care Involvement Network with over 400 members.

For anyone wishing to get involved we can offer a range of activities as well as ongoing pieces of work. These include:

- patient perspectives – sharing your experiences of using our service
- providing feedback on decisions made about your care and treatment
- attending virtual patient or in person focus groups
- becoming involved in Quality Improvement Projects
- providing a Patient Perspective on staff recruitment panels
- attending in-house training and development workshops
- attending our Patient Leadership Programme
- providing feedback through surveys and questionnaires
- attending our Introduction to Involvement workshops
- becoming involved in LPT's Learning Disability Improvement Programme
- becoming involved with the Youth Advisory Board
- becoming a Reader Panel member, providing feedback on patient-facing information
- becoming a Lived Experience Partner.

Lived Experience Leadership Framework

Lived Experience Leadership Framework
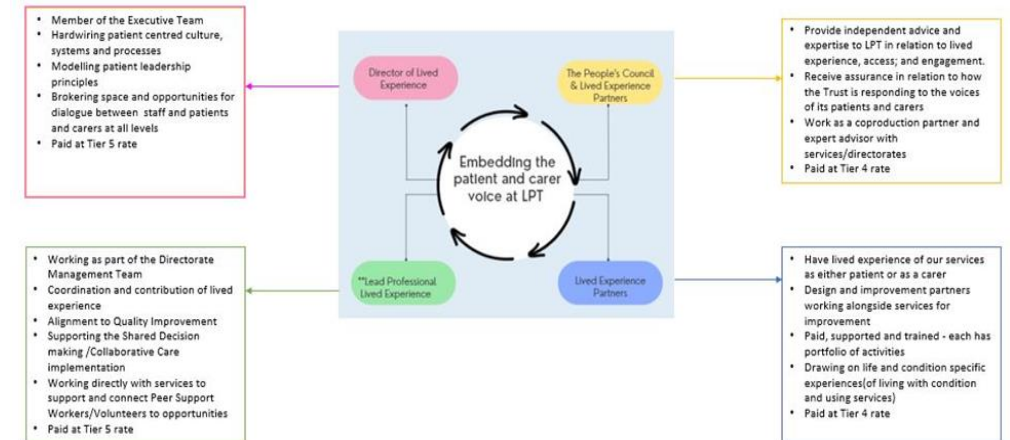
Corporate & Enabling	Directorate of Mental Health	Community Health Services	Families, Young people & Children and Learning Disabilities and Autism
Complaints Review Group	Risk assessment	SPA / triage	LeDeR project
Patient & Carer Experience Group	Care planning	Criteria led discharge	Youth Advisory Board Co chair
Co-delivery of staff Patient Experience & Involvement training	Urgent care, and crisis retender	End of Life Steering Group	Engagement and co-production, Healthy Together
Peoples Council chair and membership	Open dialogue	CHS PCEG co-chair	Care Navigation
Patient and Carer race Equality Framework (PCREF)	Smoking cessation	Health Inequalities work	Frends and Family Test
Triangle of Care	Psychosis pathway	Self-care project	Digital Engagement
Patient Safety Partner	MHSOP Patient and Carer Experience Group	CINNS website development	LDA Collaborative

Healthwatch Leicester and Leicestershire

Leicestershire HOSC 5th March 2025

Understanding Patient Experience

- Healthwatch as the local consumer champion plays a key role in addressing patient complaints and improving the patient experience within the healthcare system.

- We collate feedback from the public, patients, carers about their experiences of health and care services through a variety of ways these include our targeted #SpeakUp events, surveys and workshops.

- We provide information and guidance on how to make complaints about NHS services and the process, we also signpost to relevant departments and advocacy services

- We analyse the key trends and concerns within complaints, this information is shared with Commissioners, regulatory bodies and with UHL, LPT and ICB colleagues through pre agreed channels

- We work collaboratively with the system to make recommendations for improving services that matter to those using them.

- We will re visit those recommendations within 6 months to discuss progress and how we can continue to support

- We raise awareness of our work and feed local intelligence into Healthwatch England to drive policy change and delivery

Examples of Insight Reports

- Accessing Healthcare Services Leicester and Leicestershire Asylum Seekers Dec 2023
  - Insights: difficulty accessing Health services due to cultural and language barriers, including primary care, dental care and lack of understanding on how to access support for mental health.
  - Recommendation: review of literature and information on the local health care system including access and referral routes, pathways for mental health support. Approach agreed with LPT and trailed in Charnwood.

- Ethnic Community Voices on Health and Social Care Services Aug 2024
  - Insights: GP access concerns, wait times in secondary care and diagnosis care and advice, accessibility problems and concerns, lack of understanding on medical advice and understanding of available services for mental health services.
  - Recommendations: Collaborative approach agreed with ICB on Primary Care access including messaging, sharing of insights with practices and integration with GP plans for 2025/26, pathways to map access to services and referral routes and culturally sensitive resources.

- LGBTQ+ Voices on Health and Social Care Services Aug 2024
  - Insights: lack of knowledge, sensitivity and understanding (i.e. misgendering) by health services when accessing health care, treatment or medication.
  - Recommendations: training for healthcare professionals, awareness campaigns to ensure services are inclusive, review and expand resources, easier processes for updating personal details, personalised mental health services, those with lived experience involved in service planning.

Examples of Enter and View Visits

- Gynaecological Services
- Learning Disability Patient Experience (Adults)
- Children's Emergency Department
- Adult's Emergency Department
- Community Diagnostic Centres
- GP Practices across both the City and County: (please see link for access to all reports) https://healthwatchll.com/enter-and-view/enter-view-reports/

Complaints through our Signposting Service: April 2024- Feb 2025
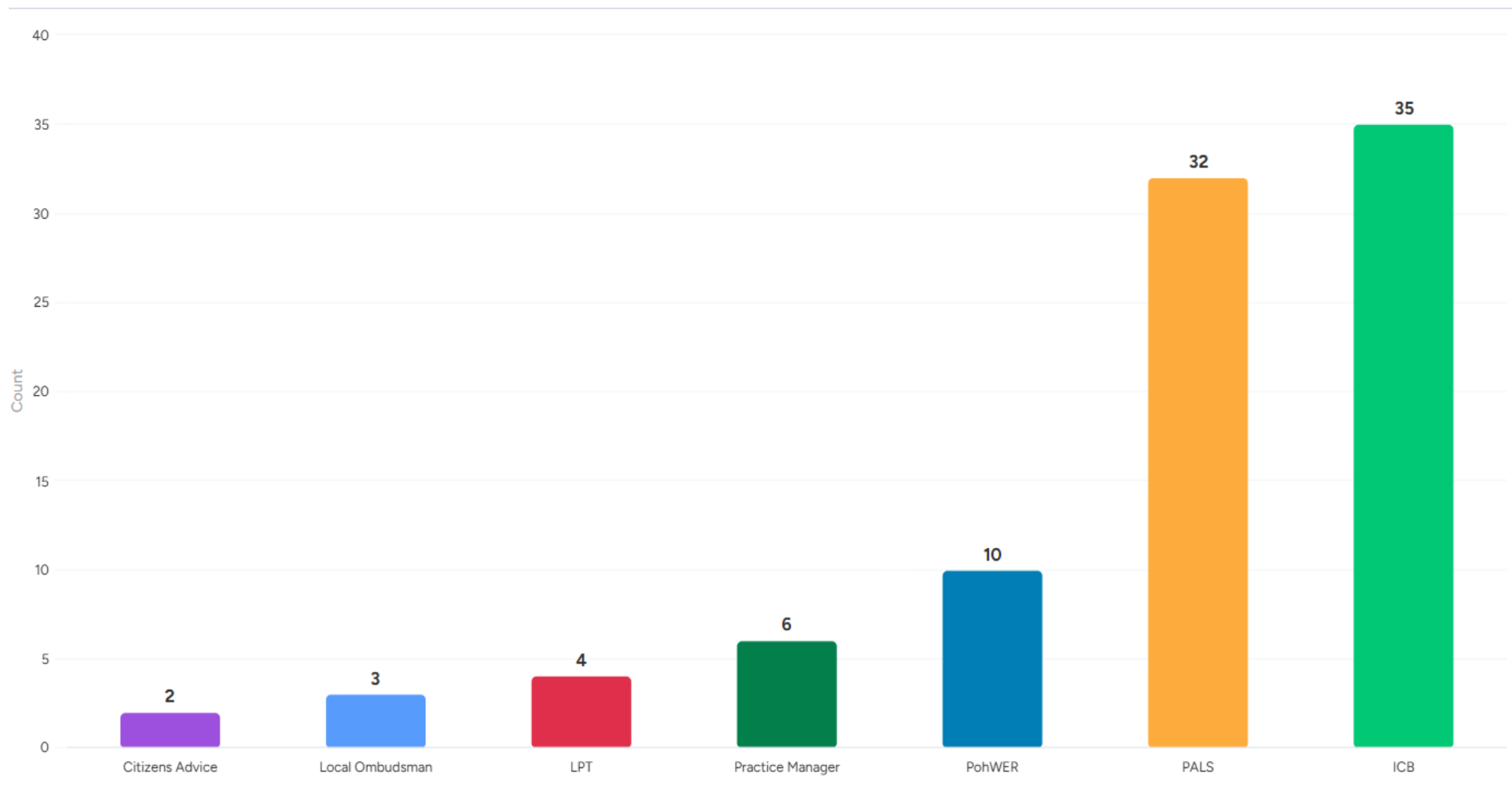
Explanation of the graph:

- Of 192 enquiries 92 have been complaints for the NHS

- This is through the signposting line only does not include signposting through events/online or our engagement/outreach work

- Contact details for PohWER Advocacy service are shared with every call however the figure in the graph are referrals made directly at the request of the individual calling

Key themes and issues in patient experience/complaints

- Access to services:
  - GP appointments: difficulty booking appointments, long wait times, inability to see the same GP and reliance on digital consultations
  - Delayed wait times for secondary care and diagnosis
  - Emergency services
  - Digital appointments, medical advice and access
- Lack of awareness of mental health services and referral routes i.e. Community Diagnostic Services and Mental Health provisions
- Infrastructure and facilities:
  - Lack of information or signage
  - Time constraints on staff
  - Poor communication
  - Inadequate accessibility
- Support for carers and families

Healthwatch England National Survey

- Individuals who that had felt they had a poor experience of the NHS were invited to take part in a poll.

- 2,650 completed the poll and out of those over half, 56%, took no action about their care, and fewer than one in 10, nine per cent, made a formal complaint.

- 19% said they didn't know who to contact to make a complaint.

- Overall, over half of people who made a complaint to an NHS organisation were dissatisfied with both the process of making a complaint, 56%, and the outcome of their complaint, 56%.

Working to improve patient experience

- Involvement in volunteers and lay people: Healthwatch Advisory Board members and Enter and View Representatives are all volunteers

- Ensure insight reports, key trends and concerns are shared through key links and relationships across the ICB, UHL and LPT with recommendations for improvement.

- "You said, We did" approach we go back again to see progress against our recommendations and findings.

- Have representation at the following NHS meetings to publicly share data and intelligence on patient experience:
  - Health and Wellbeing Boards
  - Integrated Care Board
  - UHL Trust Board
  - LPT Board
  - Mental Health Partnership Board
  - Learning Disabilities Partnership Board
  - Local Dental Committee
  - Children and Young Peoples Collaborative

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Health and Wellbeing Partnership

www.leicesterleicestershireandrutland.icb.nhs.uk

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

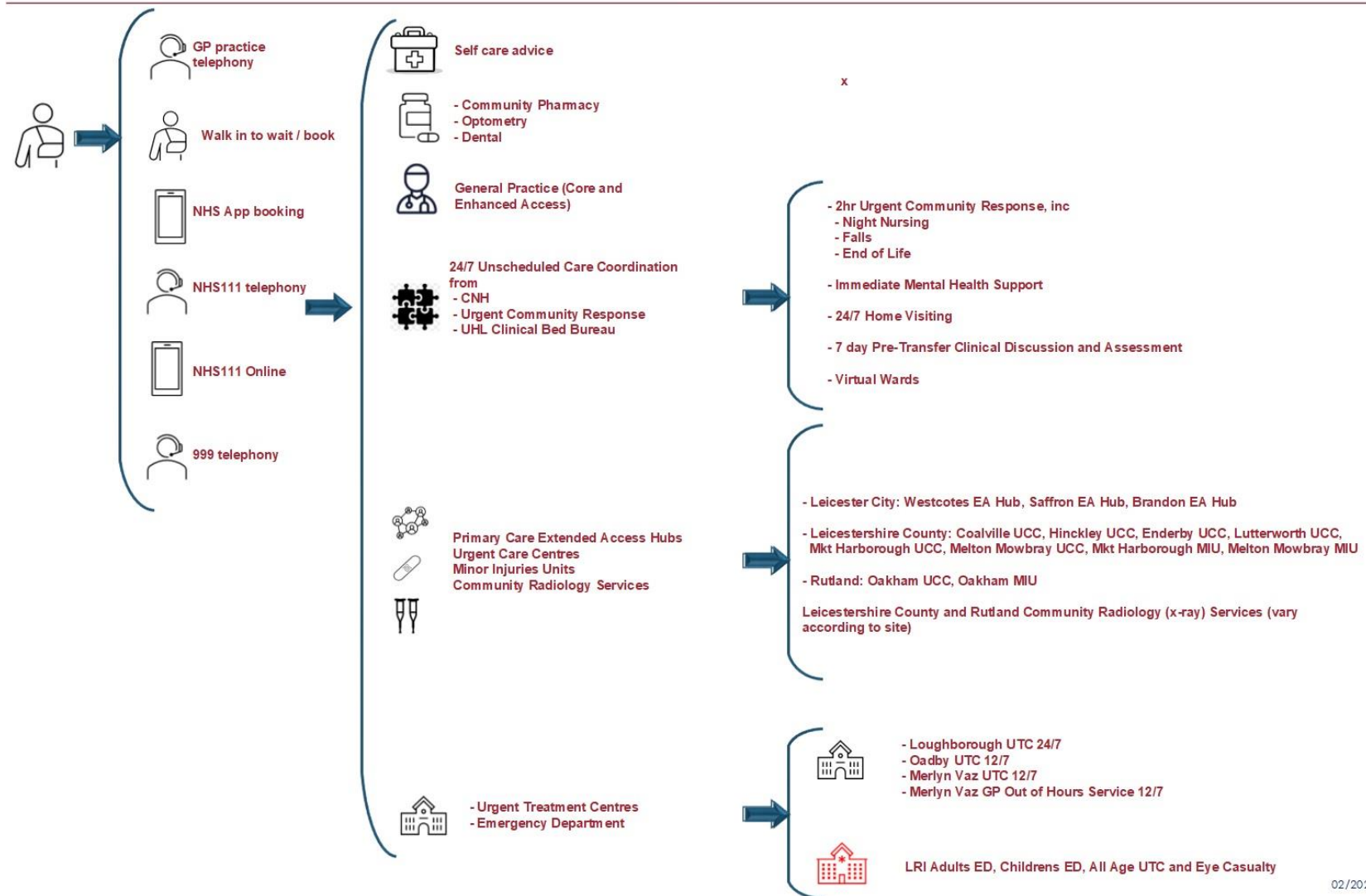## HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 5 MARCH 2025

OVERVIEW OF THE URGENT AND EMERGENCY CARE SERVICES ACROSS LEICESTERSHIRE (County Only)

REPORT OF THE DIRECTOR OF INTEGRATION AND TRANSFORMATION NHS LLR

Purpose of report

1. To provide the Committee with an overview of the Urgent and Emergency Care Offer across Leicestershire.

Background

2. The Committee requested the Integrated Care Board to provide an overview of the Urgent and Emergency Care Offer available across Leicestershire, outside of the LRI site.

3. The request arose after members raised concerns that the majority of urgent and emergency care services appeared to be based in the city of Leicester and queried what services were available in the county for county residents to access without having to travel into the city centre.

Appendices

4. The presentation slides in the Appendix describe the service offers.

Officer(s) to Contact

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APPENDIX

OVERVIEW OF THE UEC OFFER OUTSIDE OF THE LRI SITE

Health Overview & Scrutiny Committee

March 2025

A proud partner in the:

NHS Leicester, Leicestershire and Rutland is the operating name of
Leicester, Leicestershire and Rutland Integrated Care Board

Integrated Urgent and Emergency Care in LLR – Architecture
v0.2.3

Access routes:
- GP practice telephony
- Walk in to wait / book
- NHS App booking
- NHS111 telephony
- NHS111 Online
- 999 telephony

Services:
- Self care advice
- Community Pharmacy
- Optometry
- Dental
- General Practice (Core and Enhanced Access)

x

24/7 Unscheduled Care Coordination from
- CNH
- Urgent Community Response
- UHL Clinical Bed Bureau

- 2hr Urgent Community Response, inc
  - Night Nursing
  - Falls
  - End of Life
- Immediate Mental Health Support
- 24/7 Home Visiting
- 7 day Pre-Transfer Clinical Discussion and Assessment
- Virtual Wards

Primary Care Extended Access Hubs
Urgent Care Centres
Minor Injuries Units
Community Radiology Services

- Leicester City: Westcotes EA Hub, Saffron EA Hub, Brandon EA Hub
- Leicestershire County: Coalville UCC, Hinckley UCC, Enderby UCC, Lutterworth UCC, Mkt Harborough UCC, Melton Mowbray UCC, Mkt Harborough MIU, Melton Mowbray MIU
- Rutland: Oakham UCC, Oakham MIU

Leicestershire County and Rutland Community Radiology (x-ray) Services (vary according to site)

- Urgent Treatment Centres
- Emergency Department

- Loughborough UTC 24/7
- Oadby UTC 12/7
- Merlyn Vaz UTC 12/7
- Merlyn Vaz GP Out of Hours Service 12/7

LRI Adults ED, Childrens ED, All Age UTC and Eye Casualty

44

Current Services based on 2024/25 – Leicestershire Urgent Treatment Centres

Loughborough Urgent Treatment Centre

- Loughborough Community Hospital
- 24/7

Oadby Urgent Treatment Centre

- Oadby UTC
- Mon – Fri 09:00 – 21:00
- Sat, Sun and BH – 08:00 – 20:00

Service delivery

April 24 – Jan 25

- Loughborough Contracted activity – 58, 820
- Loughborough Attendances – 73,546
- Oadby Contracted activity – 28,734
- Oadby Attendances – 35,287

Current Services based on April – Dec 2024 Leicestershire Urgent Care Centres

Market Harborough	Melton Mowbray	Lutterworth	North Blaby	Hinckley	North West Leicestershire
•St Luke's Treatment Centre •Mon – Fri 18:30 – 21:00 •Sat, Sun and BH – 09:00 – 19:00	•St Marys Hospital •Mon – Fri 18:30 – 21:00 •Sat, Sun and BH – 09:00 – 19:00	•Feilding Palmer Hospital •Sat, Sun and BH only – 09:00 – 19:00	•Enderby Leisure Centre •Mon – Fri 18:30 – 21:00 •Sat, Sun and BH – 09:00 – 19:00	•Hinckley Hospital •Mon – Fri 19:00 – 22:00 •Sat, Sun and BH – 08:00 – 20:00	•Coalville Community Hospital •Sat only– 09:00 – 12:00

Service delivery

• Mixed clinical delivery model (GP & Advanced Nurse Practitioner) for ALL LLR patients

• Enderby UCC – 4877 appts

• Lutterworth UCC – 2777 appts

• Market Harborough UCC – 5088 appts

• Melton UCC – 4679 appts

• Hinckley & Coalville – 5952 appts

Current Services based on April – Dec 2024 Minor Injury Units

Market Harborough

- Market Harborough Medical Centre
- Mon – Fri 08:30 – 18:30

Melton Mowbray

- Latham House Medical Practice
- Mon – Fri 08:30 – 18:30

Service delivery

- Market Harborough April 24 – Dec 24 – 2,029 appts
- Latham House April 24 – Dec 24 – 1,307 appts

What have we learned through audit and data

(This covers both City and County provision)

50-80% of activity is Primary Care type presentations for **both** routine and same day need.

A minimum of 10% (up to 30%) of activity could be managed by Pharmacy First

A minimum of 10 – 30% of activity had to be redirected to urgent care services (multiple episodes of care for 1 patient)
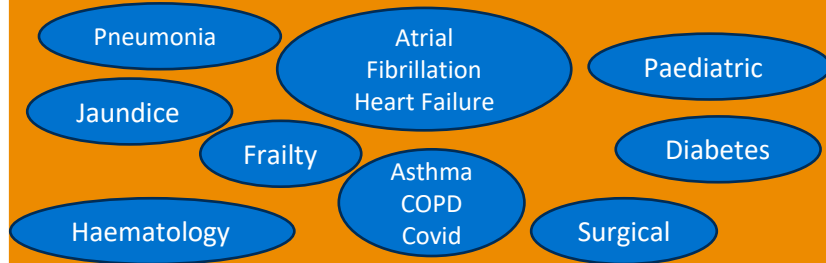
6-13% of appts were Do Not Attends

Same day primary care offer is required on Sundays to avoid patients presenting to UTC/ED when not required

Supporting patients in the place they call home:

Virtual Wards

Step up and Step down care to enable early discharge or admission avoidance

April 2024-Dec 2024 VW programme has supported 3,732 pts and met the 80% occupancy target since Sept 24 (LLR)

- Pneumonia
- Atrial Fibrillation Heart Failure
- Paediatric
- Jaundice
- Frailty
- Asthma COPD Covid
- Diabetes
- Haematology
- Surgical

Urgent Community Response

April 2024- Dec 2024 Our UCR services have supported 12,250 patients in crisis, with 92% of responses achieved within the 2 hour target (against a national target of 80%) (LLR)

Accessed by any Health or Care professional.

Provides a home based response within 2 hours from Community Nurse, Therapist or ASC carer, to provide appropriate support, plan and deliver short term care and prevent admission to hospital.

PTCDA

Accessed by Ambulance crews, GP Home visiting

Clinical discussion to agree whether home based service or hospital admission is required.

April 2024-Dec 2024 PTCDA has supported 2,089 patients with approximately 1,420 attendances avoided (LLR)

Home Visiting

Accessed by Clinical navigation hub, PTCDA, and general practice

Referrals to 31st Dec 2024 27,545 (LLR)

See, Treat and Discharge 88% in hours, 79% Out of Hours (LLR)

Provides Health Care Professional support for patients at risk of admission to hospital

Agenda Item 10

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 5TH MARCH 2025

ADDRESSING SOCIAL ISOLATION AND LONELINESS IN LEICESTERSHIRE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1.   The purpose of this report is to provide an overview of what is in place to support social isolation in Leicestershire.

Policy Framework and Previous Decisions

2.   The topic of loneliness was raised at a previous Health Overview and Scrutiny committee meeting in November 2024, when the draft Leicester, Leicestershire and Rutland (LLR) Suicide Prevention Strategy 2024-29 was presented as part of the consultation process. Concerns were raised in relation to links between social isolation and some suicides, within LLR, resulting in the Committee requesting that this subject be re-visited and brought back at a future meeting.

Background

3.   Loneliness and social isolation are closely linked and are often used interchangeably.

4.   For the purposes of this report loneliness is defined as: a 'painful subjective emotional state occurring when there is a discrepancy between desired and achieved patterns of social interaction'. [1]

5.   Social isolation is defined as: 'inadequate quality and quantity of social relations with other people at the individual, group, community and larger social environment levels where human interaction takes place'. [2]

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[1] Andersson L (1998) Loneliness research and interventions: a review of the literature. Aging Ment Health 2(4):264–274. IN

[2] Andersson L (1998) Loneliness research and interventions: a review of the literature. Aging Ment Health 2(4):264–274. IN

6. Many years of psychological research have highlighted the fundamental human need for attachment [3] and belonging [4], demonstrating that social relations are indispensable for well-being [5]. Social relations appear to serve as a protective factor against stressors and are linked to mental resilience, even after accounting for genetic factors [6].

7. Evidence (Foresight Challenge reports) indicates that social relationships are 'critical for promoting well-being and for acting as a buffer against mental ill health' and, as a result connecting with people around us and building on these connections, is one of five evidence based actions which form the New Economics Foundation's 'Five Ways to Well Being.'[7]

8. Social isolation and loneliness may have been a factor in some of our suicides locally as reflected in our LLR Suicide Prevention strategy, and is also flagged up as a risk factor in the National Suicide Prevention Strategy[8]

9. The issue of loneliness and social isolation is well recognised in Leicestershire and, as such, there is already much in place to address it across the county. A number of departments and organisations including Leicestershire County Council Public Health and social care, district councils, the Voluntary Community Sector (VCS) and the ICB contribute significantly to this agenda.

10. This paper provides an opportunity to hear more about what is in place.

Loneliness - a National Challenge

11. Loneliness is a challenge, experienced across the whole of the country. As such the government published the national Loneliness Strategy in 2018. The main principles of the strategy are to:
    - Reduce stigma by building the national conversation on loneliness, enabling more people to feel comfortable talking about loneliness;
    - That relationships and loneliness are considered in policy making and delivery within organisations

[3] Bowlby J. Attachment and Loss. Volume 1 Attachment. New York, NY. Basic Books; 1969.

[4] Ryan R, Deci E. Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness. New York, NY. The Guilford Press; 2017.

[5] Helliwell JF, Aknin LB. Expanding the social science of happiness. Nat Hum Behav. Apr 2018;2(4):248-252. [CrossRef] [Medline]

[6] Hofgaard LS, Nes RB, Røysamb E. Introducing two types of psychological resilience with partly unique genetic and environmental sources. Sci Rep. Apr 21, 2021;11(1):8624. [FREE Full text] [CrossRef] [Medline]

[7] Aked J, Marks N, Cordon C, Thompson S. Five ways to well-being: communicating the evidence. New Economics Foundation. Aug 01, 2012. URL: https://neweconomics.org/2008/10/five-ways-to-wellbeing (accessed 12.2.25).

[8] Suicide Prevention in England: 5-year cross-sector Strategy, DHSC https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#addressing-risk-factors (accessed 12.2.25)

- Improving the evidence base on loneliness, ensuring everyone has the right information to make informed decisions.

Leicestershire County Council

12. The County Council recognises that loneliness is an issue affecting people, in different ways, across all communities:
    - The elderly who live alone;
    - Young people – struggling with social pressures;
    - People with disabilities and mental health issues;
    - Those with caring responsibilities;
    - The unemployed;
    - New parents.

13. As part of the county council's ongoing work around Tackling Loneliness, a Loneliness Toolkit document has been produced containing lots of useful information to help people reduce the feelings of loneliness. https://www.leicestershirecommunities.org.uk/uploads/tackling-loneliness-in-leicestershire-9.pdf?v=1646736436

14. The impact of feeling lonely can have a significant effect on people's overall health and wellbeing. It is therefore important that as a local authority, along with our partners and VCS organisations that we continue to address the issue of loneliness together.

15. The following, section of the report, provides a snapshot of some of the services and interventions in place through our partner organisations with particular focus on those provided by public health.

Local Area Coordination - Public Health

16. Local Area Coordination (LAC) was originally developed in areas of significant rural and social isolation in Western Australia in the 1980's. Supported by the Local Area Coordination networks guiding principles, LAC was introduced in Leicestershire in 2015 with a team of 8. The team is part of Public Health, within the county council and is now one of the largest teams nationally, with 29 LACs working in 39 communities and forms a key part in the delivery of the prevention strategy.

17. LAC aims to support people to identify what a good life looks like to them and to draw on their community to help them make it a reality. This person-centred approach is holistic and supports conversations around all aspects of a person's life. It is ideally placed to tackle loneliness, should people identify that this is an area of their life that they want to make changes to.

18. Being based in communities enables LACs to understand the needs of individuals, the perceived barriers to feeling included and how isolation is not the same for each person. Providing an opportunity for LACs to reach people before they get to crisis point and see those who could become isolated due to a change in circumstance before they would be introduced to higher end service level provision.

19. Being place-based also means that where people want to increase their contact with others, the LAC have excellent local knowledge and can support those early attempts at increasing contact in a way that is positive and more likely to lead to change. LAC also has a community capacity building element, which enables communities to increase their opportunities. There are countless examples (see Appendix A) across the County where the LAC helped people create space for others, from carer support groups to gaming groups.

20. LACs support individuals to take those first steps to join local groups and introduce them to other people with similar experiences or interests. These initial connections provide the foundations for people to gain confidence and become more resilient, with many people often being able to support others in the process.

21. The Health Inequalities Team, which are also part of the County Council's Public Health Team, target the more rural areas of the County and similarly to LAC, they work with residents who want to make changes to their lives, sharing information and signposting to community groups, activities and support services. This is particularly relevant in the rural communities where things such as accessible transport can be an issue, increasing the risk of loneliness. Like the LAC, the Health Inequalities Team provide essential links to funding programmes, ensuring communities have opportunities to develop community assets.

22. Public Health have several services that, whilst not specifically focused on tackling loneliness, are aware of the challenges it brings and the need to address it. Public Health adopt the 'make every contact count' (MECC) approach and are skilled in having holistic conversations, connecting people to the right support.

23. First Contact Plus is a telephone-based triage service that connects people to various pathways to services that can help them. Their Living Independently pathway looks at social connection and can help people get access to things that reduce loneliness like befriending offers, community groups in addition to things like mental health and carer support. Services such as, Warm Homes, Quit Ready and Weight Management are also well placed to identify loneliness, connecting people to the LAC, and First Contact Plus.

Adults and Communities

24. The Adults and Communities Department within the Council delivers a number of community services that connect people together to help reduce feelings of loneliness and isolation.

25. The range of services provide to communities via the library plays a huge part in connecting people. These include:
    a. Library services – these operate 16 council-run libraries, 3 mobile libraries and the library at HMP Gartree. This includes a support a network of 35 community-managed libraries, run by volunteers, across the county. All libraries offer their local communities traditional library lending, PC access, information provision, coffee mornings, events and activities, children's services and access to digital resources.

    b. Home Library Service - a volunteer-run service delivering books to adults in their own homes who are otherwise unable to go to their local library. Although

primarily focused on older residents it is available to any adult who is temporarily or permanently housebound. Potential clients are matched with a regular volunteer who can provide a selection of library materials based on the customer's needs and interests. The service has a strong befriending element; volunteers and clients can chat and form a supportive relationship based on a shared enjoyment of reading. This is much valued and provides a welcome respite from isolation.

c. Libraries also provide links to the Family Hub programme which is delivered through the county council's Children and Family Service. The Family Hubs work with the library service to deliver MECC training to staff and provide resources in libraries that can be used by families to improve their wellbeing. This includes signposting to relevant support groups and links to LACs to provide an outlet and to reduce loneliness and isolation which can greatly impact on the mental health of new mothers within the first year after birth. <u>Cultural Participation Team</u> - focus is on enhancing the wellbeing of individuals and communities through culture, supporting cohesion, equity of opportunity and happiness.

Leicestershire Partnership Trust (LPT) - Neighbourhood Leads

26. The Neighbourhood Lead (NL) role is primarily to link up services, projects, organisations and people that can contribute to positive mental health. NL each cover 1 to 2 geographical areas across LLR, enabling oversight of local projects including generically themed workstreams, that cross district areas, such as social isolation and loneliness.

27. All NL have *Neighbourhood Mental Health Cafes* in each of their areas, delivered by a number of different providers including Turning Point and Age UK. The NLs provide the first point of contact for any issues or day to day minor glitches. They also have oversight of all the cafes, enabling them to collate relevant data and information to ensure the cafes offer value for money and provide the appropriate level of service offer to those who need it.

28. The cafes are a non-referral service and operate on a drop-in basis. The cafes host a range of different activities, such as adult colouring, board games, reading and group discussions. They also provide an opportunity for people to access specific services on specific days to offer information on relevant support, i.e. NHS and local authority staff as well as those from the VCS. The cafes have access to appropriate clinical services such as the mental health Central Access Point, CRISIS team and others.

29. So far, in the county since April 2024, 3970 contacts have used or attended the mental health cafes. 881 (22%) of these have attended due to feeling lonely or socially isolated

30. Other service offers supported by LPT include 'Getting help in Neighbourhoods' (GHIN) and the JOY app.
    a. GHIN are offers that are spread across LLR - all different but each have received funding via LPT. A full list can be found here: Getting Help in Neighbourhoods - Leicestershire Partnership NHS Trust

b. The JOY app - developed by the LPT Comms Team, it is a database of activities across LLR that are available to support mental health. This could be anything from a diagnosed condition group such as Dementia or as broad as a coffee morning. It is not intended to replace NHS services but offer much needed support to avoid those suffering with low-level mental health from deteriorating. More information can be found via the link: www.LLRjoy.com

Voluntary Action LeicesterShire (VAL), Healthwatch Leicester and Leicestershire (HWLL) and Voluntary, Community and Social Enterprise (VCSE) sector

31. Determining the exact number of charities and community groups that specifically address social is isolation is difficult due to the very nature of the VCSE Sector. Smaller grassroots community groups are not required to register with the Charity Commission. Of the 671 groups that say they support individuals with their health and well-being, 56 of those organisations state that the focus of their work is to reduce social isolation specifically (these figures relate to LLR and are pulled from the VAL database). However, it is important to note, that whilst some sports, gardening and arts-based groups will be reducing social isolation, the governance structure may not state this as their primary reason.

32. VAL's work with the VCSE sector supports and empowers all community groups from micro to large in adopting best practice, creating an evidence base and capturing impact. For community groups supporting those facing social isolation they adopt capacity building approaches and volunteering. Through other previous and current projects at VAL it is acknowledged that employability and training skills also help to reduce social isolation:
    a. There are 49 VCSE organisations signed up to the Mental Health Friendly places initiative across Leicester, Leicestershire and Rutland supporting mental health and well-being and many of these will address social isolation.
    b. There are 25 Neighbourhood Mental Health Cafes across Leicester and Leicestershire and a these will also address social isolation.

33. In addition, there are many rural support groups offering befriending and activity sessions, counselling and peer support programmes to help address social isolation. VAL have supported a number of groups that provide targeted support to seldom-heard groups and those with disabilities to provide inclusive and social support. More recently, there has been an increase in digital support groups to help aide social isolation.

34. HWLL conducts surveys, focus groups and targeted #SpeakUp events to capture the views of the public, patients and carers. Throughout these sessions the outreach team are referring and signposting to health, social care and VCSE organisations for social support.

35. HWLL raises awareness and campaigns to highlight the impact social isolation and loneliness has on the overall health and well-being of an individual.

36. There is a clear role for the VCSE sector in tackling social isolation. It has been identified, from the services already delivered that local connection, flexible and volunteer led services create a lasting and more meaningful impact for individuals.

Proposals/Options

37. The Committee members are required to note the work underway and opportunities in place to address social isolation and loneliness in Leicestershire.

Conclusions

38. This report provides a snapshot of what is currently in place to address loneliness and social isolation across Leicestershire, by the Council and partner organisations, and why it is important that we continue to address it. While it has not been possible to include everything that is happening to tackle this issue, it is acknowledged that there are other projects and initiatives in place across the districts, in addition to what is offered through the voluntary and community sector.

39. It is not always easy for services to identify immediately if someone is lonely, relying invariably on an individual to determine that for themselves. That said there are several ways in which support services and organisations do this:
    a. Many services are embedded within communities, i.e. LACS and NHL, and are likely to see people out and about and introduce themselves. This could be at an engagement event, drop in, coffee morning, or even just in the local amenities. Time plays a huge factor in this, enabling partners to build up conversations and trust, etc.
    b. Services are likely to be told of people affected by loneliness by other community members (people often project their idea of loneliness onto others).
    c. An introduction may be received from another professional where there has already been a conversation around loneliness - so the request to support with this is more explicit. It is possible that loneliness is sometimes attributed to frequent fliers from professionals (which can absolutely be a factor) - though this needs to be dealt with very sensitively as frequent engagement and problematic behaviour does not necessarily indicate loneliness and could be linked to other issues.

40. Ultimately, as we know from the National Institute for Health and Care Research (NIHR), change really comes when the motivation comes from the person, so we need them to determine if they are lonely.

Circulation under the Local Issues Alert Procedure

41. None

Equality Implications

42. There are no equality implications arising from the recommendations in this report.

Human Rights Implications

43. There are no human rights implications arising from the recommendations in this report.

Appendices

44.   Appendix A – LAC connections and reducing isolation

Officer(s) to Contact

Fiona Grant, Consultant in Public Health
Email: Fiona.grant@leics.gov.uk

Victoria Charlton, Mental Health Strategic Lead (Public Health)
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Mike Sandys, Director of Public Health
Email: mike.sandys@leics.gov.uk

Local Area Co-ordination in Leicestershire

Some examples of what has already happened.

- LAC organised collaborative partnership between The Lawns Care Home and residents that are sociable and want to be able to leave their homes, but for health reasons are not able to do so without support. I have connected with the Activities Organiser at The Lawns and sourced a volunteer driver for their minibus to be able to collect four residents, twice a month to be taken to the Seniors Club at The Lawns so they can be involved with their organised activities.

- I have connected with community groups, so residents are more informed about what is going on in their community – updating local library resources with the new *Oadby Community Groups and Activities* information, this information had been requested by residents during the Oadby Residents Forum.

g

Public Health | Leicestershire County Council | Local Area Co-ordination

- **Helped to establish a gaming group for young people with MH issues – now resident run and 14 residents attend.**

- This was initiated as the LAC was receiving many introductions for people who were struggling with social interactions and their main way of connecting with others was online through gaming forums.
- With consent, the LAC introduced a small number of people to each other to see if there were common solutions to what their barriers were and to find solutions.
- Using their connections in community, the LAC approached a local community centre to see if they could use a space there to trial a gaming group.
- Using consoles weekly sessions weekly organised to invite people to continue gaming but in a safe space with others who have similar barriers to connecting.
- The group has now organically evolved into one that is led by the group members, has received local funding to purchase new consoles. Group members are growing in confidence and are being supported to be a constituted group to enable access to larger funds if that is appropriate.
- Those original members offer a support network and encouraging words to new members and will meet outside of groups now on a regular basis.

Oak Court - Access to affordable clothing

LAC was approached to see if I was able to assist with a situation with an Extra Care Facility in Blaby. Residents at the extra Care facility just outside Blaby Village were finding it difficult to access clothing. They had previously had bigger companies in for one off event to enable residents to buy clothing, but they were quite unaffordable for most of the residents. A lot of the residents in Oak court have mobility issues so leaving the building to access clothing is a barrier.

The LAC spoke to the local charity shops based in Blaby to ask if they were able to offer any way of the Oak Court residents of accessing charity shop clothing. Two of them came forward and offered to deliver a selection of clothing as well as a rail for the residents to buy or to donate money for the clothing. This now happens on a regular basis which has solved an issue for the residents as well as supporting local charities. It has also provided an opportunity for some of the residents to take responsibility in organising the clothes and taking the money for the items. As well as this it has formed a connection with local charities which has the potential for the relationship to grow and develop.

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Oak court / Thistly Meadow – Intergenerational project

A relationship with both Oak Court and Thistly meadow developed, and the LAC received introductions for residents who are connected with both. As a team we were made aware of the amazing work that the' intergenerational project 'delivered in Burbage. Learning from this was considered and shared to explore whether this would be of interest to Oak Court (who provide an extra Care facility to older and more vulnerable adults) and a primary school where I have built a relationship with the SENCO.

After discussing the project with both establishments, they were both keen to pursue. I attended the first introductory meeting where both parties shared some ideas about how they could start to form a relationship connecting older and sometimes disabled adults with younger children. They talked about starting by sending postcards and letters to each other and went on to discuss inviting the residents to the school for performances.

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Holmes Court / Culture to you

Culture to you is a fairly new project ran by Leicestershire County Council with funding awarded by the Arts Council. It aims to connect Art works, museum pieces and reminiscence boxes to communities and individuals. As a team we have connected with this project as one of the areas it is being offered in. We were asked if we knew of any care homes that might be interested in being part of this . I was able to identify and connect the team to Holmes court.

Should you require any further information and a follow up conversation, please contact;

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17 March 2025

Agenda item	Organisation/Officer responsible	Notes
Workforce and Apprenticeships	ICB	Arose out of workforce discussion at 18 December 23 meeting.
Women's Health to cover issues such as puberty, menopause, women's hubs, cancer, elective care plus disabled women and smear testing and hoists.	ICB	Item suggested by ICB and City Council. Postponed from meeting on 27 November 2024.
UHL Future Hospitals Programme – update on govt announcement that was made on 20 January about the timetable for LLR being pushed back. Report also to cover Cllr Ramsay Ross' questions about the consequences of the decision including whether buildings are fit for purpose and an increased level of buildings maintenance being required, capital planning and moving from a one year capital plan to a multi-year settlement. Cllr Karen Pickering also requested that this report cover an action plan for population management and neighbourhood health service models. *Presenters required*	ICB/UHL	At meeting on 27 November 2024 Ben Teasdale offered to come back to the next meeting with a further update. Then govt announcement was made on 20 January about the timetable for LLR being pushed back. Cllr Ramsay Ross sent an email on 27/1/25 about the consequences of the decision including an increased level of buildings maintenance. The agenda item could possibly cover that as well.
PIFU and health inequalities – Planned Care and follow up appointments *Information only paper*	UHL	Arose out of Elective Care item at 18 December 2023 meeting. Members were concerned that under PIFU the more vocal patients would get better treatment and less confident patients would miss out on follow-up appointments.

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Agenda Item 11

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