

The Charnwood Community Health and Wellbeing Plan 2023 – 2026



Contents

Foreword	4
1. Introduction	5
1.1 Executive Summary	5
1.2 Purpose of this Document.....	6
1.3 What are the drivers for making change?.....	7
2. Strategic Vision and Approach	11
2.1 Strategic Vision & Goal.....	11
2.2 Our Strategic Approach.....	11
2.3 Partnership Approach and Governance.....	12
2.4 Plan Implementation and Monitoring	13
3. Insights into the Current Health and Wellbeing of Charnwood	14
3.1 Charnwood as a District	14
3.2 Housing in Charnwood	15
What do we want to achieve to accommodate the housing growth in Charnwood?	16
3.3 People Living in Charnwood.....	16
3.4 Health and Care Usage of the Charnwood Population	17
3.4.1 Primary Care.....	17
3.4.2 Secondary Care Healthcare	17
3.4.2.1 Where do Charnwood Residents Travel to access Secondary Care Healthcare?	18
3.4.3 Local Authority & Voluntary Sector Services	21
3.4.4 Local Communities	22
3.5 Health Inequalities in Charnwood.....	23
3.5.1 Core20PLUS5 Approach to Health Inequalities.....	23
3.6 Insights from the Charnwood Population	27
What do we want to achieve for the population of Charnwood?	28
4. The Life Course in Charnwood	29
4.1 Life Stage 1: Best Start for Life	29
Where we are now?	29
What do we want to achieve?.....	30
4.2 Life Stage 2: Staying Healthy, Safe and Well.....	30
Where we are now?	31

Impact of the Cost of Living.....	33
What do we want to achieve?	33
4.3 Life Stage 3: Living and Supported Well.....	34
Where we are now?	34
What do we want to achieve?	35
4.4 Life Stage 4: Dying Well.....	36
Where we are now?	36
What do we want to achieve?	36
5. Our Local Priorities.....	37
5.1 Developing Priorities via a Multi-Agency Working group.....	37
5.2 Emerging Themes Workshop	37
5.3 Priorities Survey.....	37
Priority 1: Improving Mental Health in Teenagers	40
Priority 2: Reducing the incidence and impact of Loneliness.....	40
Priority 3: Dementia.....	41
Priority 4: Care Planning for Dying Well	41
Priority 5: Improved Mental Health.....	42
5.1 Impact of the cost of living.....	42
Priority 6: Improved Support to Carers	43
Priority 7: Housing in Charnwood.....	43
We will also work in partnership with local planners to ensure new developments in Charnwood consider the health impact they can have on local people, with negative effects reduced and positive impacts promoted wherever possible.	43
Priority 8: Integration of Health & Social Care	43
6. Charnwood Community Health and Wellbeing Delivery Action Plan.....	46
6.1 Action Plan Delivery Groups.....	46
6.1.1 Timescales	46
6.2 Monitoring and Reporting.....	46
6.3 Governance	47
6.4 Annual Reviews	47
7. Stakeholders	47

Foreword

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

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

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

Andy Williams



Chief Executive
Leicester, Leicestershire and
Rutland Integrated Care Board

Mike Sandys

Director of Public Health
Leicestershire County Council

Robert Mitchell



Chief Executive
Charnwood Borough Council



1. Introduction

1.1 Executive Summary

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

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

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

However, we also acknowledge that some needs are better identified and tackled at a neighbourhood level. Our district council, voluntary sector and primary care networks, along with many other local services, operate at more localised levels to improve health outcomes. Therefore, Community Health and Wellbeing Plans 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 Community Health and Wellbeing Plans 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 these plans, and we are grateful to them all for their valuable input and collaboration.

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

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

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

1.2 Purpose of this Document

The purpose of the Community Health and Wellbeing Plan is:

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

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

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

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

Key enablers to help us achieve this are:

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

The Plan is directly linked to longer term major NHS strategic priorities for Leicester, Leicestershire, and Rutland (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 Charnwood. To support this, we have established the Charnwood Community Health and Wellbeing Partnership to oversee decision making and delivery of the actions within this document.

1.3 What are the drivers for making change?

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

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

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

Building Better Hospitals (2019)² is a significant programme of work led by the University Hospitals Leicester (UHL) 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 now and 2024. The DES includes funding for more health professionals. It will enable the development of more integrated community teams that provide tailored care for local patients. This new model of care will also allow GPs to focus more on people with complex health needs.

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

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

² [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](#)

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

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

The Charnwood Local plan (2021-37)⁵ has been in development for several years. It provides a robust growth strategy that safeguards the environment and builds healthy communities in Charnwood. It sets out the location of land and infrastructure needed for the development required to support the growth of the Borough up to 2037. The Local Plan identifies how the Borough will meet increased Government targets for new homes and provide employment land and critical infrastructure. The Government requires that 1,111 homes be built annually in Charnwood between 2021 and 2037 resulting in 17,776 new homes by 2037. However, provisions have been made for at least 19,032 new homes to ensure sufficient flexibility to allow for any unforeseen circumstances which may affect site delivery. The majority of those homes, around 10,174, will come from existing planning permissions which have yet to be built. These include large urban extensions which have been approved for the west of Loughborough (Garendon Park), north of Birstall (Broadnook) and northeast of Leicester (Thorpebury). The remainder of the housing need will be primarily met by extending existing urban areas and larger villages. The Local Plan meets the population mass needed to secure five new schools and extend one more. It also means that health services will be expanded and roads upgraded. The Plan was submitted to Government at the end of 2021, and the examination process has now started.

The Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-2032⁶ 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).

³ [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)

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

⁵ [Charnwood Local Plan 2021-37 - Charnwood Borough Council](https://www.charnwood.gov.uk)

⁶ [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](https://www.lsr-online.org)

Figure 1: The JHWS road map



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

- Do – The JHWS will identify 1-2 key action priorities in each life course stage. The HWB will ensure the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities.
- Sponsor – Additional key work streams, including from the HWB Sub-groups and LLR ICS Design Groups, 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 2022-2027⁷. Leicestershire’s Public Health team is integral to the County Council’s efforts to improve the health and wellbeing of our residents and the broader County Council’s prevention ‘offer’. The service mission and aim is, “To protect and improve the health and quality of life of everyone in Leicestershire. We will achieve this through our

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

commitment to the Council’s core values and behaviours which set out the vision for the Council’s work”. This strategy isn’t intended to duplicate key strategies such as Leicestershire County Council’s Strategic Plan or the JHWS. Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. Partnership working and leadership is as important as the services provided. A range of organisations need to work together to make a joint contribution to good health, e.g. reducing health inequalities, improving air quality and providing safer communities.

Fit for the Future: The Role of District Councils in Improving Health and Wellbeing⁸. District council services impact many aspects of local communities, underlining the key role in determining public health. This district councils’ network document highlights the importance of districts in the health and wellbeing and early intervention for the populations they serve. It emphasises the importance of integration with healthcare and wider Partners.

The Fuller Report⁹ was commissioned in November 2021 to provide specific and practical advice to all ICSs, as they assumed new statutory form, on how they could accelerate implementation of integrated primary care (incorporating the current four pillars of general practice, community pharmacy, dentistry and optometry), out of hospital care and prevention ambitions in the NHS Long Term Plan in their own geographies. It sets out a vision for the future of primary care which focuses on four main areas: neighbourhood teams aligned to local communities; streamlined and flexible access for people who require same-day urgent access; proactive, personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs, and a more ambitious and joined-up approach to prevention at all levels.

Other supporting local strategies. There are a range of complementary supporting strategies that align to this Plan. For example, the Borough Council’s Communications, Regeneration Open Spaces and Green Spaces Strategies will all have key role in supporting healthy communities.

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

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

⁸ [FIT-for-the-Future-The-District-Role-in-Health-wellbeing.pdf \(districtcouncils.info\)](#)

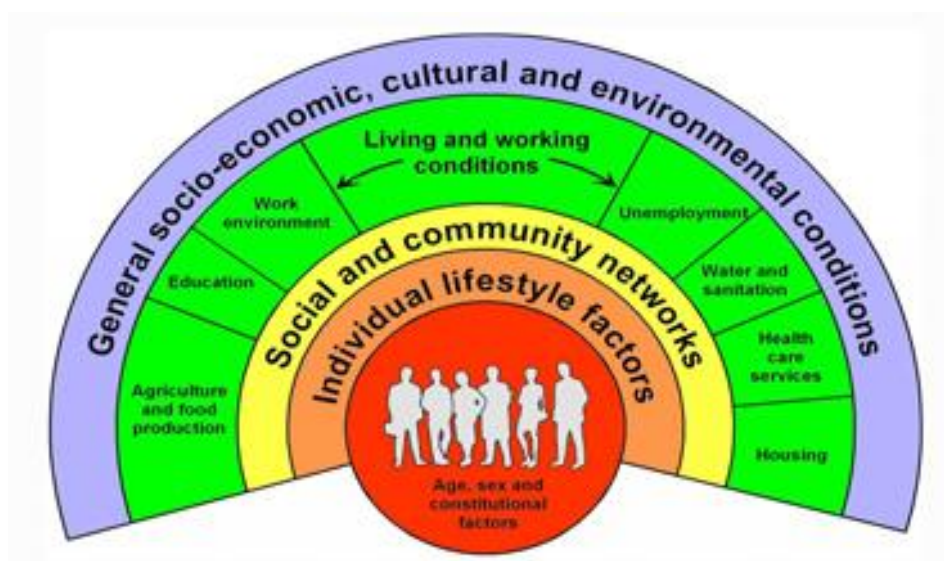
⁹ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)

2. Strategic Vision and Approach

2.1 Strategic Vision & Goal

We want everyone in Charnwood to live happy, healthy, long lives without illness or disease for as long as possible. However, to achieve this, we must consider the social model of health (as defined by Dahlgren and Whitehead (1991)¹⁰) which highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies all but age, sex and hereditary factors are modifiable to change and therefore lying within the scope of this plan, particularly in relation to primary prevention.

Figure 2: The Dahlgren-Whitehead Health Inequalities Rainbow



2.2 Our Strategic Approach

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

¹⁰ European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF), 1991, Dahlgren and Whitehead, https://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf

Figure 3: Contributors to health outcomes



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

2.3 Partnership Approach and Governance

Integration and collaboration are critical aspects of this Plan. By working together as an ICS, we can achieve a lot more and have a much more significant impact on the lives and outcomes of the people that we serve. This Plan has been developed collaboratively by the Charnwood Community Health and Wellbeing Partnership (CCHWP), which was established in June 2022 and 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 Charnwood, we have used a variety of information sources to create a robust needs assessment. Examples of sources of information used include:

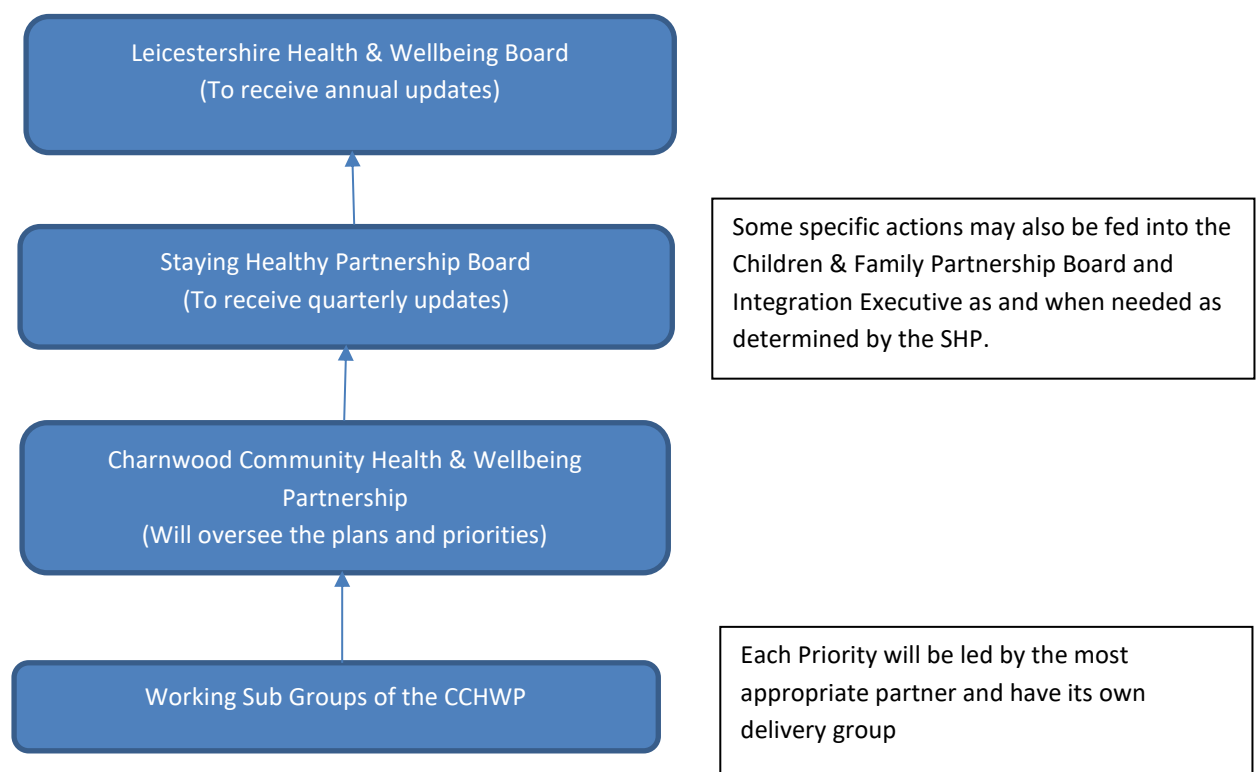
- Evidence obtained from engagement with the local population.
- National data sets on health and care outcomes, including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics, including overall levels of healthy life expectancy, but also the prevalence of specific 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 Charnwood’s current health and wellbeing were shared and discussed at the CCHWP to understand emerging themes. Workshops took place in the Summer 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 workshops resulted in the identification of 25 priorities. A prioritisation exercise was undertaken with a wide range of stakeholders to

determine which priorities would be focused on first within each life stage and form the basis of the one-year action plan supporting the CHWP document.

The ‘do, sponsor, and watch’ approach approved by the Leicestershire HWB has been used to identify 1-2 key priorities for action in each of the life course stages as outlined above. The CCHWP will ensure the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. The Partnership does not have any formal strategic decision-making authority. However, it will make recommendations to their respective organisations, the Staying Healthy Partnership Board (SHP) for Leicestershire County and the Health and Wellbeing Board (HWB) for Leicestershire County, to inform decision making. The CHWP will receive progress reports against the delivery plan at every meeting.

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



2.4 Plan Implementation and Monitoring

This document sets out the health and wellbeing priorities and principles to be progressed in Charnwood over the coming three years to 2026. Whilst we have been careful to select priorities for the Plan that reflect the future need and the present, these may inevitably change over time. For this reason, our Partnership action planning 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.

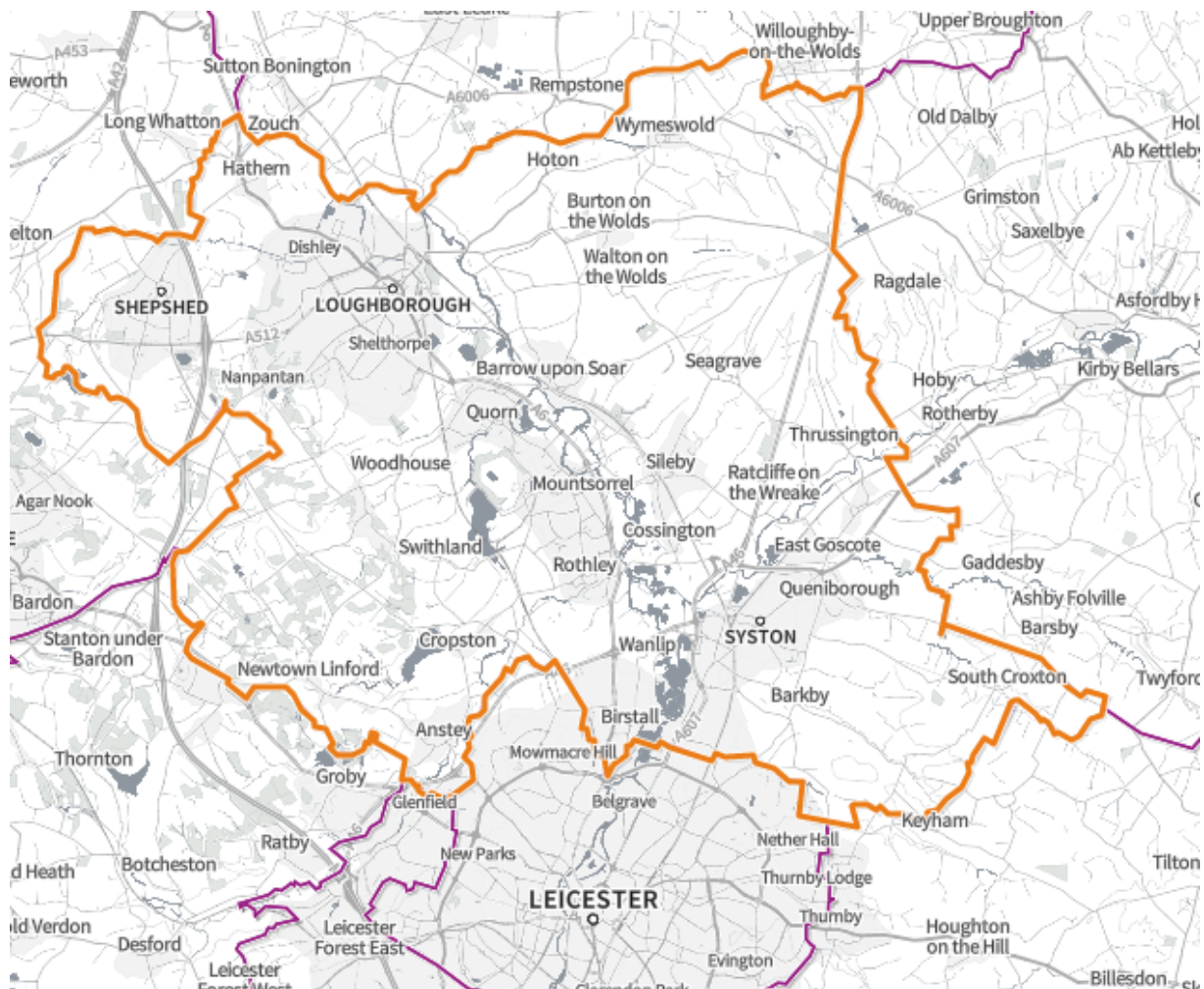
We will develop a dashboard to monitor progress and provide regular progress updates to the CCHWP.

3. Insights into the Current Health and Wellbeing of Charnwood

3.1 Charnwood as a District

The Borough of Charnwood is one of seven districts in Leicestershire. The Borough is situated in the north of the County, adjoining the city of Leicester to the south. The urban settlements of Birstall, Syston and Thurmaston in the South of Charnwood form part of the Leicester Urban Area and are significantly influenced by their physical and functional relationships with the City. Charnwood benefits from being centrally located between the three cities of Leicester, Nottingham and Derby and is close to excellent transport connections, including the M1 motorway, the Midland Mainline railway and East Midlands Airport. The area of the Borough is 27,906 hectares.

Figure 5: Charnwood District (SHAPE Atlas 2022)



The City of Leicester is the key destination for work and leisure for residents in the south of the Borough, whilst in the north of the Borough, the university and market town of

Loughborough provides the economic, cultural and social focus. To the west of Loughborough is the town of Shepshed, and to the south are a string of larger villages along the Soar Valley and A6 corridor. These villages act as service centres to the more rural parts of the Borough. The distinctive components of Charnwood's local economy include two enterprise zone sites: Loughborough University and College, a nationally significant science and enterprise park, a rural area supporting agriculture, and a growing tourism sector.

To the west of the Soar Valley is Charnwood Forest, which extends to the west of Coalville in North West Leicestershire. The Forest is recognised as a Regional Park, focusing on leisure and conservation. To the northeast of the Borough is the Wolds, a rural area with strong links to Nottinghamshire. To the east of the Borough is the Wreake Valley corridor, which contains several villages and extends towards Melton Mowbray. To the south of the Wreake Valley is High Leicestershire, a predominately rural area with strong links to the City of Leicester and the district of Harborough.

The natural environment and the different types of green spaces that make it up, benefit from connectivity between these spaces. This network of formal and semi-natural green spaces across the Borough is known as Green Infrastructure. It is essential for providing habitat and landscape connectivity for wildlife; offering safe and attractive cycling and walking routes for people, including non-motorised users; help manage flooding; and countering the heat island effect in urban areas by reducing the heat retained in buildings and streets. The strategically important areas of Green Infrastructure include the National Forest and the Charnwood Forest Regional Park, River Soar and Grand Union Canal corridor and the Green Wedges, which extend from the Leicester urban area

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

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

3.2 Housing in Charnwood

Significant housing development is planned in the Borough over the next 15 years. The Local Plan stipulates an increase of at least 19,032 new properties by 2037, bringing new residents to the district. Three proposed Strategic Urban Extension sites (SUEs) are planned within Charnwood. These are:

1. Broadnook Garden Village – situated north of Birstall (1,950 residential dwellings)

2. Thorpebury Development - AKA North East Leicester SUE – situated east of Thurmaston (4,500 new homes, 2,805 by 2037)
3. Garendon Park – AKA West of Loughborough SUE. (3,080 new houses by 2037).

In addition, other smaller developments are expected in Loughborough, Burton on the Wolds, Shepshed and Queniborough. The Ashton Green SUE development of up to 3,000 homes, although located in the City, lies just south of Thurmaston and is, therefore, likely to impact Charnwood. The potential housing growth indicates a need to expand primary care provision, mainly GP services, in the area.

Based upon an average household size of 2.37 people, housing development may generate a population of 45,106 (the actual number of people that could be housed in the development will be dependent of the ultimate mix of house types); this equates to a 24.5% increase in the Charnwood population (based on 2021 Census data of approximately 183,900 population).

The Borough Council has identified that there is a shortage of affordable housing. House prices are around £13k lower than average prices across the County, although the lower-than-average income levels still impact people's ability to purchase a home. Evidence from the Land Registry shows that house prices in Charnwood have increased significantly over the last decade and have done so by more than the regional and national average. Household earnings have not kept pace with this increase in house prices. The generally accepted ratio for the amount of mortgage a household can borrow is 3 to 3.5 times household income. In Charnwood, average house prices are over seven times average earnings. The Borough Council will seek 30% affordable housing from all significant housing developments, except for brownfield sites, where 10% affordable housing will be sought. A shortage of accessible homes for an ageing population is also identified as a priority through the housing strategy prepared by the Borough Council.

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

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

3.3 People Living in Charnwood

183,900 (2021 Census) people live in the Borough of Charnwood, with the majority living in Loughborough, Shepshed, Birstall, Thurmaston and Syston. This makes Charnwood the largest, in terms of population size, of all the Leicestershire districts. The population size has increased by 10.7% since the last census in 2011, which is higher than the increase for the whole of the East Midlands (7.7%). There has been an increase of 26.9% in people aged 65 years and over, an increase of 7.0% people aged 15 to 64 years and an increase of 10.2% in

children under 15 years. Population projections to 2041 estimate significant overall growth of 17.2%, with the 65 + aged population projected to increase by 42%.

51% of people living in Birstall, Syston, Thurmaston and Anstey travel to jobs in the City and benefit from its range of services and facilities. Whilst there are a significant number of jobs in Charnwood, approximately 34% more people leave the Borough to work than travel in, with 84% heading to Leicester. Sustainable transport routes into Leicester allow relatively good access to jobs and the cultural and social opportunities a sizeable urban area provides.

The population of Charnwood, as a whole, is younger than the Leicestershire average, with the highest percentage of the population aged between 15-64 (65.5%) and the lowest percentage of the population aged 65 and over (18.8%). The largest age group is 20-24 years, with a relatively equal spread across all other age groups. The life expectancy for males is 79.5 years and 83.9 years for females, which is higher than national and regional averages.

Most people living in Charnwood are white (87%), with smaller numbers of people from Asian (10%), black (1%), and other ethnic groups (2%).

3.4 Health and Care Usage of the Charnwood Population

3.4.1 Primary Care

Charnwood contains 26 GP surgeries (23 GP practices and 3 branch practices), **forming part of the Beacon, Carillon, Soar Valley, Watermead and Melton, Syston and Vale PCNs.** These practices serve nearly 200,000 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 free up GP capacity.

Prevention Services are delivered in close partnership between Leicestershire County Council, Charnwood District Council, Beacon, Carillon, Soar Valley, Watermead and Melton, Syston and Vale PCNs and local service providers. These include support for community wellbeing, pharmacy, care co-ordination, physiotherapy, social care, falls prevention, assistive technology, support for care homes and domiciliary care.

3.4.2 Secondary Care Healthcare

Loughborough Community Hospital: Inpatient Wards

Loughborough Hospital provides sub-acute care, complex rehabilitation and end-of-life care. It has three Inpatient wards; a community ward which is currently being used as a vaccination hub, a specialist rehabilitation and medical step down (Stroke) ward and a surge ward.

Outpatients/Diagnostics/Services

A range of Outpatients, Day cases, Diagnostics, Community, Mental Health and Children's services are delivered at the hospital. There is also an Urgent Care Centre (UCC) service which is open 24/7 and provides X-ray facilities from 08.30am – 17.00pm on week days and 09.00am – 17.00pm at weekends.

University Hospitals of Leicester (UHL) NHS Trust: UHL is one of the biggest and busiest NHS Trusts in the country, serving the residents of Leicester, Leicestershire, and Rutland, and increasingly 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, providing world-class teaching to nurture and develop the next generation of doctors, nurses, and other healthcare professionals, many of whom go on to spend their working lives with the trust. UHL is also home to a National Institute for Health Research (NIHR) Biomedical Research Centre, which supports critical research, including lifestyle, diabetes, and cardio-respiratory diseases. UHL also has an Experimental Cancer Medicine Centre. Its HOPE Unit is vital in delivering clinical trials of new cancer treatments. It is supported by the locally based charity Hope Against Cancer. Furthermore, Glenfield Hospital's heart centre continues developing new and innovative surgery techniques.

Nottingham University Hospitals (NUH) NHS Trust: NUH is another of the biggest and busiest acute Trusts in England, providing services to over 2.5 million residents of Nottingham and its surrounding communities. The Trust is made up of Queen's Medical Centre (QMC) (emergency care site), Nottingham City Hospital (cancer centre, heart centre, stroke services) and Ropewalk House (outpatients and hearing services). NUH has a national and international reputation for many specialist services, including stroke, renal, neurosciences, cancer services, and trauma. QMC is home to Nottingham Children's Hospital. NUH is at the forefront of many research programmes and new surgical procedures. Nottingham is the only NHS trust and university partnership in the country to have three successful bids for Biomedical Research Units in hearing, digestive diseases and respiratory medicine. As a teaching trust, it has strong relationships with the University of Nottingham and other universities across the East Midlands, including Loughborough University.

Coalville Community Hospital: The hospital has two adult inpatient wards. Snibston ward is a stroke unit offering specialist stroke rehabilitation and Ellistown ward provides sub-acute, complex rehabilitation and end-of-life care. It also offers many outpatient and imaging services.

[3.4.2.1 Where do Charnwood Residents Travel to access Secondary Care Healthcare?](#)

Access to Acute Hospitals:

The Leicester Royal Infirmary is the nearest acute hospital for the majority of Charnwood residents, especially those living in the south of the district. Although further away

geographically, NUH is sometimes the preferred option for residents living in the north of the district due to good travel links via the M1 motorway or A46 main road.

Figure 6: Travel by distance to Acute Hospitals (SHAPE ATLAS 2022)

Travel By Distance:

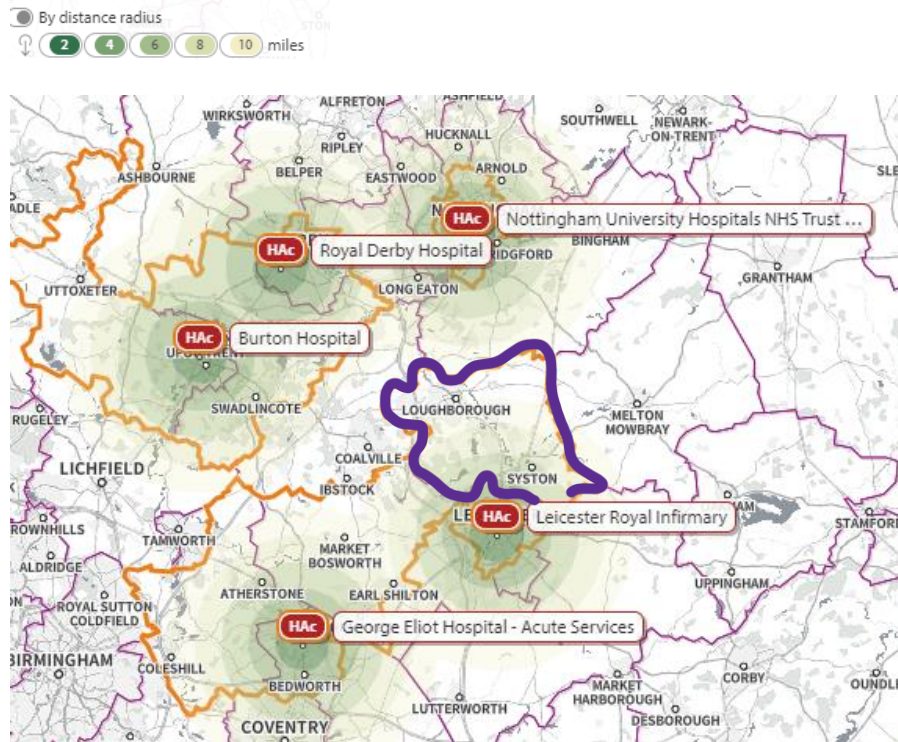
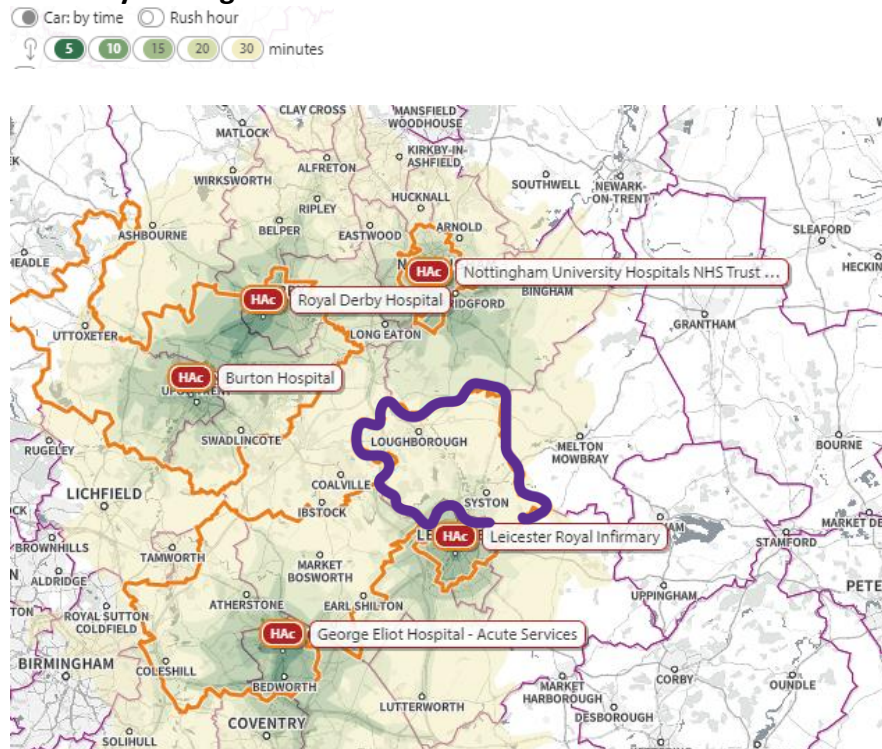


Figure 7: Travel by driving time to Acute Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Access to Community Hospitals:

Loughborough Community Hospital is situated within the Borough of Charnwood. Coalville Community Hospital is also easily accessible to many Charnwood residents due to the close location and relatively short travel times. However, residents in the east of the district may find travelling to Melton Mowbray Hospital more preferable.

Figure 8: Travel by distance to Community Hospitals (SHAPE ATLAS 2022)

Travel By Distance:

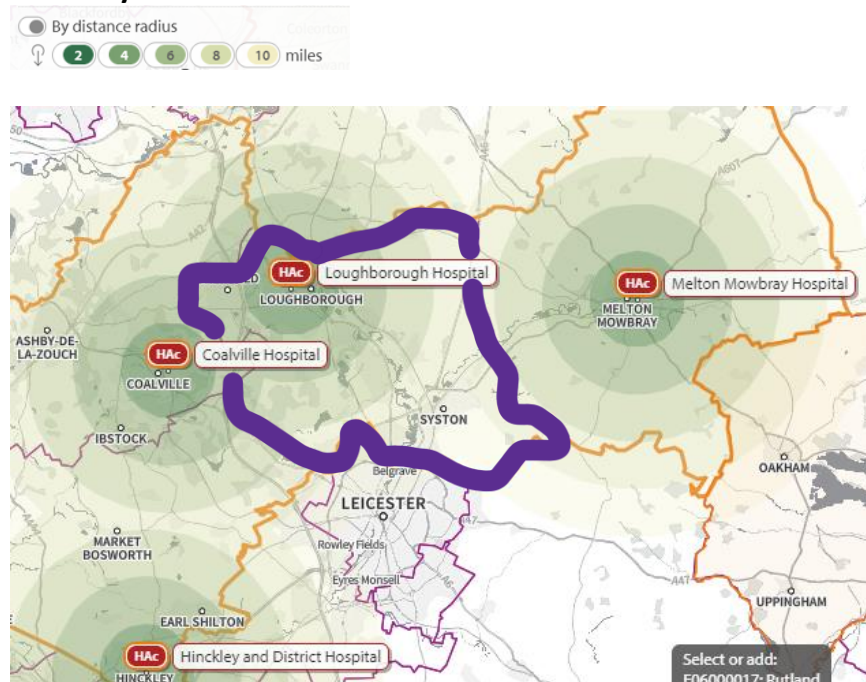
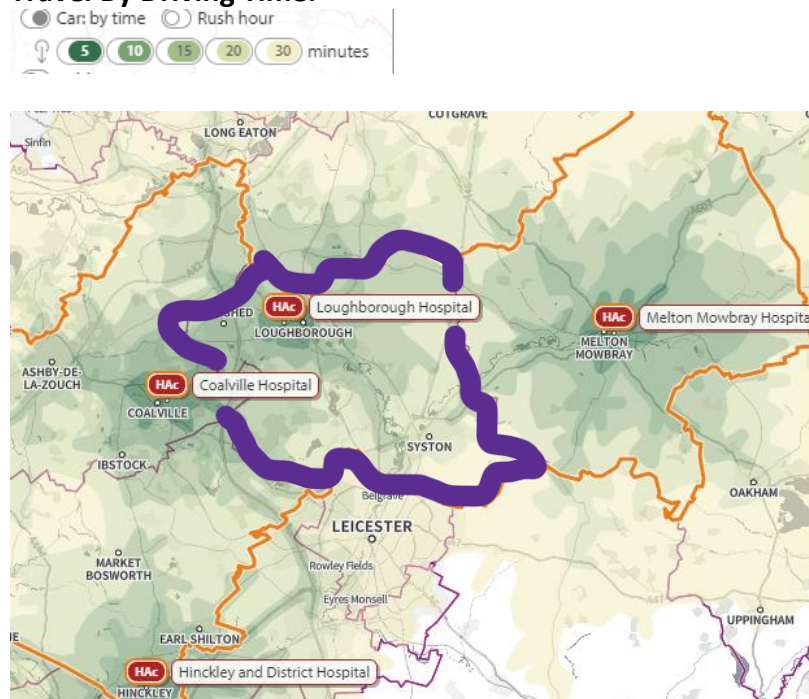


Figure 9: Travel by driving time to Community Hospitals (SHAPE ATLAS 2022)

Travel By Driving Time:



Outpatients:

- Most appointments take place at UHL.
- The University GP Practice has significantly lower percentages of patients attending UHL than all the other practices.
- GP practices in the north of the district tend to have slightly lower percentages of patients attending UHL due to geography and ease of access.
- GP practices in the north of the district have higher levels of attendances at NUH due to geography and ease of access.
- 44% of all outpatient activity at the University GP practice takes place at 'other' providers, outside of the County; this is assumed to be at the patients' permanent place of residence.

Inpatients:

- Most appointments take place at UHL.
- The University GP practice has significantly lower percentage of patients attending UHL than all the other practices.
- A significant percentage of all inpatient activity at the University GP practice takes place at 'other' providers, outside of the County; this is assumed to be at the patients' permanent place of residence.

A&E:

- Most attendances take place at UHL.
- The University GP practice has significantly lower percentages of patients attending UHL than all the other practices.
- GP practices in the north of the district tend to have slightly lower percentages of patients attending UHL due to geography and ease of access.
- GP practices in the north of the district have higher levels of attendances at DHU (assumed to be Loughborough UCC) and NUH due to geography and ease of access.
- 39% of all A&E activity at the University GP practice takes place at 'other' providers, outside of the County; this is assumed to be at the patients' permanent place of residence.

3.4.3 Local Authority & Voluntary Sector Services

Charnwood's local authority and voluntary sector provide a vast array of services.

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

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

Several **Hosted Services** are also delivered across LLLR. 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 Charnwood are provided at both a local and national level. Key local services include the Loughborough Well-being Centre, Turning Point, Falcon Support Services, Mountfield's Lodge Youth Centre, Loughborough Leggo Youth Group, Transition Loughborough, Fearon Community Association, VASL and PACE. National services are also available from local branches including Age UK, Macmillan, LOROS and Dementia UK.

3.4.4 Local Communities

One of the most valuable assets within Charnwood is its communities. The special environment in which people live is an influential social determinant affecting both physical and mental health. Through the planning powers at Borough council level there is the opportunity to shape an area to enable access to better health and community collaborative infrastructure: through Section 106 agreements with developers to support the provision of health and community hub services, recreational facilities and affordable housing. A recent example is the commitment to have a Community Development Worker in place to help create and support 'community' and integration and access to services in the new 3,200 house development.

Following the evaluation of a range of information and data, the Bell Foundry area in Loughborough has been chosen to become a **People Zone**. People Zones is an initiative that is designed to build on the positivity and skills of communities. Public Health and Crime data was initially consulted, along with views from local policing areas and Local Authorities. When compounded with assessments of the sense of community within locations, this process determined if an area would benefit from an asset-based community development approach. The recently published Bell Foundry People Zone Research Report identified key issues concerning residents of the community as well as suggestions as to how to address these best. The 4 overarching themes identified were:

- Health and Wellbeing - Including support for people's emotional wellbeing, support relating to unhealthy coping mechanisms such as drug use, as well as the perceived lack of resource in the area.
- Community Safety – Including issues such as people feel safe, lighting, anti-social behaviour, drug dealing and drug use.

- Pride of place – Enhanced pride in the community, through tackling issues including littering and fly tipping, as well as area enhancement projects.
- Celebrating the people – Harnessing the great work and desire of residents to enhance and celebrate the community and increase access to opportunities linked to skills development (including volunteering).

3.5 Health Inequalities in Charnwood

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

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

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

3.5.1 Core20PLUS5 Approach to Health Inequalities

Core20PLUS5 is an NHS England approach for adults¹¹ and children¹² to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

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

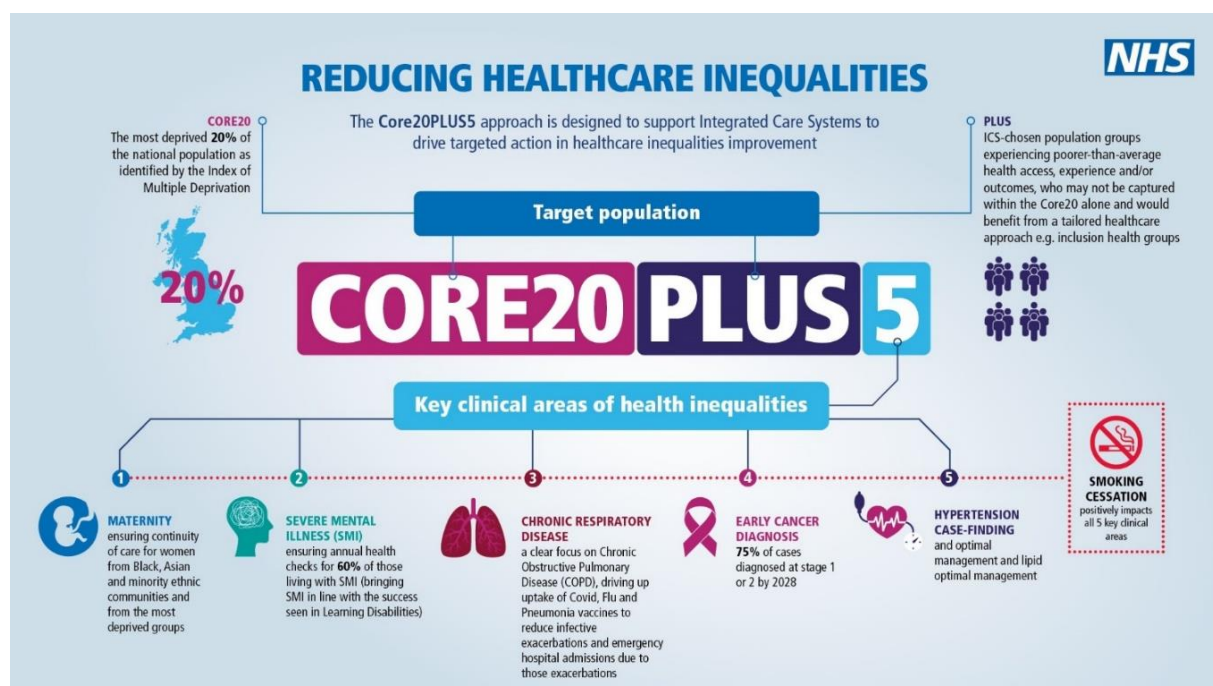
¹¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

¹² [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

experiencing social exclusion, (known as inclusion health groups) and coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence). Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

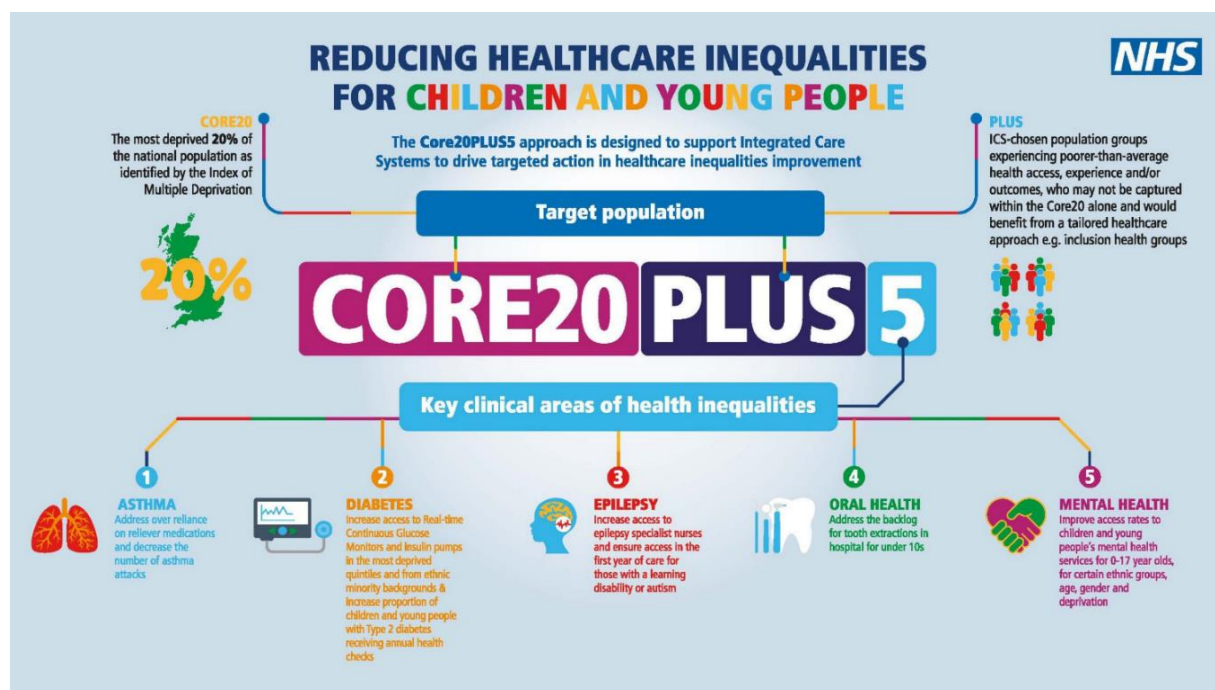
'5' relates to the five clinical areas of focus which require accelerated improvement that sit within national programmes; national and regional teams coordinate activity across local systems to achieve national aims. For adults the five clinical areas are Maternity, Severe Mental Illness (SMI), Chronic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

Figure 10: Core20PLUS5 approach for Adults



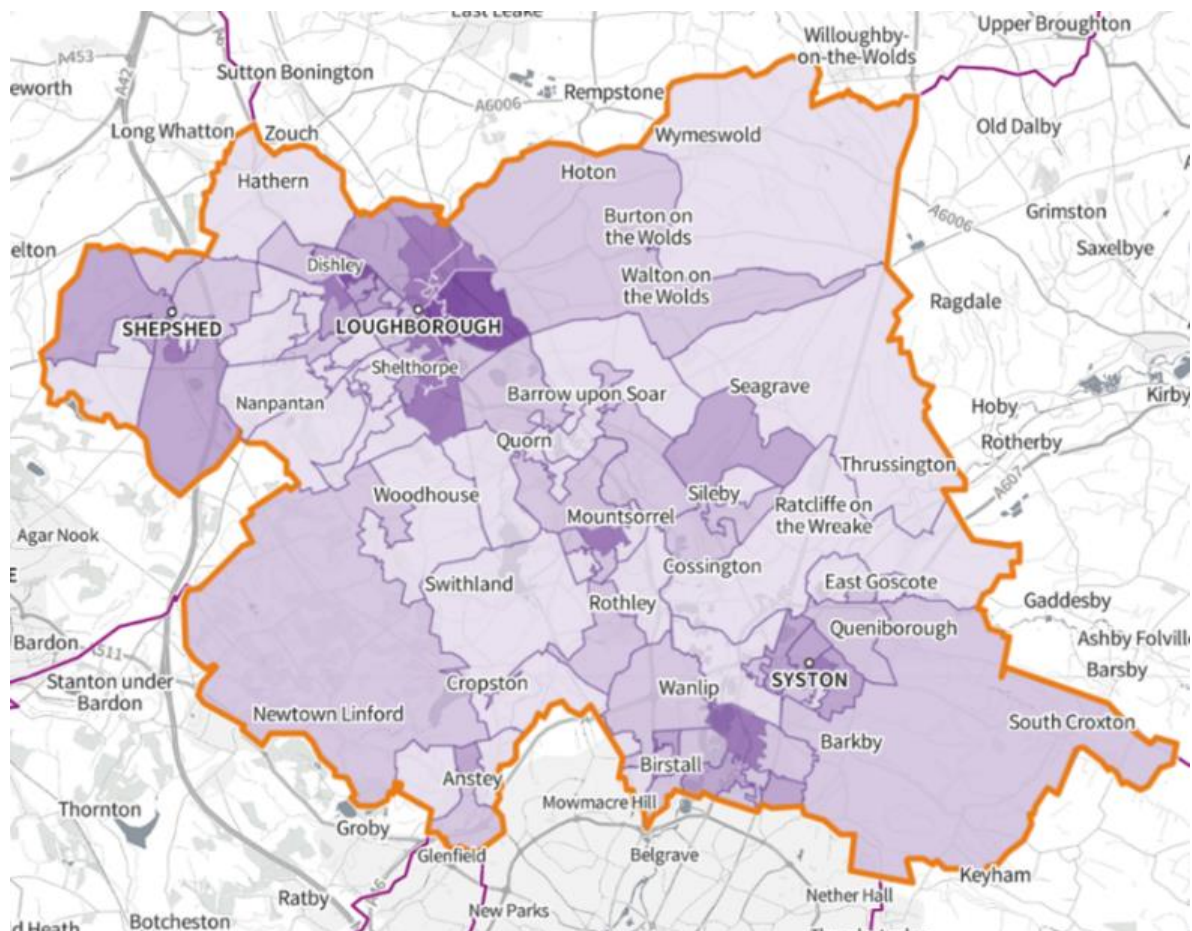
For children there is additional focus on young carers, looked after children/care leavers and those in contact with the justice system in the PLUS population. The 5 clinical areas are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Figure 11: Core20PLUS5 approach for Children and Young People



People living in Charnwood generally experience relatively low levels of deprivation, however, specific pockets fall in the lowest 10% or 20% of areas of deprivation across the country. The most deprived areas are situated around the town of Loughborough, particularly the wards of Hastings, Storer and Shelthorpe. The Bell Foundry Estate in the Hastings ward, in particular, is a specific area of focus. Wages in Charnwood are relatively low, the lowest of all the Leicestershire districts. House prices are below the Leicestershire average; however, houses will still be unaffordable to some community members compared to the salaries.

Figure 12: Map of Charnwood showing the Index of Multiple Deprivation (IMD) 2019 (SHAPE 2022)



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

The colours represent the quintiles:

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

The number of children living in absolute and relative low-income families is below the regional and national value. However, there are still 2,928 and 3,701 children, respectively, fitting this definition in the Borough. The Income Deprivation Affecting Children Index (IDACI) shows that the highest areas of deprivation are located in Loughborough, within the Ashby, Storer, Hastings and Shelthorpe wards, and Mountsorrel.

Using the rural deprivation index as an alternative measure to the IMD, four areas fall within the top 10% for rural deprivation across the country. These are located around Loughborough and Shepshed. Nine regions in Charnwood fall within the top 10% of areas for fuel poverty (all located around Loughborough). With the increasing cost of living, more areas could fall into this category.

The life expectancy of males living in the most deprived quintile is 75.9 years compared to 83 years for those living in the least deprived quintile, a difference of 7.1 years. The difference is even more significant for females, increasing from a life expectancy of 79.9 years for those living in the most deprived quintile compared to 88.2 years for those living in a the least deprived quintile, a difference of 8.3 years. Data for 2018-20 shows that the inequality in life expectancy for men in Charnwood (7.1) is higher than the Leicestershire average (6.0) but lower than the England average (9.7). For females in Charnwood, the disparity in life expectancy (9.2) is the highest in Leicestershire and above both the Leicestershire (4.9) and 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. Although most of Charnwood has appropriate levels of digital infrastructure, there are issues regarding broadband connectivity within the Birstall/Watermead area, The Wolds and the villages of Barrow and Sileby. As well as infrastructure issues, we must also be aware of the risk of digital exclusion for residents who do not have the skills or knowledge to access and navigate digital platforms. Areas of Charnwood with the highest risk of digital exclusion include the Garendon, Storer and Hastings wards in Loughborough, Birstall/Watermead and the villages of Barrow and Sileby.

Inclusion health groups, vulnerabilities and large population groups within Charnwood include Bangladeshi, Polish, Homeless, Carers, Gypsy, Roma and Traveller Communities and veterans.

3.6 Insights from the Charnwood Population

Several surveys and engagement exercises have been completed with the population of Charnwood. Below is a summary of the top-line findings from the analysis of multiple data sources collected during 2020/21, including acute and maternity reconfiguration, Covid-19 report, primary care and mental health.

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

Theme	Feedback/Comments
Information	There needs to be more awareness of all services, including out-of-hours care.
	More information on self-care is required.
	There needs to be more signposting to services, including mental health services.
	Most people preferred to book appointments by phone, through the online website or in person at their GP surgery. Most prefer to receive information from their GP surgery through emails, text messages and letters.
Access	More access to appropriate mental health services locally, not just through technology, as only some have access. Promotion of the Central Point of Access.
	More time is required with GPs, so self-care and other health advice can be addressed at the point of contact.
	Out-of-hours health care services are critical. However, there needs to be more awareness of the availability of these services.
GP Services	The preferred way of seeing a GP was face-to-face, followed by phone and video calls.
	The preferred way to book appointments is by phone, followed by an online website, and then in person at the GP practice.
	Being able to get through on the phone quickly, choosing how appointments will be carried out, being seen by a GP or health professional on time and being treated respectfully by staff members are important.
Carers	More understanding of the needs of carers and elderly patients and the need for face-to-face appointments.
	Services must work with carers to improve awareness and signposting of available support services.
	Building trust with carers and making them feel valued, e.g. involving them in reviewing GP care plans, is crucial. It recognises the importance of carers' needs.

What do we want to achieve for the population of Charnwood?

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

- Better understand what ageing well in Charnwood would look like and develop a plan to meet the needs of a growing older population. We want to ensure Charnwood is a district that is adapted to meet the needs of a growing ageing population and supports people to age well, stay active and stay connected.
- Embrace a 'proportionate universalism' approach where interventions are targeted to enable a 'levelling up' of the gradient in health outcomes. We want to provide equitable access, excellent experiences and optimal outcomes for all across Charnwood.
- We want to ensure sustainable economic inclusion and prosperity are occurring across the district, with those most in need benefiting from this (including those struggling to

access the housing market, living in areas of high deprivation, including rural deprivation and those living in fuel poverty). We want to support those in poverty to access the support to gain employment and eligible benefits and hardship payments and reduce levels of homelessness and people living in poverty.

- We want effective communication with communities. We want to look at more innovative ways to engage the community in designing and delivering local messages using terms and methods they understand and use. We will continue to develop ongoing engagement and Partnership with communities to build rapport, share two-way learning, and act on insight. We will engage with communities in the early stages of proposed projects to let them play a part in designing new solutions. This will enable us to understand and respond to the needs of the people of Charnwood with health professionals working with communities in their surroundings and adapting to their needs.

4. The Life Course in Charnwood

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

4.1 Life Stage 1: Best Start for Life

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

Where we are now?

We know that some of the measures around best start for life in Charnwood for children and young people are significantly worse than the England average; this includes rates of smoking in mothers at the time of delivery, breastfeeding initiation and infant mortality. Breastfeeding initiation rates for new mothers in Charnwood are significantly below the England average value but just above the regional value. Breastfeeding initiation rates vary across the district but are particularly low in Shepshed East. After 10-14 days, breastfeeding rates remain below LLR averages in Shepshed East and Sileby. After 6-8 weeks, rates remain below in Syston West, Sileby and Shepshed East.

The rates of under-18 conceptions and obesity are slightly below England's average levels. The University in Loughborough promotes contraception very effectively. However, school nurses who have previously delivered advice within schools are no longer being commissioned, which may have an impact in the future.

Mental Health is a growing concern with increases in the number and acuity of cases being seen, particularly in teenagers. The estimated number of children and young people aged 5-17 years with mental disorders in Leicestershire is 12,440. Leicestershire performs significantly better than England for the percentage of school pupils (primary and secondary

age) with social, emotional and mental health needs and children in care (<18 years), however, the trend has significantly increased and worsened over the last five years.

We also know that some children living in Charnwood live in poverty. 3,701 children (11.6%) live in relative poverty and 2,928 (9.2%) live in absolute poverty; this also impacts the mental health of those children.

The presence of Loughborough University within the Borough also means that there are 'boom' phases in the number of mental health cases being seen coterminous with term dates.

What do we want to achieve?

- Exposure of expectant mothers to supportive information on smoking, lifestyle and breastfeeding using various tools, including peer support and advice. Support more mothers in Shepshed East, Syston West and Sileby to initiate and sustain breastfeeding with the district's broader population.
- Reduce the level of infant mortality.
- Early identification of mental health issues in children and teenagers, enabling earlier interventions to reduce and prevent escalation and impacts.
- Improve access and support available to children and teenagers experiencing mental health issues.
- Reduce conception rates in those under 18.
- Provide seamless transition between child and adult services.

We will work together to further strengthen our approaches in 2023-26 to ensure that all children and young people get the best start for life that they can. Future plans to work together are outlined in the Children and Families Partnership Plan for Leicestershire, 2021-2023¹³ with the following five priorities at the heart of it:

Figure 13: Children and Families Partnership Plan Priorities



4.2 Life Stage 2: Staying Healthy, Safe and Well

Prevention is always better than cure, and good health and wellbeing are assets to individuals, communities and the wider population. It improves health and care outcomes and saves money across the whole system. Therefore, we want everyone in Charnwood to live happy,

¹³ [Leicestershire Children and Families Partnership Plan 2021-23](#)

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 we are now?

Many people live healthy and safe lives in Charnwood already. Available data tells us that people in Charnwood are slightly less physically active than the England average, although the percentage of adults cycling for travel at least three times a week in Charnwood is slightly higher than the England and regional average (at 3.9 for Charnwood with England being 2.3). The Active Lives adult survey shows that Charnwood has the second-lowest number of inactive residents of all Leicestershire districts (24.9%) and the second-highest number of active residents (62.7%). Levels of obesity are slightly lower than regional and England values.

The diagnosis of sexually transmitted diseases and incidences of tuberculosis are slightly above Leicestershire levels but below England levels.

Data tells shows that smoking prevalence in all adults is slightly higher in Charnwood than Leicestershire levels but much lower than England averages. However, rates of smoking in adults in routine and manual occupations are lower in Charnwood than at regional and England levels.

Covid-19 vaccination rates in Charnwood are generally good. However, there are two specific areas within Loughborough which are in the bottom 10% nationally for Covid vaccinations; Southfields and Ashby Wards.

Work has been undertaken in Charnwood concerning tackling health inequalities in cancer screening across the Borough. Since the Covid-19 pandemic, engagement with screening programmes has been low in general; however, there has been a much lower uptake in specific communities. The target groups identified were Polish, Bangladeshi, Homeless, Traveller, unregistered population, Sex Workers and Carers. Engagement groups were undertaken with these communities to understand what barriers prevented them accessing screening and which enablers could be utilised to improve performance. Some initial recommendations included building trust, improving access in terms of locality and hours and improving knowledge and awareness by adopting a Making Every Contact Count (MECC) approach.

During 2020/21, 923 adult referrals were made to Turning Point, the local substance misuse support service. 69% of people undertaking treatment were male, with the most significant proportion being aged between 35-44 years. Charnwood has the highest number of people undergoing treatment in the County (883 between June 2020 to July 2021), with treatment for Opiates being highest (426), followed by alcohol (280). Charnwood has more premises licensed to sell alcohol per square kilometre than Leicestershire and England's average levels. Alcohol-related hospital admissions are lower than Leicestershire and England average values, however, there has been an increase in the levels of alcohol being consumed since the pandemic. It is anticipated that the impact of this increase in alcohol consumption will not materialise clinically for several years.

Although the risk of loneliness in Charnwood is assessed as being relatively low in most areas, more people report feeling lonely often/constantly or sometimes than the average for England or the region. Four areas within Charnwood have been identified as being in the highest 10% risk category; these are the wards of Garendon, Hastings, Storer and Southfields, all located within Loughborough. The incidences of loneliness have increased significantly since the Covid-19 pandemic and can be widespread across the population.

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

The estimated proportion of the population aged 16 & over who have a common mental disorder in Charnwood is 14.4% which equates to 21,547 people, and 8.8% for those aged 65 and over, which equates to 2,855 people.

Referrals into the mental health urgent care services across LLR from 01/11/2020 to 31/10/2022 show that some of the highest numbers come from specific areas within Charnwood. Referrals into the Mental Health Central Access Point were highest in Loughborough (Lemyngton & Hastings; Storer & Queen's Park; Shelthorpe & Woodthorpe), Mountsorrel & Rothley, Shepshed West and Sileby. Referrals into the Mental Health Urgent Care Hub were highest in Loughborough (Lemyngton & Hastings; Storer & Queen's Park; Shelthorpe & Woodthorpe). Referrals into the Mental Health Liaison Service were highest in Loughborough (Lemyngton & Hastings; Storer & Queen's Park) and Mountsorrel & Rothley.

The total referrals to mental health urgent care services across LLR were highest in Loughborough (Lemyngton & Hastings; Storer & Queen's Park; Shelthorpe & Woodthorpe) and Mountsorrel & Rothley.

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

There has been significant engagement with the Leicestershire population as part of the 'Step up To Great Mental Health' consultation in 2021; this highlighted common themes such as highlighting the experience of patients being bounced between service offers, difficulties accessing specialist service offers for mental health (both in the location of services and long waits), insufficient support for carers and services not working together or centred on individual needs.

Impact of the Cost of Living

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

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

What do we want to achieve?

- Retain smoking prevalence rates below England averages, including for routine and manual workers.
- Increase the percentage of the population that is active.
- Reduce the number of people experiencing loneliness, especially in the high-risk areas identified.
- Improve Covid-19 vaccination rates, especially within the Southfields and Ashby Wards in Loughborough.
- Reduce the levels of alcohol and substance misuse.
- Take a holistic approach to prevention of ill health: facilitate self-management by packaging help and advice together to empower patients.
- Optimise the use of making Every Contact Count (MECC).
- Ensure easy access to appropriate services.

- Gain a better understanding of the emotional and mental health and wellbeing needs of people (all ages) living in Charnwood and how to address them.
- Actively promote and support good emotional health and well-being across the community, including for carers.
- Reduce the proportion of people with mental health challenges that need intensive and specialist offers.
- Maintain suicide rates that are lower than the national average.
- Ensure easy access to advice and support for people in terms of managing the impact of the cost-of-living crisis.
- Support the LLR vision for mental health of children and adults across the system: 'We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs.'

4.3 Life Stage 3: Living and Supported Well

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

The 2018-2021 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)

Where we are now?

Charnwood has very high levels of hip fractures in people aged 65 and over, with values significantly higher than regional and national averages. 5,266 people registered to GP

practices located in Charnwood are diagnosed with osteoporosis. 24.2% of patients with osteoporosis live in areas of deprivation (IMD categories 1-5) and 74.25% in more affluent areas (IMD categories 6-10).

Over 6,500 people receive social care support, most requiring personal care support. This group of people often have existing ill health or will be at greater risk of ill health. There are 57 residential and nursing care homes in Charnwood, catering for a range of ages and needs. Many are located in Shepshed and Loughborough.

Due to an aging population, the levels of Dementia are increasing. Charnwood has an estimated 507 people diagnosed with dementia, a rate of 3.565 per 1,000 population, the third highest rate in Leicestershire.

There are 7,658 veterans living in Charnwood, with high numbers of civilian Ministry of Defence personnel and small numbers of armed forces personnel. The top 3 reported health conditions for this cohort of residents include:

1. Heart, blood pressure or circulation conditions (estimated prevalence 2,634)
2. Legs or feet conditions (estimated prevalence 2,535)
3. Back or neck conditions (estimated prevalence 245)

According to the 2011 census, 11,970 unpaid carers were giving between 1 and 19 hours of care a week, 1,863 providing 20 to 49 hours a week, and 3,294 providing over 50 hours per week. The results of the 2021 census have not yet been published, however, it is anticipated that this number will increase dramatically. The 2016 national GP patient survey found that 3 in 5 of carers have a long-term health condition, compared to 50% of non-carers; this difference is more pronounced for younger adults providing care. 40% of carers aged 18-24 having a long-term health condition compared with 29% of non-carers in the same age group. Carers report 'feeling tired' and experiencing 'disturbed sleep' as a result of their caring role, with only 10% of carers having no effect on their health due to their caring role.

What do we want to achieve?

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

4.4 Life Stage 4: Dying Well

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

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

Where we are now?

Under 75 mortality rates for all causes and for cardiovascular disease and cancer are slightly below the average for England and the region.

Excess winter deaths in Charnwood were slightly higher than England's average but slightly lower than the regional value. (Note these figures pre-date the Covid-19 pandemic).

Approximately 45% of people dying under the age of 65 died at home, with 40% dying in hospitals. 50% of people aged between 65 and 74 died in hospital, and 30% died at home. 45% people aged between 74 to 84 died in a hospital, 30% died at home and nearly 20% died in a care home. Almost 40% of people over 85 died in a care home, 35% in a hospital, and just over 20% at home. We know that the transition between the hospital and the community/home can be hampered by poor communication and sharing of information between different service providers.

What do we want to achieve?

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

5. Our Local Priorities

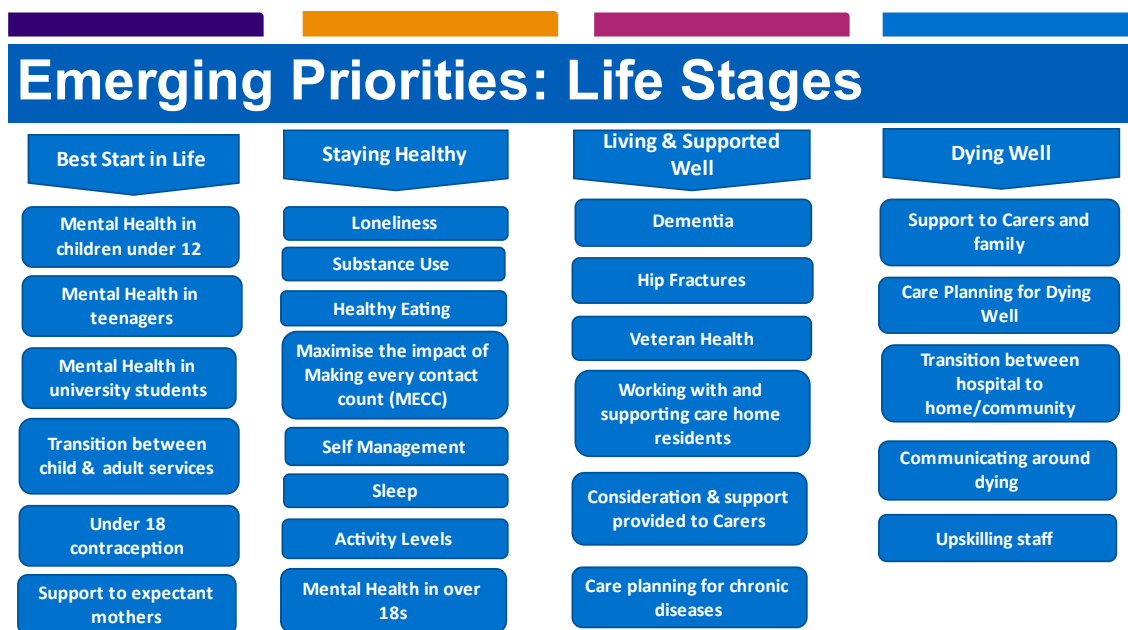
5.1 Developing Priorities via a Multi-Agency Working group

These insights into the current health and wellbeing of Charnwood were shared and discussed at the CCHWP meetings to understand the wide range of emerging priority themes within the Borough.

5.2 Emerging Themes Workshop

Two workshops took place in June and July 2022. The aim of the events was to ensure as many stakeholders as possible fed into the plan and to add to, develop and challenge the list of emerging themes. Detailed group discussions identified 25 key themes which were then aligned to each life stage:

Figure 14: Emerging Priorities for the Charnwood Community Health and Wellbeing Plan



To ensure that the voice of the community reflected our findings, the emerging priorities were aligned against the Charnwood insights, as referenced in section 3.6.

5.3 Priorities Survey

In order to progress, a prioritisation exercise was undertaken with a wide range of stakeholders on the 25 emerging priorities. An online survey was shared with over 50 members. They ranked the priorities in order of those they would like to be a focus of collective partnership action through the development of the CHWB action plan (1 being most important, 7 being least important). The survey also provided the opportunity for stakeholders to highlight any additional areas they felt were important that did not feature in the emerging priority list. The priority ranking scores are shown in the charts below:

Figure 15: Scoring Outcome for the Best Start for Life

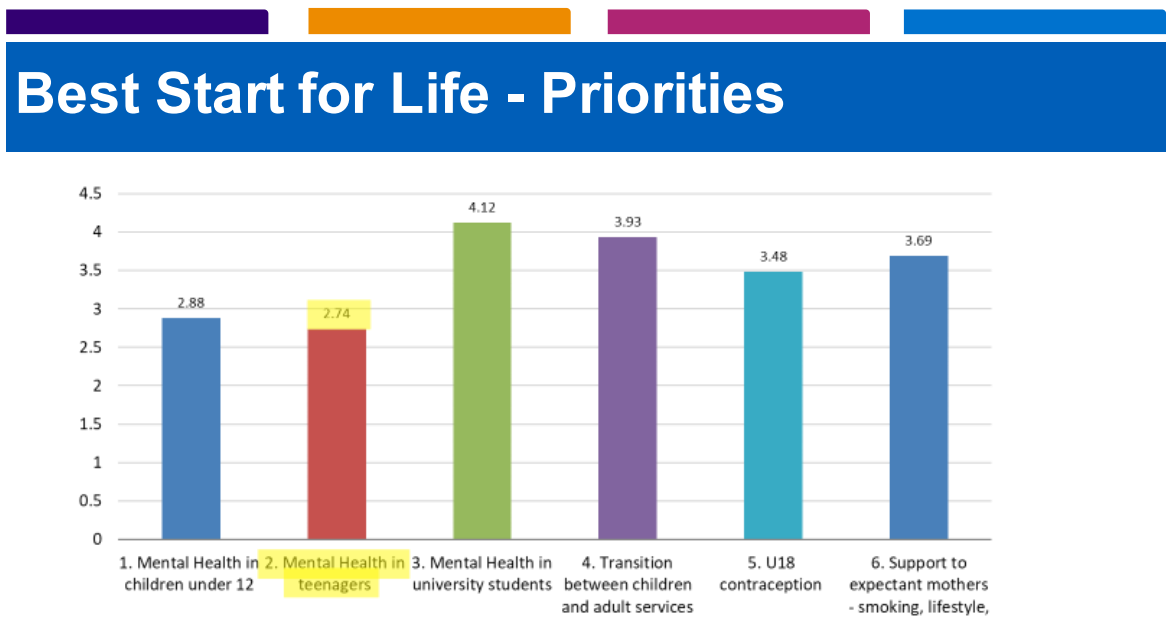


Figure 16: Scoring Outcome for Staying Healthy

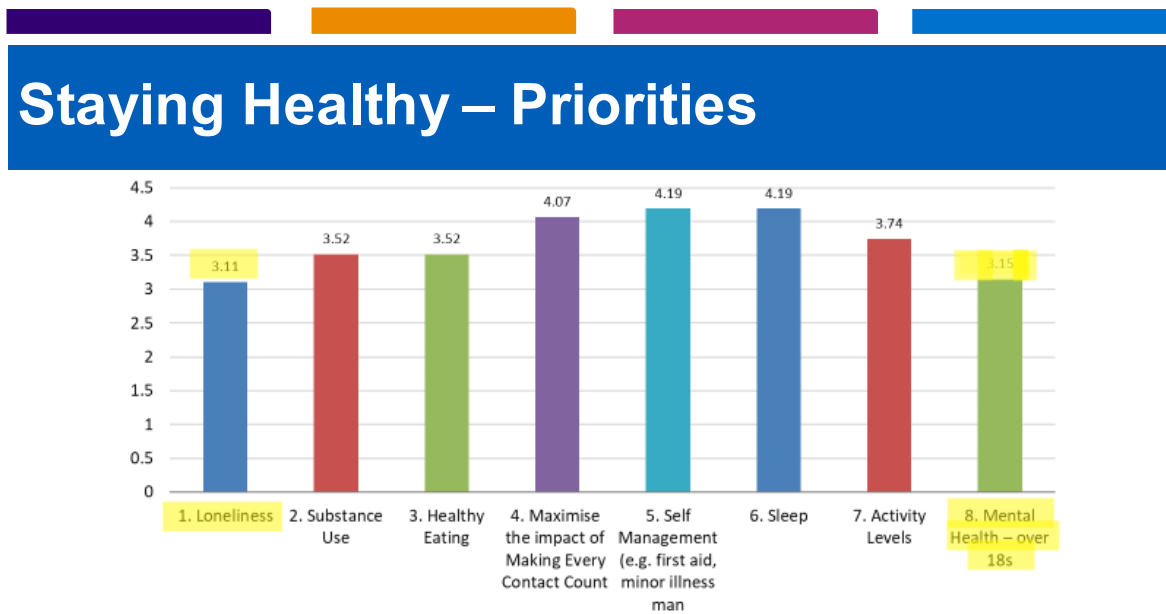


Figure 17: Scoring Outcome for Living & Supported Well

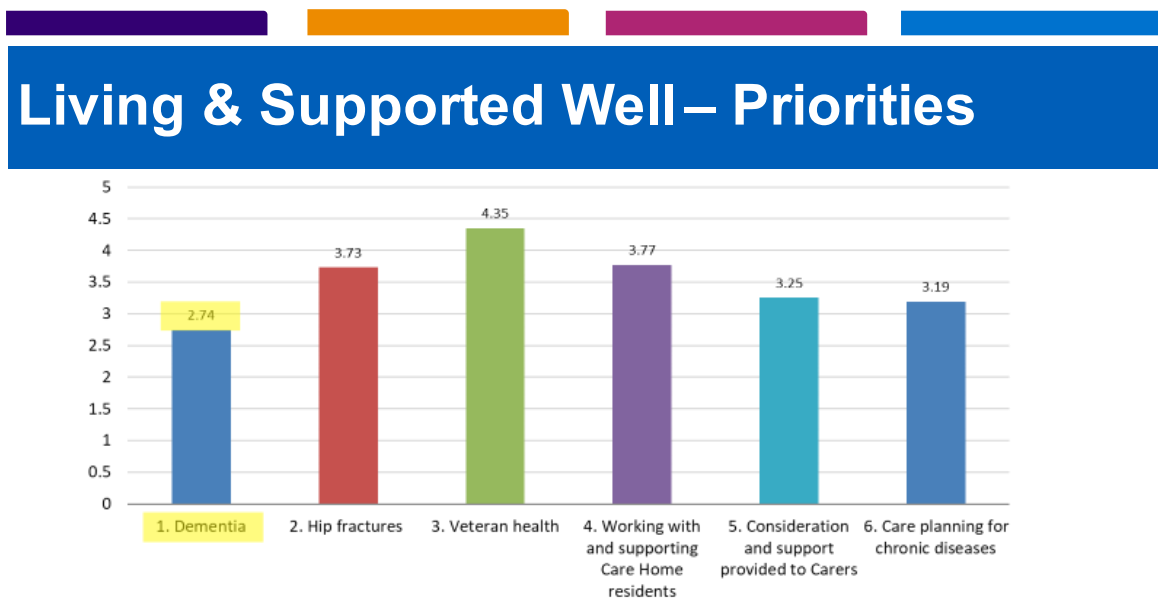
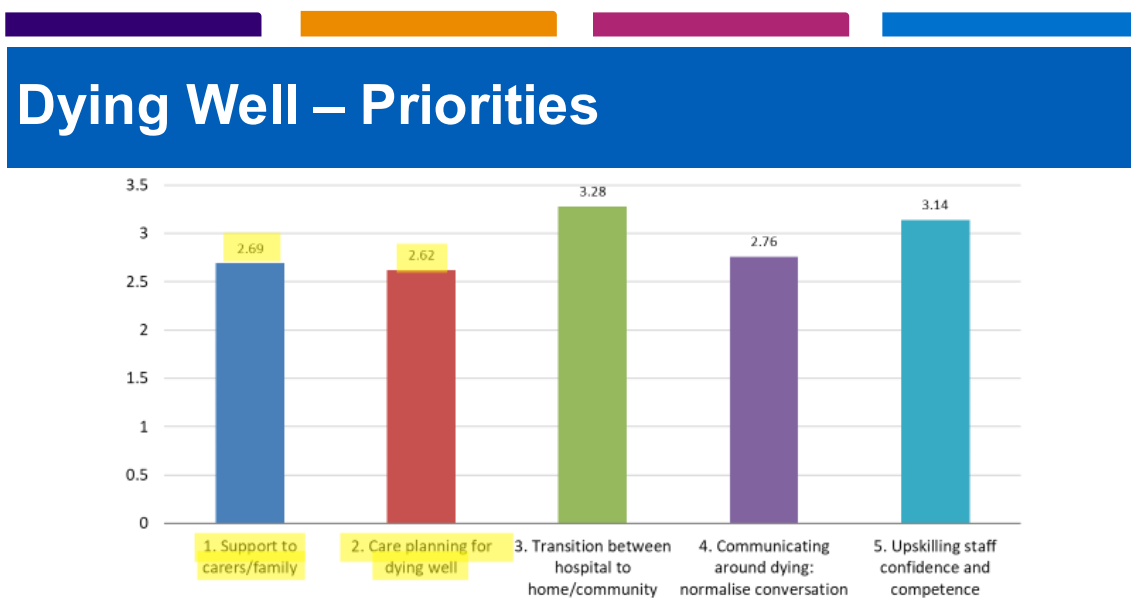


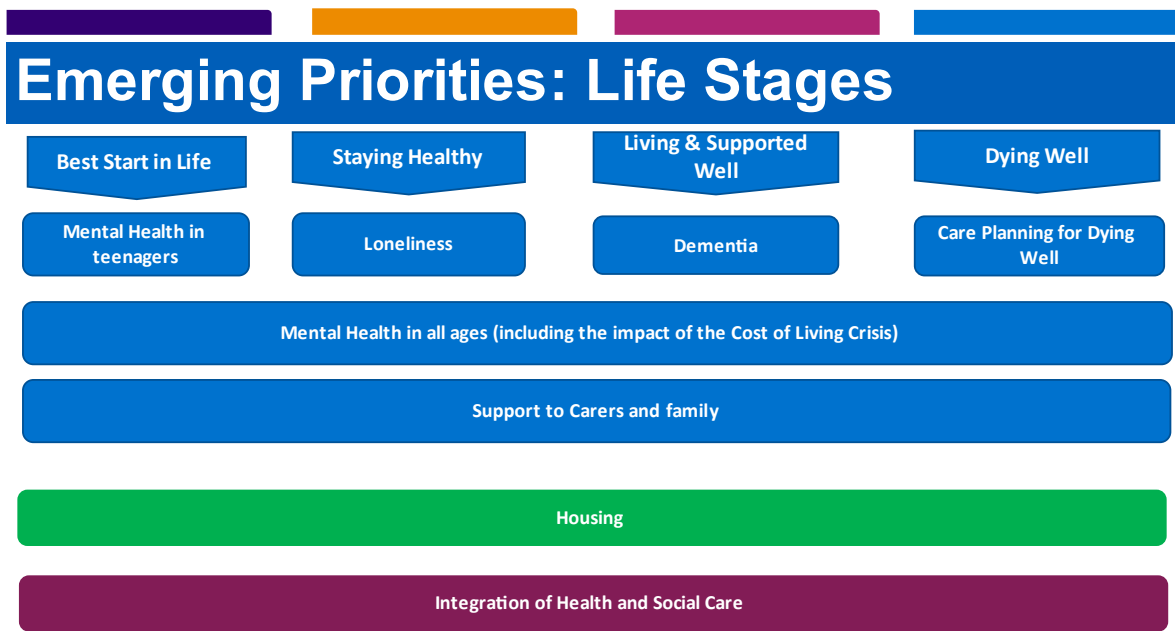
Figure 18: Scoring Outcome for Dying Well



The results were taken to the CCHWP and the final set of priorities agreed as shown below. Priorities around supporting carers and improving mental health scored well and although they were not the highest ranking, it was agreed that they would be included as they were considered important across all of the life stages.

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

Figure 19: Priorities Summary for Charnwood



Priority 1: Improving Mental Health in Teenagers

Mental Health is a growing concern with increases in the number and acuity of cases being seen, particularly in teenagers. The impact of the recent pandemic, social media and struggles with identity were highlighted as key areas of concern. Early intervention is required to support teenagers in order to prevent issues escalating into adulthood.

A number of actions have already been identified in the Leicestershire JHWS which we will link in with to ensure the needs of Charnwood are taken in consideration. These actions aim to improve emotional and mental health support for children and young people. This will build informed and resilient young people that have skills to stay safe from harm and are ready to enter the adult world.

A County level communication plan will be developed with a clear map of Emotional Health and Wellbeing Services to promote access, including the digital offer for schools, colleges, young people and their families. Existing services will be promoted to PCNs and key young people's workforce.

Priority 2: Reducing the incidence and impact of Loneliness

Although the risk of loneliness in Charnwood is assessed as being relatively low in most areas, incidences have increased significantly since the pandemic. Loneliness and isolation can affect a diverse population, occurring both in rural and urban areas and across a wide age range.

A number of actions have been identified in the Leicestershire JHWS which will have an impact in this area. These include further developing the asset-based community development (ABCD), strength-based approach to build social capital and strong, connected, resilient communities. The Adults and Communities strategy, including building asset-based

approaches to working with people and communities will be developed and effective and equitable planning for our growing and older population will ensure everyone has access to the necessary services, transport and infrastructure.

To ensure the needs of Charnwood are taken in consideration, we must focus especially on the four areas identified as being in the highest 10% risk category. These were the wards of Garendon, Hastings, Storer and Southfields, within Loughborough. In order to reduce loneliness and isolation, we need to continue to develop communications with up-to-date, local preventative services and community assets.

Priority 3: Dementia

Due to an aging population, the levels of Dementia are increasing. It is important to remember that Dementia is an umbrella term for a number of different diagnoses which must be considered separately, e.g. (early onset, Alzheimer's, vascular).

We will support the recommendations of the Dementia Joint Strategic Needs Assessment (JSNA) Chapter and LLR Dementia Strategy (which are currently under review). This will include improving dementia diagnosis rates and ensuring clear links between a healthy lifestyle and the risk of dementia through MECC Plus and Health Checks.

County wide actions include providing dementia friendly communities with increased numbers of trained dementia friends. Early detection of dementia needs to be increased and we need to ensure dementia patients and their families receive the appropriate support and treatment. The aim is to increase dementia diagnosis rates to meet the NHSE target of 67% and make explicit links between a healthy lifestyle and the risk of dementia. Work is being done to empower patients to self-manage long term conditions, such as dementia, through various routes, including expert patient programmes, social prescribing, assistive technology, accessible diagnostics and support. Services need to be joined-up to support people and carers to live independently for as long as possible, including those with dementia.

Priority 4: Care Planning for Dying Well

We know that more work is needed across Leicestershire to understand what dying well means to people. The importance of care planning is critical to ensure that both the patient and family die in line with their wishes. Conversations about dying need to be normalised to ensure lessons are learnt, and consideration is given to the patient and their family. We know there is a lack of support for families and carers around bereavement regarding what support is available and how to access it. Support is often required to navigate what needs to be done in the aftermath of the death of a loved one.

A number of actions have already been identified in the Leicestershire JHWS which we will link in with to ensure the needs of Charnwood are taken in consideration. A JSNA is being produced to look at the end of life which will improve our understanding of peoples' needs. Views will be gathered from people to understand what dying well means to them and how this can be achieved. We need to ensure there is a clear transition in care planning from living

with long-term conditions into the later and end of life. Care and ReSPECT plans should be offered to all vulnerable people with a take up target of 95%.

Priority 5: Improved Mental Health

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

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

We will continue to focus on maintaining low rates of suicide and the impact of suicide, supporting the work of the LLR Suicide Strategy. However, we know that the demand for mental health services remains high, with some of the highest numbers of referrals into urgent care services across LLR coming from specific areas within Charnwood, (Lemyngton & Hastings; Storer & Queen's Park; Shelthorpe & Woodthorpe wards in Loughborough, Mountsorrel & Rothley, Shepshed West and Sileby.) Poor mental health in these areas is often linked to criminality, substance misuse and domestic abuse.

5.1 Impact of the cost of living

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

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

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

Priority 6: Improved Support to Carers

Carers are classified as a vulnerable group as they often sacrifice their own health and wellbeing in favour of looking after a loved one. The recent pandemic has highlighted the importance of unpaid carers and recognised the monumental impact it has had on their lives.

Across the County, work is underway to ensure carers of all ages are identified and signposted to relevant information and services if they need assistance. We want to develop communities that support carers, enabling them to maintain their physical and mental health and wellbeing and encouraging a life outside of their caring role.

We will support the implementation of the refreshed Leicester, Leicestershire and Rutland Joint Carers Strategy and improve support, advice and community involvement for carers.

Priority 7: Housing in Charnwood

Significant housing development is planned in Charnwood over the next 15 years bringing new residents to the district. To manage these future housing developments and the associated increase in population we will need to ensure primary care in Charnwood is provided at a scale aligned with the local population growth. This will require a close working relationship between partners to ensure the impact of future housing developments is fully understood in terms of geography, building trajectories and inter relationships between different sites. This will enable us to identify appropriate and effective health and wellbeing service solutions for both existing and new residents within Charnwood.

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

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

Priority 8: Integration of Health & Social Care

Vertical integration of services at place or neighbourhood is a critical component of delivering high quality health and well-being services to the residents of Charnwood. 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 20: Example of an integrate Health and Wellbeing Centre



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

1. Integrated Neighbourhood Teams

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

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

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

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

Streamlined access will be offered for urgent, same-day care and advice from an expanded multi-disciplinary team with the flexibility to adapt their service to local needs. Systems will optimise data and digital technology to connect existing fragmented and siloed urgent same-

day services, empowering primary care to build an access model for their community that gives patients with different needs access to the best service. This access will also create resilience around GP practices by connecting patients to the practitioner who meets their needs, rather than increasing GP referrals to additional services, increasing practices' capacity to deliver continuity of care.

2. Ease of Access

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

3. Home First and Community Rehabilitation

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

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

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

4. Better use of the Voluntary Sector and Local Communities

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

5. Improve Communications

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

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

6. Charnwood Community Health and Wellbeing Delivery Action Plan

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

6.1 Action Plan Delivery Groups

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

6.1.1 Timescales

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

6.2 Monitoring and Reporting

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

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

6.3 Governance

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

6.4 Annual Reviews

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

7. Stakeholders

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

Clinical Directors
Charnwood Borough Council (CBC)
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