



The North West Leicestershire Community Health and Wellbeing Plan 2023 – 2026

Developed and owned collaboratively by stakeholders across
North West Leicestershire

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Foreword

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

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

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

Signature here

Dr Caroline Trevithick
Chief Executive
Leicester, Leicestershire and Rutland
Integrated Care Board



Signature here

Allison Thomas
Chief Executive
North West Leicestershire District Council



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



1. Introduction

1.1 Executive Summary

In January 2021, the Department of Health and Social Care (DHSC) published proposals through the White Paper 'Integration and innovation: working together to improve health and social care for all'¹ which brought forward measures for statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was established in July 2022.

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

As part of the ICS' requirement for the development of a Place Based Plan, a Joint Health and Wellbeing Strategy (JHWS) has been created. This sets out the strategic vision and priorities for health and wellbeing across Leicestershire over the next ten years (2022-2032). This strategy will help to shape our response across Leicestershire and ensures that we are tackling many of the common factors across the county that contribute to poor health outcomes.

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

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

¹ [Integration and innovation: working together to improve health and social care for all](#)



Whilst this plan spans the priorities for the next three years, we have looked at the housing growth projections for the neighbourhood for a longer period to ensure we are considering the longer-term needs for future populations. We know that our GP practices will be challenged by the increasing numbers of people moving to many of the areas. Due to this, we must ensure that the primary care offer grows alongside housing to support residents to access provision when needed. At the same time, we need to reduce the reliance on primary care and the need for clinical intervention when not required. We can do this by supporting people to make healthy lifestyle choices and ensuring access to sports and leisure services, support and social groups, and an integrated approach to prevention and intervention.

1.2 Purpose of this document

The purpose of the Community Health and Wellbeing Plan is:

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

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

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

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

Key enablers to help us achieve this are:

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

The CHWP is directly linked to longer term major NHS strategic priorities for LLR. It depends on other complex organisational and national programmes requiring closer working with local



and national partners at all levels to ensure we successfully deliver this plan for the people of North West Leicestershire. To support this, we have embedded this within the North West Leicestershire Integrated Neighbourhood Team (INT) to oversee decision making and delivery of the actions within this document.

1.3 What are the drivers for making change?

The 2019 NHS Long Term² plan covers a ten year period and was developed at the request of the Government. The Long Term Plan includes seven priorities which look at different things that the NHS wants to make better and is based on what the public and staff think the NHS needs. The vision is that local area partners work closely together to develop local improvement plans that help us to spend NHS money to help local people.

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

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

Building Better Hospitals (2019)³ is a significant programme of work led by the University Hospitals Leicester (UHL) NHS Trust and will mean fundamental changes in hospital provision across Leicester. There are many reasons why these changes at Leicester's hospitals are needed. Some of these reflect population health trends, while some relate more to the running of the hospitals themselves.

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

² [NHS Long Term Plan » The NHS Long Term Plan](#)

³ [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](https://www.betterhospitalsleicester.nhs.uk)



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

Health and Social Care Integration: joining up care for people, places, and populations (2022)⁴ is a White Paper that sets out key measures that enable local areas to make Integrated Health and Social Care a reality for everyone, regardless of the location they live in and what condition they may have. This policy involves planning to join up care for our patients and service users, helping staff to support the increasing numbers of people with care needs and organisations delivering these services to the local populations.

Better Care Together⁵ was formed in 2014 and is a partnership which brought together the three NHS trusts and three clinical commissioning groups (now the Integrated Care Board (ICB)) in LLR working alongside a range of other independent, voluntary and community sector providers and local councils.

The North West Leicestershire Local plan (2011-31)⁶ includes promoting the health and wellbeing of the district's population and supporting the delivery of new homes, including affordable housing, to meet the needs of the community as objectives of the plan. It sets out the location of land and infrastructure needed for the development required to support the growth of the district up to 2031. The Local Plan identifies how the district will meet increased Government targets for new homes and provide employment land and critical infrastructure. The Government requires that 481 homes be built annually in North West Leicestershire between 2011 and 2031 resulting in 9,620 new homes by 2031. The Local Plan is currently under review however, and is likely to include a revised housing target of 686 dwellings each year. It will also include additional policies addressing health and wellbeing.

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

⁴ [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/health-and-social-care-integration)

⁵ [About us \(bettercareleicester.nhs.uk\)](https://www.bettercareleicester.nhs.uk/)

⁶ [North West Leicestershire Local Plan](#)

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



Figure 1: The JHWS road map



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

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



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

Fit for the Future: The role of district councils in improving health and wellbeing⁹. District council services impact many aspects of local communities, underlining the key role in determining public health. This District Councils’ Network document highlights the importance of district and borough councils in the health and wellbeing and early intervention for the populations they serve. It emphasises the importance of integration with healthcare and wider partners.

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

Other supporting local strategies. There are a range of complementary supporting strategies that align to this plan. For example, the North West Leicestershire District Council’s Health and Wellbeing Strategy¹¹ and Licensing Act 2003 Statement of Licensing Policy¹²

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

⁸ [Public Health Strategy 2022-2027](#)

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

¹⁰ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)

¹¹ [Health and Wellbeing Strategy - North West Leicestershire District Council \(nwleics.gov.uk\)](#)

¹² [1 \(nwleics.gov.uk\)](#)



- Active Together Physical Activity Framework 2022 - 2031
- Healthy Weight
- Substance misuse
- Healthy Workplace
- Carers
- Mental Health
- Smoking cessation

2. Strategic Vision and Approach

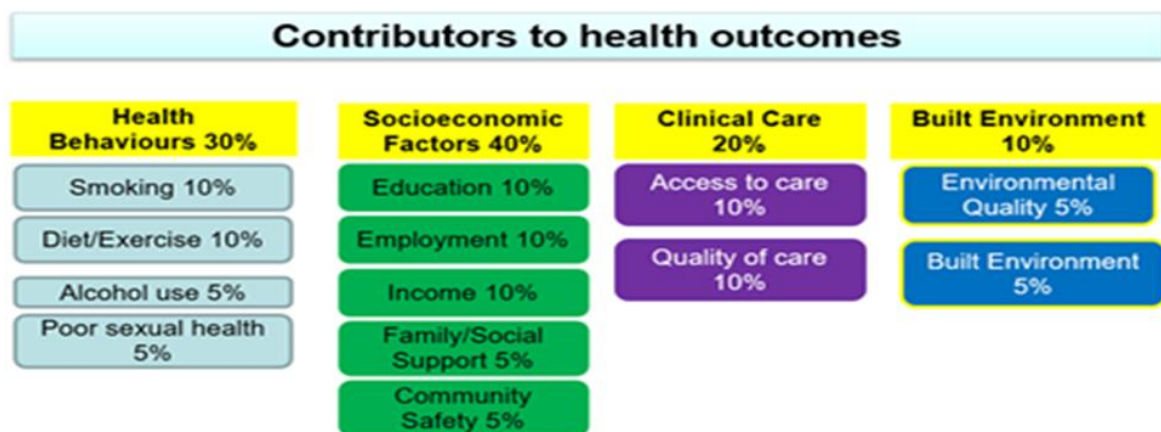
2.1 Strategic Vision and Goal

We want everyone in North West Leicestershire to live happy, healthy, long lives without illness or disease for as long as possible. However, to achieve this, the significant impact of the wider determinants of health (including social, economic and environmental factors) on people’s mental and physical health.

2.2 Our Strategic Approach

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

Figure 2: Contributors to health outcomes



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

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



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

2.3 Partnership Approach and Governance

Integration and collaboration are critical aspects of this Plan. By working together as an ICS, we can achieve a lot more and have a much more significant impact on the lives and outcomes of the people that we serve. This Plan has been developed collaboratively by the North West Leicestershire Integrated Neighbourhood Team (INT) which includes partners from the Public Sector, Health Service, Education and Voluntary Sector who all share collective accountability for the delivery of partnership priorities.

To develop the plan for North West Leicestershire, we have used a variety of information sources to create a robust needs assessment. Examples of sources of information used include:

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

These insights into North West Leicestershire's current health and wellbeing were shared and discussed at the INT and the Health and Wellbeing Partnership to understand emerging themes. A workshop took place in the winter of 2022 to ensure that as many stakeholders as possible fed into the plan and to add to, develop and challenge the list of emerging themes. The workshop resulted in the identification of 20 priorities. A prioritisation exercise was undertaken with a wide range of stakeholders to determine which priorities would be focused on over the duration of the plan which then went to the public for their views, further details can be found in section 5 of this report.

2.4 Plan Implementation and Monitoring

This document sets out the health and wellbeing priorities and principles to be progressed in North West Leicestershire over the coming three years to 2026. Whilst we have been careful to select priorities for the plan that reflect the future and present need, these may inevitably change over time. For this reason, our approach has been to phase the priorities that are focused on over the three year period. The phasing will be reviewed annually to ensure these priorities are still the right ones and enable us to make a noticeable difference for the



population. Further details of the selection process for this are described in section 5 of this report.

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

3. Integration of Health and Social Care

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

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

Figure 3: Example of an integrated Health and Wellbeing Centre



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

3.1 Integrated Neighbourhood Teams

Extensive work is also underway within North West Leicestershire to implement the recommendations of the Fuller report:

As per the Fuller Report, INTs are being developed by expanding the current PCNs and joining them up with other health and care providers within the local community at the 30,000-



50,000-population level; this will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.

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

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

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

3.2 Ease of Access

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

3.3 Home First and Community Rehabilitation

The vision for service provision across Leicester, Leicestershire and Rutland is Home First; this means supporting people to remain in their homes when they are having a health or social care crisis rather than needing to go into hospital and will also help people get home from hospital providing them with rehabilitation and enablement to help restore their health, well-



being and independence. Collaboration with local authorities and the voluntary sector is essential to enable this to happen. Initiatives include:

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

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

3.4 Better use of the Voluntary Sector and Local Communities

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

3.5 Improve Communications

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



4. Insights into the Current Health and Wellbeing of North West Leicestershire

4.1 North West Leicestershire as a District

The district of North West Leicestershire is one of the seven districts in Leicestershire. The district is situated in the north west of the county, sharing borders with the counties of Derbyshire, Nottinghamshire, Staffordshire and Warwickshire.

An overview of the district can be found at appendix 10.1 and an overview of housing in appendix 10.2.

4.2 People Living in North West Leicestershire

There are 104,700 people living in North West Leicestershire (Census 2021) which is a 12.0% increase in the population in comparison to the 2011 census. There has been an increase of 30.0% in people aged 65 years and over and an increase of 5.2% in children aged under 15 years. The number of people aged 50 to 64 years increased by 17.2% whereas the number of residents aged between 35 and 49 decreased by 7.5%.

95.9% of the population in North West Leicestershire identified their ethnic group as white, with smaller numbers from Asian (1.5%), Mixed (1.5%), Black (0.6%) and other ethnic groups (0.5%).

4.3 Health and Care Usage of the North West Leicestershire Population

4.3.1 Primary Care

North West Leicestershire district contains 13 GP practices, of which 12 form the North West Leicestershire PCN; the Orchard Surgery in Kegworth is part of the Rushcliffe PCN. The North West Leicestershire PCN serves over 114,500 registered patients. From October 2022, practices provide an enhanced access service covering the hours of 6.30am to 8pm Monday to Friday and 9am to 5pm on Saturdays.

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



4.3.2 Secondary Care

Coalville Community Hospital

Coalville Community Hospital has three adult inpatient wards, Snibston Ward 1 provides specialist stroke rehabilitation, Ellistown Ward 2 provides sub-acute, complex rehabilitation and end of life care and Thringstone Ward 4 is currently a step down ward. Other services provided from Coalville Community Hospital include cardiology, dermatology, rheumatology and ophthalmology.

University Hospitals of Leicester (UHL) NHS Trust

UHL is one of the biggest and busiest NHS Trusts in the country, serving the residents of LLR, and increasingly provides specialist services over a much wider area. UHL is nationally and internationally renowned for specialist treatment and services in cardio-respiratory diseases, ECMO, cancer, and renal disorders, reaching a further two to three million patients from the rest of the country. The trust activity is spread across the General, Glenfield and Royal Infirmary hospital sites. It has its own Children's Hospital and works closely with partners at the University of Leicester and De Montfort University.

University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust

UHDB has sites in Derbyshire and Staffordshire and comprises of Royal Derby Hospital, Queen's Hospital Burton, Florence Nightingale Community Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital. The Royal Derby Hospital is the newest hospital in the East Midlands. Due to the geography of North West Leicestershire, patients may choose to attend one of the UHDB sites. For registered patients of surgeries in North West Leicestershire, 45.75% of outpatient services take place at UHDB.

Mental Health Services

Community Mental Health Team:

The North-West Leicestershire Community Mental Health Team (CMHT) is based in Coalville, adjacent to the community hospital. The Team offers assessment, treatment, and review of the mental health needs of adults of working age within the catchment area. It also aims to promote positive mental health, and to provide support to carers and families. Patients attend some appointments and groups at the base and can also be seen in their own homes, or virtually if they choose.

The Clinical Team is comprised of various disciplines including Consultant Psychiatrists; Clinical Psychologist; Community Mental Health Nurses; Healthcare Support Workers; Peer Support Worker; Occupational Therapists; Occupational Therapy Assistants; and Employment Support Specialists. In addition to this the Team works closely with Therapy Services for People with Personality Disorder, Dynamic Psychotherapy Service, Cognitive Behavioural Therapy Team,



and Turning Point, all of which attend regular multi-disciplinary team meetings to ensure referrals are discussed and directed to the appropriate service quickly, to improve the patient experience.

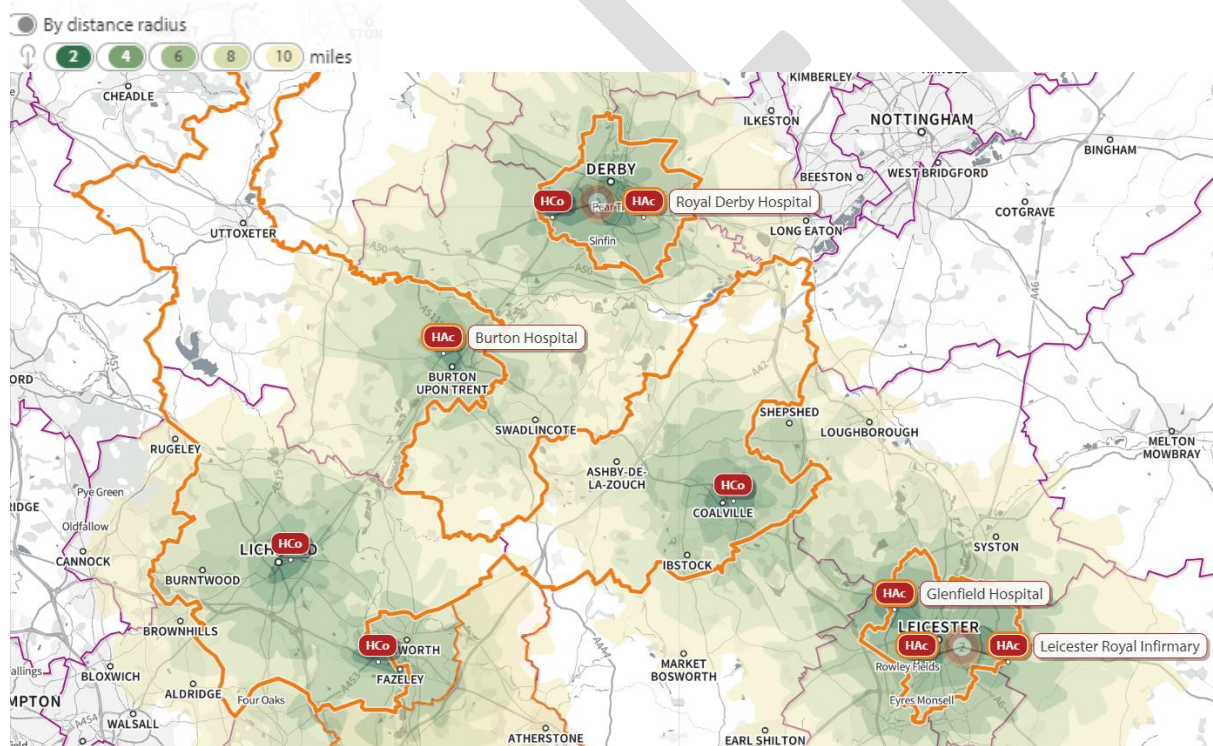
The Team operates between 9am and 5pm, Monday to Friday. Outside of these times patients can access urgent mental health support via the Central Access Point.

4.3.2.1 Where do North West Leicestershire Residents Travel to access Secondary Healthcare?

Access to Acute Hospitals

Depending on the location within the district, residents may prefer to travel to Leicester Royal Infirmary, Royal Derby Hospital or Queen’s Hospital Burton.

Figure 4: Travel by distance to Acute Hospitals (SHAPE ATLAS, 2023)

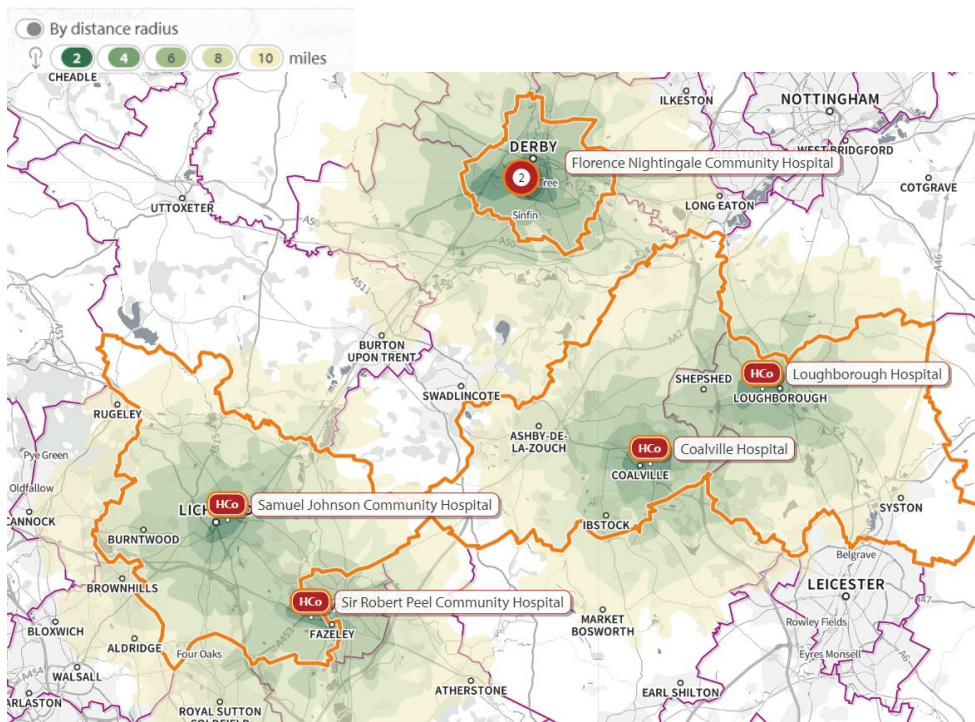


Access to Community Hospitals

Coalville Community Hospital is located in North West Leicestershire. Other community hospitals that may be accessed by residents in the district include Loughborough Community Hospital, Florence Nightingale Community Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital.



Figure 5: Travel by distance to Community Hospitals (SHAPE ATLAS, 2023)



Inpatient and Outpatient Services

UHL is the top provider of inpatient services with 42.42% registered patients of surgeries in North West Leicestershire attending UHL. This is followed by UHDB with 38.01% of patients attending UHDB.

UHDB is the top provider of outpatient services with 45.75% registered patients of surgeries in North West Leicestershire attending UHDB. UHL follows with 40.10% of patients attending outpatient services.

4.3.3 Local Authority and Voluntary Sector Services

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

Further to this, North West Leicestershire District Council provides many services to the residents of the district. This includes, but is not limited to, planning and building control, household waste collections, business advice and support, environmental services, housing, licences, community safety, community support and advice,, voluntary and community sector support (Voluntary Sector Grants), leisure services and cost of living support schemes.



Several hosted services are also delivered across LLR. Two key services hosted by Blaby District Council are Lightbulb and the Housing Enablement Team. Lightbulb offers disabilities facility grants for the whole of Leicestershire, providing aids and adaptations to enable adults and children to stay at home independently. The Housing Enablement Team operates across the whole of LLR. It covers all the UHL hospitals, all community hospitals in Leicestershire, the Bradgate Mental Health Unit, and the mental health rehabilitation sites at The Willow and Stewart House. The service helps resolve tenancy issues and ensures homes are safe by organising repairs and resolving hoarding cases. The service can also offer practical support in terms of ensuring homes are heated, food is available, and that people have the essentials to move into a property. Both of these services support timely discharge from hospital by ensuring patients' homes are safe for them to return to.

A considerable number of voluntary Sector services within North West Leicestershire are provided at both a local and national level. Key local services include Marlene Reid Centre (MRC) Community Action, Hospice Hope, Charles Booth Centre, Coalville CAN, Rural Community Council (RCC), The National Forest Company, several food banks and community fridges amongst others. National services are also available from local branches including Age UK, Macmillan, LOROS, Trussell Trust and Dementia UK.

Alongside the voluntary sector services, there are also non voluntary sector services available to residents such as Citizens Advice and Department for Work and Pensions (DWP).

4.3.4 Local Communities

Following the evaluation of a range of public health, crime and local information and data, the Thringstone and Whitwick area has been chosen to become a People Zone by the Office of Police and Crime Commissioner. The vision of People Zones is to grow safer communities by building on strengths, creating connections and empowering everyone to play a role. They are designed to build on the positivity and skills of communities to make the area safer for everyone. The Thringstone and Whitwick People Zone Research Report identified five main themes concerning residents of the community:

- Youth Provision
- Community Safety
- Pride of Place
- Access to Services (including transport and digital services)
- Community Cohesion

4.4 Health Inequalities in North West Leicestershire

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



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

Health inequalities have been further exposed by the Covid-19 pandemic, which has taken a disproportionate toll on groups already facing the worst health outcomes. For example, nationally, the mortality rate from Covid-19 in the most deprived areas has been more than double that of the least deprived. In addition, some ethnic minority communities and people with disabilities have seen significantly higher Covid-19 mortality rates than the rest of the population. The economic and social consequences of the pandemic response have worsened these inequalities further, with young people, informal carers, those in crowded housing, on low wage, and frontline workers experiencing a more significant disadvantage and transmission of the virus. We also know that older and more clinically vulnerable people have experienced extended periods of physical deconditioning through limited activity and social isolation, which may have longer-term impacts on their health and wellbeing.

4.4.1 Core20PLUS5 Approach to Health Inequalities

Core20PLUS5 is an NHS England approach for adults¹³ and children¹⁴ to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

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

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

‘**5**’ relates to the five clinical areas of focus which require accelerated improvement that sit within national programmes; national and regional teams coordinate activity across local

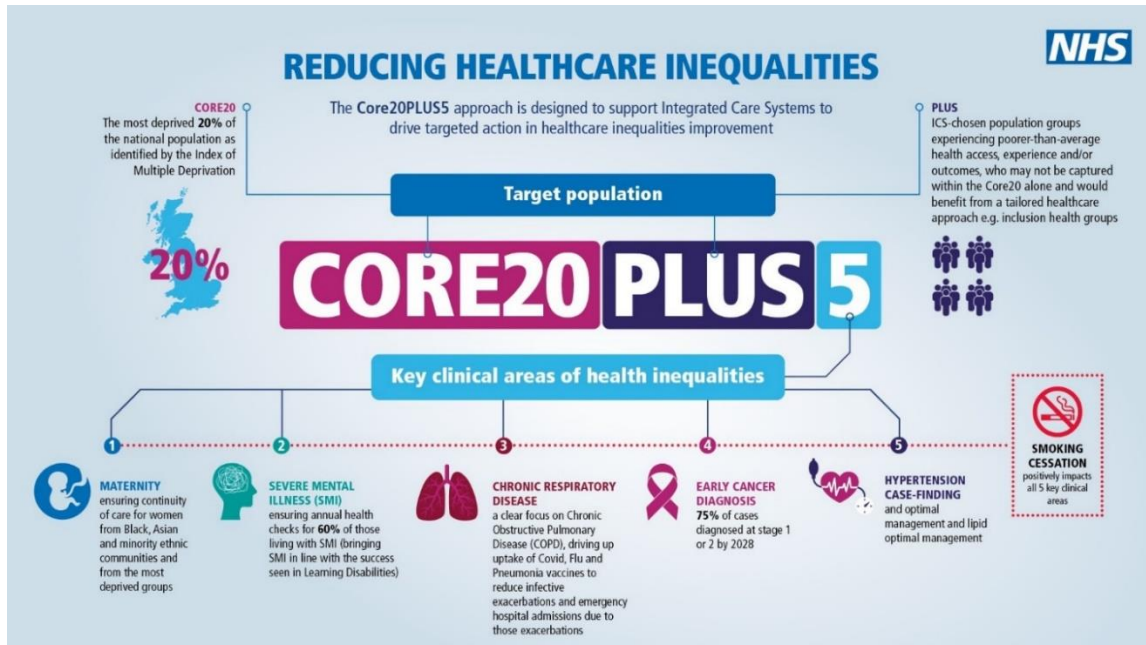
¹³ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

¹⁴ [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)



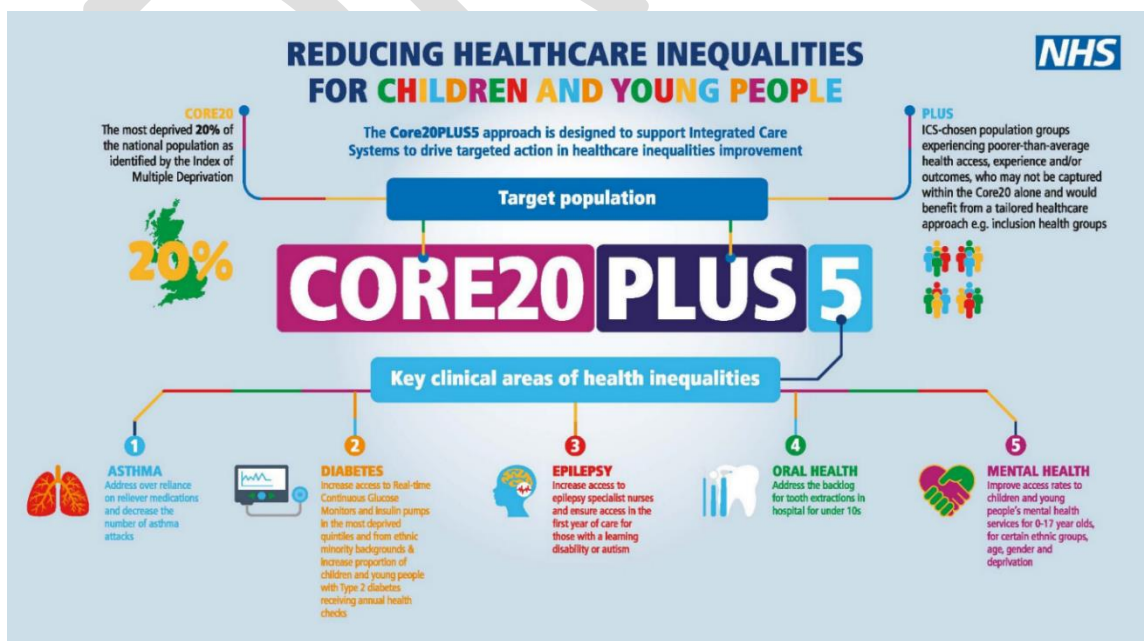
systems to achieve national aims. For adults the five clinical areas are Maternity, Severe Mental Illness (SMI), Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension Case Finding.

Figure 6: Core20PLUS5 approach for adults



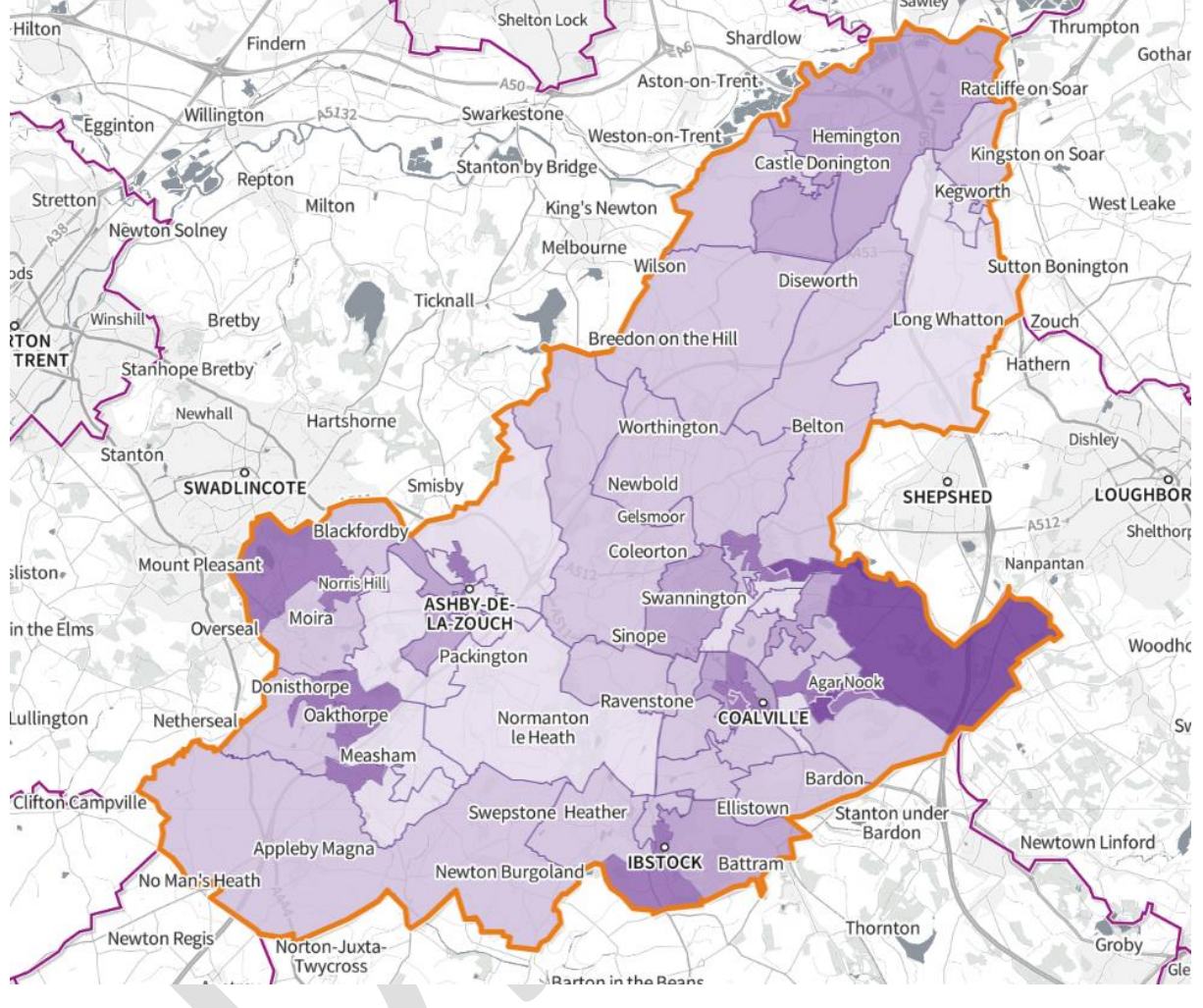
For children there is additional focus on young carers, looked after children/care leavers and those in contact with the justice system in the PLUS population. The 5 clinical areas are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Figure 7: Core20PLUS5 approach for children and young people



People living in North West Leicestershire generally experience relatively low levels of deprivation. However, of the 58 neighbourhoods in the district, two were amongst the 20% most income deprived in England (Greenhill and Agar Nook wards).

Figure 8: Map of North West Leicestershire showing the Index of Multiple Deprivation (IMD) 2019 (SHAPE ATLAS, 2023)



Key

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

The colours represent the quintiles:

- 33.26 to 92.73: 2 areas
- 21.56 to 33.25: 10 areas
- 14.25 to 21.55: 9 areas
- 8.63 to 14.24: 23 areas
- 0.54 to 8.62: 14 areas

As an alternative measure to the Index of Multiple Deprivation (IMD), there are four areas in the lowest 10% nationally for rural deprivation. These are Agar Nook, Greenhill, Measham and Ibstock. Greenhill also falls in the highest 10% nationally for fuel poverty.



There are children in the district that live in relative and absolute poverty. 13% of children (2,477) live in relative poverty and 11% of children (2,057) live in absolute poverty.

The life expectancy at birth for males is 79.7 and females is 83.5, 2018-2020 data. These are both higher than the Leicestershire and England average. Data for 2018-20 shows that the inequality in life expectancy at birth for men in North West Leicestershire (8.3) is lower than the Leicestershire average (9.2) and the England average (9.7). For females at birth, the inequality is 5.9 which is lower than the Leicestershire average (7.6) but lower than the England average (7.9).

The current cost of living crisis has a widespread impact on the population and their health and well-being. The use of food banks and housing support has dramatically increased as people struggle to manage financially.

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

The pandemic has also rapidly increased the move to digital for many aspects of our lives, including shopping, booking events and appointments and clinical consultations. Around 96% of properties within North West Leicestershire have a superfast (connection speeds of 24 Mbps or higher) level of provision¹⁵. All the district is covered by 4G cellular provision by the main commercial network operators. Whilst the levels of infrastructure may be appropriate, North West Leicestershire District Council Customer Experience Strategy (2018-2021)¹⁶ identified that the likelihood of overall digital exclusion in the district is medium. This is negative in comparison to neighbouring Local Authorities. Those at risk of digital exclusion may be residents who do not have the skills, knowledge or means to access and navigate digital platforms.

5. The Life Course in North West Leicestershire

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

5.1 Life Stage 1: Best Start in Life

We want to give our children the best start for a happy, healthy, long life. We want them to fulfil their potential, by allowing them to have positive educational attainment, emotional wellbeing and resilience, and life skills, enabling them to contribute to their community and thrive. We know that the families, communities and environments in which we are born, grow and develop significantly impact on health and wellbeing outcomes in later life.

¹⁵ [Leicestershire International Gateway: Potential Strategic Sites Infrastructure Study](#)

¹⁶ [Customer Experience Strategy – North West Leicestershire District Council 2022-2025](#)



Where are we now?

Breastfeeding initiation in the district is below the England and regional levels. When compared to the LLR average, Ashby-de-la-Zouch South, Thringstone and Swannington, Coalville, Hugglescote and Bardon Hill and Ibstock and Ellistown have lower rates of breastfeeding initiation. The prevalence of breastfeeding at 10-14 days is lower than the LLR average in Ibstock and Ellistown, Hugglescote and Bardon Hill, Agar Nook, Whitwick, Thringstone and Swannington and Coalville. At 6-8 weeks, Ibstock and Ellistown, Agar Nook, Hugglescote and Bardon Hill, Thringstone and Swannington and Coalville have significantly worse prevalence of breastfeeding than the LLR average.

We know that some children living in North West Leicestershire live in poverty. 2,477 children (13%) live in relative poverty and 2,057 children (11%) live in absolute poverty.

Feedback from the priorities session also identified other areas of concern:

- impact on 'lockdown babies',
- the need to make every contact count (MECC) at the six week baby health check

What do we want to achieve?

- Increase breastfeeding initiation and support to sustain breastfeeding.
- Reduce inequalities faced by 'lockdown babies' and acknowledge the impact on parents.
- MECC training where appropriate.

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

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



Figure 9: Children and Families Partnership Plan Priorities



5.2 Life Stage 2: Staying Healthy, Safe and Well

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

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

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

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

Where are we now?

2021/22 public health data tells us that 32.4% of adults (aged 18+) are obese in North West Leicestershire, compared to 32.4% in Leicestershire and 25.9% in England. The percentage classified as overweight or obese (70.07%) is higher than both the regional value (67.0%) and



England value (63.8%). The percentage of adults cycling for travel at least three days per week is lower than the England average (1.0 for North West Leicestershire and 2.3 for England) and is lower than all but one other district in Leicestershire.

Smoking prevalence in the district is slightly higher than England values but lower than regional values. Rates of smoking in adults in routine and manual occupations are lower than both the regional and England value.

Vaping in children and young people is a concern nationally. The harms of vaping, as yet, are not fully established, but there are concerns and risks of adverse health outcomes including addiction.

Covid-19 vaccination rates are relatively good in the district but there are some areas where residents have not yet received a first dose of the vaccine.

The risk of loneliness is low overall in North West Leicestershire with the percentage of people who often or always felt lonely being lower than England and Leicestershire levels. However, one area in Ashby-de-la-Zouch has been identified as being in the highest 10% risk group for loneliness.

Mental Health

Local data suggests that the estimated prevalence of common mental disorders is higher than where we want it to be in the district. The latest published data, from 2017, indicates that North West Leicestershire had a prevalence of 15% which was higher than other districts in Leicestershire.

The number of emergency hospital admissions for intentional self-harm was 165.7 per 100,000 population which is higher than other districts in Leicestershire. Local data suggests an increase in self-harm incidents in Whitwick. The percentage of the employed population with a physical or mental long term condition, aged 16-64, was higher than the East Midlands and England Value in 2021/22 at 69.3%. Suicide rate in 2019-21 was 12.9 per 100,000 people, which was higher than other districts in Leicestershire. 2.75% of the population were referred to NHS Talking Therapies in 2022.

Data provided by Turning Point (April 2022 - March 2023) shows that there were 617 referrals for treatment in North West Leicestershire. For the district, the percentage of clients in treatment for alcohol was the highest at 40.0%, followed by the percentage of clients in treatment for opiates (39.0%). Of these in treatment for alcohol, 40.7% successfully completed treatment and 2.5% completed treatment for opiates.



Veterans

Qualitative feedback from the priorities workshop also identified the need to do more for veterans and male residents of the district. There are 3,455 veterans who have served in the regular or reserve UK armed forces¹⁸ which is 4% of the eligible population.

Cancer

Also identified at the workshop was the need for further cancer prevention, screening, diagnosis and support and also considerations given to those who are carers in the district. According to data from the Office of Health Improvement and Disparities (OHID), 17% of deaths from cancer in the district can be explained by deprivation.

Carers

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

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

In 2021, 4.7% of North West Leicestershire residents (aged five years and over) were reported as providing up to 19 hours of unpaid care each week. This figure decreased from 7.7% in 2011. In 2021, just under 1 in 50 people (1.7%) reported providing between 20 and 49 hours of unpaid care each week, compared with 1.5% in 2011. The proportion of North West Leicestershire residents (aged five years and over) that provided at least 50 hours of weekly unpaid care remained at 2.7%.

¹⁸https://data.leicester.gov.uk/explore/dataset/census-2021-llr-veterans/table/?disjunctive.local_authority&refine.local_authority=North+West+Leicestershire



Impact of the Cost of Living

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

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

What do we want to achieve?

- Reduce the percentage of people who are classified as overweight or obese.
- Increase the percentage of the population that is active.
- Maintain the below average smoking rates for routine and manual workers and reduce the smoking rate to below the England average.
- Improve the Covid-19 vaccination rates in appropriate areas.
- Support for carers in the district.
- Support prevention work and improve screening, early diagnosis and support following a cancer diagnosis.
- Consider if more specific focus needs to be given to the needs of veterans and men in the area.

5.3 Life Stage 3: Living and Supported Well

As people age, become unwell or develop one or more Long Term Conditions (LTCs), they must be supported to live as independently as possible, for as long as possible, while maximising their quality of life. Due to an ageing population, there will be a corresponding anticipated increase in health conditions related to age, such as dementia, falls, cardiovascular disease and mobility issues. The more LTCs people have, the more significant health and social care support they will require. With a targeted population health management approach, we can focus on supporting those with disabilities and multiple LTCs (at any age) to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.

Where are we now?

North West Leicestershire has high levels of hip fractures in people aged 65 and over, with values being significantly higher than regional and national averages.



The estimated dementia diagnosis rate in people aged 65 and over is 53.2% in North West Leicestershire. In comparison, the regional diagnosis rate is 65.2% and in England, the rate is 63.0%. This demonstrates that the diagnosis rate is below the expected. There is a national target of 66.7% of all estimated 65+ dementia patients to be assessed and/or diagnosed for dementia.

Over 1500 people require social care support, with the majority of those being for personal care support. This group of people often have existing ill health or will be at greater risk of ill health. There are 19 residential/nursing homes in the district, with six clustered around Coalville and 4 in the Ashby-de-la-Zouch area. The 19 homes provide 515 beds.

Emergency hospital admissions for intentional self-harm are well below England levels but are above the Leicestershire levels.

Feedback from the priorities session identified the need to provide more support for people with diabetes in North West Leicestershire. We know that being overweight or obese greatly increases your risk of developing type 2 diabetes, and that those with type 1 diabetes also require support to manage their condition.

From the priorities workshop, residents with learning disabilities (LD) / special educational needs (SEN) were identified as a cohort who we would like to further support. An area identified at the workshop for consideration was that residents may need help whilst waiting for assessments.

What do we want to achieve?

- Reduce hip fractures for people aged 65 and over to align performance with regional and national averages.
- Increase dementia diagnosis rates to meet the national target of 67% and ensure people are diagnosed early and offered appropriate support and treatment.
- Ensure care home residents and staff are offered the right services and support.
- Ensure those who do not meet the threshold for social care are signposted to other appropriate services.
- Ensure ease of access to appropriate services.
- Diabetes support
- Support residents with LD/SEN

5.4 Life Stage 4: Dying Well

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



carers. This care needs to be a dignified, personalised approach for the individual, their friends and family.

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

Where are we now?

The under 75 mortality rate from all causes, cardiovascular disease and cancer are slightly below the average for England and the region.

Excess winter deaths were above the region and England value but it should be noted that the data reflecting this was between August 2019 and July 2020.

Data shows that temporary resident care home deaths are higher in North West Leicestershire than both region and England values. More residents in North West Leicestershire die in hospital than in other settings such as at home, care homes or hospices.

The priorities workshop identified that a more holistic approach to end of life care and support was needed. This should involve the whole family and cover topics such as housing, financial and medical. End of life communication and information was also important as well as bereavement and grief support, where there are currently waiting lists for counselling.

What do we want to achieve?

- More holistic approach to end of life care that puts the prioritises patient's wishes and supports their families, into bereavement and grief support.
- Ensure easy transition between the hospital and the community/home with appropriate information sharing between different service providers.

6. Our Local Priorities

6.1 Developing Priorities via a multi-agency group

The insights into the current health and wellbeing of North West Leicestershire were shared and discussed at the Integrated Neighbourhood Team (INT) meetings. This allowed members to gain an understanding of the initial emerging priorities within the district.



Figure 10: Initial priorities following the needs assessment



6.2 Priorities Workshop

A priorities workshop took place in December 2022 in the district. A wide range of stakeholders were invited to the workshop where attendees were able to gain an understanding of the initial emerging themes and challenge these as well as add new themes. Each life course stage was discussed and a further 11 themes were identified.

Figure 11: Emerging priorities following the priorities workshop



6.3 Priorities Survey

In order to identify the priorities that would make up the areas of focus for this plan, a prioritisation survey was undertaken with a wide range of stakeholders. An online survey was shared with over 100 stakeholders and ran from 16th February to 17th March 2023. Participants



were asked to rank each priority from 1 to 20 in order of those they would like to be a focus of the plan, with 1 being the most important and 20 the least important. The survey also provided the opportunity for participants to identify any priorities that may have been missed and for any further comments. The results of the survey and further comments and suggested priorities are shown below.

Figure 12: Overall Survey Results

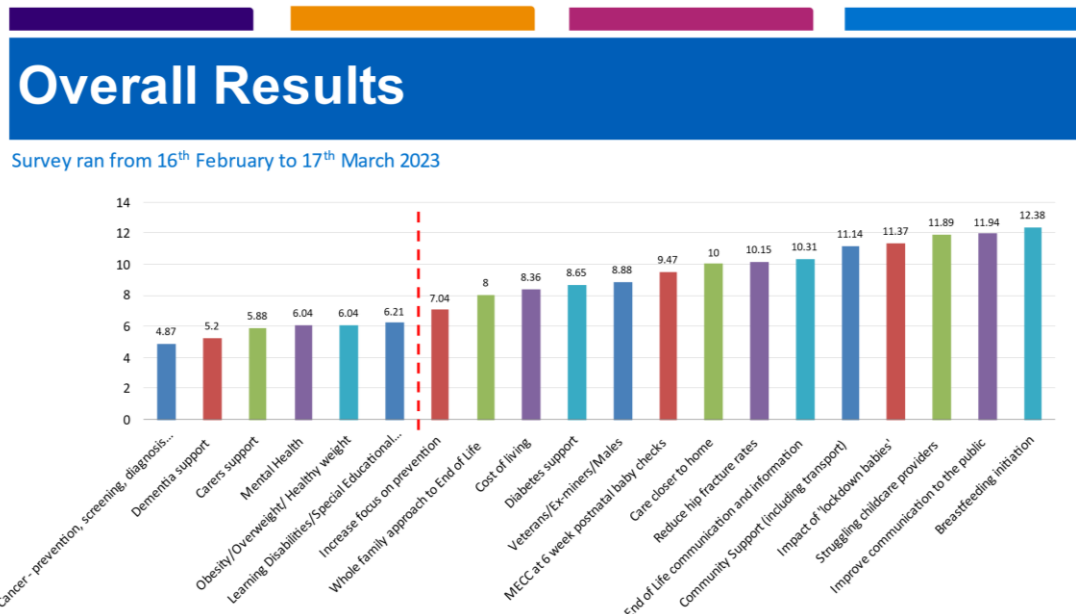


Figure 13: Suggested Priorities

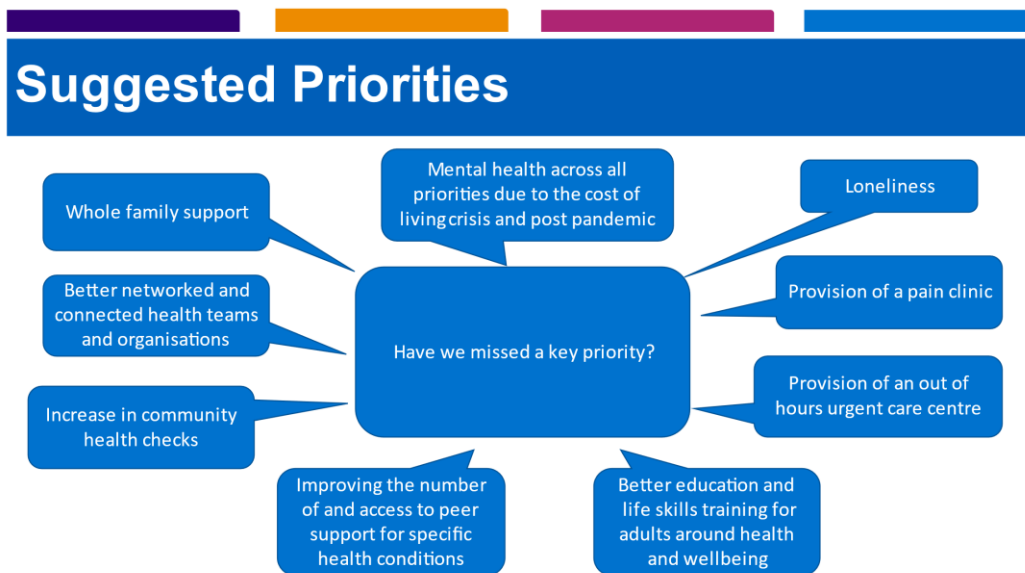
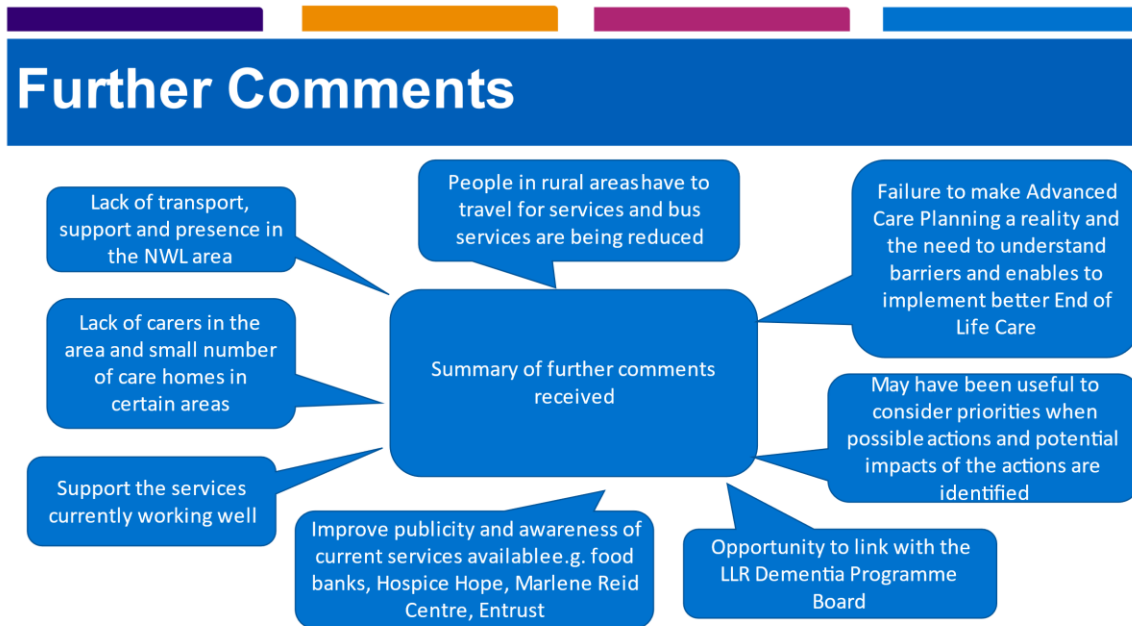


Figure 14: Further comments



The results of the survey were presented to the INT and North West Leicestershire Health and Wellbeing Partnership. It was agreed that a phased approach would be taken with the priorities but before confirming the final priorities, it was decided that the population of North West Leicestershire would be engaged to understand their views of the suggested priorities.

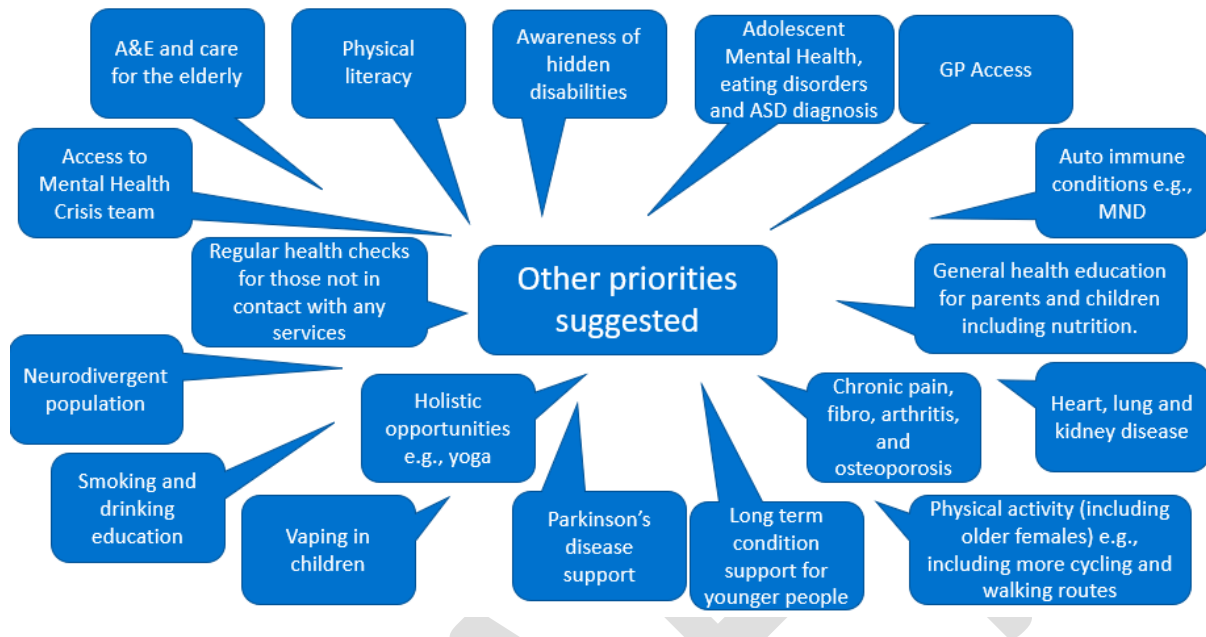
6.4 Public Engagement

The people who live and work in North West Leicestershire were asked for their feedback on the priorities to help us understand if they aligned with their health priorities. This was carried out via an online survey that was open between June and July 2023.

Overall, there was over 50% agreement with our proposals, with further suggestions of areas of focus provided by the public. The output from the public survey was shared at the INT meeting in September 2023 where discussions took place in relation to how the additional items could be addressed. A summary of the additional feedback is shown below:



Figure 15: Public Suggested Priorities



6.5 Agreed priorities and phasing

The priorities that were agreed following the survey and public consultation are shown with the phasing below:

Year 1 – Cancer Prevention

Year 1 – Hip Fracture Prevention

Year 1 – Obesity/ Overweight

Year 1 – Mental Health

Year 2 – Breastfeeding

Year 2 – Dementia

Year 2 – Learning Disabilities

Year 3 – Carers

Year 3 – Diabetes

Delivery groups will be set up to develop action plans to respond to the priorities above, further details of this can be found in Section 7 of this report.



7. North West Leicestershire Health and Wellbeing Delivery Action Plan

To ensure that this plan remains relevant, major review and evaluation points will take place on a three-year cycle. Whilst the priorities selected reflect the current and future need, these may change over the plan period. Due to this, the delivery action plan will be reviewed on an annual basis, prior to moving to the next phase of delivery to ensure the priorities are still right for the population.

7.1 Action Plan Delivery Groups

For each priority, a delivery group will be established. Where appropriate, the delivery groups will have representation from Health, the District Council, patient representatives and the voluntary sector who will all have collective ownership of the priority, with one named representative identified as the lead to facilitate meetings and ensure that progress is being monitored. See appendix 10.3.

7.1.1 Timescales

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

7.2 Monitoring and Reporting

A template for the action delivery plan will be provided to the delivery groups to populate with any identified actions. These will be for the delivery groups use and will not be presented at the INT unless requested.

Regular reporting at the INT will be through monthly updates with formal reporting through the use of a highlight report. The report will be completed by the priority lead and use the red, amber, green (RAG) rating system (red = significantly behind, amber = slightly behind, green = on track for delivery) to demonstrate progress.

7.3 Governance

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



7.4 Annual Reviews

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

8. Stakeholders

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

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



9. Glossary of Terms

AQMA – Air Quality Management Area
ARRS – Additional Roles Reimbursement Scheme
CHWP – Community Health and Wellbeing Plan
DES – Directed Enhanced Services
DHSC – Department of Health and Social Care
DWP – Department for Work and Pensions
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care System
INT – Integrated Neighbourhood Team
JHWS – Joint Health and Wellbeing Strategy
LD – Learning disabilities
LLR – Leicester, Leicestershire and Rutland
LTC – Long Term Conditions
MDT – Multi disciplinary team
PCN – Primary Care Network
PHM – Population Health Management
RAG – Red, amber, green rating system
RESPECT - Recommended Summary Plan for Emergency Care and Treatment
SEN – Special educational needs
UHDB – University Hospitals of Derby and Burton NHS Foundation Trust
UHL – University Hospitals of Leicester NHS Trust
VCSE – Voluntary, Community and Social Enterprise
WQMP – Water Quality Management Plan

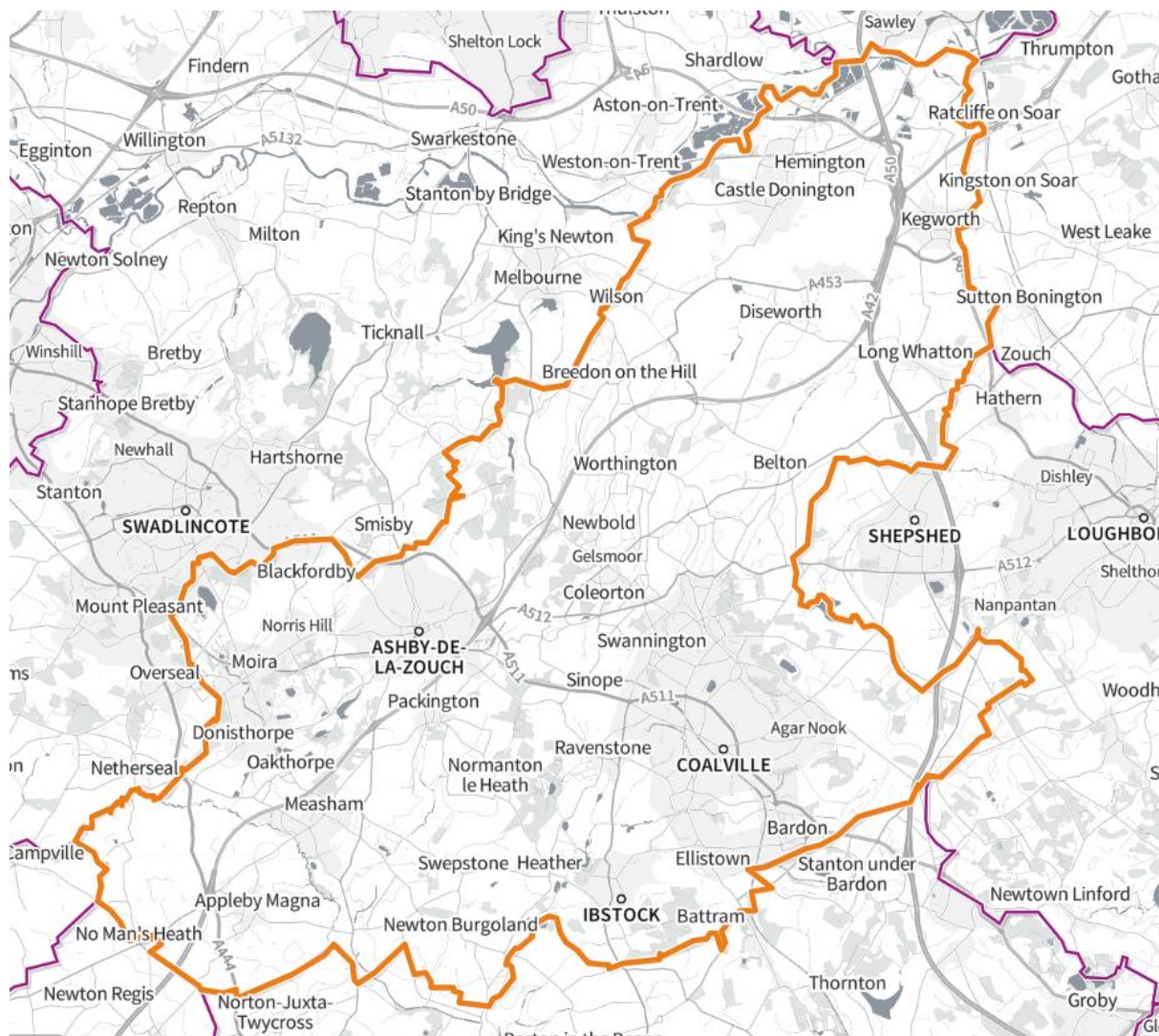


10. Appendices

10.1 Overview of the district

North West Leicestershire encompasses an area of 27,933 hectares.

Figure 16: North West Leicestershire (SHAPE Atlas, 2023)



The district is a mix of both rural and urban areas with the principal town in North West Leicestershire being Coalville and other main settlements in the district comprising of Ashby-de-la-Zouch, Castle Donington, Ibstock, Kegworth and Measham.

Whilst there is currently no passenger railway service in the district, there is the potential for a passenger line to be reopened travelling from Coalville to Derby with a stop in Ashby which is yet to be confirmed and the HS2 line which will include a stop located to the north of the district at East Midlands Parkway. There are excellent road transport links with the M1



motorway passing through the east of the district and the A42 crossing the district. East Midlands Airport is situated in the northern part of the district and provides a major source of local employment. Adjacent to the airport is the SEGRO Logistics Park East Midlands Gateway which is a 700-acre development that incorporates a Strategic Rail Freight Interchange which links with the freight line at Castle Donington.

North West Leicestershire is at the heart of the National Forest and has attractive areas of countryside including Staunton Harold and the Charnwood Forest. There are nationally recognised conservation areas in Ashby-de-la-Zouch town centre and at Castle Donington. There is some green web work due to commence which will improve cycle and walk ways in the National Forest.

Local greens spaces are identified as part of the many Neighbourhood Plans within the district where each neighbourhood identifies a need. On a district footprint, there are policies to secure the provision of additional open space and sport and recreation facilities as part of new developments, including children's play areas, and also to protect existing playing fields.

There are two air quality management areas (AQMA) in North West Leicestershire in Castle Donington and Copt Oak.

10.2 Housing in North West Leicestershire

There is substantial housing growth planned in the district as outlined in the Local Plan which is currently under review. The revision to the plan will outline a revised housing target of 686 dwellings each year, resulting in the total housing provision for the period 2020-40 of 13,720 dwellings in the district

A significant development that may contribute towards the minimum number of dwellings is a potential 2,050 dwelling development in Ashby-de-la-Zouch. However, as this site lies within the River Mease catchment, the development has to avoid having an adverse impact upon the integrity of the River Mease Special Area of Conservation. In accordance with the Water Quality Management Plan (WQMP) designed to reduce phosphorus levels ensuring that new development does not lead to deterioration in water quality, or cause a net increase in phosphorus levels, development is currently restricted to 600 dwellings on this site. This is in place until the pumping of sewage effluent from Packington and Measham sewage works out of the River Mease catchment is achieved. It is estimated that this could be achieved by 2025.

The average house price for the district in May 2021 was £272,183 which is lower than the county average of £293,750. The average house in the district costs 10.68 times the median wage in the district.



10.3 Delivery Group Leads

Year	Priority	Lead
1	Cancer Prevention	Dr A Patel (Markfield Medical Centre)
1	Hip Fracture Prevention	Kerry Jarvis (Leicestershire County Council) and Jill Jones (Leicestershire Partnership Trust)
1	Obesity/ Overweight	Emma Knight (North West Leicestershire District Council)
1	Mental Health	Inbal Bland (Leicestershire Partnership Trust)
2	Breastfeeding	To be decided
2	Dementia	To be decided
2	Learning Disabilities	To be decided
3	Carers	To be decided
3	Diabetes	To be decided

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