

HEALTH AND WELLBEING BOARD – 23RD MAY 2024

REPORT OF THE STAYING HEALTHY PARTNERSHIP

JOINT HEALTH AND WELLBEING STRATEGY PROGRESS REPORT

Purpose of report

1. The purpose of the report is to provide an update to the Health and Wellbeing Board (HWB) on the work of the Staying Healthy Partnership (SHP) in relation to the Joint Health and Wellbeing Strategy (JHWS) 2022-32, *Staying Healthy, Safe and Well* priority.
2. The Board is requested to:
 - a. **Note** the progress being made in relation to delivering against the *Staying Healthy, Safe and Well* priorities.
 - b. **Note** the progress being made in relation to delivering against the reducing health inequalities cross cutting priority.

Background

3. One of the statutory requirements of the HWB is to produce and deliver a JHWS. A Joint Strategic Needs assessment (JSNA) was carried out to provide the evidence base to identify the health and wellbeing needs of the local population. The JSNA along with contributions from key partners and stakeholders, helped to inform the JHWS priorities.
4. The ten-year JHWS was approved in February 2022 and aims to improve the health, wellbeing and equity outcomes of Leicestershire. The strategy follows a life course approach:
 - a. *Best Start for Life*
 - b. *Staying Healthy, Safe and Well*
 - c. *Living and Supported Well*
 - d. *Dying Well*.
5. The three HWB subgroups deliver the priorities within each specific life course. A fourth subgroup was established in January 2023 to specifically address the mental health needs across Leicestershire, recognising it cuts across all life courses and requires a greater focus.
6. Reducing health inequalities remains a cross-cutting theme and underpins the work of all four subgroups.

7. The Staying Healthy, Safe and Well objectives are split between two priority areas: 'Building Strong Foundations' and 'Enabling Healthy Choices and Environments'.
8. The SHP is responsible for overseeing the delivery of the JHWS and receives regular updates from the thematic groups who report into it and drive this work forward. See attached structure chart at Appendix A.

Progress against the JHWS Priorities

9. The table below details the progress being made against each of the priority areas:

Priority 1: Building strong foundations

Health in all Policies

- Health in All Policies (HiAP) training developed and piloted at the Council.
- The Council has agreed to become a HiAP organisation, with health considerations section being added to Cabinet and Scrutiny papers, with a health impacts e-form to support this.

Healthy work and workplaces

- ICB led on a partnership bid to become a WorkWell vanguard to better join up employment and health support across LLR, through an early-intervention work and health assessment service for health-related barriers to employment, and gateway into support services.
- Promotion and delivery of workforce health MOT's. This includes both district colleagues and external organisations, such as DWP and HORIBA MIRA.
- Ongoing promotion of the Employment & Skills Network with partners, raising awareness of where and how to access support
- Leicestershire has seen an improvement in sickness absence from 1.6% in 2017-19 to 1.1% in 2019-21 which is similar to regional and national averages.

Gaining meaningful employment

- VAL has recently secured funding for a new Employment Hub project – engaging with individuals and both commercial and VCSE sector to help people into employment.
- Leicestershire continues to perform significantly better than regional and national averages for percentage of people in employment (80.0% compared with 75.1% and 75.7%)

Healthy housing and homelessness prevention

- Work is underway between Public Health and local Planners to develop a package for support to embed health considerations within Local Plans.
- Rough sleeper initiative in place to provide an outreach offer to support rough sleepers.
- Leicestershire continues to perform significantly better than regional and national averages for rate of households owed a duty under the Homelessness Reduction Act (6.8/1,000 vs 10.8/1,000 vs 12.4/1,000)

Supporting community cohesion

- Continue to work in collaboration with the Leicestershire planning system and developers to explore a new approach to healthy placemaking and design of our residential, employment and town centre environments that recognises opportunities to improve perceptions of safety and increases cohesion through urban design considerations.

- A partnership between Active Together, StreetGames and Leicestershire Violence Reduction Unit has resulted in the employment of a new co-ordinator to focus on supporting a reduction in youth violence. The new role will use local sport and physical activity assets to desist young people from engaging in violent crime and antisocial behaviour.
- The OPCC People Zones (PZs) initiative adopts an Asset Based Community Development (ABCD) approach which aims to grow safer communities by building on strengths, create connections and empower everyone to play a role.
 - Over £210,000,00 has been awarded to PZ projects through a grants funding process
 - The Community Leadership Programme is now in its 4th year. It aims to build resilience and upskills communities across LLR.
 - several community networks have been developed, such as the Charnwood Youth Network
 - partnership with Leicestershire's Probation Community Payback team has resulted in a number of projects being develop in the PZ areas
- Leicestershire performs better than national and regional averages for rate of violent crime. Nationally, Leicestershire is in the 2nd lowest (best) quintile, albeit the rate is increasing.

Resilient, independent and supported older people

- Work between Public Health and local Planners to develop a package for support to embed health considerations within Local Plans, covering health data, template policies and health impact assessment support both strategically and through policy to be applied to planning applications. HIA covers housing quality, access to services and a number of other wider determinants of health applying to priority population groups within the area covered by the plan, including ageing populations.
- Work has begun on Local Transport Plan 4 looking at travel infrastructure and health considerations and HIA process has begun to explore health as a priority area.
- Leicestershire performs similar to regional and national averages for percentage of adults who report feeling lonely (21.1% vs 22.7% vs 22.3%)

Air Quality and Health

- While air pollution levels are reducing, Leicestershire is in the 2nd worst quintile in England for air pollution.
- A Health Needs Assessment on air quality and health is underway. The findings will be used to refresh the Air Quality and Health action plan and provide a renewed focus on this area of work.

Health and design of local areas

- Multi-partner (Public Health, Environment and Transport, South Leicestershire School Sports Partnership, Oadby and Wigston Borough Council) pilot work in South Wigston focused on increasing active travel and air quality.
- A consultation and discovery exercise was undertaken with planning policy, highways, health and leisure representatives to examine an approach to healthier urban design for future residential and town centre developments. The outcome of the work identified core training

and support needs for the planning system. Using the principles of recently published national guidance a programme of training and knowledge transfer is due to commence.

- The Council's Highways and Transportation teams are engaged with district authorities on the production of Local Cycling and Walking Infrastructure Plans (LCWIPs) that aim to increase cycling and walking levels, supported by Active Travel England.
- Leicestershire performs similar to regional and national averages for percentage of adults regularly cycling for travel (2.3% vs 2.0% vs 2.3%).
- Leicestershire performs similar to regional average and worse than national average for percentage of adults regularly walking for travel (11.7% vs 13.2% vs 15.1%).

Reducing fuel and food poverty (cost of living crisis)

- Three Community Health and Wellbeing Plans have included a priority on the cost-of-living crisis with a robust action plan underneath this.
- Multiply is a project in place to support individuals to manage household budgets.
- The Warm Homes Service aims to alleviate fuel poverty and to help local households stay healthy and maintain affordable warmth. The service can give advice on matters such as energy efficiency, energy efficiency grants, debt management, behaviour change and dealing with damp.
- Leicestershire performs better than the regional and national average for percentage of households experiencing fuel poverty (11.0% vs 13.6% vs 13.1%).

Health impacts of climate change

- The Local Transport Plan 4 has a 'health and carbon' workstream looking at both areas together in the context of transport planning within the county and impacts on the population.

Priority 2: Enabling healthy choices and environments

Making Every Contact Count

- MECC training and awareness has been promoted via locality health partnerships and Integrated Neighbourhood Teams.

Enabling healthy choices

- A scoping report was completed with 4 other local authorities looking at best practice and learning centred around a healthy choice eating out scheme. The next step is to explore a pilot.
- There are Physical Activity and Sport Commissioning plans in place across the 7 districts which are underpinned by the priorities within the Active Together Physical Activity Framework (2022 – 2031).

- Public Health undertook a Physical Activity Transformation project with a revised delivery model which focuses on:
 - people with specific health needs
 - programmes aimed at inactive people with one or more stable health conditions
 - programmes aimed at providing population-level interventions with brief advice and sign posting for self-help.
- A new approach to how residents can access physical activity services was implemented in December 2023 with an initial focus on changing how primary care promote physical activity.
 - 650 contacts have been received through the contact form
 - 212 residents accessed the traditional leisure-based exercise referral programme with the 'did not attend' rate being 14% (this is compared with 57% in the previous year).
 - Over 430 residents have been signposted and guided into wider opportunities
- Leicestershire performs better than the regional average and similar to the national average for percentage of adults meeting the '5-a-day' recommendation (31.8% vs 30.1% vs 31.0%). However, performance is on a downward (worsening) trend. This follows the regional and national trend.
- Leicestershire performs significantly better than the regional and national averages for smoking prevalence in adults with the lowest prevalence in the region (9.4% vs 14.0% vs 12.7%).
- Leicestershire performs similar to the regional average and significantly worse than the national average for percentage of adults classified as overweight or obese (65.9% vs 66.1% vs 64.0%).

Sexual Health

- Local sexual health services are in the process of being redesigned to improve accessibility of services for residents following a public consultation exercise that revealed a preference towards county-based provision.
- Leicestershire performs significantly worse than the regional average and similar to the national average for chlamydia screening in females aged 15 to 24 (20.9% vs 23.6% vs 21.2%). Chlamydia screening levels have improved since the previous year (20.2% vs 20.9%).
- Leicestershire performs significantly better than the regional average but significantly worse than the national average for HIV testing (45.7% vs 38.5% vs 48.2%) with an upward (improving) trend.
- Leicestershire has consistently performed better than the regional and national averages for abortion rate in the over 25s (14.6/1,000 vs 16.1/1,000 vs 17.9/1,000)

Building healthy environments (fast food outlets and alcohol premise density)

- Local Planning authorities (districts) are being supported to build an evidence base and policy wording for hot food takeaway policies within Local Plans.

10. The performance data shows Leicestershire has had great success in reducing smoking prevalence with the lowest levels in the region. Leicestershire has also consistently performed well within the wider determinants arena (specifically employment, homelessness and fuel poverty)
11. However, Leicestershire continues to experience challenges in other areas, namely air pollution, active travel, overweight & obesity, chlamydia screening and HIV testing.

Reducing health inequalities – Update on progress

12. In 2023, a JSNA chapter on health inequalities (HI JSNA) was published. The HI JSNA reviewed the evidence base for health inequalities in different populations in Leicestershire. It identified several groups as being at risk of facing health inequalities.
13. Considering the findings from the HI JSNA, the remit and capacity of the SHP, the remit of other partnerships (to avoid duplication of effort), and national strands of work, the SHP agreed to focus its attention on the following cohorts:
 - a. Learning disability – this group was identified in the HI JSNA as being at high risk of facing health inequalities.
 - b. Those living in temporary accommodation – the homeless cohort was identified in the HI JSNA as being at high risk of facing health inequalities.
 - c. Women – The Women’s Health Strategy was published in 2022 and places a strong emphasis on ‘clinical health’ needs of women with very little focus on the wider determinants of health. In addition, this cohort was identified in the HI JSNA as being at risk of facing health inequalities particularly when intersectionality of factors (such as poverty or ethnicity) is taken into consideration.
14. The SHP ran development sessions in November and January to explore each of the cohorts in turn and scope out actions that can be taken forward that correspond with the remit of the SHP. This involved:
 - a. input from ICB on annual health checks for those with a learning disability, including some ongoing challenges and case study work
 - b. input from districts on challenges faced by those living in temporary accommodation. This was described through case studies.
 - c. input from ICB on women’s health hubs and exploration of the role of SHP in shaping this work.
15. Preliminary findings identified for each cohort from these development sessions include:
 - a. Further work needed to promote take-up of annual health checks for those with a learning disability
 - b. Strengthening the support offer for those in temporary accommodation within the first 48 hours

- c. The women's hubs are centred around clinical health issues which leaves a gap in focus on wider determinants.

Next Steps

16. Keep the momentum going on the fantastic work taking place across the partnership as outlined in the tables above.
17. Place a greater focus over the next 12 months on the areas where Leicestershire faces ongoing challenges.
18. Build on the work that has commenced in relation to the health inequalities cohorts:
 - a. Learning disability - SHP to link in with the Leicester, Leicestershire and Rutland (LLR) Learning Disability and Autism (LDA) Collaborative, also named Safe Healthy and Well (SHaW) to further explore SHP role in promoting annual health checks and other priority areas
 - b. Those living in temporary accommodation – co-design a 'welcome pack' containing information on local services and where to access help. The aim is to pilot this in one neighbourhood first.
 - c. Women – exploring how SHP can influence wider determinants work to ensure emphasis is placed on cohorts at risk of health inequalities

Background Papers

Leicestershire Joint Strategic Needs Assessment – Health Inequalities:
<https://www.lsr-online.org/uploads/health-inequalities-chapter.pdf?v=1687257011>

Appendices

- Appendix A - HWB Governance Structure Chart
- Appendix B – Performance Indicator Report: JHWS Staying Healthy, Safe and Well

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Relevant Impact Assessments

Equality Implications

19. An EIA has not been completed as of yet but will need to be considered as the work relating to the HI JSNA cohorts develops.

Human Rights Implications

20. As the work around the HI JSNA develops, consideration regarding human rights implications will need to be factored in and appropriate guidance sought.

Health Implications

21. A Health Impact Eform will need to be completed as the work around the HI JSNA develops to help identify potential impacts to health, proactively mitigating harm to health as well as finding opportunities to maximise positive impacts to improve the health and wellbeing of our residents.

Risk Assessment

22. To be considered as appropriate.

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