Appendix

Draft

Leicestershire Joint Health and Wellbeing Strategy

2022-2032

DRAFT

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Glossary

Abbreviation	Definition
FSM	Free School Meals
HWB	Health & Wellbeing Board
ICS	Integrated Care System (Leicester, Leicestershire and Rutland)
LLR	Leicester, Leicestershire and Rutland
NEET	Not in Education, Employment or Training
SEND	Special Educational Needs and Disability
PCN's	Primary Care Networks
BCF	Better Care Fund
JSNA	Joint Strategic Needs Assessment
ACEs	Adverse Childhood Experiences
LTC	Long term condition

Foreword

As chair of the Leicestershire Health and Wellbeing Board, I am honoured to be part of an ambitious and motivated forum of health and care system leaders, who have the responsibility of coming together to improve health and wellbeing and reduce health inequalities across Leicestershire.

Health and Wellbeing is important to all of us and a healthy population is one of our most important assets, supporting positive social and economic outcomes both for the individual and society as a whole. As we start to rebuild communities and reset services as part of our recovery from the Covid-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities. Across the country, the health and care system and other public services are experiencing increasing demand and financial challenges with the population continuing to grow and a need to ensure a good quality of life.

It is recognised that health and wellbeing is generally good in Leicestershire compared with England overall, however there are significant inequalities and challenges in certain communities. Health inequalities are underpinned by social determinants of health, or the circumstances in which people are born, live, work and grow, and evidence suggests that people from affluent communities in Leicestershire live over 8 years longer for men and 5.4 years longer for women than those living in the most deprived. It is also expected for the population of Leicestershire to grow by 20.7% by 2043 with the biggest increase expected in the 60+ age group.

Working together in collaboration we are evolving to face the challenges of the future and opportunities of the developing Integrated Care System. A focus on preventable ill health and early intervention being critical to the long-term sustainability of our health and care system.

Creating the conditions for good health and wellbeing cannot be achieved overnight and this strategy recognises that to truly see an improvement and notice a difference, a more longer-term vision is required. My thanks to Health and Wellbeing Board members who have created this aspirational strategy collectively. We have a clear and ambitious plan outlined below which we are committed to delivering together, and our challenge is to work in partnership and identify what we as individuals, as communities and as organisations can do to improve health and wellbeing in Leicestershire.

Mrs Richardson

Lead Member for Health

Chair of the Health and Wellbeing Board

Leicestershire County Council

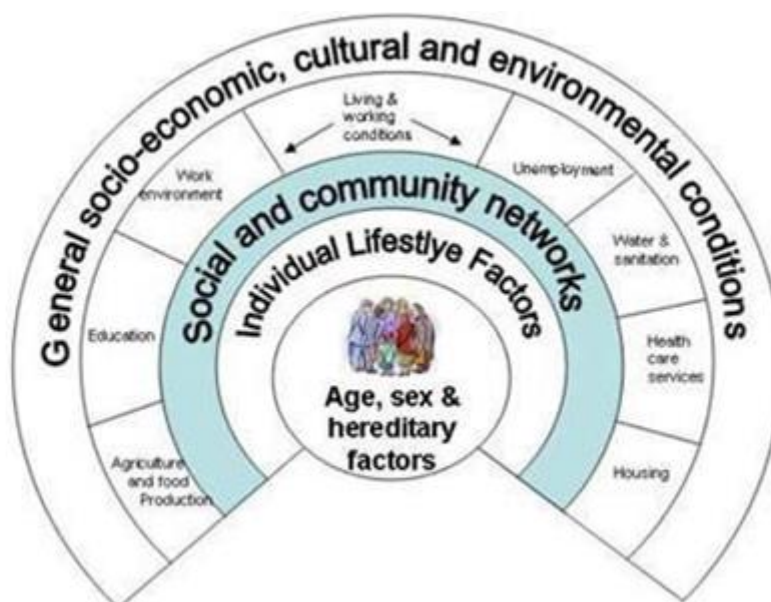
1. Introduction

1.1. Background

Health can be defined as: “*a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness*”[i] (Marks, 2005). This recognises the social model of health (as defined by Dahlgren and Whitehead (2006)[ii]) and identifies all but age, sex and hereditary factors as modifiable to change and therefore lying within the scope of this strategy, particularly in relation to primary prevention.

Figure 1 summarises this model and highlights the wider determinants of health including social, economic and environmental factors which influence people’s mental and physical health. Systematic variation in these factors constitutes social inequality, an important driver of health disparities. Therefore on a population level, improving the wider determinants of health (the “causes of the causes”) will have a much greater effect on reducing inequities in health compared to NHS interventions alone. Hence this strategy will embed the social model of health and include priorities across the wider Health and Wellbeing Board (HWB) partnership which include the wider determinants of health.

Figure 1 A Social Model of Health, Dahlgren & Whitehead (2006)[ii]



1.2. National Context

The NHS Long Term Plan (NHS England, 2019)[iii] created Integrated Care Systems (ICS’s), giving a platform for partnership working and integration at a system level, bringing together local authorities, the voluntary and community sector, NHS bodies and others to look collectively at the needs of the population they serve.

Alongside this, the Long Term Plan created Primary Care Networks (PCN’s) which brought together general practices to form new collective contracts, enabling different funding routes and an expectation on these PCN’s to take a proactive approach to managing population health, assessing needs, and targeting support.

In January 2021, the Department for Health and Social Care published the white paper Integration and innovation: working together to improve health and social care for all (DoHSC, 2021)[iv]. This put ICS's on a statutory footing and created an ICS Health and Social Care partnership. This partnership is responsible for developing a plan to meet the populations health, prevention, and social care needs. This system level plan should develop from an understanding of the needs of the population of Leicestershire (along with Leicester City and Rutland), gained through the Joint Strategic Needs Assessment and collectively addressed in this Joint Health and Wellbeing Strategy which sets out the Leicestershire approach to addressing need.

One of the ways that key agencies have been working together for some time is through the Better Care Fund (BCF) which provides a pooled budget for delivering health and care functions through an integrated approach. This budget is spent in accordance with a joint, local plan to deliver health and care services that delay or prevent people from needing hospital care, reduce the length of time spent in hospital or that improves outcomes for people being discharged from hospital. These plans and this work continue in Leicestershire but become part of the wider strategy for health and wellbeing.

The ICS for LLR was approved in April 2021 in shadow form, coming into full existence in April 2022. Whilst many relationships were established long before the ICS, this still represents a change in function and responsibility for many of the partners involved. Our partnership working will be established across system (LLR collectively), place (Leicester, Leicestershire and Rutland separately) and neighbourhood (at locality level).

The development of the ICSs has also introduced neighbourhood/ locality level Community Health and Wellbeing Plans to understand more detailed local need in relation to health and wellbeing. It is important to consider how the priorities emerging from the Community Health and Wellbeing Plans align across the place and furthermore how the Leicestershire strategic vision is translated into deliverables and accountability at system and neighbourhood/locality level.

1.3. Leicestershire's Current Health and Wellbeing

Leicestershire is a predominantly rural County and comprises of seven local authority districts, each with its own distinctive character. Just under 70.0% of the population of Leicestershire live in areas classed as Urban City and Town, while 20.1% live in Rural Town and Fringe and the remaining 10.6% live in areas classed as Rural Village and Dispersed.

The total resident population of Leicestershire in 2020 was 713,085. The highest proportion of residents were in the 40-59 age group (26.9%), followed by the 60+ age group (26.6%), 20-39 age group (24.0%) and 0-19 age group (22.5%).

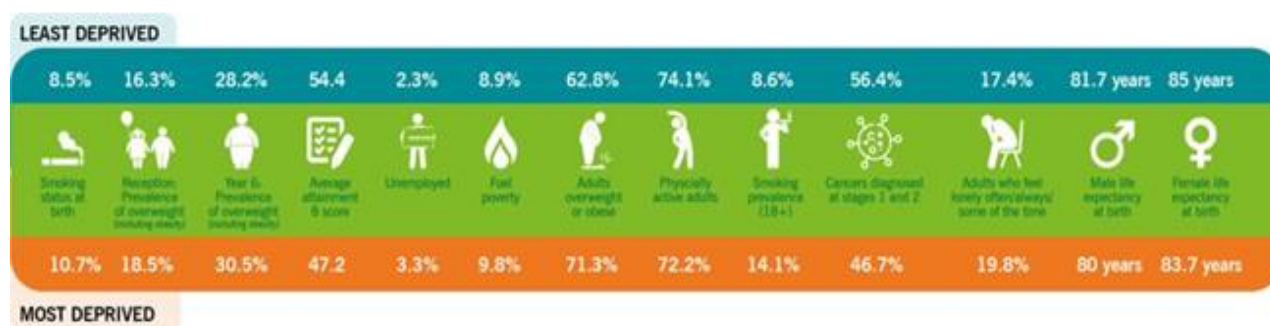
Leicestershire County faces the challenge of an ageing population. The population in Leicestershire is expected to grow by 20.3% (145,501 people) between 2020 and 2043 with the biggest increase expected in the 60+ age group (38.9%), followed by the 0-19 age group (15.3%), 40-59 age group (13.1%) and 20-39 age group (12.6%). With our ageing population we need to consider what plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on preventable ill health, particularly in working age adults. Health needs are likely to increase with age due to the increased the risk of developing multiple chronic conditions. Therefore, without significant prevention interventions, there will be more older people with complex needs who will require input from all parts of the health and social care system.

Even though Leicestershire is a relatively affluent County, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville falling into the 10% most deprived

neighbourhoods in England. The Education, Skills and Training deprivation domain and Barriers to Housing and Services deprivation domain for Leicestershire have a higher number of neighbourhoods in the top 10% deprived nationally compared to some of the other deprivation domains.

According to the Leicestershire County Council Community Insight Survey (2017-2021), 82.7% of respondents reported being in good/very good health, whilst 3.5% reported being in bad/very bad health. Life Expectancy at birth in Leicestershire has remained significantly better than the England average since 2001-03. Healthy life expectancy (HLE) at birth in Leicestershire for males (63.5 years and females (63.6 years) is similar to the national average in 2017-19. For males, HLE has decreased since 2015-17 and for females, HLE has decreased since 2014-16. There is an eight year difference in life expectancy at birth between males in the most deprived decile and least deprived decile of the population. The equivalent figure for females is 5.4 years. Figure 2 below shows the difference in health inequalities that exist between the most and least deprived districts within Leicestershire over the life course. In order to reduce this inequality, more focus needs to be toward those in greatest need and working together to reduce any factors that may have a negative influence on their health.

Figure 2 Health Inequalities across Leicestershire



Source: Public Health England, Fingertips, 2021.

Note: Please note this data is based on data available at district level and based on IMD score for most and least deprived districts in Leicestershire. Most deprived area data reflects North West Leicestershire and least deprived area data reflects Harborough.

Figure 3 Overview of Health and Wellbeing in Leicestershire (The following Statistics will be converted to an infographic)

Indicator	Time period	Leicestershire value	Unit	Leicestershire RAG	England value
General Fertility Rate	2019	53.5	Per 1,000 live births	Lower	57.7
Year 6: Prevalence of overweight (including obesity)	2019/20	30.6	%	Better	35.2
Admission episodes for alcohol-specific conditions (Persons)	2019/20	407.0	per 100,000	Better	644.0
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	12.0	%	Similar	13.9
Percentage of physically active adults	2019/20	67.6	%	Similar	66.4
Life Expectancy at birth-Males	2017-19	80.9	Years	Better	79.8

Life Expectancy at birth-Females	2017-19	84.3	Years	Better	83.4
Depression recorded prevalence (aged 18+)	2019/20	13.3	%	Higher	11.6
Estimated dementia diagnosis rate (aged 65 and over)	2021	61.2	%	Worse	61.6
Hip fractures in people aged 65 and over	2019/20	800.0	per 100,000	Worse	572.0

For further information and evidence for some of the priorities in the Joint Health and Wellbeing Strategy 2022-2032, please see Leicestershire's Joint Strategic Needs Assessment (2018-2021) accessed via the following link:

https://www.lsr-online.org/leicestershire-2018-2021-jsna.html

2. Overall Vision

Our overall vision is;

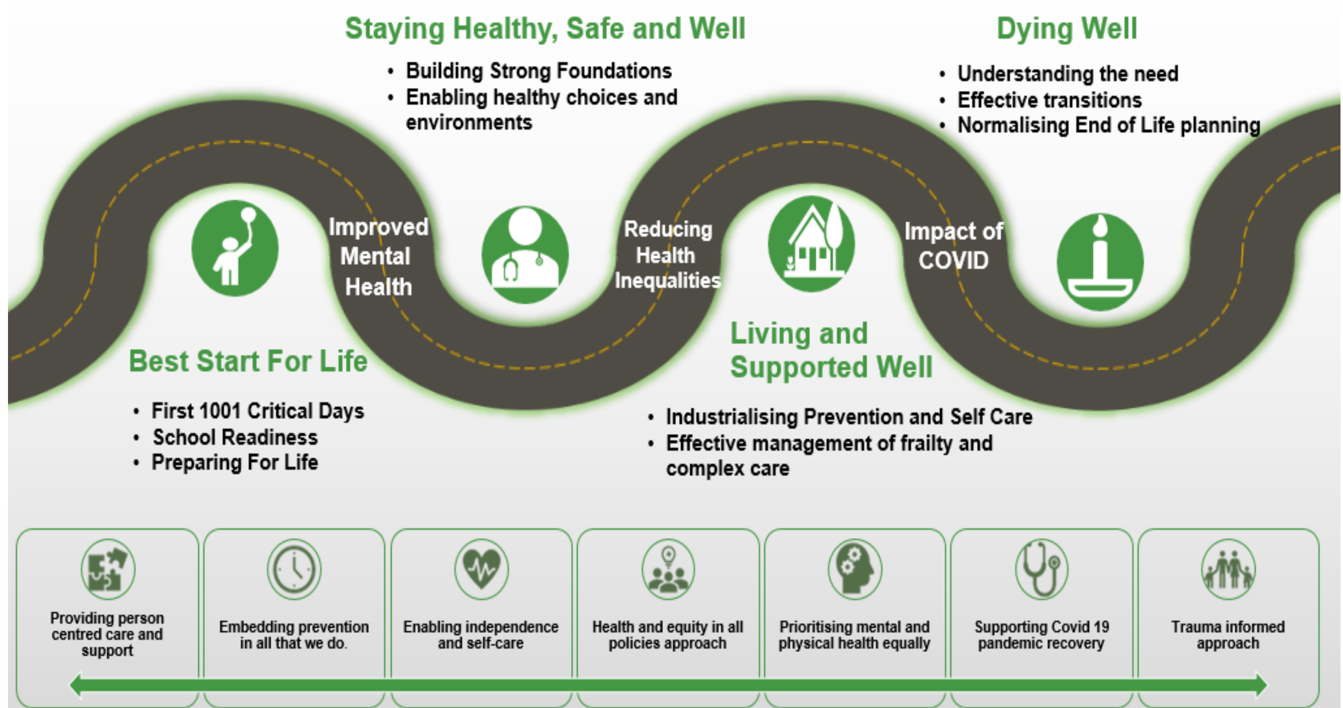
'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives'

We want to ensure the communities of Leicestershire have the opportunity to have the best health and wellbeing they can across the life course. This includes putting equal weight on their mental and physical health and ensuring we have healthy places, cultures and environments to support this. We want to embed a strength-based approach to allow individuals, families and communities to support each other, aim high and thrive.

We know that not everyone achieves the same level of health and wellbeing across Leicestershire and there is a gradient of health and wellbeing outcomes linked to deprivation and specific characteristics or communities. We will work to 'level up' this gradient and ensure everyone has an equitable opportunity to support their health and wellbeing. To do this we must use the social model of health (Figure 1) and consider the impacts of the wider determinants of health as well as access to health and care services.

A life course approach has been used to identify high level strategic, multi-organisational priorities for the next 10 years and provide clear accountability to the Leicestershire health and wellbeing board. These are summarised in figure 4 below. Further detail on the actions associated with each priority are discussed in section 6.

Figure 4 Summary of the Joint Health and Wellbeing Strategy



To allow everyone across Leicestershire the best opportunity to live long, good quality, happy lives we will where possible, embed the following principles in our priorities and actions;

- **Providing person centred care and support.** We want to ensure that this strategy and delivery plan is built around and for all individuals across Leicestershire. We will build and strengthen the engagement with local people, listening and reflecting their views and experiences as the strategy evolves and develops. We will co-design services wherever possible.
- **Embedding prevention in all that we do**. We know that if we can prevent individuals developing risk factors and disease in the first place this will improve their longer term health and wellbeing outcomes and reduce costs across the system.
- **Enabling independence and self care** to support those that have chronic conditions to manage them effectively, stop or delay disease progression and prevent development of further multimorbidity.
- **Health and equity in all policies approach.** This will ensure that inequalities and health and wellbeing are systematically considered by partners across a range of wider determinants of health.
- **Prioritising mental and physical health equally.** Mental health issues will affect at least one in four people at some point in their life. We know that to have good health and wellbeing both your physical and mental health needs must be supported and met.
- **Supporting Covid-19 pandemic recovery.** The Covid-19 pandemic has been a long and difficult period for many of us, and will continue to impact on our health and wellbeing for some time. Throughout the strategy we will acknowledge the population's loss and will continue to strengthen the innovation that has emerged.
- **Trauma informed approach.** Evidence suggests that trauma is felt throughout lives, especially in the early years, and can have long term impacts on our health and wellbeing. Therefore, we must ensure the four phases (aware, sensitive, responsive, informed)) of trauma informed practice are carefully considered through the delivery of our services.

To allow the strategy to have the best chance of success there are a number of enablers that will support progressing the work. These include;

- **Partnership and collaboration.** Working together where we can add value or reduce duplication through a joint approach. We will work to build an alliance across Leicestershire that provides a supportive and constructive culture the drives innovation, change and outcomes.
- **A strong, skilled and supported workforce.** Our workforce is a key asset to drive the implementation of the strategy. We need to support our health and care workforce to grow and flourish, acknowledging the strength they have shown through the pandemic and the need to ensure Leicestershire is seen as great place to work and develop.
- **Digital improvement.** The pandemic has shown the breadth of innovation, access and efficiency that can be delivered through harnessing digital technology. We want to further embed a digital offer across our services, whilst avoiding digital exclusion.
- **Effective communication and engagement.** This strategy is a partnership across partners of Health and Wellbeing Board (HWB), but also without local communities. We will start the conversation through the development of the strategy but aim to ensure all Leicestershire stakeholders (residents and staff) are able to see how they fit into the wider vision.
- **Anchor institutions**. Collectively HWB partners hold a significant amount of assets across Leicestershire, whether these are cultures, people or estates. We will utilise this resource to ensure organisations are clear on their ask to improve the health and wellbeing of Leicestershire.

- **Population health management** is an important tool to support embedding a population approach to health and care planning and delivery. It also ensures we consider the wider determinants of health.
- **Data gathering and sharing** is an important way in which we build a picture both of an individual and their needs, but also the needs of our population. Data sharing can help to reduce the burden on a person telling their story over again to each agency they work with but must be carefully managed to put the person in control of how their data is used.

3. Strategic Priorities Across the Life Course

3.1. 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, allowing them to have positive educational attainment, strong emotional wellbeing and resilience, life skills, contribute to their community and thrive. We know that the families, communities and environments that we are born, grow and develop have a significant impact on health and wellbeing outcomes in later life. This is especially important in the first 1001 critical days (from conception to aged two years) where there is significant neurological brain development that influences lifelong outcomes for the child[vvi][i].

To give our children to have the best start for life we will prioritise a range of actions covering the broader children's age range of 0-19years (or 0-25 years for Special Educational Needs and Disability (SEND)). The key priorities are detailed below.

3.1.1. First 1001 Critical days

We know the building blocks for lifelong emotional health and wellbeing are developed in the first 1001 critical days i.e. from conception to the age of two. This is due to the underdevelopment of human babies at birth who cannot walk or fend for themselves until they are approaching two years of age. The human brain is also only partially formed at birth and becomes hard wired by early childhood experiences including those in pregnancy, which impact across the life course. For example, we know children with secure attachment to their parents and carers develop into resilient adults, build strong relationships at home and work, and are well equipped to raise their own children. This is due to early social and emotional experiences that build baby brains[v]. On the flip side of this, people who lack nurture from one or more caring adults in the first 1001 days of their lives achieve less in education and in the workplace; are more likely to behave anti-socially, and are less healthy, physically and mentally, than individuals who were given a better start. Furthermore, the harm done to them is likely to be perpetuated in an inter-generational cycle when they have children of their own[vii].[2] We also know that those children living in 'disadvantaged' families due to income, deprivation or vulnerability are likely to have poorer health and wellbeing outcomes. For example, those with special educational needs or disabilities (SEND) or living in a household of poor mental health, domestic or substance abuse may require additional support. We therefore aim to develop Leicestershire as a place where every baby and family is nurtured to fulfil their potential. This will embed a society of strong emotional health and wellbeing, employment potential and community cooperation, which will in the longer term will generate savings across the health and care system.

Where are we now?

Leicestershire performs similarly or better than the England average for a number of Best Start for Life indicators. However, Leicestershire performs significantly worse than England for the proportion of New Born Visits completed within 14 days and the percentage of caesarean section births. With regards to immunisations, Leicestershire performs significantly better than the benchmark (>95%) for most indicators. However over the last five years the trend for population vaccination coverage for Dtap/IPV/Hib (1 year old and 2 year old boosters) has been decreasing and getting worse. Over the last five years, the rate of A&E attendances in 0-4 year olds/under 1 year olds and admissions of babies under 14 days has been significantly increasing and getting worse. Breastfeeding rates in Leicestershire significantly decline from birth to discharge and from 10-14 days to 6-8 weeks.

What does success look like?

- Increase in breastfeeding initiation and continuation rates.

- Increase in immunisation rates, especially for the boosters at age 1 and 2years.
- Improvement in maternal mental health.
- Reduction in proportion of caesarean births.
- Positive local feedback from families confirming that they feel supported, through a range of integrated start for life services to develop their babies in the first 1,001 critical days.

Our commitments to Leicestershire

- We will embed the Governments vision for 'The best start for life. A vision for the 1,001 critical days' through a local 1001 Critical Days Children's Manifesto and communication campaign.
- We will have joined up, accessible pre -school services, family hubs, an empowered workforce and clear local and national direction, vision and service improvement. This will include an integrated Early Years Pathway to identify and support vulnerable children.
- Embed the additional 3-4month and 3.5 year checks into our public health nursing service.
- We will invest in evidenced based breastfeeding support for mothers across Leicestershire. Supporting them to initiate and continue breastfeeding for as long as they choose. Support will be prioritised for those in white other ethnic groups and younger mothers.
- We will work to further increase uptake of childhood immunisations programmes especially boosters due at age 1 and 2years.
- We will empower parents to feel confident and supported to grow and develop their families. This will include support to access the most appropriate services for emotional health and wellbeing, minor aliments (including gastro, respiratory/ bronchitis and head injuries) and home safety.

3.1.2. School Readiness

Preparing our children for school is an important transition in their lives, to allow them to have a positive start to their formal educational journey. We want the pre-school children of Leicestershire to be equipped with the skills they need to enjoy and flourish as they enter foundation years at school. To do this we need to ensure they have the opportunity to develop their communication, gross motor, fine motor, problem solving and personal-social skills at their 2-2.5year checks.

Where are we now?

Leicestershire performs significantly worse than England for the child development indicators, however it should be noted that there are concerns with data quality for these indicators. School readiness in those children accessing free school meals (FSM) in Leicestershire, is also significantly worse than England, however, the trend over the last five year indicates that performance is increasing and getting better.

What does success look like?

- Increase in the proportion of children achieving a good level of development at 2-2.5years and foundation stage across all development areas (fine and gross motor, communication)
- Reduce the gradient in developmental outcomes in those from disadvantaged backgrounds as compared to those in the most advantaged (i.e. split by deprivation, FSM and SEND).
- Family feedback that services are working in more integrated and collaborative ways to support pre-school children and their families.
- Families are clear on what good development in foundation looks like and what support is available to support their children to achieve this.

Our commitments to Leicestershire

- We will take a proportionate universalism approach and focus on narrowing the development gaps that affect children and families who are at the greatest disadvantage (e.g. those who access FSM, live in poverty or have a poor home environment, have SENDs and/or are in our care).
- We will support parents and families to build on their understanding of children's needs so that they are able to understand what good looks like and get their children off to a good development start.
- We will provide support to embed physical activity into young children's lives through interventions that improve fine and gross motor skills.
- We will ensure access to support early development of speech, language and communication.
- We want to help families access free high-quality childcare and early education that is fully inclusive and accessible.
- We will support improving maternal mental health and physical activity to allow parents and carers to be in the best position they can be to support their children.

3.1.3. Preparing for Life

Children today are our adults of tomorrow. We need to ensure they are equipped to navigate and thrive in society. This may be through good education, employment and training, understanding how to survive independently, stay safe and maintain good health and emotional wellbeing. We therefore want to support our young people to transition seamlessly from children into young and prosperous adults. We have a great educational infrastructure which is driving good educational outcomes in key stages 1-4, however children in care, those with SEND, disability or FSM and A-levels results are consistently achieving poorer outcomes than comparators. We know that health and wellbeing outcomes for children in care are poorer than the wider children population and our numbers of children in care are increasing.

The Covid-19 pandemic has had a huge impact on the education, health and emotional wellbeing of our young people. We will therefore need to support our young people to manage the varying demands of the pandemic, build their physical and emotional resilience and enjoy being back.

Where are we now?

As of 2018/19, Leicestershire had a higher proportion of primary and secondary schools rated either good or outstanding than the national average, however educational outcomes for children in care, those with SEND or FSM and A-levels results are poorer than our comparators. Although below the England average, the rate of looked after children in Leicestershire is increasing, like nationally. There has been a 39% increase in numbers of children in care between 2015 and 2020 (from 471 to 654.)

With regards to health, the most recent data shows that Leicestershire performs significantly worse than England for HPV (Human papillomavirus) vaccination coverage for males, and prevalence of underweight Year 6 pupils. People with a learning disability are more likely to be either underweight or overweight. Over the last five years, the HPV vaccination coverage for females has been significantly decreasing and getting worse. A&E attendances in under 18s in Leicestershire are significantly worse than the England average. Over the last five years the trend for A&E attendances has been significantly increasing and getting worse. Nationally we know that 1 in 5 children have 4+ Adverse Childhood Experiences (ACEs), suggesting that significant proportions of Leicestershire children are likely to have ACEs[viii].

What does success look like?

- High uptake of Covid vaccination in 12-17year olds
- Increase uptake of HPV vaccination in males and females
- Stabilising numbers and rates of looked after children
- Reduction in A&E attendances in under 18's, including those caused by self harm
- Increased proportion of children at a healthy weight (not under or overweight/ obese, especially in SEND)
- Increased proportion of young people reporting strong emotional health and wellbeing
- Reduction in Adverse Childhood Experiences risk factors and increased proportion of young people that have a trusted adult in their life.

Our commitments to Leicestershire

- We will work with young people, partners, parents and schools in increase HPV and Covid-19 vaccination uptake
- We will investigate the causes of the increasing levels of children in care and work with families to prevent this whenever possible.
- We will ensure there are opportunities for all 16-17 years olds to gain education, employment and training.
- We will develop the Healthy Schools and secondary school children's public health service to help build informed, healthy, resilient young people that are ready to enter the adult world.
- We will ensure there is appropriate emotional and mental health support for children and young people as part of the Covid recovery.
- We will ensure that children and young people have access to the services they need to gain and maintain a healthy weight.
- We will support the workforce to embed a Trauma Informed Approach to reduce the impact of Adverse Childhood Experiences on later life.
- We will ensure that children with learning disabilities have a seamless transition into adult services.

4. Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing is an asset to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want to give everyone in Leicestershire the opportunity 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 (Figure 1) which confirms the importance of strong communities, health behaviour and the wider determinants of health (housing, work, education and skills, built and natural environment, income and transport) and that all factors are modifiable apart from age, sex and hereditary factors. Evidence shows us that clinical care only contributes towards 20% of health outcomes (see Figure 5)[ix], therefore improving the wider determinants of health (the "causes of the causes") will have a much greater effect on improving health outcomes and reducing inequities in health compared to NHS interventions alone.

Modifying these risk factors will take time to evolve and improve, however having a 10 year strategy allows Leicestershire to be bold in ambition and make true, sustainable action to improve the 'cause of the causes', which will transform the population's health and help break cycles of intergenerational inequality. Key priorities to drive this change are detailed below.

Figure 5 Contributors to health outcomes

4.1.1. Building strong foundations

We want to support people of Leicestershire to have strong foundations so they can build, develop and thrive. We recognise people and communities have and influence assets which can shape their health and wellbeing. We want to develop a strengths-based approach to the strategy working with our community on areas that are important to help them flourish. We know this is dependent on having secure building blocks such as good work, good homes and a safe and healthy environment.

Where are we now?

Leicestershire generally performs well compared to England for employment rates (80.1% in 2020 compared to 75.7% for England). We have diverse employment industries with varying health and wellbeing risks and needs. The largest sector is Manufacturing (12.5%), followed by Professional, Scientific & Technical (11.5%) Industry and Retail (8.7%) / Education (8.7%) having the highest proportion of employees in Leicestershire. However due to the Covid pandemic there was a 6% (7% nationally) take up of the Furlough scheme at the end of June 2021 especially in the 'accommodation and food services' and 'arts, entertainment and recreation' sectors.

Although these sectors are starting to return, the pandemic has hit many businesses across Leicestershire and claimants for Job Seekers Allowance or Universal Credit have significantly risen (with 13,865 claimants in July 2021). Leicestershire performs significantly worse than England for sickness absence and performs less well for adults with mental health conditions in employment or living independently.

The Leicestershire population is expected to grow by 147,533 or 20.7% between 2020 and 2043, with the biggest increase expected in the 60+ age group which is expected to increase by 39.7%. Therefore at least 63,667 additional homes are expected to be built by 2036. On top of this in September 2021, 141 single and 110 family households were homeless across Leicestershire.

Leicestershire performs significantly worse or lower than England for the percentage of adults walking for travel 3x per week, access to travel (disabilities or no car) and use of park and ride. We

also have variation in air pollution impacts on health and who can access green space within a 10minutes walk across the County.

Although overall crime numbers are generally low across Leicestershire, an increase (57.6%) in hate incidents (specifically racially motivated incidents) has been witnessed over a 12 month period (to June 2021) compared to the previous year.

What does success look like?

- Maintaining and increasing the employment rate. Specially for those with adult mental health.
- Improvement in sickness absence rate.
- Reduction in the number of homeless single and family households.
- Improved numbers of adults with mental health living independently.
- Ensure the appropriate, equitable infrastructure (including health services) is in place for the planned housing growth addressing health inequality through design.
- Increasing access and uptake of active travel.
- Improvement in air quality and its impact on health across Leicestershire.
- Maintain low levels of crime especially violent and hate crime.
- Reduction in fear of crime.
- Reduction in the proportion of Leicestershire residents that experience fuel poverty.

Our commitments to Leicestershire

- We will work with partners to deliver the Leicestershire wider determinants action plan, this will include a Health and Equity in all Policies approach to all we do.
- We will further grow Leicestershire's economy and support recovery from the Covid pandemic.
- We will work to ensure everyone has 'good work' for them. Supporting people to enter and maintain good employment/ skills and support those with health and care needs to keep their jobs, with particular attention to sickness absence (due to musculoskeletal and mental health conditions) and considering an aging workforce.
- We want everyone to have access to a good home. We will work with partners to ensure high quality new and current housing that has access to green space and supports good health and wellbeing. We will also prevent homelessness whenever possible.
- We will work with system partners to support adults with mental health challenges to live independently.
- We will effectively and equitably plan for our growing and older population to ensure everyone has access the services and infrastructure they need.
- We will work with Community Safety Partnerships to maintain low levels of crime and support community cohesion.
- We will implement the Air Quality and Health action plan.
- We will collaborate with the Leicestershire planning system and developers to explore a new approach to the design of our residential, employment and town centre environments to increases active travel, green infrastructure and reduction in motorised transport.
- We will work to further develop active travel across Leicestershire including a review of 20minute neighbourhoods to understand how these impacts on healthy behaviour and environments.
- We will support families out of fuel poverty and into affordable warmth.

- We will review the health impacts of climate change to support wider environmental workstreams to embed a health lens into their approach.

4.1.2. Enabling Healthy Choices and Environments

Everyday we make choices about what we eat, drink or how we spend our time. These choices impact on our health and wellbeing, with health behaviours (including smoking, diet, exercise, alcohol use or poor sexual health) contributing towards 30% of our health outcomes. However, making these choices is not straightforward and are heavily influenced by our social connections and the environment that we live in. Research suggests that ease of access to formal and informal green space and active travel significantly improves physical and mental health. By building social capital, community resilience and creating opportunity for people to help their own communities, Leicestershire can support each other to advance their health outcomes. Therefore, we want to encourage and enable people and communities to make healthier choices, creating an environment to empower them to do so and to respond proactively to any barriers that may exist. We need to connect and collaborate with those services and providers who design and develop our built environment to ensure that the physical and mental health of residents is more central to what is designed and developed.

Where are we now?

Leicestershire performs either significantly better than or statistically similar to England across a range of health behaviour indicators including smoking and substance misuse. Although the percentage of physically active/inactive adults and adults who are overweight/obese in Leicestershire are similar to the national average, these have historically been an area of lower performance compared to other county areas and these have a direct impact on general health and wellbeing. With regards to sexual health, rates of STI's diagnosis (particularly chlamydia detection and HIV testing) are relatively poor in comparison to England. The trend for total abortions and abortions in over 25s is significantly increasing and getting worse as seen nationally. According to the Active Lives Survey, in Leicestershire, 21% of adults reported feeling lonely often/always or some of the time.

In terms of immunisation and screening, Leicestershire performs significantly worse than the benchmark for Flu vaccination coverage (<75% in 2019/20) and Shingles vaccination coverage (<50% in 2018/19). However, over the last five years the trend in flu vaccination has improved, and the Shingles vaccination indicator is new due to changes in vaccination coverage collection. Leicestershire performs significantly worse than England for the percentage of eligible population who received an NHS Health check, at 31.7% in comparison to the national average of 33.4%. Cancer screening coverage for breast and cervical cancer is significantly better than the national average at 77.6% and 79.4% respectively, over the last five years the trend is decreasing and getting worse.

What does success look like?

- Maintain and improve performance on smoking prevalence and substance misuse.
- Reduced proportion of overweight/ obese adults and increased proportion of physical activity.
- Improved access and uptake of five fruit and vegetables a day.
- Increased proportion of Leicestershire residents who have access to green space within 10minutes walk.
- Improved Chlamydia detection and HIV testing rate.
- Levelling and reversing the increasing trend in abortions for over 25’s.

- Reduction in loneliness, improvement in community cohesion and resilience.
- Improved vaccination rates for Flu and Shingles, that are comparable to the areas with the best uptake rates in England.
- Reversing the decline in cancer screening rates and more cancers diagnosed at Stages 1 and 2
- Health Check coverage is on par with our ONS comparators in England.

Our commitments to Leicestershire

- We will embed Making Every Contact Count training and social prescribing approach across our collective workforce.
- We will deliver targeted, effective and consistent health and wellbeing communications to empower Leicestershire to make healthy choices.
- We will work with partners to deliver the Leicestershire Healthy Weight strategy and Food Plan.
- Through the Leicestershire Sexual Health Strategy, we will improve sexual health outcomes including chlamydia detection, HIV testing and combatting the increasing levels of abortion.
- We will further develop the ABCD, strength-based approach to build social capital and strong, connected and resilient communities.
- We will work with businesses to support enabling healthy choices through their shop/ supermarket.
- We will work with planners and licensing officers to further build a healthy environment across Leicestershire reviewing fast food outlet and alcohol premise density.
- We will invest in improving vaccination and screening rates (including cancer and health check coverage). This will include 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.

5. Living and Supported Well

As people age, become unwell or develop one or more Long Term Conditions (LTCs), it is important that they are supported to live as independently as possible, for as long as possible while maximising their quality of life. We know the more LTCs people have (rather than age), the greater amount of health and social care support they will need, and that this can be progressive. With a targeted population health management approach, we can focus on supporting those with multiple LTCs, to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

5.1. Industrialising Prevention and Self Care

As people age, develop chronic illnesses or require additional support to remain independent, we want to help them to feel more in control of their condition by equipping them with knowledge and skills around how to stay as well as possible and minimise the impact of their health. In addition, if we can encourage people to be more proactive about their health and wellbeing and focus on preventing deterioration by staying healthy and well, then people will live healthier lives for longer.

We understand that no one understands a person's condition, like themselves. Approaches that help patients learn new skills and gain confidence to manage their condition(s) better have been shown to increase feelings of support, confidence and control, while improving health outcomes and quality of life. As more and more people have access to technology at home and the market for assistive technology continues to grow, we want to utilise new ways of helping people to stay independent and well for longer. Whilst support in person will always be important, it will also be crucial to

ensure that we want to use developing technologies to assist with prevention, self-care, and independence.

Where are we now?

Leicestershire performs significantly worse than the benchmark (<66.7%) for estimated dementia diagnosis rate at 61.2% (2021).

We need to ensure that we make the best use of universal services such as libraries, museums and learning. These services deliver a range of activities that can play a role in preventing or delaying people's progress to more resource-intensive care arrangements. The appropriate identification and commissioning of services within available resources will ensure that our universal services are used to their full effect.

We have a responsibility to ensure that people have access to appropriate information, advice and guidance as their support needs develop. Customer feedback suggests that this is an area for improvement across all channels.

What does success look like?

- Slowing the number of people who progress from living with 1 or 2 LTC's to 5 or more
- Qualitative feedback that suggests multi-disciplinary, holistic care planning and self-management support packages that enable people to live well with long term conditions for longer, with less need for acute care
- An asset-based approach is taken to recognise and build on the strengths of individuals, families and communities
- Reduction in rates of falls across Leicestershire for people aged 65+, being on a par with the best performing authorities

Our commitments to Leicestershire

- We will empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of expert patient programmes, digital approaches, assistive technology and accessible diagnostics.
- We will deliver the Adults and Communities strategy including building asset-based approaches and social prescribing to work with and for people and communities.
- We will reduce the number of falls that people over 65 experience, including people in residential and nursing care homes

5.2. Effective management of frailty and complex care

We know that people with poorer health and multiple LTC's are the biggest users of health and social care resources. If we can utilise a Population Health Management approach to identify those at greatest risk of hospitalisation and deterioration of their health, we will be more able to introduce care planning and interventions early, which will help prevent or minimise episodes of acute health and social care required. This will include work to understand barriers to those with multiple LTC's undertaking physical activity, as maintaining and improving physical condition can have a positive impact upon stopping further decline in health and admissions.

We want to further strengthen this approach by embedding effective care planning across the system, linking different parts of the health and social care network together to plan support more holistically for the people of Leicestershire. By supporting staff to manage a defined level of risk in settings other than hospital (i.e. in the community, care homes, primary care etc), and ensuring effective and timely discharge from hospital with appropriate care packages in place, people will be

supported to live independently for as long as possible, even when episodes of acute care are required.

Across Leicester, Leicestershire and Rutland unpaid carers contribute around £2 billion worth of support every year, which has a significant positive impact on demand experienced across the health and social care sector. However, carers can experience some negative consequences associated with their role, such as strain, physical injury or other impacts upon their own health and wellbeing. It is crucial that we support and recognise carer's contribution to the health and social care sector, and the vital role they play in the quality of life experienced by those they care for.

Where are we now?

Leicestershire performs significantly worse than England for hip fractures in those aged 65+, and over the last five years the trend is significantly increasing and getting worse. The rate of emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) is significantly better than England, but the trend over the last five years shows the rate is significantly increasing and getting worse. Over the last five years, GP practices' Quality & Outcomes Framework disease registers show prevalence for Diabetes and Stroke is significantly increasing, most likely due to better case finding and coding of patients, whilst for coronary heart disease, the trend is significantly decreasing.

It is increasing numbers of long-term conditions (LTCs) rather than age that drive health and care costs. In Leicestershire, there are 51,101 people who have 5 or more LTC and 15,802 people with 8 or more. People with 5 LTC will, on average, use 7 times more elective care than those with 1 chronic condition; for those with 8 LTCs, this will increase to an average of 14 times the amount of secondary care activity, on average.

Census data (2011) tells us that there are over 105,000 unpaid carers across Leicester Leicestershire and Rutland (LLR).

What does success look like?

- Early identification of patients at high risk of hospitalisation and social care needs using a Population Health Management approach.
- Reduced levels of hip fractures and admissions for COPD.
- Reduction in emergency bed days for those with 5 or more Long Term Conditions
- 95% of people identified as vulnerable have a co-produced care plan, which takes into account their wider needs e.g., multiple LTC's, social/psychological elements and carer arrangements
- Improved performance on the Better Care Fund metrics: reduced permanent admissions to residential and nursing care, increases in the number of people (aged 65+) still at home 91 days after discharge into rehabilitation/reablement services, reduction in delayed transfers of care from hospital and reduced non-elective admissions into hospital.
- Improved patient satisfaction and coordination in complex care pathway and care coordination across the system especially for those with multimorbidity (5+ chronic conditions)
- Improved quality of life for carers
- Improved identification of people with moderate or severe frailty in the short term, followed by a reduction in the number of people with moderate or severe frailty as a result of proactive action.

Our commitments to Leicestershire

- We will build on the LLR Population Health Management framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.
- We will provide joined up services that support people and carers to live independently for as long as possible. Supported by health and social care this will ensure that the patient sees the right person for your problem at the right time.
- We will deliver an effective health and care integration programme that will deliver the Home First step up and step down approach for Leicestershire.
- We will seek to develop a more qualitative, holistic approach to care planning and risk management, exploring ways in which this could be delivered by a wider range of professionals across Leicestershire.
- We will improve the quality and coverage of joined up care planning for the most vulnerable including strengthening care planning links across primary and secondary care to achieve 95% of the vulnerable population having a care plan in place.
- We will continue to implement the LLR Carers strategy for Leicestershire.
- We will work to measure and reduce the number of emergency bed days people with Long Term Conditions experience.
- We will offer a two hour crisis response for people that may otherwise need to attend hospital (target 80% by April 2022).
- We will reduce the number of permanent admissions to residential and nursing homes.
- We will ensure eligible people receive reablement within 2 days of discharge.

6. Dying Well

End of life is an inevitable part of the life course, but we know that it is a difficult subject for many people to openly acknowledge and discuss. We want to support Leicestershire to understand, normalise and plan for this stage of life to ensure everyone has choice about their care and treatment, and support for loved ones and carers. This needs to be a personalised approach for the individual, their friends and family.

It is important for us 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.

For many people, the transition from living with one or many conditions into planning for the end of life can occur gradually. This chapter focusses on this transition and seeks to understand and respond to the needs of people through this final phase.

6.1. Understanding the need

We would like to better understand the holistic needs of people nearing the end of life and the needs of those that love and care for them. We already have a strong set of services and ambitions for end-of-life care in Leicestershire, but we want ensure these reflect of the latest data and views of the people of Leicestershire.

Where are we now?

We know that good quality communication is key for people nearing end of life. Dignity and respect, consistency and continuity, speed and access were key themes for the people that have shared

views with us along with the need for people to be treated with empathy. We also know that some people report a gap between expectations and services available and that people can feel 'done to' rather than empowered to make choices about their care.

We know that many people would prefer to die at home or in their care home than in hospital. Leicestershire performs significantly lower than England for the percentage of deaths occurring in hospital (all ages) and over the last five years, the trend is significantly decreasing. The LLR target is to reduce deaths in hospital to 35% (for adults aged 18+).

What does success look like?

- Reduction in the percentage of deaths occurring inside of hospital, aiming to achieve LLR target of a maximum of 35% in adults aged 18 and over.
- Clear qualitative understanding of what 'dying well' looks like across Leicestershire and what support is needed to ensure this happens.

Our commitments to Leicestershire

- We will carry out a Joint Strategic Needs Assessment chapter looking at end of life specifically
- We will seek to gather views from people to understand what dying well means to them and how this could be achieved.

6.2. Effective transitions

We want to support people through the transition from living with a long-term condition(s) or frailty into dying well. This often means informing people about what might happen, and about the choices they have before they reach this stage. It also provides an opportunity for conversations about people's fears and concerns and allows time for people to take action or make decisions to ensure their wishes are respected at the end of life.

Where are we now?

Many people make this transition in an informed way, but we know that not all people have this experience. We'd like to know more about the advice and support people already get, what people would like to know about or be prepared for and about gaps in information or advice available.

What does success look like?

- Increased proportion of people planning for late stages and end of life at a time when they are still able.
- Qualitative feedback that people know and have support on what to expect and what choices are available to them. They have the time to consider and plan for these decisions and to discuss them with family, friends and carers should they wish.

Our commitments to Leicestershire

- We will seek your views on what planning for late and end of life should look like and how you should be informed about your choices.
- We will ensure there is a clear transition in care planning from living with long term conditions into the later and end of life.
- We will ensure there is appropriate support for carers following the bereavement of a loved one so they can have a supportive transition into the next stage of their lives.

6.3. Normalising end of life planning

We would like to create a system that normalises end of life planning with people that wish to plan. For some this can mean practical planning for finances and wills, for others this will mean making choices about the care they receive and their treatment choices in advance.

Many people with poor health or in need of support, agree a care plan with their health and care professionals and we would like to increase the number of people with care plans in place. The ReSPECT process allows for conversations between people nearing the end of life or those with complex health needs, their families and carers and health or care professionals. It enables people to discuss and record some key decisions about their care and treatment including decisions about whether resuscitation should be attempted if they wish. We want to continue to support people with setting out their care and treatment choices and are keen to normalise planning for all aspects of end of life where people tell us there is a need.

Where are we now?

The majority of vulnerable people in Leicestershire have a care plan in place, but we know there are some that do not. This is a similar position for ReSPECT plans. Whilst some people may not wish to have a care or ReSPECT plan, we would like to offer this to everyone with opt out as a choice. We know that the numbers of people with a care or ReSPECT plan in place has fallen during the pandemic.

We know there is advice and guidance in our wider system and in communities that helps people with broader aspects of end-of-life planning. We would like to understand the demand for support that goes beyond care and ReSPECT planning and what this might look like.

What does success look like?

- Care plans offered to all vulnerable people that may benefit from having one with a target of 95%, this should include a ReSPECT plan.
- High levels of take up with people specifically opting out of having a plan in place rather than being missed from the offer of one.
- Qualitative feedback that Leicestershire feels comfortable and supported to plan for the end of life.
- End of life as everyone's business – an educated and compassionate workforce that can support people at end of life.
- Care co-ordination for people in the last days and weeks of life operates well.

Our commitments to Leicestershire

- We will offer care plans and ReSPECT plans to all vulnerable people, with a take up target of 95%.
- We will use our better understanding of needs through the JSNA chapter to consider other aspects of end-of-life planning.
- We will develop a social marketing campaign based on insight to normalise end of life planning.
- We will educate our workforce so that everyone understands how to support people at end of life
- We will improve co-ordination of care at end of life, as measured through patient feedback

7. Cross Cutting Priorities

7.1. Improved Mental Health

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

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

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

The LLR vision for mental health of both children and adults across the system is '*We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs*.' In Leicestershire, we are keen to support this system work whilst being clear on the mental health and wellbeing needs of those living in Leicestershire specifically in order to champion their needs and support delivery of prevention, care and treatment that improves their experiences.

Where are we now?

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 percentage of school pupils (secondary and primary age) with social, emotional and mental health needs and children in care (<18 years), however, over the last five years the trend is increasing and getting worse.

The estimated proportion of the population aged 16 & over who have a common mental disorder in Leicestershire is 13.7% which equates to 77,698 people and 8.6% for those aged 65 and over, which equates to 11,997 people. Leicestershire performs significantly worse than England for the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate. Leicestershire also falls short of the NHS England dementia diagnosis target of 67%, achieving 61.2% in 2021. LCC Adult Social Care experienced increased demand for mental health support amongst working age adults in 2020/21: contacts with the Council increased by 19% on the previous year whilst those in receipt of long-term services increased by 4%.

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

What does success look like?

- Increased proportions of Leicestershire experiencing good mental health and wellbeing.
- Qualitative feedback that good emotional health and wellbeing is actively promoted and supported across the county including for carers and that services are joined up and meeting patient's needs at the right time and place.
- Reduction in the proportion of people with mental health challenges that need intensive and specialist offers.
- Reduction in rate suicide.
- Increase dementia diagnosis rates to meet NHSE target of 67% and clear links made between healthy lifestyle and the risk of dementia.
- To increase the proportions of people with mental health challenges that:
  - Access and take up high quality advice, support and access to local amenities, including activities and groups to strengthen mental health and wellbeing
  - Live as independently as possible
  - Be supported around their individual recovery goals
  - Access to education, employment, training and housing and are supported by their employer/ institution
  - Have easy and timely access to the right, local, coordinated service
  - Have their physical health needs monitored and key health / lifestyle needs supported
  - Have their carers and families caring and mental health needs identified and supported

Our commitments to Leicestershire

- We will prioritise Mental Health on an equal basis to physical health in plans, investment and focus.
- We will seek to co-produce a Prevention Concordat for Better Mental health for Leicestershire to align organisations to further support mental health and wellbeing and prevent poor mental health.
- We will continue to focus on reducing the incidence and impact of suicide.
- We will continue to support the system work on children and young people's emotional health and well being.
- We will listen and respond to the Leicestershire population in the 'Step up to Great Mental Health' consultation and propose (consultation results) to deliver a variety of changes for our population through the LLR and Leicestershire specific Step up to Great Mental Health programme and associated Mental Health investment.
- We would support key recommendations of the Dementia JSNA Chapter and LLR Dementia Strategy (due to be reviewed in 2022). This will include improving dementia diagnosis rates and ensuring clear links between healthy lifestyle and risk of dementia through MECC Plus and Health Checks.

7.2. Reducing Health Inequalities

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

Overall Leicestershire is an affluent county, that generally performs well in terms of health and wellbeing. However, not everyone enjoys the same prospects or opportunities for good health and wellbeing. As discussed above, 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 county often have poorer health outcomes, as do some ethnic minority groups and vulnerable/socially excluded people. In addition, the most disadvantaged are not only more likely to get ill, but less likely to access services when they are unwell. This is known as the inverse care law.

We know that 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 the pandemic response have worsened these inequalities further, with young people, informal carers, those in crowded housing, on low wage, unstable and frontline work experiencing a greater burden 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 also social isolation, both of which may have longer term impacts on their health and wellbeing.

To help reduce these inequities the five NHS priorities for reducing health inequalities include;

- Priority 1: Restore NHS services inclusively
- Priority 2: Mitigate against digital exclusion
- Priority 3: Ensure datasets are complete and timely
- Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Priority 5: Strengthen leadership and accountability

The aim of these approaches is to achieve equitable access, excellent experiences and optimal outcomes for all across Leicestershire.

Where are we now?

Inequality in life expectancy is estimated using a summary measure called the slope index of inequality (SII). The higher the value of the SII, the greater the inequality within an area. Nationally, the inequality in life expectancy at birth is 9.4 years in males and 7.6 years in females in 2017-19. The SII for males and female life expectancy in Leicestershire in 2017-19 was 6.4 years and 5.0 years respectively. From 2016-18 to 2017-19, the slope index of inequality decreased by 0.1 years for males and has remained the same for females.

In males life expectancy in the least deprived decile has increased from 82.1 years in 2010-12 to 84.0 years in 2017-19. For the same time period, in the most deprived decile, life expectancy at birth in males has remained at 76.0 years. In females life expectancy in the least deprived decile has increased from 85.4 years in 2010-12 to 86.2 years in 2017-19. In the same time period in the most deprived decile life expectancy at birth in females has increased from 80.5 years to 80.8 years. Hence showing that inequalities in life expectancy are growing across Leicestershire, with increases in life expectancy growing at a fast rate in the least deprived deciles as compared to those in the most deprived deciles.

What does success look like?

- Reduction in the slope index of inequality or ‘levelling up’ of the social gradient

- A greater rate of improvement in life and health life expectancy in the most deprived communities and vulnerable groups across Leicestershire (including those from specific ethnic or vulnerable groups and disabilities.)

Our commitments to Leicestershire

- We want equitable access, excellent experiences and optimal outcomes for all those using health and care services across Leicestershire. To do this we will embrace a proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. This means that although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people, that will aim to bring those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes. (I.e. developing the national CORE20PLUS5 initiative.)
- We will translate the Leicester, Leicestershire and Rutland Health Inequalities framework for Leicestershire. This will include embedding a Health and Equity in all policies approach, utilising anchor institutions, training our leaders on health inequalities and ensuring we are collating data to analyse health inequalities effectively.
- Within the NHS we will also prioritise the five key clinical areas of health inequalities including early cancer diagnosis (screening & early referral), hypertension case finding, chronic respiratory disease (driving Covid & Flu vaccination uptake), annual health checks for people with serious mental illness and continuity of maternity carer plans[xii].

7.3. Impact of Covid-19

The Covid-19 pandemic has and will continue to have a significant direct and indirect impact the health and wellbeing of residents in Leicestershire. The Joint Health and Wellbeing Strategy acknowledges the population's loss and will continue to strengthen the innovation that has emerged through this difficult time.

Where are we now?

The weekly Covid-19 rates in Leicestershire have followed a similar trend to the national rates throughout the pandemic. During the 2nd national lockdown, the Leicestershire rates rose above the national average, whilst in the 3rd lockdown the Leicestershire rates dropped below the national rate. From early August 2021 the Leicestershire rates have increased above the national rate.

The age standardised mortality rate for deaths involving Covid-19 (2020/21) for all persons in Leicestershire was 154.6 (per 100,000 population), this is significantly lower than the national rate of 181.7 (per 100,000 population).

Since the beginning of the pandemic to week 34, 2021 (27th August) there have been 1,600 death occurrences mentioning Covid-19 in Leicestershire and 3,434 hospital admissions in Leicestershire residents. Since implementation of the Covid-19 vaccination programme significant reductions in Covid-19 related hospitalisations and deaths have been seen across Leicestershire. However, no vaccine is 100% effective and we need to continue to work with our communities to support them to live with Covid-19 in the longer term.

What does success look like?

- High uptake of the Covid-19 vaccination
- Reduction in hospitalisations and deaths due to Covid-19
- Patient feedback that health and care services are equipped to manage the Covid-19 in the longer term

- Numbers of people accessing support for Long Covid

Our commitments to Leicestershire

- We will support our population to get timely access to the Covid-19 vaccinations that are appropriate to them.
- We will ensure our health and care services are equipped to manage the impact of Covid-19 directly and indirectly for the longer term.
- We will use the results from the Covid-19 Impact Assessment to target specific interventions and vulnerable groups throughout the wider strategy implementation.
- We will support Leicestershire to live with Covid-19 circulating within our population in the longer term.
- We will ensure we maintain a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.

8. Next Steps

8.1. Evolution of the HWB

We want to ensure we have the correct mechanisms in place to monitor and evaluate the progress against the priorities discussed above to ensure we are making a true difference to improving health and wellbeing outcomes for Leicestershire. The HWBs is a statutory Board that is crucial in making this happen across Leicestershire as a place. It is a key forum established with collaborative decision makers, and commissioning leads from across the County Council, Borough and District Councils and the NHS, informed by the views of patients, people who use services and other partners who bring expert knowledge of the local community to enhance the JSNA and Joint Health and Wellbeing Strategy (JHWS).

Membership of the Leicestershire HWB include:

- Leicestershire County Council
- Clinical Commissioning Groups/ Integrated Care System
- Elected Members
- Lead District Officer for Health and Housing
- Healthwatch
- NHS England
- University Hospitals of Leicester
- Leicestershire Partnership Trust
- Leicestershire Police
- Office of Police and Crime Commissioner

The HWB acknowledges that partners across the system make a significant contribution to improving the health and wellbeing of the Leicestershire population both individually and collectively. Therefore, the HWB will evolve a 'partnership pf partnerships' approach with other key boards, and have agreed to evolve and ensure that the JHWS priorities have ownership and are accountable. As a result, the approved approach is 'do, sponsor, and watch' 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 priorities for action in each of the life course stages. The HWB will ensure there is the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. Therefore, each priority will have a named Senior Responsible Officer, with appropriate metrics and action plans developed. The HWB agenda will ensure adequate, dedicated time is allocated throughout the priorities development and implementation to ensure all HWB partners are clear about their role and accountability in progressing the specific priority.
- **Sponsor** – Additional key work streams including from the HWB Sub-groups and LLR ICS Design Groups, will be supported by a sponsor from the HWB who is accountable to ensure outcomes are delivered on. These workstreams will have clear objectives and would not be routinely discussed by the board unless the sponsor highlights the need for this to happen. A highlight report will be submitted to the board on an annual basis and the list of 'sponsor' workstreams will be reviewed on an annual basis.
- **Watch** – Workstreams including specific health pathways, organisational service reviews, support for carers and dementia etc that are still important to prevention and reducing health inequalities, but are more aligned to a single organisation. This is business as usual

and may include areas that are already ongoing, only escalating to the HWB when required. Again the ‘watch’ list will be reviewed on an annual basis and each workstream will have a Board link to ensure escalation to the Board is made as needed.

8.2. How will we know we have made a difference?

The key to getting things right is embedded in leadership and accountability. The best way of knowing if this strategy has made a difference is to ensure effective and regular monitoring of the actions that address the identified priorities, highlight any gaps and continue the conversation with residents, communities and partners through the JHWS Engagement Strategy. The aim is to regularly check in with residents to see if the priorities reflect the local experiences of health and wellbeing, and that our actions are making a true difference to the local population. The HWB will receive progress reports against the JHWS delivery plan at every meeting. The delivery plan sets out the specific change we would expect to see and the actions that will be taken. Following the approach outlined above, HWB members will be required as a sponsor for priorities to be held accountable and identified as a point of contact for organisations to explore actions being taken.

To ensure the strategy remains relevant, major review and evaluation gateways will take place on a 3-year cycle (aligning with the Community Health and Wellbeing Plans) along with minor reviews and progress updates on an annual basis reflecting both stakeholder, residents and communities feedback. The JHWS will be tailored and operationalised to reflect varying locality need and this will feed up to shape the wider LLR ICS vision at system and neighbourhood. This will enable the JHWS to stay relevant and will support the HWB in its aim to improve health and wellbeing outcomes across Leicestershire, while complementing and contributing to the wider health and care system across LLR.

9. References

[i] D. Marks, M. Murray and E. Estacio, Health Psychology: Theory, research and practice (5th Edition), London: SAGE, 2018.
[ii] Dahlgren and Whitehead (2006) European strategies for tackling social inequities in health: Levelling up Part 2, WHO, Denmark. [Available online at https://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf] [Accessed on 04.11.21].
[iii] NHS England (2019) The NHS Long Term Plan, NHS England. [Available at https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf] [Accessed on 04.11.21].
[iv] Department of Health and Social Care (2021) Policy paper
Integration and innovation: working together to improve health and social care for all, DHSC [Available at https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version] [Accessed on 19.10.2021]
[v] HM Government (2021) The Best Start for Life. A Vision for the 1,0001 Critical Days. HM Government, UK. [Available online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf] [Accessed on 19.10.2021].
[vi] Belsky, J. & de Haan, M. (2011) Annual Research Review: Parenting and children's brain development: The end of the beginning. Journal of Child Psychology and Psychiatry, 54, (4), 409-428.
[vii] Champagne, F.A. (2015) Epigenetics of the developing brain. Zero to Three, 35, (3) 2-8
[viii] ADD ACES national reference
[ix] Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status.

[x] NHS England (2016) The Five Year Forward View for Mental Health, NHS England. [Available online at https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf] [Accessed on 04.11.2021].
[xi] NHS England, "Reducing health inequalities resources," [Online]. Available: https://www.england.nhs.uk/about/equality/equality-hub/resources/ [Accessed February 2021].
[xii] Dodge I., Owolabi B.(2021) Tackling Inequalities in NHS care. NHS England and NHS Improvement Board meetings held in common. [Available online at https://www.england.nhs.uk/wp-content/uploads/2021/06/240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf]] [Accessed on 28.10.2021]