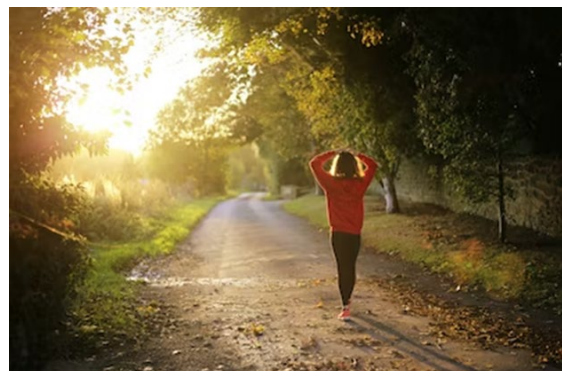




The Blaby District Community Health and Wellbeing Plan 2023 – 2026



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Foreword

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

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

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

Andy Williams



Chief Executive
Leicester, Leicestershire and
Rutland Integrated Care Board



Julia Smith



Chief Executive
Blaby District Council



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

1. Introduction

1.1 Executive Summary

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

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

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

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

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

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

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

1.2 Purpose of this Document

The purpose of the Community Health and Wellbeing Plan is:

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

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

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

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

Key enablers to help us achieve this are:

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

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

1.3 What are the drivers for making change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

⁶ [Blaby District Adopted Local Plan](#)

The **Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-2032⁷** has an overall vision of “Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives”. A life course approach has been used to identify high level strategic, multi-organisational priorities for the next ten years and provide clear accountability to the Leicestershire Health and Wellbeing Board (HWB).

Figure 1: The JHWS road map



The Leicestershire HWB have approved a ‘do, sponsor, and watch’ approach to allow the Board to proactively set the agenda around key integration and partnership priority areas whilst allowing partners to continue to deliver and drive change through their subgroups and organisations without blockages across the system. The approach is summarised below:

- **Do** – The JHWS will identify 1-2 key action priorities in each life course stage. The HWB will ensure the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities.
- **Sponsor** – Additional key work streams, including from the HWB Sub-groups and LLR ICS design groups/collaboratives, will be supported by a sponsor from the HWB who is accountable for ensuring outcomes are delivered.
- **Watch** – Workstreams, including specific health pathways, organisational service reviews, and support for carers and dementia, are still crucial to preventing and reducing health inequalities but are more aligned to a single organisation. This work is business as usual

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

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

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

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

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

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

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

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

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

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

¹⁰ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](https://www.england.nhs.uk/media/103250522/FINAL_003_250522_-_Fuller_report[46].docx)

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

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

2. Strategic Vision and Approach

2.1 Strategic Vision & Goal

We want everyone in Blaby District to live happy, healthy, long lives without illness or disease for as long as possible. However, to achieve this, we must consider the social model of health (as defined by Dahlgren and Whitehead (1991)¹²) which highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies all but age, sex and hereditary factors are modifiable to change and therefore lying within the scope of this plan, particularly in relation to primary prevention.

Figure 2: The Dahlgren-Whitehead Health Inequalities Rainbow



2.2 Our Strategic Approach

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

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

Figure 3: Contributors to health outcomes



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

2.3 Partnership Approach and Governance

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

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

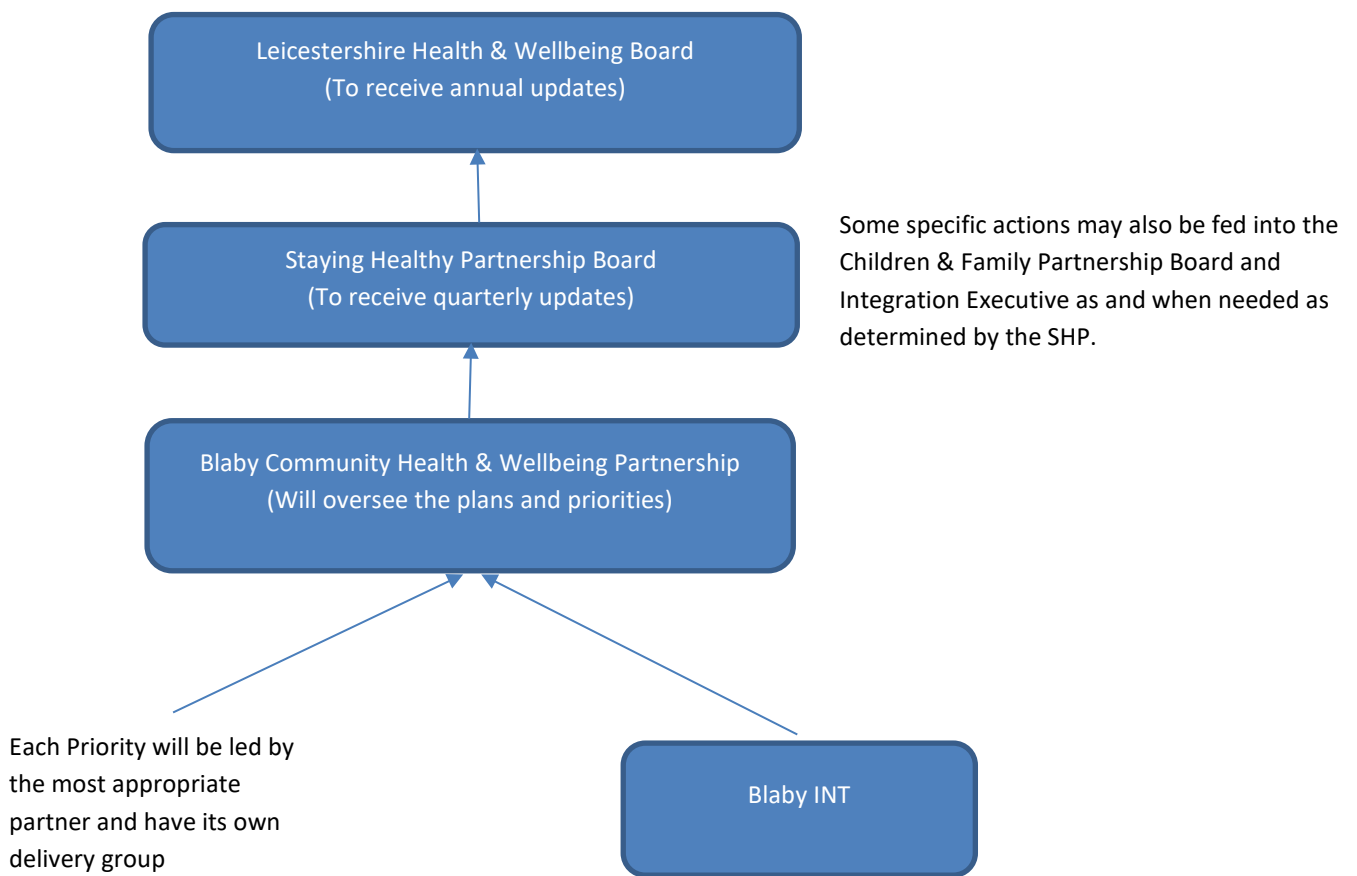
- Evidence obtained from engagement with the local population.
- National data sets on health and care outcomes, including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics, including overall levels of healthy life expectancy, but also the prevalence of specific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

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

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

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

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



2.4 Plan Implementation and Monitoring

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

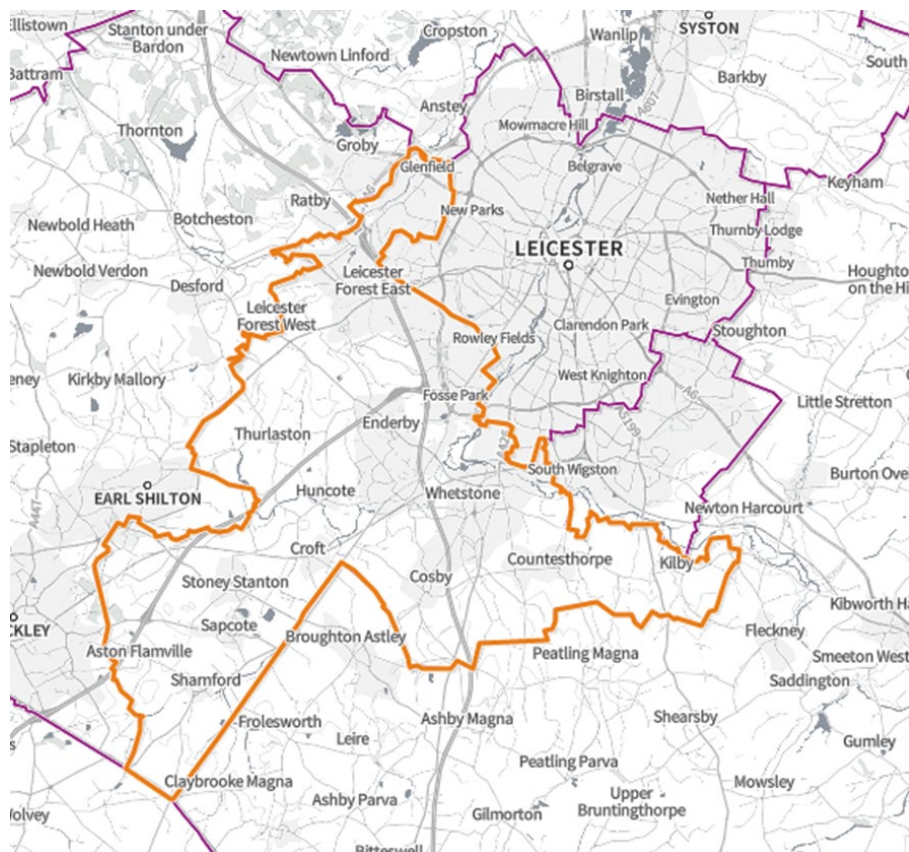
We will develop a dashboard to monitor progress and provide regular progress updates to the BCHWP.

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

3.1 Blaby as a District

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

Figure 5: Blaby District (SHAPE Atlas 2022)



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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2 Housing in Blaby District

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3 People Living in Blaby District

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

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

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

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

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

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

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

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

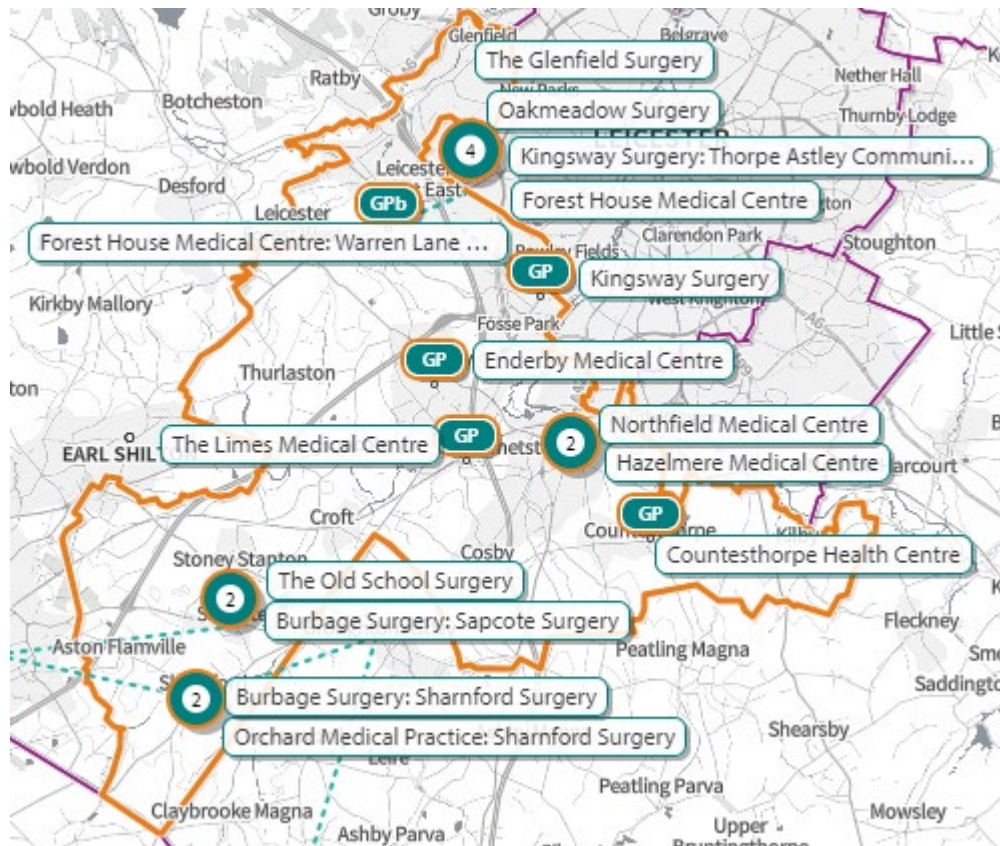
It is important to remember that the Census 2021 took place during the Covid-19 pandemic, a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market and our ability to measure it.

3.4 Health and Care Usage of the Blaby District Population

3.4.1 Primary Care

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

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



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

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

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

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

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

3.4.2 Secondary Care Healthcare

Community Hospitals:

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

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

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

Acute Hospitals:

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

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

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

Access to Acute Hospitals:

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

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

Travel By Distance:

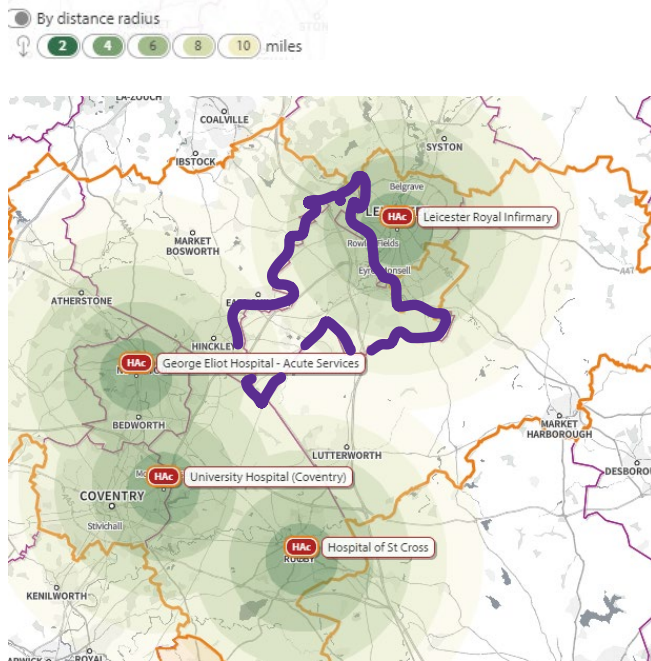
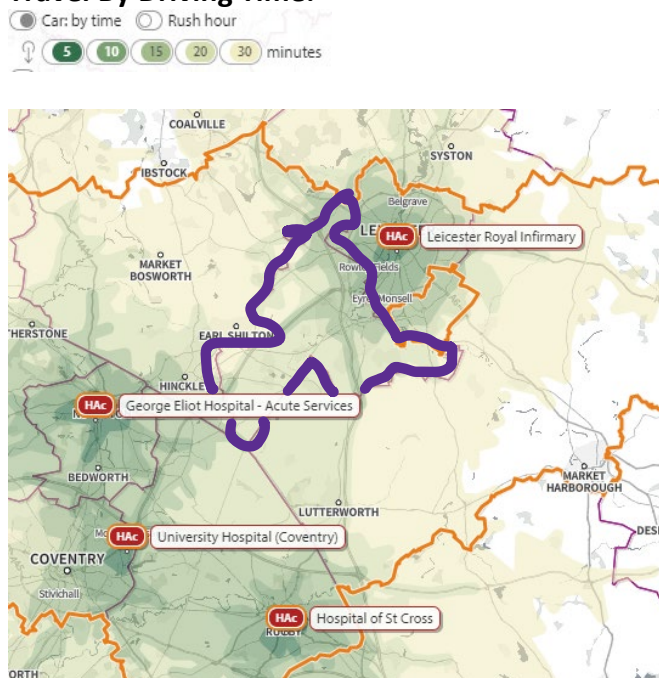


Figure 8: Travel by driving time to Acute Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Access to Community Hospitals:

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

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

Travel By Distance:

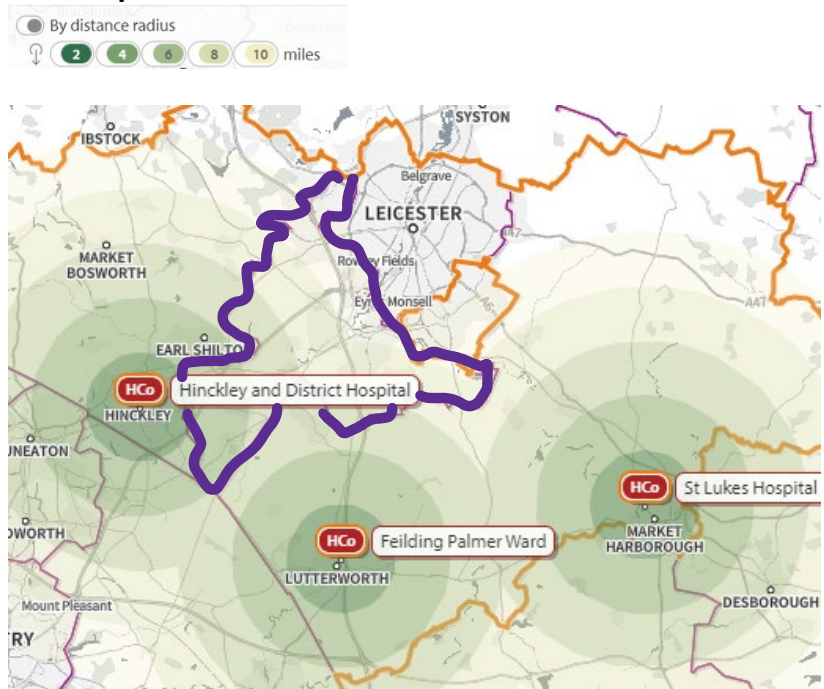
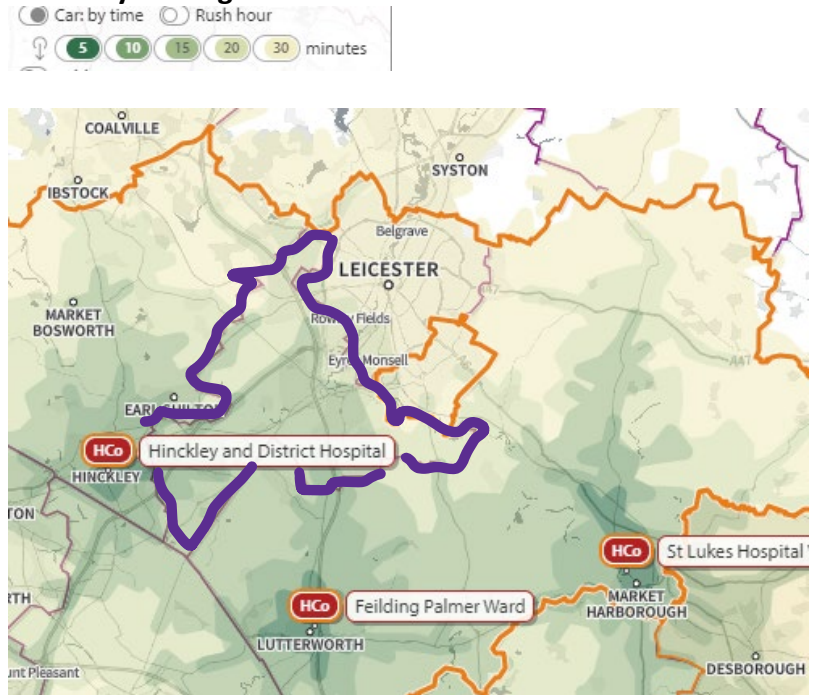


Figure 10: Travel by driving time to Commujnity Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Outpatients:

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

Inpatients:

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

A&E:

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

3.4.3 Local Authority & Voluntary Sector Services

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

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

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

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

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

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

3.4.4 Local Communities

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

3.5 Health Inequalities in Blaby District

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

Health inequalities are underpinned by social determinants of health, or the circumstances in which people are born, live, work and grow. Evidence suggests that those living in the most deprived areas of the community often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are more likely to get ill and less likely to access services when unwell, known as the inverse care law.

Health inequalities have been further exposed by the Covid-19 pandemic, which has taken a disproportionate toll on groups already facing the worst health outcomes. For example, nationally, the mortality rate from Covid-19 in the most deprived areas has been more than double that of the least deprived. In addition, some ethnic minority communities and people with disabilities have seen significantly higher Covid-19 mortality rates than the rest of the population. The economic and social consequences of the pandemic response have worsened

these inequalities further, with young people, informal carers, those in crowded housing, on low wage, and frontline workers experiencing a more significant disadvantage and transmission of the virus. We also know that older and more clinically vulnerable people have experienced extended periods of physical deconditioning through limited activity and social isolation, which may have longer-term impacts on their health and wellbeing.

3.5.1 Core20PLUS5 Approach to Health Inequalities

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

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

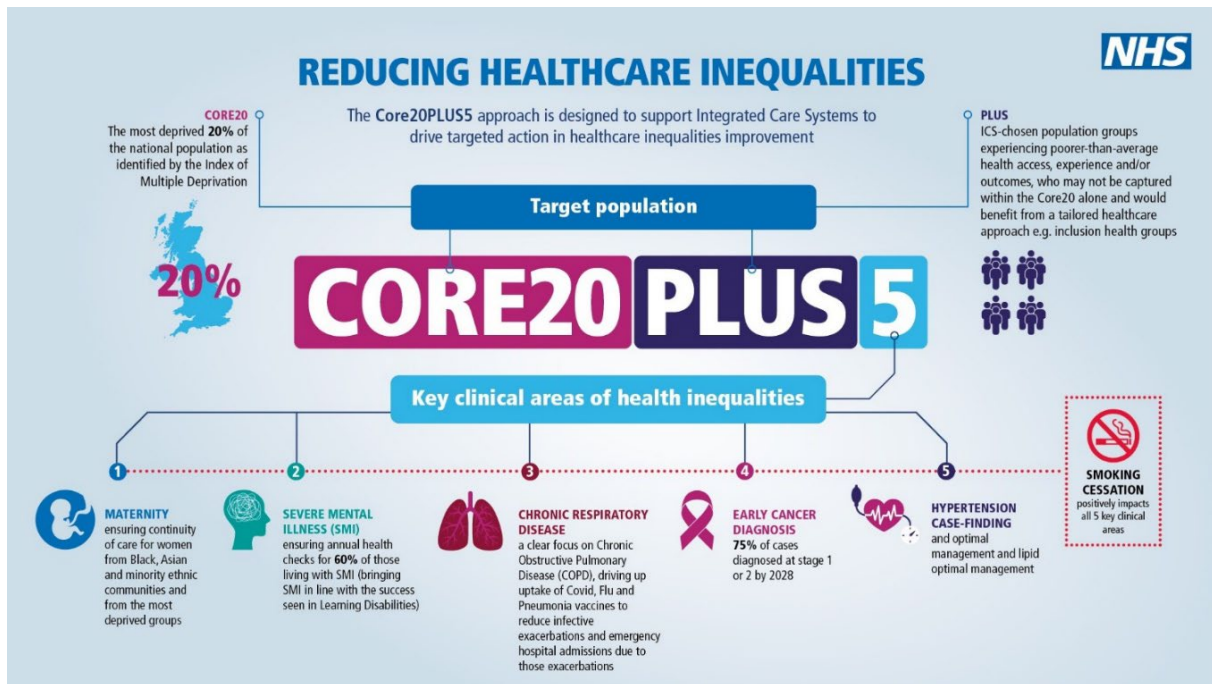
‘**PLUS**’ population groups are those identified at a local level. Populations NHS England would expect to see identified in these groups are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share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

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

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

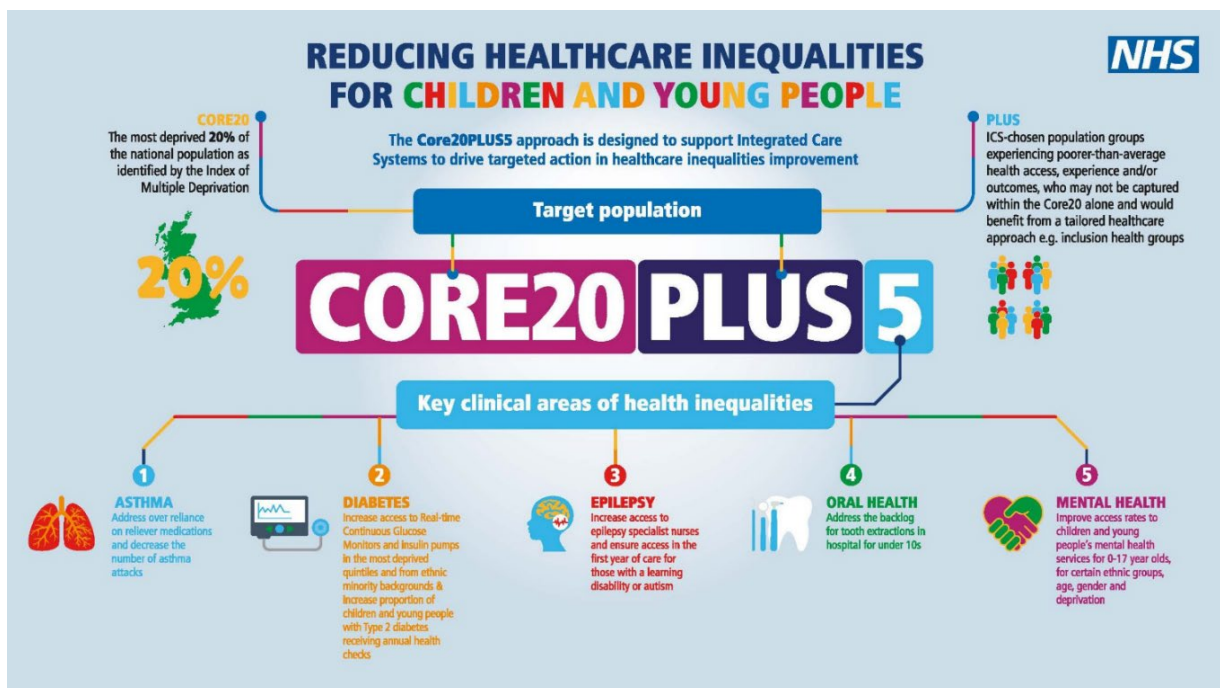
¹⁵ [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

Figure 11: Core20PLUS5 approach for Adults



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

Figure 12: Core20PLUS5 approach for Children and Young People

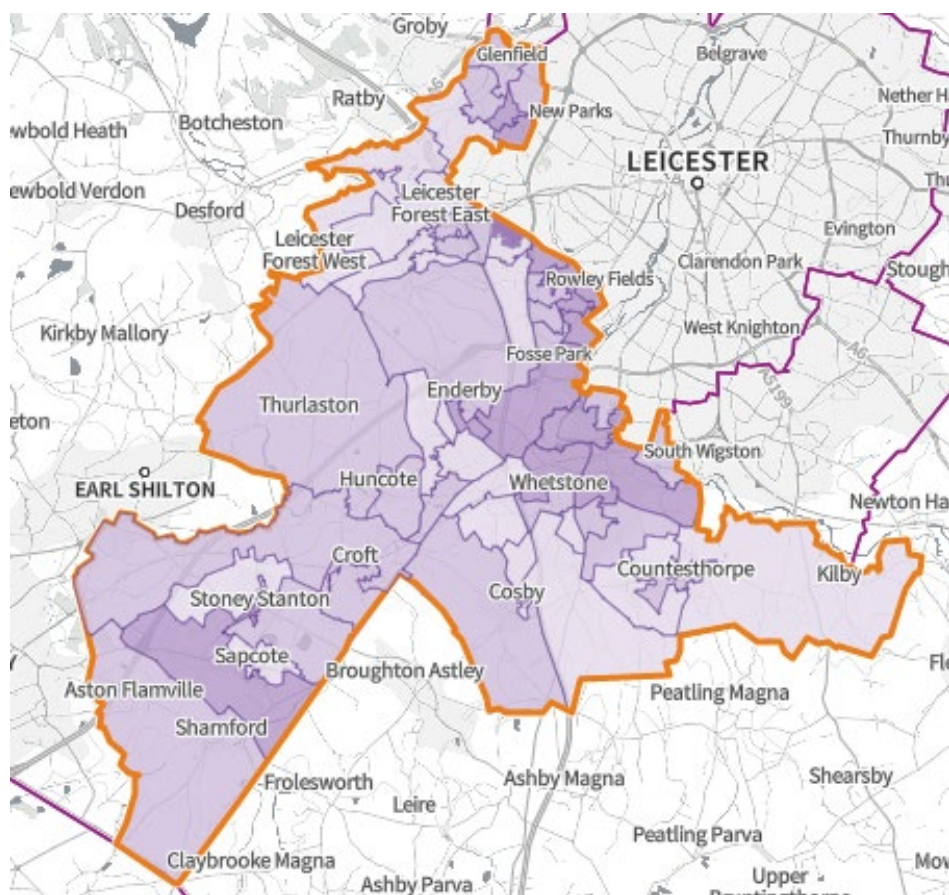


The district of Blaby is relatively affluent, with an average Index of Multiple Deprivation (IMD) score of 10.63, much lower than the England average score of 21.67. Some areas of the district have indices which fall within the lowest 10% deprivation nationally. These are located around

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

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

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



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

The colours represent the quintiles:

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

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

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

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

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

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

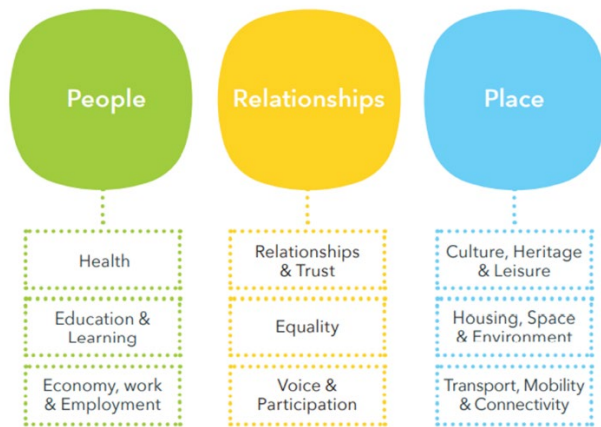
As well as infrastructure issues, we must also be aware of the risk of digital exclusion for residents who do not have the skills or knowledge to access and navigate digital platforms. Areas of Blaby District with the highest risk of digital exclusion include Stanton and Flamville, Winstanley, Blaby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

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

3.6 Insights from the Blaby District Population

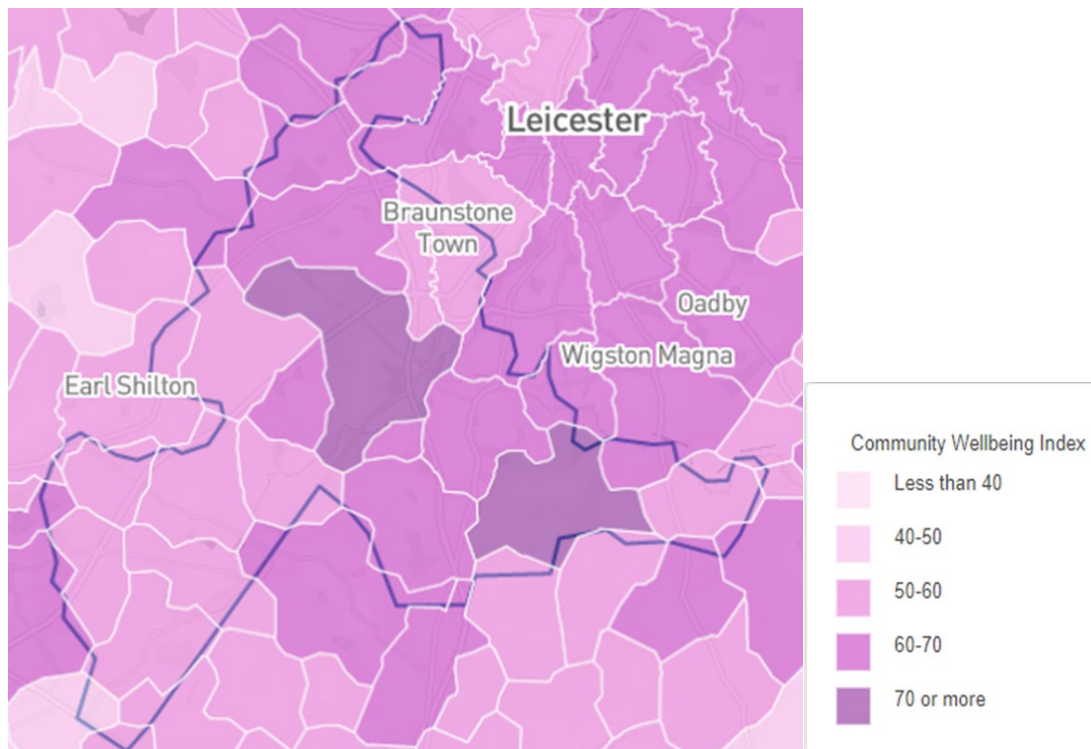
The Community Wellbeing Index is an index based on conversations with people across the UK about what makes their communities tick and gives us real insight into what contributes to community wellbeing at a genuinely local level. It gets to the heart of what’s important in a local community, from strong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

Figure 14: The Nine areas of the Community Wellbeing Index



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

Figure 15: Blaby District Community Wellbeing Scores



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

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

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

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

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

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

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

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

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

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

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

4. The Life Course in Blaby District

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

4.1 Life Stage 1: Best Start for Life

We want to give our children the best start for a happy, healthy, long life. We want them to fulfil their potential, by allowing them to have positive educational attainment, emotional

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

Where we are now?

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

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

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

Mental Health is a growing concern with increases in the number and acuity of cases being seen, particularly in teenagers. The estimated number of children and young people aged 5-17 years with mental disorders in Leicestershire is 12,440. Leicestershire performs significantly better than England for the percentage of school pupils (primary and secondary age) with social, emotional and mental health needs and children in care (<18 years), however, the trend has significantly increased and worsened over the last five years.

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

What do we want to achieve?

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

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

Figure 16: Children and Families Partnership Plan Priorities



4.2 Life Stage 2: Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing are assets to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want everyone in Blaby District to live happy, healthy, long lives without illness or disease for as long as possible. However, to achieve this, we must consider the social model of health which confirms the importance of strong communities, healthy behaviour and the wider determinants of health (housing, work, education and skills, built and natural environment, income and transport).

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

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

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

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

Where we are now?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

There has been significant engagement with the Leicestershire population as part of the 'Step up To Great Mental Health' consultation in 2021; this highlighted common themes such as

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

Impact of the Cost of Living

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

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

What do we want to achieve?

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

4.3 Life Stage 3: Living and Supported Well

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

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

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

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

Where we are now?

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

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

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

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

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

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

What do we want to achieve?

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

4.4 Life Stage 4: Dying Well

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

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

Where we are now?

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

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

What do we want to achieve?

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

5. Our Local Priorities

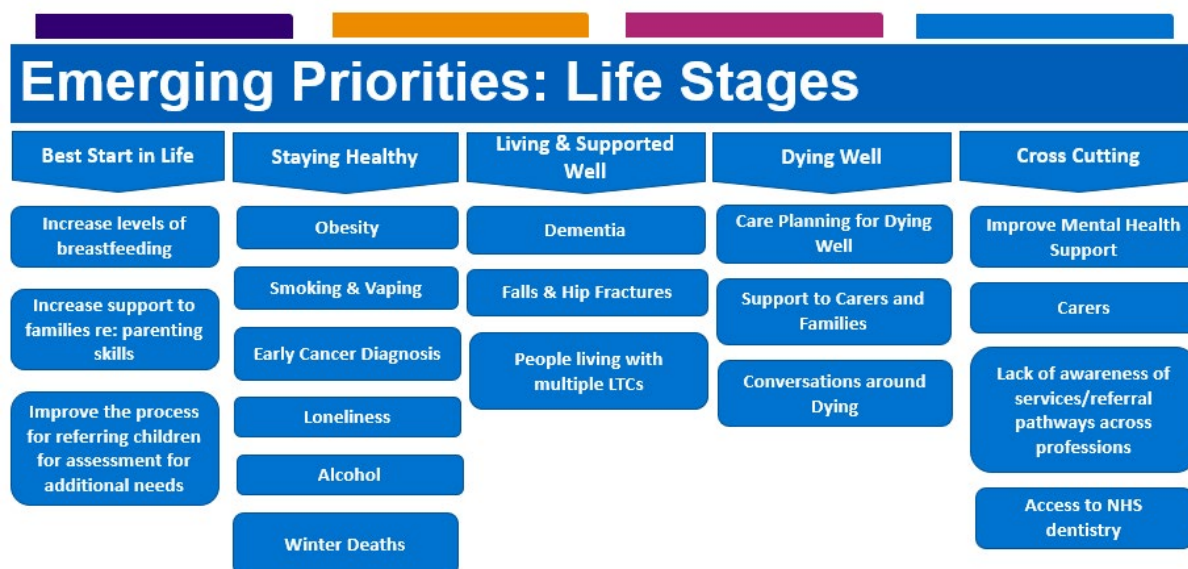
5.1 Developing Priorities via a Multi-Agency Working Group

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

5.2 Emerging Themes Workshop

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

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



5.3 Prioritisation Exercise

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

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

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

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

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

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

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

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

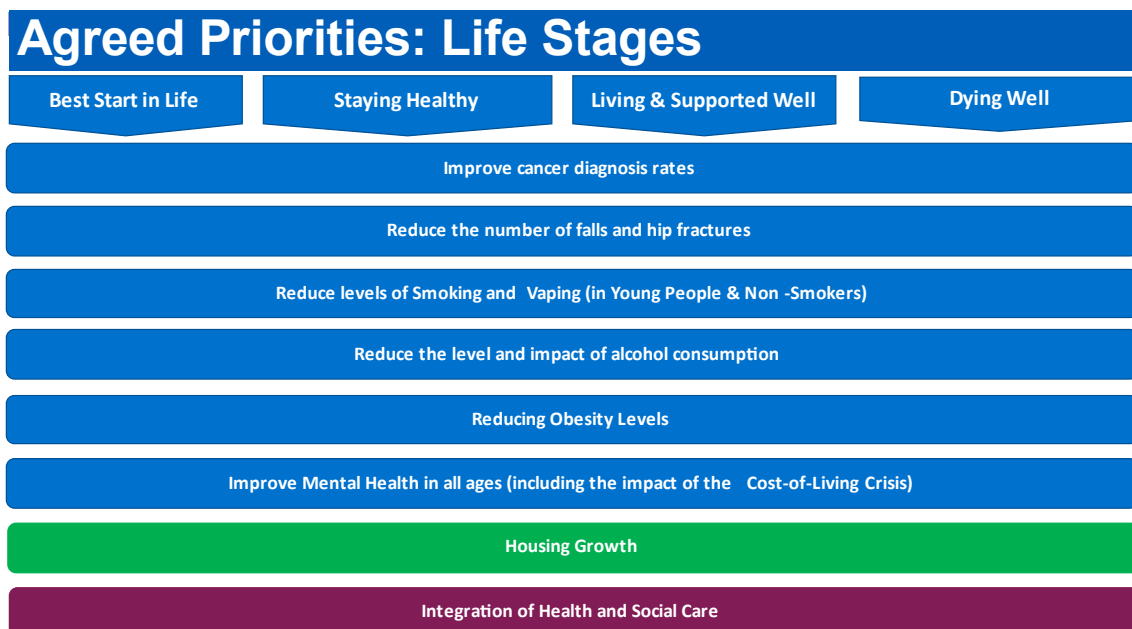
The results were taken to the Blaby Community Health and Wellbeing working group and an agreement was made to share the proposed priorities to stakeholders during the month of May 2023 to ensure engagement and ownership.

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

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

The final set of agreed priorities is shown below.

Figure 18: Priorities Summary for Blaby



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

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

Priority 1: Reducing Obesity Levels in Adults and Children

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

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

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

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

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

Priority 2: Reducing the level and impact of Alcohol Consumption

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

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

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

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

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

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

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

Priority 3: Reduce the number of Falls and Hip Fractures

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

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

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

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

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

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

Priority 4: Improve Cancer Diagnosis Rates

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

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

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

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

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

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

- Understanding the reasons for the decline in cancer screening rates and a targeted approach for those populations most at risk of premature mortality from cancers.
- Reviewing delivery of NHS health checks across Leicestershire.

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

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

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

Priority 5: Improved Mental Health

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

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

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

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

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

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

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

5.1 Impact of the cost of living

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

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

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

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

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

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

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

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

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

Priority 7: Housing in Blaby District

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

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

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

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

Priority 8: Integration of Health & Social Care

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

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

Figure 19: Example of an integrated Health and Wellbeing Centre



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

1. Integrated Neighbourhood Teams

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

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

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

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

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

2. Ease of Access

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

3. Home First and Community Rehabilitation

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

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

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

4. Better use of the Voluntary Sector and Local Communities

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

5. Improve Communications

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

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

Targeted Health Inequality Groups

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

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

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

6. Blaby District Community Health and Wellbeing Delivery Action Plan

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

6.1 Action Plan Delivery Groups

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

6.1.1 Timescales

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

6.2 Monitoring and Reporting

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

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

6.3 Governance

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

6.4 Annual Reviews

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

7. Stakeholders

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

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