



The Hinckley and Bosworth Community Health and Wellbeing Plan 2023 – 2026



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Foreword

Our Community Health and Wellbeing Plan for Hinckley and Bosworth 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 Hinckley and Bosworth 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

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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 Hinckley & Bosworth Community Health and Well-being Plan.



1. Introduction

1.1 Hinckley and Bosworth Community Health and Wellbeing Plan Context

Many people in Hinckley and Bosworth live long, healthy and safe lives. The borough's health and care partners have a track record of working together effectively to support health and wellbeing, developing integrated approaches which prioritise prevention and place the individual front and centre, and supporting change for people of all ages facing a range of disadvantages which can lead to poorer outcomes. There are always new challenges, however, and we cannot stand still. The population is growing and changing, and patterns of inequality are evolving. We are also facing new demands recovering from the COVID-19 pandemic and with the cost-of-living increases. This document aims to share our collaborative journey in how we will set a clear single vision for Hinckley and Bosworth over the next 3 years that responds to and meets the health and wellbeing needs of our population, building on the foundations in place already.

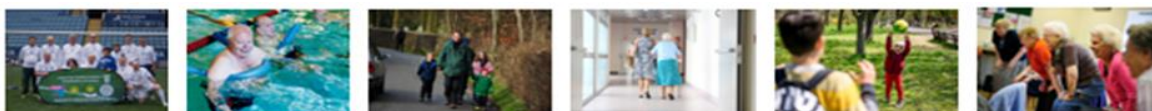
1.2 What's driving the change:

The 2019 NHS Long Term plan¹ covers a 10-year period and was developed at the request of the Government. The plan includes 7 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 7 national priorities of the plan that the local NHS and local Council partners are working closely on are:

1. Ensuring the NHS works in the best way possible so that people can get help more easily, 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 look 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.

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



Building Better Hospitals (2019)² is a major programme of work that is being led by the University Hospitals Leicester (UHL) and will mean key changes in hospital provision across Leicester, Leicestershire and Rutland. There are many reasons why these changes at Leicester’s hospitals are needed. Some of these reflect population health trends. Some of them relate more to the running of the hospitals themselves.

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

LLR Health Inequalities Framework (May 2021) outlines how Leicester, Leicestershire, and Rutland (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 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).

Health and social care integration: joining up care for people, places, and populations (2022)³ is a policy **whitepaper** that sets out key measures that enable local areas to make Integrated Health and Social Care a reality for everyone regardless of where they live and what condition they may have. This involves planning for joining up care for our patients and service users, enabling staff to better 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 Leicester, Leicestershire and Rutland Integrated Care Board [LLR ICB]) working alongside a range of other independent, voluntary and community sector providers and local councils.

The Hinckley and Bosworth Local plan is currently being refreshed. The Plan will set out a 15-year framework for new housing and commercial development in the area, including policies for protecting and enhancing the environment of the borough. This Community Health & Wellbeing Plan will help to shape the new Local Plan ensuring enhanced health outcomes for us all.

The Leicestershire Joint Health and Wellbeing Strategy 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

² [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](https://www.betterhospitalsleicester.nhs.uk)

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

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

⁵ [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](https://www.lsr-online.org)



priorities for the next 10 years and provide clear accountability to the Leicestershire Health and Wellbeing Board (HWB).



The Leicestershire Health and Wellbeing Board (HWB) has approved a 'do, sponsor, and watch' approach to allow it 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 Public Health Strategy 2022-2027. 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'. Our service mission and aim is to: 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 document or the Joint Health & Wellbeing Board Strategy. Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. As important as the services we provide, is the partnership working and leadership, working with a range of organisations to make a joint contribution to good health. Reducing health inequalities, air quality, planning, safer communities to name just a few examples.

Fit for the Future: The Role of District Councils in Improving Health and Wellbeing⁶ - District council services influence many aspects of communities across a range of functions that really matter in local places underlining the key role in determining public health. This district

⁶ [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)



councils' network document highlights the importance of districts in health and wellbeing, and early intervention for the populations they serve, and the importance of integration with healthcare and wider partners.

Other supporting local strategies – there are a range of complementary supporting strategies that align to this plan. For example, the Borough Council's Community Safety, Prevention, Rural and Green Space Strategies will all have a key role in supporting healthy communities.

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

- Active Together Physical Activity Framework 2022 - 2031
- Healthy Weight
- Substance misuse
- Healthy Workplace
- Carers
- Mental Health
- Smoking cessation
- Air Quality and Health Partnership Plan

The Fuller Report⁷ was commissioned in November 2021 to provide specific and practical advice to all Integrated Care Systems (ICSs), as they assumed new statutory form, on how they could accelerate implementation of integrated primary care (incorporating the current 4 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 more ambitious and joined-up approach to prevention at all levels.

1.3 Partnership approach and Governance

Integration and collaboration are key aspects of this plan. By working together, as an ICS, we can achieve a lot more and bring about a much bigger impact on the lives and outcomes of the people that we serve. This plan has been developed collaboratively by the Hinckley and Bosworth Community Health and Wellbeing Plan (CHWP) Steering group which was established in August 2021 and includes partners from the Public Sector, Health Service, Education and Voluntary Sector who all share collective accountability for the delivery of partnership priorities.

In order to develop the plan for Hinckley and Bosworth, we have used a variety of information sources to create a robust needs assessment. Examples of sources of information used include:

⁷ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)



- 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 and also 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 the current health and wellbeing of the Hinckley and Bosworth population were shared and discussed at the Hinckley and Bosworth CHWP Steering Group to understand emerging themes. Workshops took place in the Summer of 2022 with the aim of ensuring 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 12 priorities. To ensure tangible progress was achievable, 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 CHWB plan document.

The 'do, sponsor, and watch' approach approved by the Leicestershire Health and Wellbeing Board (HWPB) has been used to identify key priorities for action in each of the life course stages as outlined above. Upon approval of the Hinckley and Bosworth CHWB plan, the action plan will be handed over to the Hinckley and Bosworth Integrated Neighbourhood Team (INT) which 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. The INT does not have any formal strategic decision-making authority but will make recommendations to their respective organisations and/or the Hinckley and Bosworth Health and Wellbeing Partnership with regular progress reporting into the Staying Healthy Partnership Board. There will also be a requirement to report into the Leicestershire Health and Wellbeing Board to ensure that there is synergy and alignment with the JHWS. The report will not only update the Board on consistent themes from the CHWB plans but will make recommendations around actions required at a place level via the sub-groups and potentially at a system level to the Integrated Care Partnership. The INT will receive progress reports against the delivery plan at every monthly meeting.



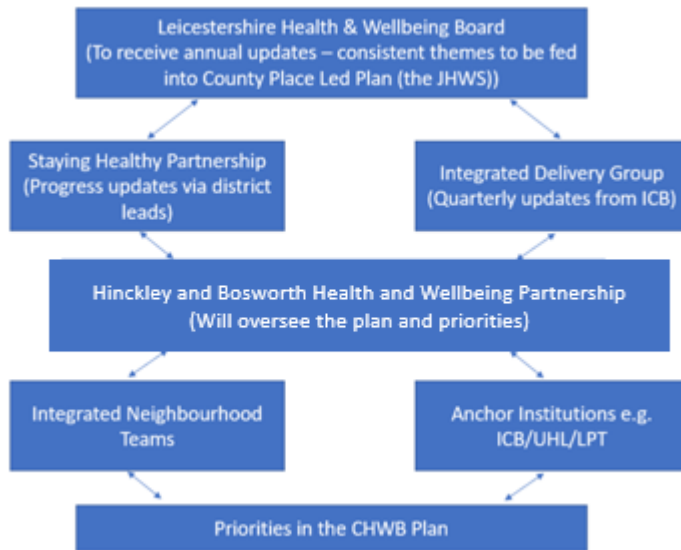


Figure 1 Governance Structure of the Hinckley and Bosworth Community Health and Wellbeing Plan

1.4 Collaborative and Evidence-Based Strategic Commissioning

Going forward, we recognise that a wide range of partnership resources and utilisation of the Hinckley and Bosworth community assets are imperative to notably address the priorities in this plan. We will seek to bring resources and funding streams (when available) together aligning/co-locating neighbourhood and multidisciplinary teams where appropriate. This will allow shared strategic investment decisions based on evidence driven approach.

1.5 Implementing the plan and measuring progress

This document sets out the health and wellbeing priorities and principles to be progressed in and for Hinckley and Bosworth over the coming three years. Action planning will be carried out on an annual basis focussing on the top 5 priorities each year to 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.

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, our partnership action planning will be reviewed on an annual basis, to ensure these priorities are still the right ones.

We will develop a dashboard to monitor progress and provide regular progress updates to the Hinckley and Bosworth Health and Wellbeing Partnership.



2. Insights into the Current Health and Wellbeing Picture of Hinckley and Bosworth

2.1 Hinckley and Bosworth Population

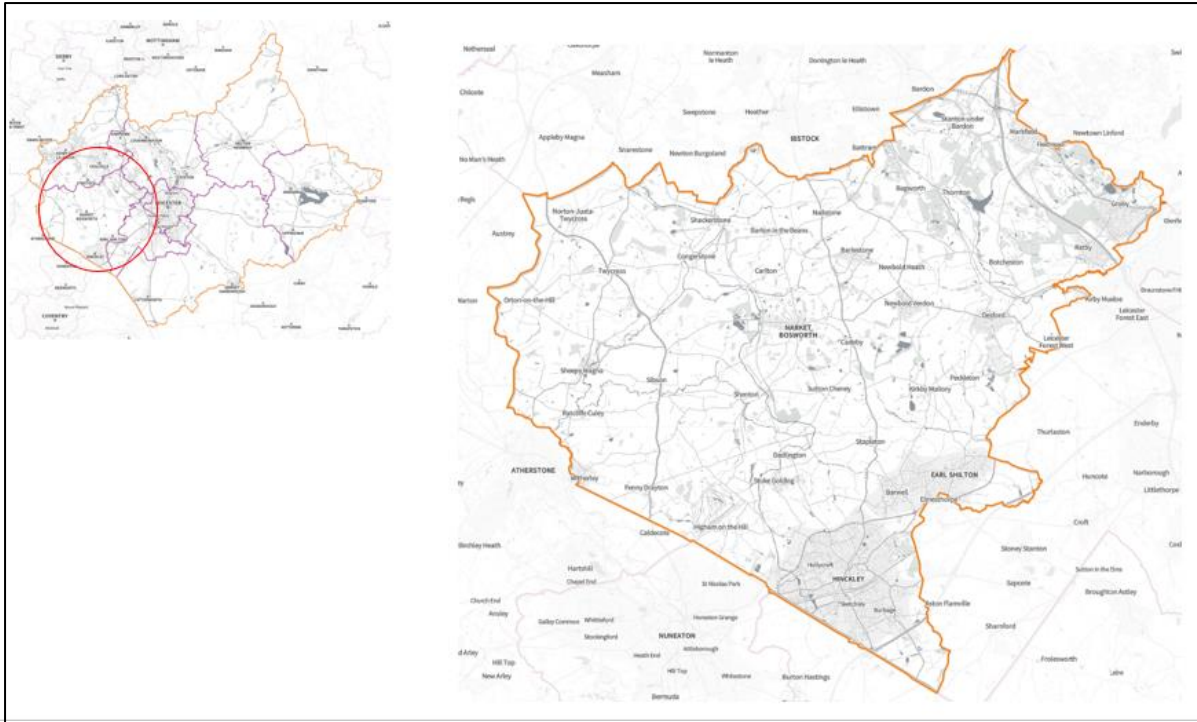
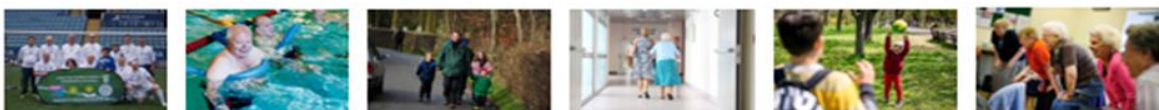


Figure 2 Hinckley and Bosworth Borough in relation to Leicester, Leicestershire and Rutland

Hinckley and Bosworth is a largely rural borough of 297 square kilometres in south-west Leicestershire. The majority of the 113,640 population live in the main urban areas of Hinckley, Burbage, Barwell and Earl Shilton in the south-west. There are sizeable settlements near the Leicester fringe to the east and in the central and northern parts of the borough too. Alongside most areas in England, population estimates show an ageing population in the area with increases of 39% in the size of the over 65 population by 2040. Most people living in Hinckley and Bosworth are white (96.47%) with small numbers of people from Asian, black, and other ethnic groups, living mainly within the town. Hinckley and Bosworth's diversity extends to other communities including a Lesbian, Gay, Bisexual and Trans (LGBT) population, as well as welcoming asylum seekers and refugees. Recently this has seen Hinckley and Bosworth receive Ukrainian refugees, with the system responsible for ensuring they were safe and looked after following their initial arrival into the country.

A summary of key findings of the 2021 census include:

- Total population 113,640, a growth of over 8,000 from 2011.
- Older population is growing faster.
- 16th most densely populated area of the East Midlands.
- Reduction in those identifying as Christian down from 64.3% to 49.8% (following national trends).



- Home ownership significantly higher than in rest of England.
- Qualifications - 29.4% have A level qualifications and above, with 18.3% having no qualifications.
- Employment - those who have never worked or long term unemployed has doubled from 3% to 6%.

2.2 Healthcare Usage

2.2.1 Primary Care

Hinckley and Bosworth is served by 3 main Primary Care Networks (PCNs) which collectively make up the Hinckley and Bosworth Medical Alliance⁸. PCNs are groups of GP practices that work together in local areas to meet the needs of the populations. The 3 main primary care networks are:

Hinckley Central PCN (consisting of Castle Mead Medical Centre, Maples Family Medical Practice, Station View Medical Centre and The Centre Surgery).

Fosseway PCN (consisting of Barwell and Hollycroft Medical Centres, The Burbage Surgery, The Old School Surgery and The Orchards Medical Practice).

Bosworth PCN (consisting of Desford Medical Centre, Heath Lane Surgery, Newbold Verdon Medical Practice and Ratby Surgery).

Barlestone Surgery and Markfield Medical Centre sit within Hinckley and Bosworth Borough, and fall within North West Leicestershire PCN, similarly Groby Surgery is in Hinckley and Bosworth Borough and falls within G3 PCN.

2.2.2 Secondary Care

Most patients within the borough attend the University Hospitals of Leicester (UHL) for their secondary care needs. However, due to Hinckley and Bosworth sitting on the border of Coventry and Warwickshire there is a proportion of activity, mainly from the south of the borough, that takes place at George Eliot Hospital. This requires cross-border working at all levels to meet the health and social care needs of the population.

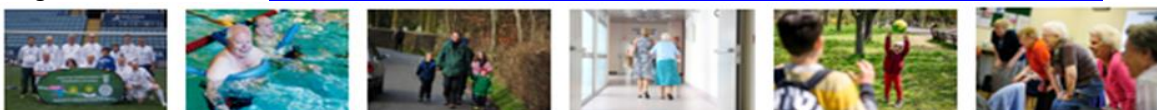
2.3 The Wider Determinants of Health

Health can be defined as: *“a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness”*⁹. This recognises the social model of health (as defined by [Dahlgren and Whitehead](#) (1991)¹⁰) and 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,

⁸ [PCN's of Hinckley and Bosworth medical alliance \(hbma-gpfederation.co.uk\)](http://hbma-gpfederation.co.uk)

⁹ Health Psychology: Theory, research and practice (5th Edition), London: SAGE, 2018., Marks, D et al.

¹⁰ 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.



sex and hereditary factors are modifiable to change and therefore lying within the scope of this plan, particularly in relation to primary prevention.



Figure 3: The Dahlgren-Whitehead Health Inequalities Rainbow

2.4 Life Expectancy and Health Inequalities

Health inequalities are avoidable, unfair, and systemic differences in health between different groups of people. Health inequalities are ultimately about differences in the status of people's health, but the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities have a huge impact on people's lives. In the worst examples, people are dying significantly earlier than the general population as a result of health inequalities. Health deprivation measures the risk of premature death and the impairment of quality of life through poor physical or mental health.

2.4.1 Core20PLUS5 Approach to Health Inequalities

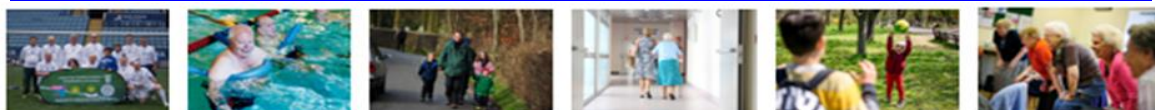
Core20PLUS5 is a national NHS England approach for Adults¹¹ and Children¹² to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

'**Core20**' relates to the most deprived 20% of the national population as identified by the Index of National 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 rural communities (where there may be small areas of high deprivation hidden amongst relative affluence). Inclusion health groups include people experiencing homelessness, drug and alcohol

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](#)



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 which 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.

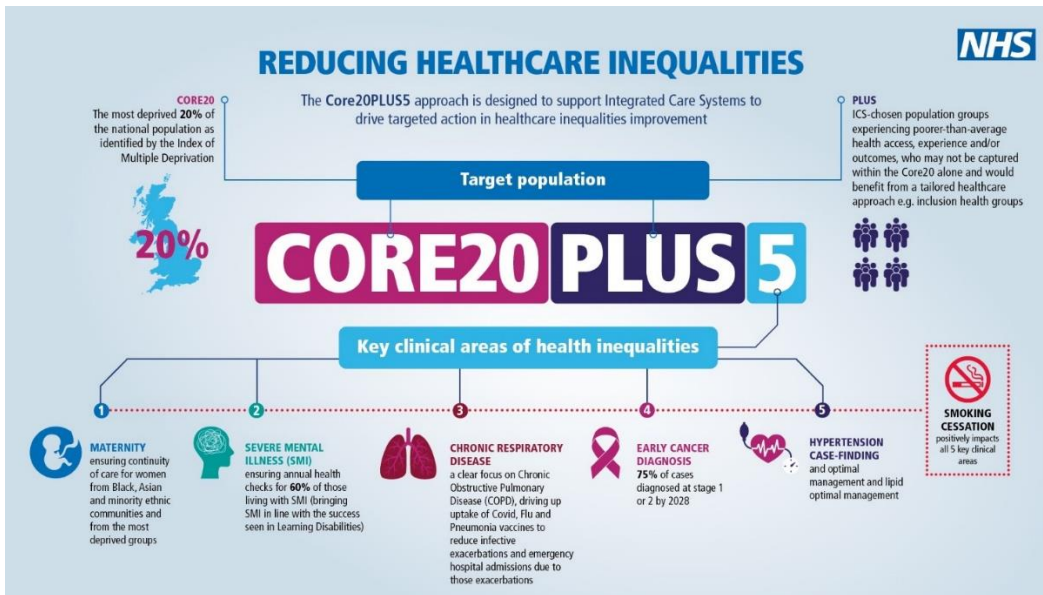


Figure 4 Core20PLUS5 approach for Adults

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. And the 5 clinical areas are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

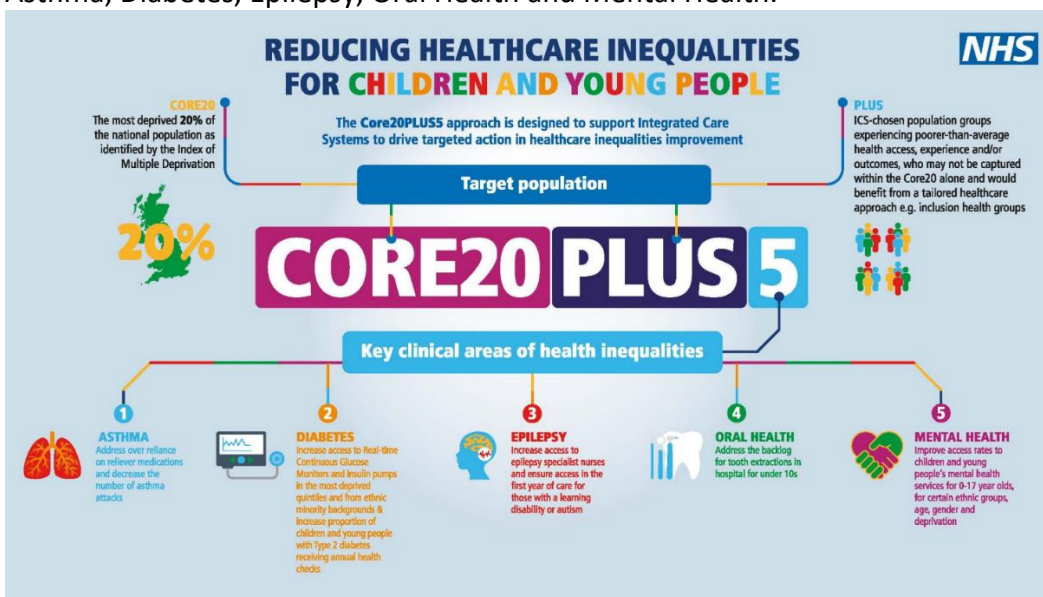
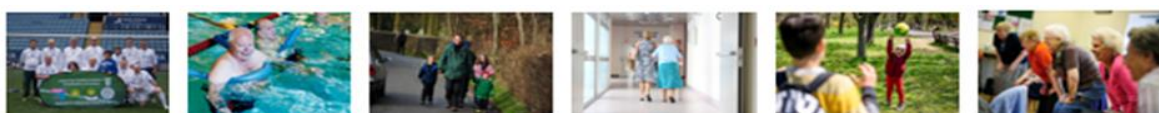


Figure 5 Core20PLUS5 approach for Children and Young People



In Hinckley and Bosworth, parts of the Hinckley Clarendon Park ward is in the lowest 20% deprivation category nationally, with 8 further areas in the lowest 40% with Barwell, and Hinckley Central also at risk of poorer outcomes associated with socio economic risk factors. Overall life expectancy at birth for males is generally better than the national average and females equal to the national average, however in Barwell it is lower for females and in Hinckley Central it is lower for both males and females.

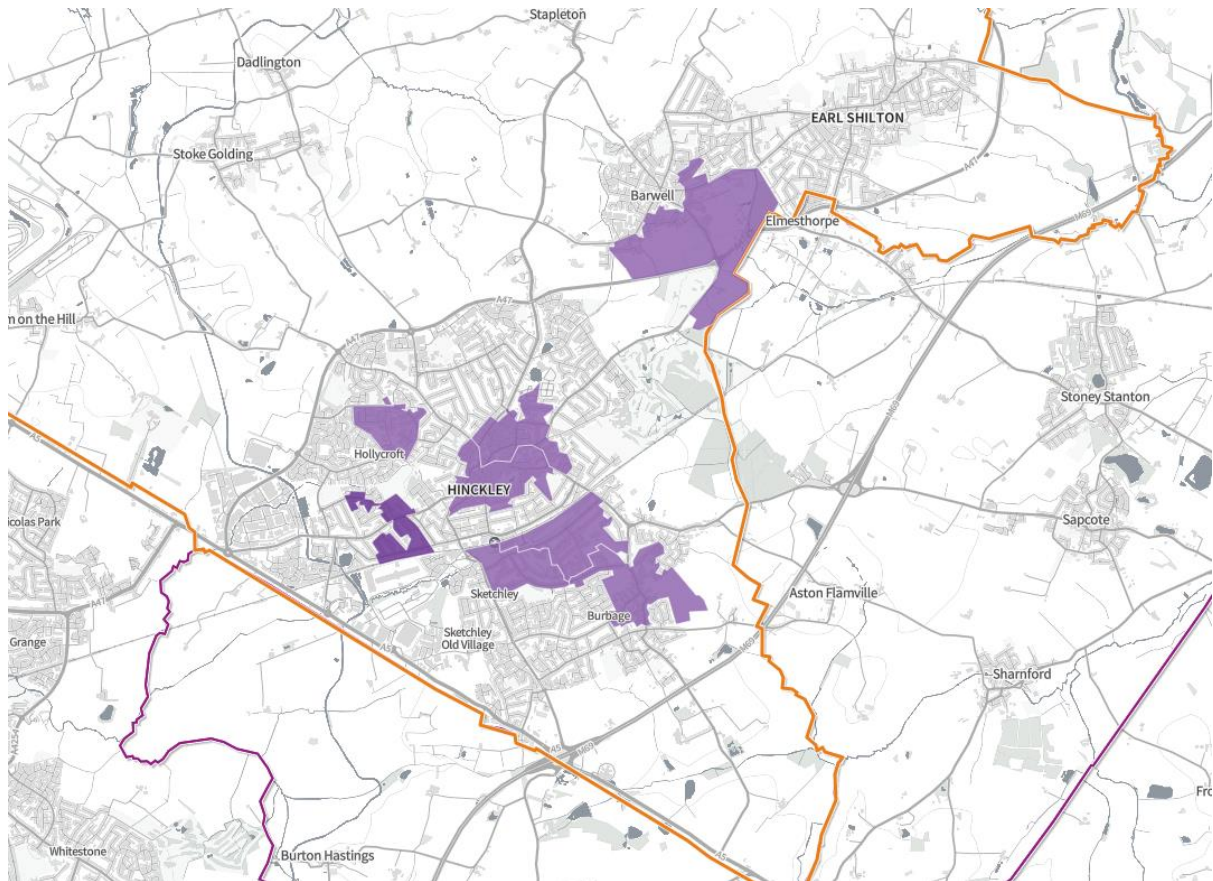


Figure 6 Areas with high levels deprivation in Hinckley and Bosworth

2.5 Overview of Health - Children

Health outcomes for children in Hinckley and Bosworth vary. Prevalence of obesity in reception years (2017/18 – 2021/22) is similar to the national average and is significantly better than the national average in year 6. Under 18's conception rate, infant mortality rates, average attainment 8 score and children aged 0-15 providing unpaid care are the similar to the England average.

Breastfeeding initiation is below the England average. The data shows that Desford & Newbold Verdon, Groby West and Ratby, Earl Shilton, Barwell, Hinckley East, and Hinckley Central have significantly low prevalence of breastfeeding at 6-8 weeks when compared to the LLR average.

Smoking status at time of delivery in Hinckley and Bosworth is also higher than the national average and is the highest out of all the Leicestershire districts.



Whilst children living in low-income families or poverty is not an outlier in Hinckley and Bosworth, we know that there are pockets of deprivation in the borough. In 2019, 10% of children were identified as living in absolute poverty. Due to the rising cost of living we expect that this number will increase further.

2.6 Overview of Health - Adults

Health outcomes for people in Hinckley and Bosworth as a whole are in line with the England average for health outcomes, with the exception of hip fractures, cancer screening coverage for breast cancer and smoking prevalence in adults in routine and manual occupations which are worse. We also know that there are people experiencing poor mental health in the borough who need more support. Whilst there are many favourable health indicators, there is room for improvement and there are pockets of the population who fair less favourably.

2.7 Key outcomes from engagement

To gain an understanding of our residents needs we have reviewed insights and intelligence collected through ongoing engagement, involvement, and consultation over the course of recent years in Hinckley and Bosworth. What that engagement has told us has influenced the community health and wellbeing plan and has shaped the priorities within it. We have also examined existing local reports, produced by NHS bodies, Hinckley and Bosworth borough council and other local organisations, which represents feedback from local people, including staff, patients and carers. In addition, recent findings from the Building Better Hospitals¹³ (Leicester Hospitals Reconfiguration published in May 2021) and the Step Up to Great Mental Health¹⁴ consultations (published late Autumn 2021) and primary care engagement (published September 2021) have been reviewed.

3. Vision and Approach

3.1 Strategic vision and goal

Good health is the result of much more than clinical healthcare. It is also the product of our circumstances, our lifestyles and choices, our environment, and our engagement with the communities in which we live. Our overall vision is to nurture safe, healthy, happy and caring communities in which people start well and thrive together throughout their lives.

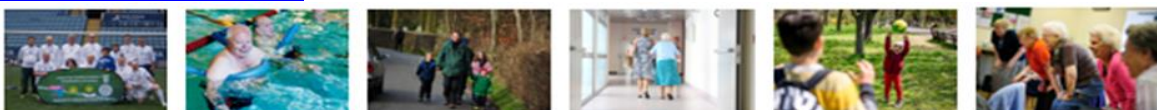
The essence of the strategy's goal is people living well in active communities.

3.2 Our Strategic Approach

Our strategic approach for the next three years has five priority areas for action which are described in section 5 of this plan. These priorities are not standalone; they are mutually

¹³ [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](https://betterhospitalsleicester.nhs.uk)

¹⁴ [Mental Health LLR - Have your say on Mental Health in Leicester, Leicestershire and Rutland \(greatmentalhealthlr.nhs.uk\)](https://greatmentalhealthlr.nhs.uk)



supported and may have interrelated actions where relevant to ensure the greatest overall impact on health and wellbeing outcomes.



Figure 7 Contributors to health outcomes

4. Life Stages

In alignment with the Leicestershire Health and Wellbeing strategy a life course approach has been adopted for the plan:

Life Stage 1: The best start in life

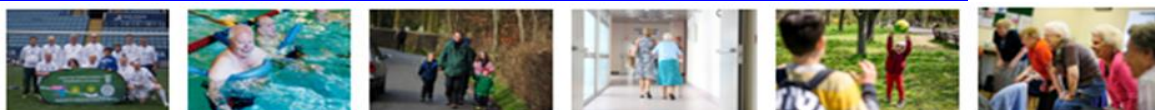
The best start in life recognises that a stable and supportive childhood sets the foundation for future physical and mental health. “Positive early experiences provide a foundation for sturdy brain architecture and a broad range of skills and learning capacities. Health in the earliest years, beginning with the future mother’s well-being before she becomes pregnant, strengthens developing biological systems that enable children to thrive and grow up to be healthy adults”¹⁵. Disruptions to early healthy development can have the opposite effect, leading to lifelong impacts on learning, health and wellbeing.

Creating a positive environment starts at home and extends into many aspects of our communities and services. Young people must have the emotional and physical wellbeing to navigate and prosper in a challenging modern life.

Where we are now and what do we want to achieve?

We know that many of the measures of life in Hinckley and Bosworth for children and young people are in line with or just above the England average. This includes things such as rates of under 18 conceptions, infant mortality, and rates of obesity. The Active Lives Children and

¹⁵ In brief: the foundations of lifelong health, Harvard University, 2021, Center on the Developing Child <https://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>



Young Peoples (CYP) survey¹⁶ is showing that activity levels for CYP have increased above pre-pandemic levels and this is something we want to maintain and improve upon.

We also know that there are some children living in Hinckley and Bosworth that are living in poverty. 11% live in relative poverty and 10% live in absolute poverty based on data from 2019. We know that rates of breastfeeding initiation for new mothers in Hinckley and Bosworth are below the England and regional values. This isn't the case across all parts of the borough but is the case for Desford & Newbold Verdon, Groby West and Ratby, Earl Shilton, Barwell, Hinckley East, and Hinckley Central.

We will work together to further strengthen our approaches in 2023-26 to ensure that all children and young people get the best start in life that they can. Future plans to work together are brought together in the Children and Families Partnership Plan for Leicestershire, 2021-2023¹⁷ with the following five priorities at the heart of it:



Figure 8 Children and Families Partnership Plan Priorities

Life Stage 2: Staying healthy, safe and well

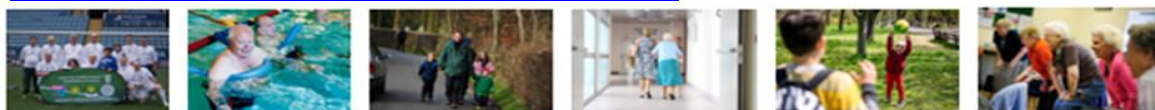
Good health and social wellbeing are an asset to individuals, communities and the wider population. Maintaining good health and social wellbeing throughout our life will allow Hinckley and Bosworth the opportunity to have active communities that live well. Hence, we must acknowledge and consider the wider determinants of health and the ageing population, so ensuring older people live with good health and social wellbeing for as long as possible which will benefit the whole population.

Where we are now and what do we want to achieve?

Many people live healthy and safe lives in Hinckley and Bosworth already. Available data tells us that people in Hinckley and Bosworth are less likely to be admitted into hospital for alcohol-specific conditions and intentional self-harm and that sexually transmitted disease diagnosis and Tuberculosis incidence are all below the England average. However, data also tells us that rates of smoking in adults in routine and manual jobs are significantly higher in Hinckley

¹⁶ [Children's activity levels recover to pre-pandemic levels | Sport England](#)

¹⁷ [Leicestershire Children and Families Partnership Plan 2021-23](#)



and Bosworth, and a recent local survey has indicated that 17% of surveyed residents living in the Hinckley and Bosworth social housing have smokers living within the home with an average weekly spend of £27.25 on tobacco.

Covid-19 vaccination rates in Hinckley and Bosworth are good with no areas in the bottom 10% nationally for Covid vaccinations. Areas with the lowest vaccination rates for the first dose are Hinckley, Earl Shilton and Bagworth/Thornton.

The percentage of adults cycling for travel at least three times a week in Hinckley and Bosworth is similar to the England and regional average (at 1.2 for Hinckley and Bosworth with England being 2.3). However, rates of physically active adults and obese adults were worse than the England average.

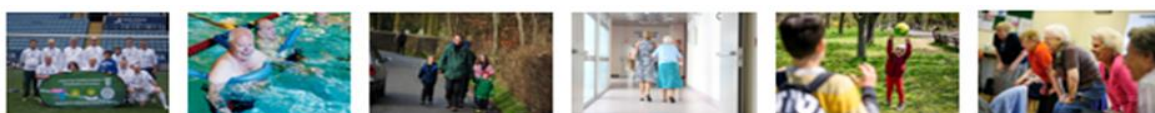
The cancer screening coverage in Hinckley and Bosworth for breast cancer is 56%, which is worse than the England value of 64.1% and which has also been identified with the local public health teams.

Good mental health is an important part of our overall health, and the impacts of poor mental health are wide reaching including lower employment, reduced social contributions and reduced life expectancy. The NHS 5 Year Forward View for mental health and the NHS Long-term plan have highlighted that mental health has been proportionally under-funded 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, wider care, voluntary sector around local geographical areas
- Increasing access and strengthening offers for children and young people, and for women and families before, during and after pregnancy.
- Earlier intervention for people presenting with early signs of psychosis
- Psychological offers for the full range of defined mental health conditions
- Increasing retention and attainment of employment for people with mental health illness.

The LLR vision for mental health of both children and adults across the system is ‘We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs’. In Leicestershire, we are keen to support this system work whilst being clear on the mental health and wellbeing needs of those living in Leicestershire specifically in order to champion their needs and support delivery of high-quality prevention, care and treatment that improves their outcomes and experiences. This is a broad area of work, aiming to embed prevention in everything we do, increase the opportunities for people to maintain good health and create lively and inclusive communities where people live healthy



lives, supported when needed by preventative interventions including social prescribing which reconnects people with the goals that motivate them and empowering people towards self-care, and using the local Crisis Café when immediate mental health support is required to prevent further deterioration.

Life Stage 3: Living and supported well

Hinckley and Bosworth is a healthy place to live. However, not everyone enjoys the same prospects for health and wellbeing. Health inequalities are underpinned by social determinants of health, which are determined by the broad social and economic circumstances into which people are born, live, work and grow old. Hence those living in the most deprived areas often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are not only more likely to get ill, but less likely to access services when they are unwell. This is known as the inverse care law.

Where we are now and what do we want to achieve?

Health inequalities exist between different geographical areas and groups within Hinckley and Bosworth. To ensure all people in the borough have the help and support they need, we will focus on some groups as a priority over the time of this plan, for example people with Learning Disabilities and Special Educational Needs. We will embed a 'proportionate universalism' approach to services, meaning there will be a universal offer of services to all, but with equitable variation in service provision in response to differences in need within and between groups of people, that will aim to 'level up' the gradient in health outcomes to those achieving the best outcomes across Hinckley and Bosworth.

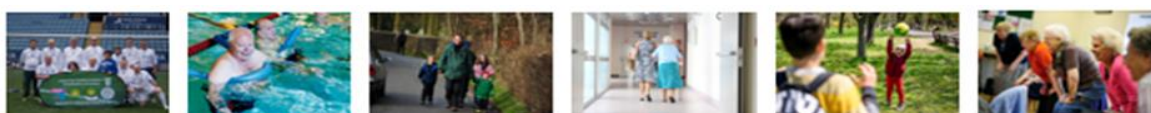
Life Stage 4: Dying Well

This is a difficult subject for many people to openly acknowledge and discuss. However, a personalised approach for the individual, their friends and family will enable choices about care and treatment at the end of life.

Where we are now and what do we want to achieve?

Under 75 mortality rates for all causes combined and cancer are below the average for England and the region. However, excess winter deaths in the 85+ age group were higher than England and regional averages. We know that across Leicestershire, more work is needed to understand what dying well means to people. A Joint Strategic Needs Assessment looking at this is proposed as an action from the Leicestershire Health and Wellbeing Strategy and will inform work needed locally in Hinckley and Bosworth.

There are plans to bring a wider range of planned and diagnostic health services closer to Hinckley and Bosworth residents to reduce the distances that need to be travelled. We will also be working to improve access to primary and community health and care services in Hinckley and Bosworth including community pharmacy.



We want to improve access to services and wider opportunities for people less able to travel, including through increased use of technology where appropriate recognising that suitable options need to be in place for those who are vulnerable or isolated or do not have access to suitable technology.

5. Our Local Priorities

1. Mental Health
2. Cost of Living
3. Learning Disabilities and Special Educational Needs
4. Housing
5. Carers

5.1 Developing Priorities via a Multi-Agency Working group

The insights into the current health and wellbeing of Hinckley and Bosworth, as described previously, were shared and discussed at the working group meetings to understand the wide range of emerging priority themes within the borough. Further input and feedback were sought at the Hinckley and Bosworth INT meetings and the Hinckley and Bosworth Health and Wellbeing Partnership meetings.

5.2 Emerging Themes Workshop

A workshop took place in June 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 12 key themes which were then aligned to each life stage:

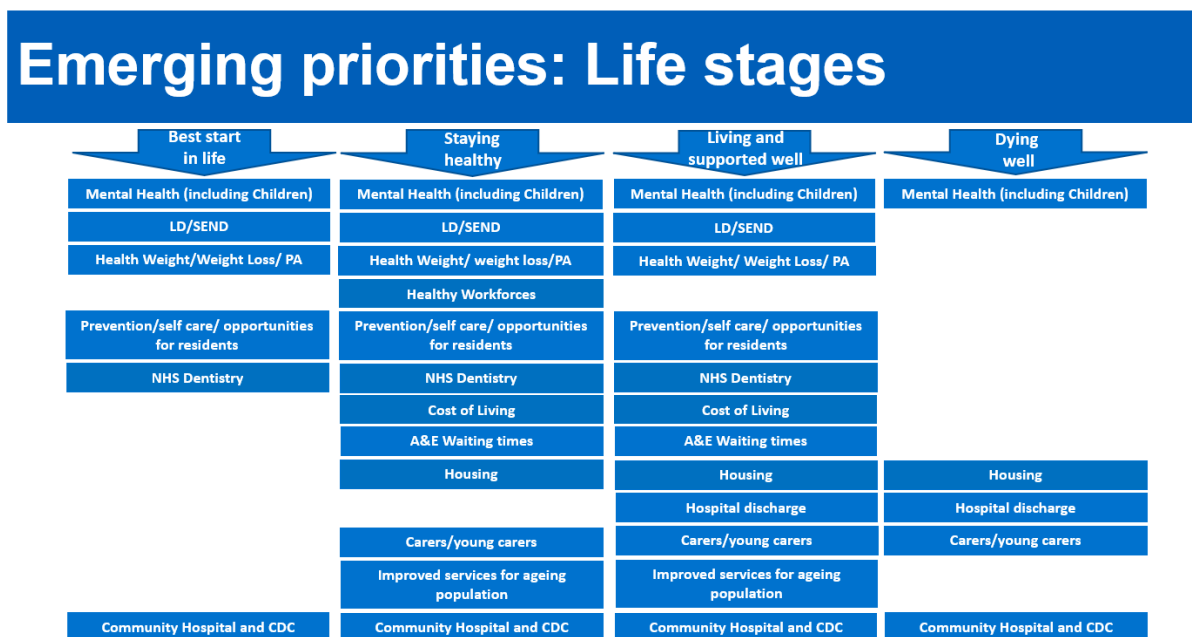
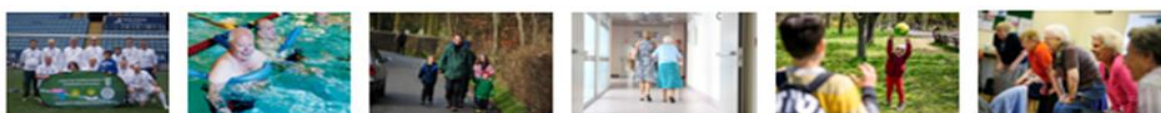


Figure 9 Emerging Priorities for the Hinckley and Bosworth Community Health and Wellbeing Plan



To ensure that the voice of the community reflected our findings, the emerging priorities were aligned against the Hinckley insights, as referenced in [section 2.7](#).

5.3 Priorities survey

In order to progress, a prioritisation exercise was undertaken with a wide range of stakeholders on the 12 emerging priorities. An online survey was shared with over 100 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, 12 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. The priority ranking scores are shown in the chart below:

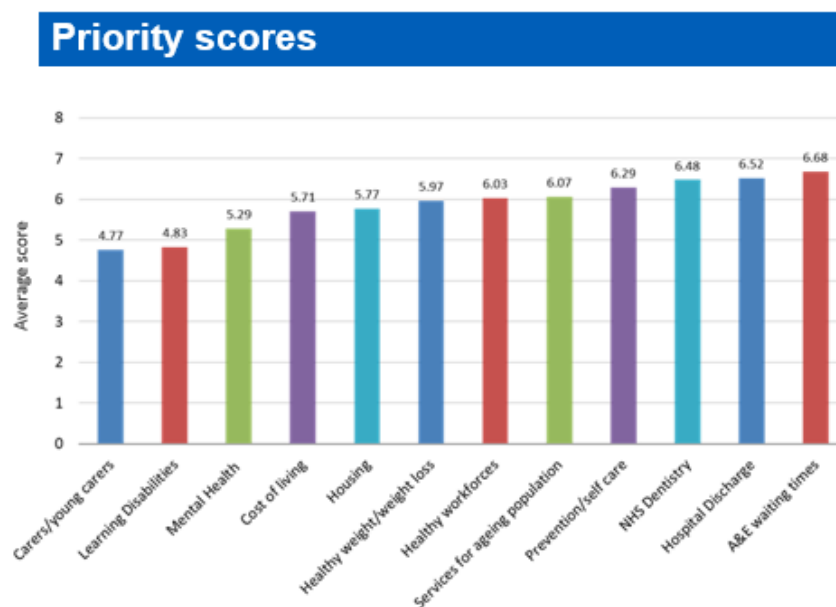
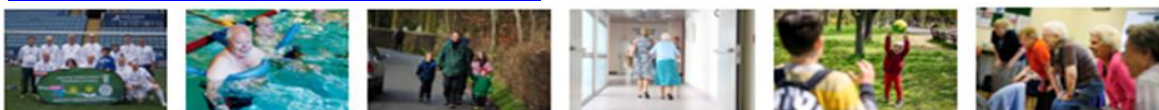


Figure 10 Priorities Survey Scores

Along with the priorities identified through the survey, the programme of work for the Community Hospital and Clinical Diagnostic Centre¹⁸ is reflected as a 6th priority as this is significant activity happening within the borough which will bring a wider range of planned and diagnostic health services closer to Hinckley and Bosworth residents to reduce the distances that need to be travelled:

¹⁸ [Improving Hinckley Community Services - LLR ICB](#)



Mental Health (including Children)	Learning Disabilities and Special Educational Needs	Carers/young carers
Housing	Cost of Living	Community Hospital and Clinical Diagnostic Centre (CDC)

Figure 11 Priorities Summary

Priority 1: Mental Health

Where are we now?

Monitoring from the Office of National Statistics (ONS)¹⁹ 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. By July to August 2021 the proportion of adults with moderate or severe depressive symptoms had fallen to 17%.

In Hinckley and Bosworth Borough there were 15,968 residents with a diagnosis of depression in 2022²⁰ across all age groups, which equates to 14.11% of the population with the 5 highest rates per 1,000 people falling in Earl Shilton North, Newbold Verdon North, Barwell Centre, Earl Shilton East and Hinckley Trinity West.

Area of Hinckley and Bosworth	Diagnosed Depression Rate (per 1,000 people)
Earl Shilton North	214.3
Newbold Verdon North	204.8
Barwell Centre	202.5
Earl Shilton East	201.2
Hinckley Trinity West	199.9

Figure 12 Highest Areas of Depression in Hinckley and Bosworth (per 1000 people)

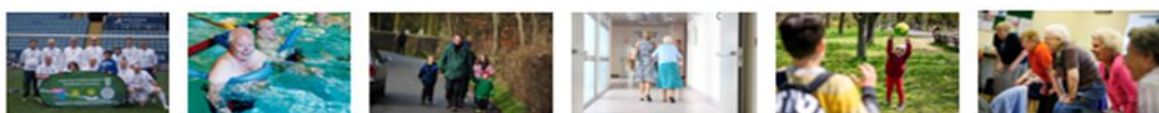
In Hinckley and Bosworth there were 154 children with a diagnosis of depression recorded on their GP record (a rate of 10.7 children per 1000) in 2022.

The estimated number of children and young people aged 5-17 years with mental disorders in Leicestershire is 12,440²¹. Leicestershire performs significantly better than England for percentage of school pupils (secondary and primary age) with social, emotional and mental

¹⁹ [Coronavirus and depression in adults, Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/mentalhealth/articles/coronavirusanddepressioninadultsgreatbritain/2021-08-11)

²⁰ Aristotle: Health Inequalities tool

²¹ [Appendix A JHWS.pdf \(leics.gov.uk\)](#)



health needs and children in care (<18 years). However, over the last five years the trend is increasing and getting worse.

In a recent report published by Leicestershire Police, it was reported that deaths by suicide in Leicester, Leicestershire and Rutland increased by 40% between 2021 and 2022. Hinckley and Bosworth had the highest level of suicide in Leicestershire in 2022, with 15 deaths.

Leicestershire performs significantly worse than England for the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate. Leicestershire also falls short of the NHS England dementia diagnosis target of 67%, achieving 61.2% in 2021. LCC Adult Social Care experienced increased demand for mental health support amongst working age adults in 2020/21. Contacts with the Council increased by 19% on the previous year whilst those in receipt of long-term services increased by 4%.

We know that mental health is wider than a simple measure of depression. There has been significant engagement with the Leicestershire population as part of the 'Step up To Great Mental Health' consultation in 2021 and our own local Hinckley and Bosworth Stakeholder Mental Health workshops. These highlighted common themes such as experience of patients being bounced between service offers, difficulties accessing specialist service offers for mental health (both in location of services and in long waits), and services not working together or centred on individual needs.

A Hinckley and Bosworth local action plan will be developed to improve access to mental health services, information, and support.

Priority 2: Cost of Living

Where are we now?

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.

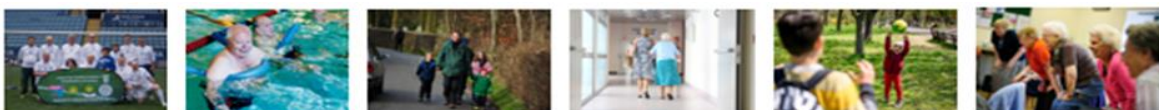
Concern and worry around personal finances are resulting in a large increase in cases of stress, anxiety and depression.

A Hinckley and Bosworth local action plan will be developed to improve cost of living support.

Priority 3: Learning Disabilities and Special Educational Needs

Where are we now?

We want to give everyone in Hinckley and Bosworth the opportunity to live happy, healthy, long lives without illness or disease for as long as possible. An estimated 492 people have a



learning disability in the borough. Through the engagement work that was undertaken through the workshops in Hinckley and Bosworth, support for people with learning disabilities and special educational needs became a common theme. We want to clearly understand how the needs of this group of people are currently being met and understand what we can do to improve this.

A Hinckley and Bosworth local action plan will be developed for people with Learning Disabilities and Special Educational Needs.

Priority 4: Housing

We must consider the social model of health and wellbeing which confirms the importance of strong communities, health behaviour and the wider determinants of health, one of which is housing. Poor housing is estimated to cost the NHS £2bn every year and cost the wider economy even more²². This priority covers a broad range of aspects from homelessness and ensuring standards within homes, to providing support for patients discharged from hospital returning to their homes with adaptations and staying independent for as long as possible at home.

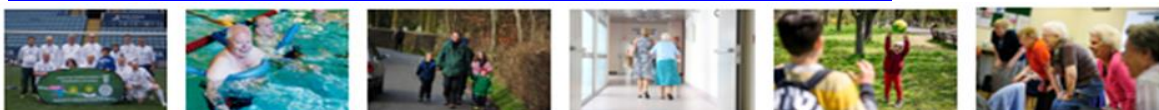
Where are we now?

The current cost of living crisis is having a widespread impact on the population and their health and wellbeing, and housing support has increased as people struggle to manage financially.

We already have our statutory responsibilities in place which include functions around the allocation of social housing, and homelessness prevention and relief. We work with the Rough Sleeper Initiative which is a partnership that aims to support those sleeping rough or at risk of rough sleeping taking them off the streets and develop their wellbeing and stability, helping to reduce numbers of rough sleepers. For the private sector housing, we work to ensure that homes are safe, in a reasonable state of repair, equipped with reasonable modern facilities and warm enough. We also support people to access home improvements and financial assistance through the Lightbulb Service which delivers disabilities facility grants for the whole of Leicestershire, providing aids and adaptations to enable both adults and children to stay at home independently, and we have an Assistive Technology Officer within the borough who is able to direct residents to the Lifeline service providing intercom systems for those at risk of trips and falls. A key priority for the District Housing Service is to improve the energy efficiency of our housing stock and work is already underway to ensure that we have a robust approach to meeting this objective. The Clean Growth Strategy introduces a target for social housing providers to attain the minimum rating of Energy Performance Certificates (EPC) for tenanted properties by 2035 (2030 for fuel poor households).

A Hinckley and Bosworth local action plan will be developed for housing.

²² [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)



Priority 5: Carers

The 2018-2021 Leicester, Leicestershire and Rutland Joint Carers Strategy is currently being refreshed and 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 but for carers there are lasting effects on many areas of their lives: their mental and physical health, employment and finances, their emotional wellbeing, with many taking on a new role as a carer. The Strategy has identified 8 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 are we now?

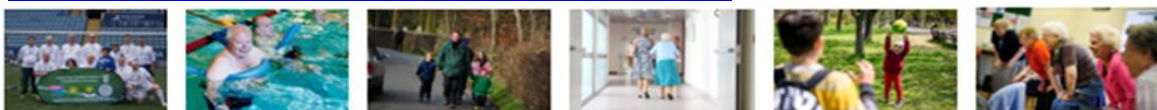
According to the 2021 census²³s there were 10,242 unpaid carers; 5,514 giving between 1 and 19 hours of care a week, 1,761 providing 20 to 49 hours a week and 2,968 providing over 50 hours per week. The 2016 national GP patient survey found that 3 in 5 of carers have a long-term health condition, compared to 50% of non-carers. This difference is more pronounced for younger adults providing care with 40% of carers aged 18-24 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.

We will develop a Hinckley and Bosworth action plan for Carers, which will also take the refresh of the LLR Carers strategy for Leicestershire into account

Priority 6: Hinckley Hospital and Community Diagnostic Centre

It has long been recognised that conditions at the current district hospital in Hinckley and Bosworth, built in 1899, do not meet modern requirements or the needs of local people and an ageing population. Half of the current Hinckley and District Hospital remains closed and cannot be transformed into clinical space. There are challenges for both patients and staff at the current site which can't be rectified or improved without replacing the current outdated building with new facilities

²³ [Provision of unpaid care - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/population-and-demography/health-and-life-expectancy/unpaid-care)



We have developed a plan to improve Hinckley Community Health Services to enable us to deliver more patient care. Public engagement went live on the 23rd January 2023 running until 6th March 2023. The vision is to:

- Build a new Community Diagnostic Centre (CDC) in Hinckley on the Hinckley and District Hospital (Mount Road) site. The CDC would provide MRI and CT scanners, Plain Film X-Ray machine and Ultrasound. It will also have phlebotomy rooms and outpatient/procedure rooms and two Endoscopy rooms with supporting accommodation. The current planned completion date for this is November 2024.
- Create a Day Case Unit that provides the day-case services that are currently on the site of Hinckley and District Hospital (Mount Road) plus additional procedures. Speciality services that would be delivered include General Surgery, Gynaecology, Ophthalmology, Orthopaedic Surgery, Pain Management, Plastic Surgery, Podiatric Surgery, Urology and Vascular Surgery. There are a number of options being considered in regard to the development of a Day Case Unit:
 1. Remodel the existing Hinckley and District Hospital to provide appropriate accommodation for the day case service only, in part of the building following reconfiguration and refurbishment.
 2. Build a standalone Day Case Unit on the existing Hinckley and District Hospital site.
 3. Co-locate a Day Case Unit with the CDC on the Hinckley and District Hospital site.
- Move the Adults Musculoskeletal Physiotherapy and Children’s Therapy facilities from the Portacabin on the Mount Road site into the Hinckley Hub, Rugby Road, Hinckley,
- Undertake some renovation of Hinckley Health Centre including improving paint work.
- Ensure that community services in Hinckley are financially sustainable.

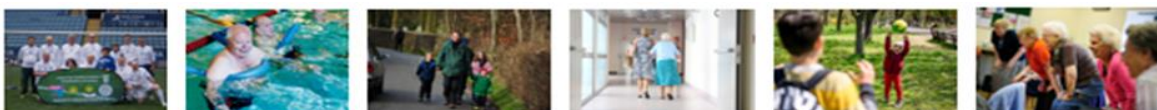
The programme of work is overseen by a project board, and we will ‘watch’ progress of this by receiving progress updates through the Community Health and Wellbeing Plan.

6. Hinckley and Bosworth Health and Wellbeing Action Plan

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, our partnership action planning will be reviewed on an annual basis to ensure these priorities are still the right ones.

6.1 Action Plan Delivery Groups

For each priority, a delivery group will be established. Where appropriate, the delivery groups will have representation from Health, the Borough Council, patient representatives 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 specific, measurable, achievable, realistic and time constrained (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 progress reporting will be provided to the delivery group which will be populated with the identified actions to be presented at the Integrated Neighbourhood (INT) team meeting for agreement. Within this there will be a monitoring dashboard 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 actions are at delivery stage, these progress reports will be presented bi-monthly to the INT which 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 INT does not have any formal strategic decision-making authority, a highlight report across all the priorities will be provided to the Hinckley and Bosworth Health and Wellbeing Partnership on a quarterly basis. The Leicestershire Health and Wellbeing Board will also receive a bi-annual update on behalf of all of the Community Health and Wellbeing plans that have been developed in the Leicestershire districts.

6.4 Annual Reviews

Over the 3-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 months.

7. Stakeholders

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

Clinical Directors

Healthwatch

Hinckley and Bosworth Borough Council (HBBC)

Leicestershire Adult Social Care (ASC)

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

Leicestershire Partnership Trust (LPT)

Leicestershire Public Health

NHS Dentistry



Patient Participation Group's (PPG's)

Pharmacists

Primary Care Networks (PCN's)

University Hospitals of Leicester NHS Trust (UHL)

Voluntary, Community and Social Enterprise (VCSE) colleagues



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