



The Borough of Oadby & Wigston's Community Health & Wellbeing Plan 2024-2027

Foreword

Our Community Health and Wellbeing Plan for the Borough of Oadby & Wigston 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 Oadby & Wigston Borough 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 three years.

Signatures to be added

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

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Introduction

Executive Summary

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

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

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

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

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

Whilst this Plan sets out 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.

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 have considered housing growth planned for the local area, ensuring there are plans in place to support this growth.

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 Oadby & Wigston. To support this, we

have established the Oadby & Wigston Community Health and Wellbeing Partnership to oversee decision making and delivery of the actions within this document.

Drivers

National Drivers

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 that the NHS wants to make better and is based on what the public and staff think the NHS needs. The vision is that local area partners work closely together to develop local improvement plans that help us to spend NHS money to help local people.

The seven national priorities of the Long Term Plan that the local NHS and Council partners are working towards are as follows:

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.

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. The Network Contract Direct Enhanced Service (DES)² includes funding for more health professionals as well as enabling the development of more integrated community teams that provide tailored care for local patients. This new model of care will also allow GPs to focus more on people with complex health needs.

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

Fit for the Future: The Health Value of Wellbeing and Leisure Services⁴. 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

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

² [NHS England » Network Contract Directed Enhanced Service \(DES\)](#)

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

⁴ [Fit for the Future: The Health Value of Wellbeing and Leisure Services \(districtcouncils.info\)](#)

health and wellbeing and early intervention for the populations they serve. It emphasises the importance of integration with healthcare and wider Partners.

The Fuller Report⁵ 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.

Local Context

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).

Figure 1: The JHWS road map



⁵ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

⁶ [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](#)

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

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

The Public Health Strategy 2022-2027⁷. Leicestershire’s Public Health team is integral to Leicestershire County Council’s efforts to improve the health and wellbeing of our residents and the broader County Council’s prevention ‘offer’. The service mission and aim is “To protect and improve the health and quality of life of everyone in Leicestershire. We will achieve this through our commitment to the Council’s core values and behaviours which set out the vision for the Council’s work”. This strategy is not intended to duplicate key strategies such as Leicestershire County Council’s Strategic Plan or the JHWS. Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. Partnership working and leadership is as important as the services provided. A range of organisations need to work together to make a joint contribution to good health, e.g., reducing health inequalities, improving air quality and providing safer communities.

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).

Building Better Hospitals (2019)⁸ is a significant programme of work led by the University Hospitals Leicester (UHL) NHS Trust and will mean fundamental changes in hospital provision across Leicester. There are many reasons why these changes at Leicester’s

⁷ [Public Health Strategy 2022-2027](#)

⁸ [Building Better Hospitals for the Future in Leicester \(betterhospitalsleicester.nhs.uk\)](#)

hospitals are needed. Some of these reflect population health trends, while some relate more to the running of the hospitals themselves.

Better Care Together⁹ was formed in 2014 and is a partnership which brought together the three NHS trusts and three clinical commissioning groups (now the Integrated Care Board (ICB) in LLR working alongside a range of other independent, voluntary and community sector providers and local councils.

Emerging Borough of Oadby & Wigston New Local Plan (2020-2041)

Planning involves making decisions about the future of our cities, towns and countryside. This is vital to balance our desire to develop the areas where we live and work with ensuring the surrounding environment isn't negatively affected for everyone. It includes considering the sustainable needs of future communities.

Local planning authorities must prepare a local plan which sets planning policies in a local authority area. These are very important when deciding planning applications.

Local plans must be positively prepared, justified, effective and consistent with national policy in accordance with section 20 of the [Planning and Compulsory Purchase Act 2004 \(as amended\)](#) and the [National Planning Policy Framework](#).

Oadby and Wigston Borough Council adopted its current Local Plan in 2019, which plans for the period 2011 to 2031.

The Council have started and are midway through preparing a new Local Plan for the period 2020-2041. The Council continues to engage with all key stakeholders and delivery partners in its development, in order to ensure that it reflects the health and wellbeing needs of the Borough.

Other supporting local strategies

There are a range of complementary supporting strategies that align to this plan. For example, the Oadby & Wigston Borough Council's Environment Strategy, Housing Strategy and Selective Licensing and Enforcement Policy.

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

⁹ [About us \(bettercareleicester.nhs.uk\)](#)

- Carers
- Mental Health
- Smoking cessation

Strategic Vision & Approach

Strategic Vision & Goal

We want everyone in Oadby & Wigston 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



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 five priority areas for action which are listed later in 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.

Partnership Approach and Governance

Integration and collaboration are critical aspects of this Plan. By working together as an Integrated Care System, 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 Oadby & Wigston Community Health and Wellbeing Partnership steering group, which was established in June 2023 and includes partners from the Public Sector, Health Service and Voluntary Sector who all share collective accountability for the delivery of partnership priorities.

To develop the Plan for Oadby & Wigston, 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 Oadby & Wigston’s current health and wellbeing were shared and discussed at the steering group to understand emerging themes. A workshop took place in November 2023 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 a longlist of fourteen priorities. A [prioritisation exercise](#) was undertaken with members of the steering group to determine which priorities would be shortlisted.

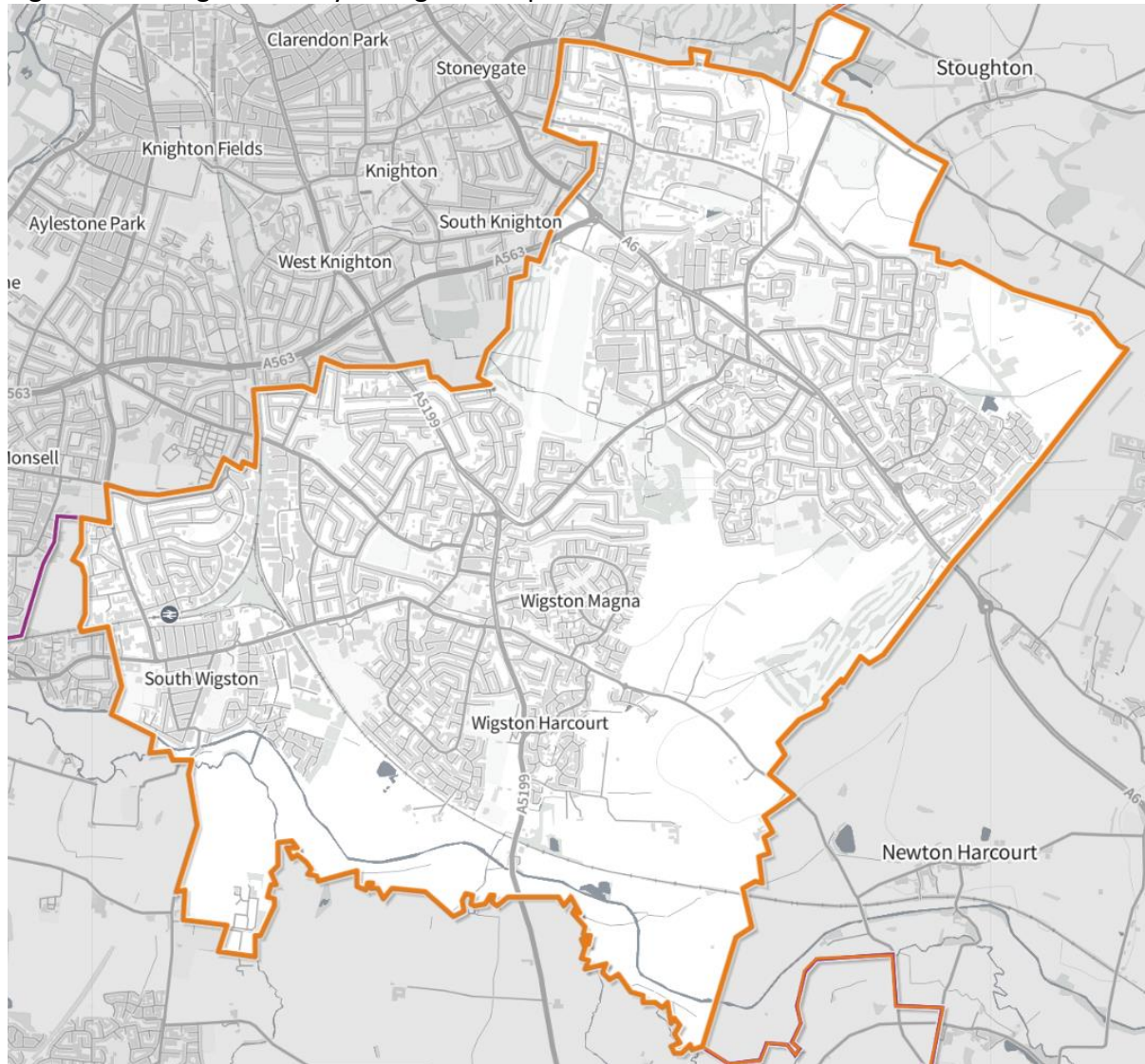
The Oadby & Wigston Partnership will ensure the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. The Partnership does not have any formal strategic decision-making authority. However, it will make recommendations 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 Partnership will receive progress reports against the delivery plan at every meeting.

Plan Implementation and Monitoring

This document sets out the health and wellbeing priorities and principles to be progressed in Oadby & Wigston over the coming three years to 2027. Whilst we have been careful to select priorities for the Plan that reflect present and future need, 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. The Oadby & Wigston Community Health & Wellbeing Partnership will develop a dashboard to monitor progress and provide regular progress updates to stakeholders.

Oadby & Wigston is one of the seven Districts within Leicestershire. The Borough lies southeast of the city of Leicester and borders three other local authority boundaries: City of Leicester, Harborough District and Blaby District.

Figure 4: Borough of Oadby & Wigston map



Oadby and Wigston is a relatively compact highly urbanised Borough with three main centres of Oadby, Wigston and South Wigston. The Borough has an area of around nine square miles, of which approximately two thirds is urban in nature. There are green flag areas including Blaby Road Park, the Peace Memorial Park, Brocks Hill Country Park and Leicester University's Botanic Gardens, all of which give important access to green space for residents. In addition, there are walking routes accessible within and from the borough, such as those along the waterways of the Grand Union Canal, or St. Wistan's Pilgrimage Walk to and from Wistow in Harborough.

There are good transport links to and from the three main towns in the Borough: Oadby, Wigston Town & South Wigston. All three towns have major bus routes to and from Leicester City, and out towards the County. South Wigston also has a train station on a route with

trains running between Birmingham and Peterborough. Popular routes include Leicester to South Wigston, Peterborough to South Wigston, Birmingham to South Wigston, Nuneaton to South Wigston, and Ely to South Wigston.

According to the 2021 Census, the population of Oadby & Wigston is around 57,700, which is an increase of around 2.8% since the last census in 2011 and a smaller increase than seen for England on average. Oadby & Wigston is among the 30% most densely populated English local authority areas.

The key findings of the 2021 census are as follows:

- Population growth was lower in Oadby and Wigston than across the East Midlands
- Between the last two censuses, the average (median) age of Oadby and Wigston increased by one year, from 41 to 42 years of age
- The share of residents aged between 50 and 64 years increased by 1.1 percentage points between 2011 and 2021
- Oadby and Wigston stood out from other areas for housing: The percentage of households in the social rented sector increased in Oadby and Wigston, but fell across the East Midlands.
- In 2021, 27.9% of Oadby and Wigston residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 22.3% in 2011. The 5.6 percentage-point change was the largest increase among high-level ethnic groups in this area
- 45,700 Oadby and Wigston residents said they were born in England. This represented 79.1% of the local population, which is a decrease of 3.9% from the 2011 census
- Oadby and Wigston saw the East Midlands' second-largest percentage-point rise in the proportion of lone-parent households (from 9.0% in 2011 to 10.5% in 2021).
- Oadby and Wigston saw the East Midlands' second-largest percentage-point rise (behind Leicester City) in the proportion of people who were economically inactive because they were looking after their family or home (from 2.8% in 2011 to 4.2% in 2021).
- 30.2% of Oadby and Wigston residents reported having "No religion", up from 23.2% in 2011. The rise of 7.0 percentage points was the largest increase of all broad religious groups in Oadby and Wigston.

34.6 per cent of the Borough's population are Christian. The largest non-Christian religious groups are Hindu (10 per cent), Muslim (11.2 per cent) and Sikh (7.5 per cent).

Religion	OWBC Value (per cent)	National Average (per cent)
Christian	34.6	46.2
Buddhist	0.3	0.5
Hindu	10.0	1.7
Jewish	0.2	0.5
Muslim	11.2	6.5
Sikh	7.5	0.9
Other	0.6	0.6
No religion	30.2	37.2
Religion not stated	5.4	6.0

Table 1: The Religious Composition of the Borough (Census 2021).

The Borough of Oadby and Wigston’s current [Local Plan \(2019\)](#) is the Council’s principal planning policy document and sets out the Vision, Spatial Objectives, Spatial Strategy and Planning Policies for development for the entire Borough area, for the period up to 2031. The Council’s spatial strategy within the current Plan makes provision for 2,960 new additional homes between 2011 and 2031.

The Council is also positively planning for growth up to 2041 through the preparation of its [emerging New Local Plan](#). This document, once adopted, will replace the current Local Plan and will make provision for additional homes between 2020 to 2041 in the Borough of Oadby and Wigston.

Health and Care Services and Usage in Oadby & Wigston

Primary Care

There are eight GP Practices within the Borough; seven of which are part of Oadby & Wigston PCN. Oadby & Wigston PCN has a registered population of over 55,000 patients. The other practice in Oadby & Wigston is Severn Surgery, serving over 10,500 patients and it is part of Watermead PCN. From October 2022, practices provide an enhanced access service covering the hours of 6.30am to 8pm Monday to Friday and 9am to 5pm on Saturdays.

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

In addition there are eight dental practices, thirteen pharmacies and eleven optometry practices within the borough.

Secondary Care

There are no NHS community or secondary care hospitals within the Borough, although Spire Hospital is just within the border with Leicester City.

Acute Hospitals

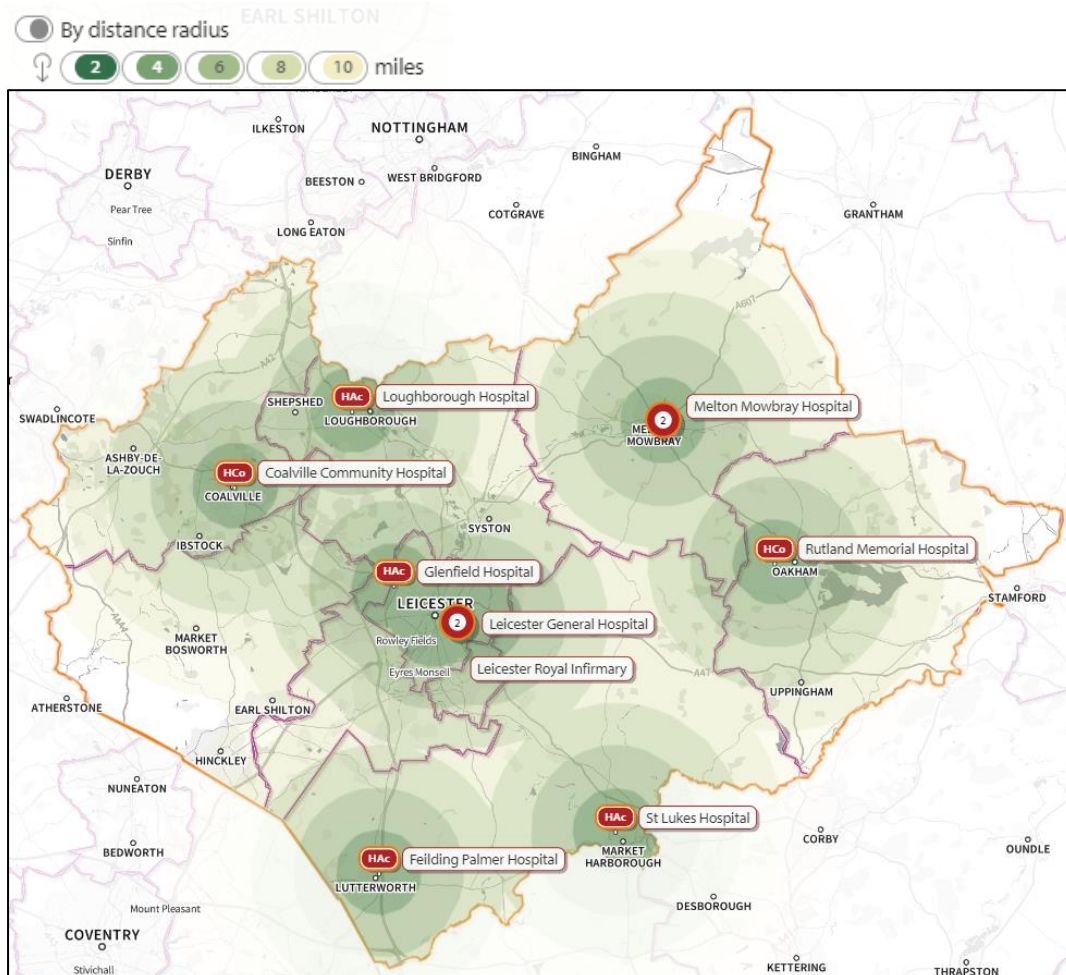
The nearest acute hospitals for Oadby & Wigston residents are the General Hospital and Leicester Royal Infirmary, within Leicester City boundaries, and most secondary care accessed by residents is with University Hospitals Leicester NHS Trust (UHL).

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

Community Hospitals

Although there are no Community Hospitals within the Borough, residents may also choose to travel to Community Hospitals in other areas

Figure 5: Distance to University of Leicester Hospital Sites (SHAPE Atlas 2024)



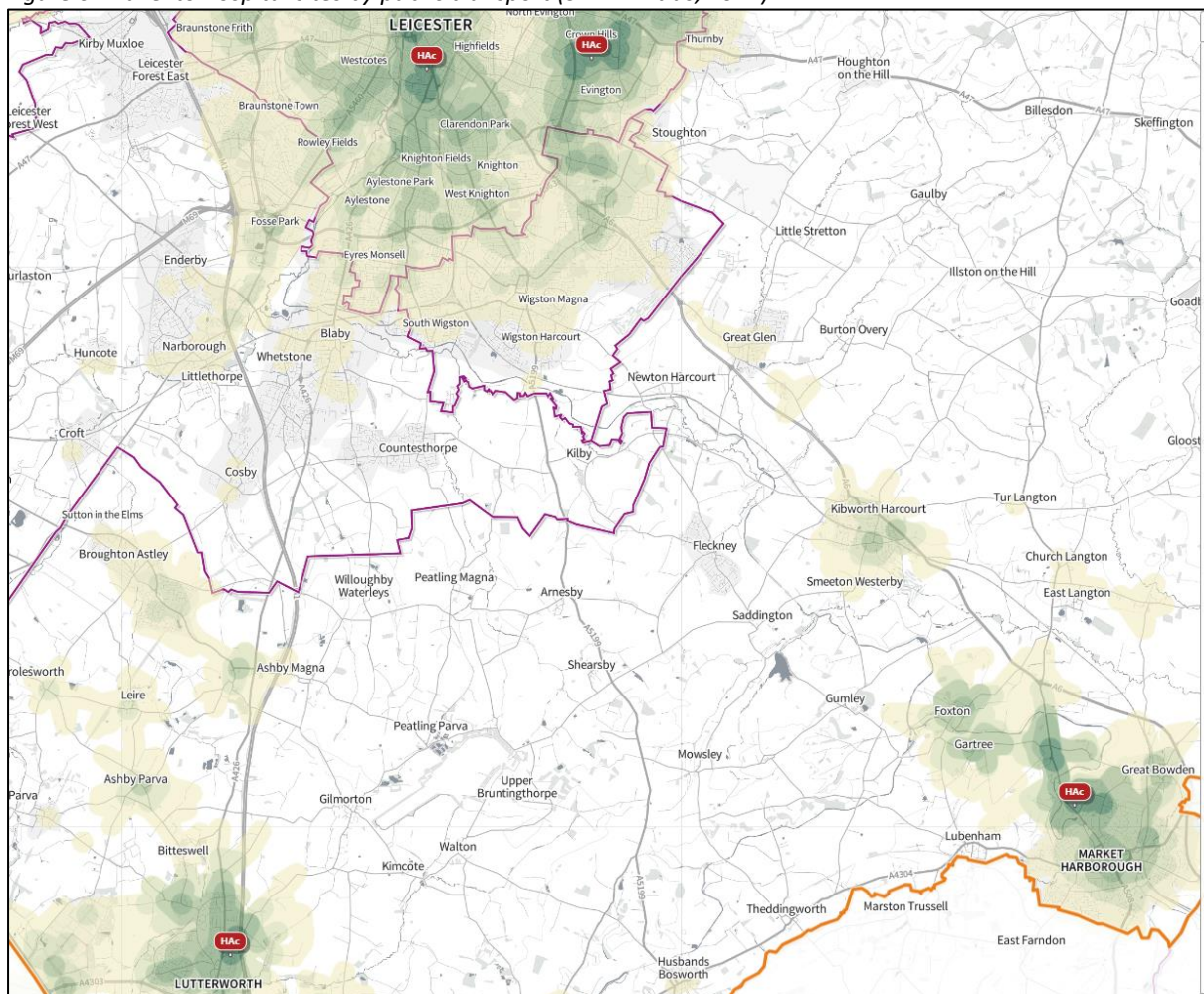
Feilding Palmer and St Luke's hospitals in Harborough are the closest to residents in the south of the Borough especially, and offer the most direct public transport routes. St Luke's hospital has two inpatient wards; one for community step down and one for stroke rehabilitation with inpatient therapies and Speech and Language therapy to support the wards. In addition, St Luke's hospital houses seven outpatient clinical rooms, two group therapy rooms, two Podiatry rooms and space for Physiotherapy. Breast cancer screening services, endoscopy and other diagnostics take place at St Luke's and a range of specialisms from University Hospitals Leicester provide outpatient clinics from the site, including Urology, Ophthalmology, Geriatric Medicine, Fracture Clinic and General Paediatrics'. In addition, the Treatment Centre houses a number of mental health and community services provided by Leicestershire Partnership Trust, including but not limited to Adult Mental Health & Learning Disabilities, Community Paediatrics, Health Visiting, Speech and Language Therapy and Podiatry.

Feilding Palmer Community Hospital in Lutterworth is in the centre of Lutterworth on Gilmorton Road. There are several outpatient services that take place from Feilding Palmer Hospital, including but not limited to Dermatology, Dietetics, Mental Health, ADHD services and Pulmonary and Cardio Rehab.

In October 2020, the Integrated Care Board approved a Decision Making Business Case (DMBC), following a 12 week consultation, to permanently close the inpatient beds at Feilding Palmer Hospital. The inpatient beds had been temporarily closed in summer 2020 due to the Covid-19 pandemic in response to a review against the national Infection Prevention and Control (IPC) guidance. The DMBC outlines the ICB's plans to maximise access to health services for the local community by refurbishing the hospital to provide more outpatient and community services to enable care to take place closer to home. The full DMBC can be found using the following hyperlink: [LLR-ICB-Board-papers-10-October-2024-FINAL.pdf](#)

Access to hospitals via public transport is likely to be more challenging to those living in the south of the borough, as illustrated in the map below:

Figure 6: Travel to hospital sites by public transport (SHAPE Atlas, 2024)



Oadby Urgent Treatment Centre

The Oadby Urgent Treatment Centre (UTC) is located on The Parade in Oadby and available to support patients with their urgent care needs when their GP practice is closed, and they need urgent treatment, including cuts and minor injuries such as sprains.

The Oadby Urgent Treatment Centre is suitable for urgent care needs but not emergency attention. Treatment at Oadby Urgent Treatment Centre can be accessed via a referral from NHS 111, a GP or the Clinical Navigation Hub, and patients can also walk-in without an appointment.

Local Authority & Voluntary Sector Services

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

In addition, **Oadby & Wigston Borough Council** provides a range of services including but not limited to, benefits and support, waste and recycling, housing, building control, community safety, voluntary and community sector support and environmental services.

Several **hosted services** are also delivered across LLR but hosted by District Councils or other organisations who are commissioned for delivery. For example, 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 Oadby & Wigston Borough are provided at both a local and national level. Key local services include Helping Hands, Leicester South Foodbank, School Sports Partnership South Leicestershire, LLR Mind,

There are two council **leisure centres** in Oadby (Parklands) and Wigston (Wigston Leisure Centre). In addition, there are a number of privately run gyms with access to the public available, including Leicester University's Roger Bettles Sports Centre and Pure Gym in Oadby.

Oadby & Wigston Borough Council have established three residents' forums, one operating in each of the three localities of Oadby, Wigston and South Wigston, giving residents the opportunity to have their say on what is important to them in their local area.

CORE20 PLUS 5

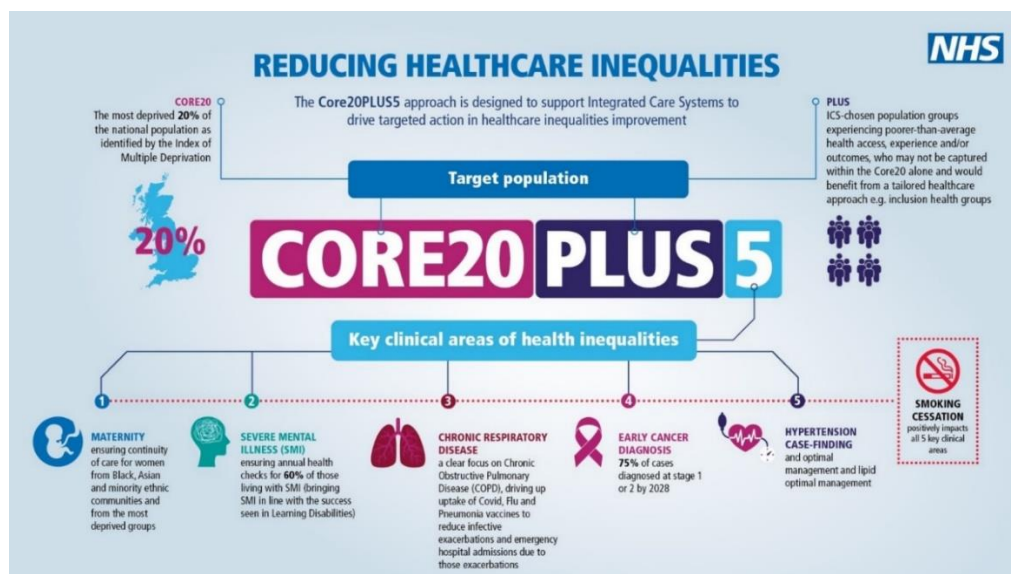
Core20PLUS5 is an NHS England approach for adults¹¹ and children¹² to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

‘**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 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 7: CORE20PLUS 5 Infographic (Source: [NICE](#))

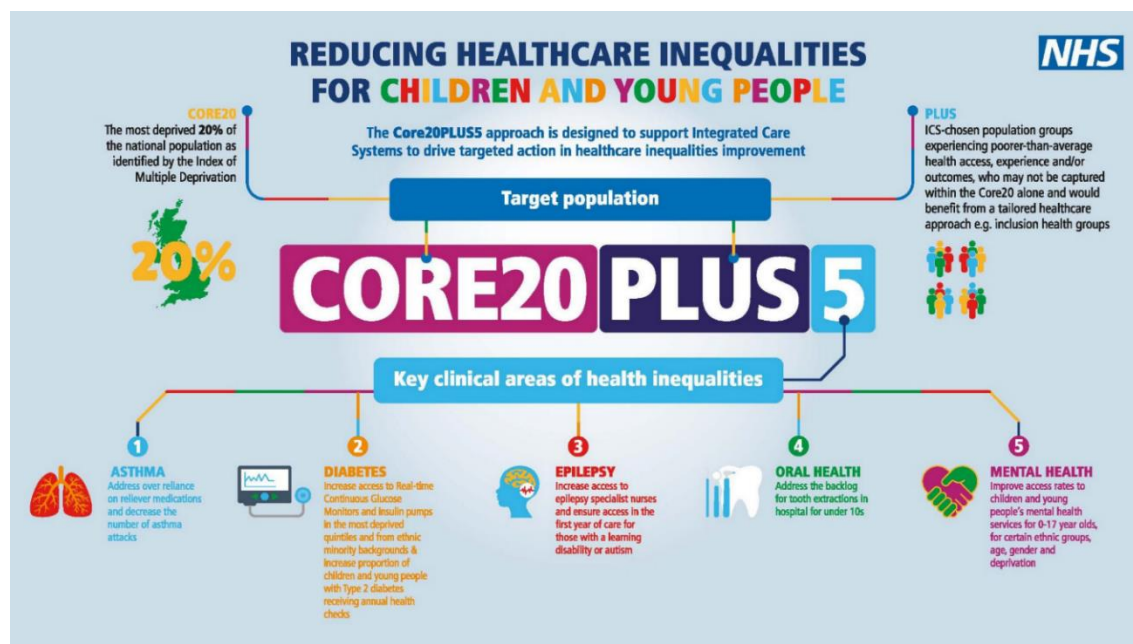


¹¹ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

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

For children and young people (0-18) 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 8: CORE20PLUS5 Children and Young People (Source: [NHS England](https://www.nhs.uk))



Health Inequalities in Oadby & Wigston

Health inequalities are defined as avoidable, unfair and systematic differences in health between different groups of people. There are different types of health inequality, for example inequality in healthy life expectancy, or inequality in avoidable mortality.

These differences are usually determined by a number of factors, categorised into four types by The Kings Fund:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

Ultimately, these differences can lead to differing outcomes for people, and people can experience different combinations of these factors, which will in turn have differing health implications for them.

In recent years health inequalities have been further exacerbated 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.

Within Oadby & Wigston, we know that there are variances in health outcomes between different areas of the Borough. In 2018, it was identified that males born in Oadby & Wigston had the 4th largest inequality in life expectancy at birth in England (13.5 years), and this had been increasing over time. For females, inequality in life expectancy at birth was 9.5 years, representing the 22nd largest inequality in England, and in comparison to the national average of 7.3 years.

In 2019 a Health Summit for Oadby & Wigston was held in order to raise awareness of the inequalities within the Borough, discuss them as a multi-disciplinary group and begin to identify potential solutions to form an action plan to address and reduce inequalities. Fifty-four individuals from a range of health, social care and third sector organisations as well as members of the public were in attendance. Following the health summit a number of semi-structured interviews and focus groups were held with key local individuals, healthcare professionals and local residents in order to develop a more detailed understanding of the wider issues and potential solutions.

Nine themes were drawn from the Health Summit, interviews and focus groups:

1. The differences between the three communities of Oadby, Wigston and South Wigston
2. Services: access to, changes to and closures/cuts
3. Communication & Collaboration – with people and between organisations
4. Education & Employment – varying access and opportunities of the communities within the Borough
5. Engagement – how professionals engage with the residents of the Borough, and how they engage with services
6. Individual Beliefs & Behaviours and how these affect lives in different ways
7. Local Environment – the importance of the physical and built environment, pollution and transport and the impact it can have on health and wellbeing
8. Population Demographics: fundamental differences in the population demographics of Oadby, Wigston and South Wigston
9. Mental Health: discussed as key to many of the changes/improvements to be made

A number of recommendations were made as a result of this work, which were to be considered by commissioners and providers:

- Develop a further understanding of Oadby & Wigston as three separate communities
- Review Oadby & Wigston Health & Wellbeing Board
- Connecting the three communities of Oadby & Wigston better physically – consider public transport options
- Community Engagement Events to increase communication, collaboration and co-operation between organisations
- Improve health education – link to the education sector in health and wellbeing work
- Fully maximise social prescribing, and embed Making Every Contact Count (MECC) across all partner agencies
- Improve communication across organisations and with residents
- Redevelop South Wigston Health Centre
- Develop Community spaces to support social prescribing & community development

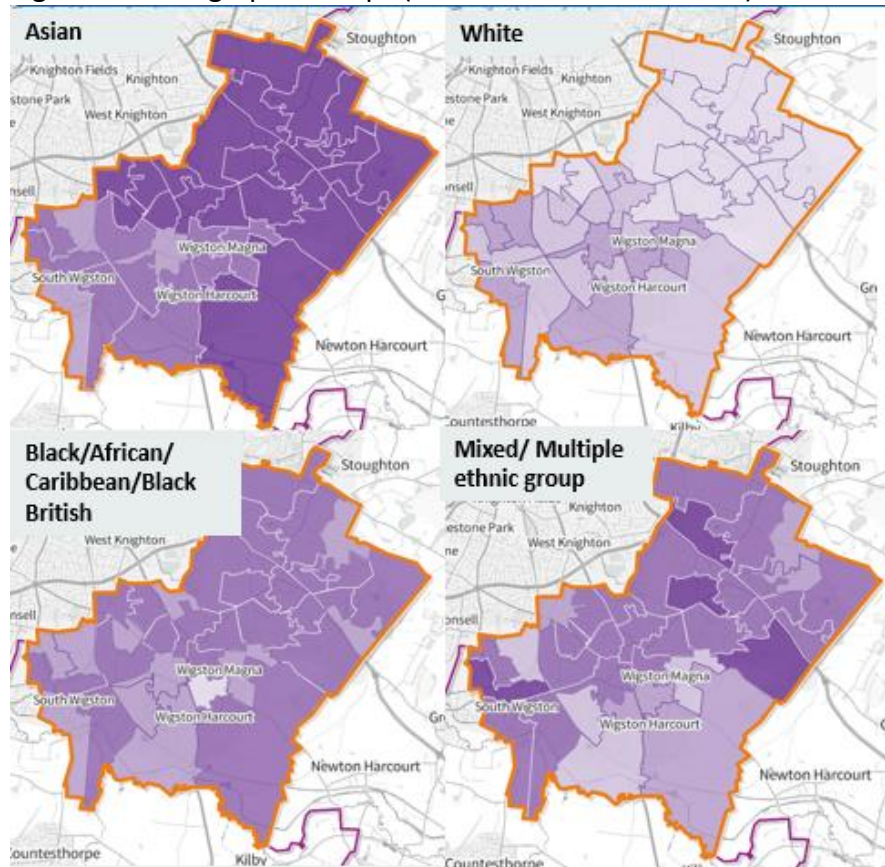
In developing this Community Health & Wellbeing Plan, the steering group revisited the information from the health summit and associated themes and recommendations above. It was felt that a number of them are still relevant, with progress having been hampered in some cases due to the Covid-19 pandemic.

When we look at current life expectancy, we can see that these figures have now improved since the data which prompted the work in 2019, but there is still evidence of the same inequalities.

Updated life expectancy data (2018-20) shows males (79.5) is similar to the national average (79.4) and life expectancy at birth for females (84.6) is significantly better than the national average (83.1) but differences in outcomes within the borough still exist.

In addition to life expectancy data, we know that there are significant differences in the populations of Oadby & Wigston when looking at other measures. For example, the population of Wigston is overall older than that of Oadby, with more of the population in the over 65 age group. Oadby has a higher proportion of residents from Black and Minority Ethnic group than Wigston, as illustrated in the maps below

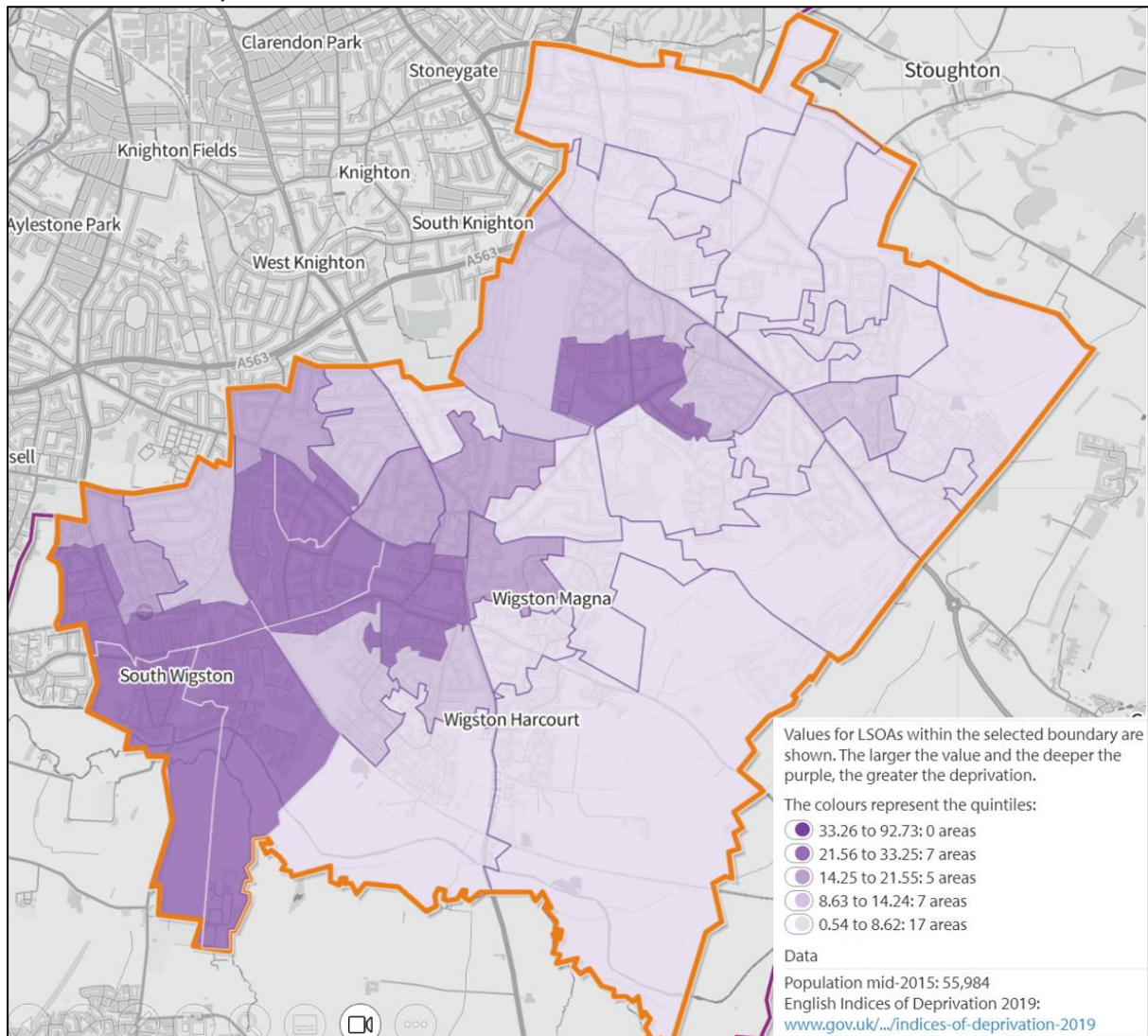
Figure 9: Demographics Maps (Source: SHAPE Atlas 2024)



Data on deprivation by the 36 Lower Supra Output Areas (LSOAs) within the Borough show that 7 are in the second most deprived quintile and 17 were in the 20 percent of least income deprived areas. Wigston Town is the MSOA with the second highest level of residents that are registered as disabled in Leicestershire (LCC Health Inequalities JSNA).

This all paints the picture of differences in outcomes for different communities within the Borough. In addition to the data, stakeholders have been at pains to emphasise during the development of this plan, the continued distinction between the three communities in Oadby, Wigston Town and South Wigston and the marked differences in deprivation and outcomes and we can see between them. As a Partnership, we will be mindful of how we deliver this plan and the differences in approach and resources that may be required for the different communities of Oadby & Wigston.

Figure 10: Indices of Multiple Deprivation by LSOA in Oadby & Wigston borough (source: SHAPE Atlas 2024)



The Life Course in Oadby & Wigston

Best Start in Life

We want our children and young people to have the best start for a long, healthy and happy life. We want them to fulfil their potential, by providing the best circumstances for educational attainment, emotional wellbeing and resilience and life skills, so that they may go on to thrive and contribute to their communities. We know that the circumstances into which children are born and people grow and develop, in terms of their families, communities and environments, have a significant impact upon their health and wellbeing outcomes later in life.

Where are we now?

Public health data shows that children and young people are in line with or just above the England average for a number of measures, such as Under 18s conception rate, infant mortality and Year 6 prevalence of obesity. However some children in Oadby & Wigston are living in poverty. There are 2127 children living in relative low income families in the district in financial year ending (FYE) 2022 which is 20.2% of the child population. There are 1778 living in absolute low income families in the same year, which is 16.9% of the child population. Oadby & Wigston has the highest percentage of children living in relative or low income families of all the Leicestershire Districts.

Feedback from stakeholders in development of this plan indicated that there are an above average number children in receipt of food parcels in Oadby & Wigston in comparison with the national average. Data from the 2021 Census indicates that Oadby and Wigston saw the East Midlands' second-largest percentage-point rise in the proportion of lone-parent households (from 9.0% in 2011 to 10.5% in 2021), which can mean that these families have fewer resources. In comparison, across the East Midlands, the percentage of lone-parent households increased from 9.9% to 10.3%, while the percentage in nearby Blaby increased from 9.1% to 9.6%.

Although there is no official data in regards to smoking and vaping in children, local discussions identified this as an emerging issue and many expressed growing concern around risky behaviours in older children and teenagers in the borough. It was felt that this was compounded by a lack of activities and resources for this age group locally, and partners recognise that one of the best way of supporting teenagers and young people is to provide support to the whole family, as parental wellness can impact upon the whole family unit

Breastfeeding initiation is in line with regional and national averages when considered at a Borough level, but at MSOA level some data from Public Health highlights lower than average prevalence of breastmilk as a first feed in South Wigston and Wigston Town MSOAs.

Outcomes for children and young people in the Borough often reflect the health inequalities described above. For example, South Wigston and Wigston Town are worse than England in relation to the child poverty domain and other MSOAs within the Borough.

What do we want to achieve?

We will work together to better understand how we can support children and young people to have the best start in life, also looking to support the wider family unit with building healthy habits for all and supporting a “Whole Family Approach” to mental health. The Whole Family Approach is a family-led strategy that provides adults and children with the tools to set, plan for, and achieve their goals together. It focuses equally, and intentionally, on services and opportunities for the child and the adults in their lives; it attends to the needs of parents/ caregivers and their children simultaneously. We will seek to understand a perceived rise in risky behaviours in teenagers and young adults, and work together as a partnership in order to try and remedy causes.

Staying Healthy, Safe & 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.

We want people in Oadby & Wigston to live happy, healthy lives, free of disease and illness for as long as possible. This approach must consider not just physical health and clinical care, which only contributes about 20% towards health outcomes, but also mental health and recognising the importance of community, family and the wider determinants of health.

In addition to physical health, we know that good mental health can have a significant impact on peoples' ability to live healthy and happy lives. The impacts of poor mental health are far reaching, including lower levels of employment, reduced social contributions and decreased life expectancy. The NHS 5-year forward view for mental health and, recently, the NHS Long-term plan have highlighted that mental health has been proportionally underfunded and had insufficient focus through statutory services.

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

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

Where are we now?

Public Health data shows that Oadby and Wigston has the highest level of inactive residents when compared to the other districts in Leicestershire and in comparison to England averages. The percentage of physically active adults (19+) in Oadby & Wigston is 59.6% (Fingertips 2022/23), which is significantly worse than the England average (67.1%).

According to Sport England data, all of the MSOAs in Oadby & Wigston are in the top 20 wards in Leicestershire with the most inactive residents. On average, the percentage for inactivity for the County is 26.37% , in OW its 30.7%.

Data from 2019/20 indicates that Oadby & Wigston had a lower percentage of residents walking for travel at least three days per week (11.7%) than both the East Midlands region (13.2%) and England (15.1%). It is reasonable to expect that this might have decreased further since 2019/20 with the increase in working from home since the pandemic.

Stakeholders fed back to us that there may be barriers to physical activity around physical access to facilities, cost pressures and accessibility for different communities.

The Sport England Active Lives Adult Survey in 2021 indicated that the percentage of adults who feel lonely often, always or some of the time in Oadby and Wigston (23.74%) was the highest in Leicestershire (21.1%) at higher than the figure for England (22.26%). This does seem to have improved, as the last survey from November 22 had no respondents from Oadby & Wigston saying they felt lonely always. Other data, such as the Age UK Loneliness Map indicates that there are some areas within the borough where people are at very high risk of loneliness.

Although there are many different datasets for loneliness, and as an issue it is complicated and difficult to measure, stakeholders agreed that loneliness and isolation is an issue that residents may need support with across all life stages.

In speaking to our stakeholders and partners in the development of this plan, we know that the COVID-19 pandemic has impacted residents within the Borough. Services such as South Leicestershire Foodbank have seen increasing demand for food parcels, and the most common reasons for referral so far this financial year are to do with debts, costs or expenses or the impact of new or existing mental or physical health conditions.

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.

Turning Point data (2022/23) shows that 353 referrals were received for adults, which converted to 193 people in treatment. Most of the treatments provided were for Alcohol (47.2%) and Opiates (35.3%). 26.4% of people successfully completed their treatment. 96.9% of those who received treatment were 18-64 years old.

What do we want to achieve?

We want to increase the number of physically active adults within the Borough, ensuring that people are being appropriately referred to structured programmes where appropriate but more widely providing the right opportunities and environment for people to live active, healthy lives.

We also want to support residents’ mental health, reducing loneliness and social isolation. We will work with partners to target groups or areas of the borough where these problems may be more prevalent. We will also take a whole family approach to mental health and wellness, in recognition that a happy, healthy family unit can impact upon any one individual within it.

Living & Supported Well

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

Where are we now?

According to the 2021 Census, 21.32% of the population in Oadby and Wigston are 65 and over; this is higher than the average for England (18.41%) but similar to Leicestershire (20.79%). Although the population of Oadby & Wigston is growing more slowly than other parts of the County, there is still a large increase expected in the population of people aged 65 and over to 2040 - there is a projected increase of 23% in the total population aged 65 and over by 2040. This is below the projected 43% increase for Leicestershire County overall.

We can expect to see an increase in the number of health conditions associated with ageing due to the projected increase of the population over 65.

Condition	Growth in Number of patients over 65s from 2020 - 2040	% Growth in patients over 65s from 2020 - 2040
Dementia	375	36.9%
Falls	918	27%
Cardiovascular Disease	1010	25.6%
Obesity	805	21.6%

Mobility	768	31.3%
Limiting Long Term Illness (little limitation)	774	24.6%
Limiting Long Term Illness (a lot of limitation)	849	30.9%
Depression	243	22.8%
Diabetes	329	21.5%

The Office for Health Improvement and Disparities reports that Oadby and Wigston have the highest percentage of reported long-term musculoskeletal (MSK) problems (20.6%) in comparison to other Leicestershire districts (average 17.4%) and England (17%). The Office for Health Improvement and Disparities defines long-term conditions as those that last or are expected to last 12 months or more. MSK conditions include arthritis, fibromyalgia, back, spine and neck pain and any other MSK conditions. Prevalence of long term MSK problems increases with factors such as age, deprivation and ethnicity, with the Pakistani community reporting a higher prevalence than the average for all groups combined. The same report linked this to a lack of physical activity which, as detailed above, is low within the Borough.

Cancer diagnosed at stages 1 and 2, bowel cancer screening and decreasing cancer screening rates overall are of concern. In 2021, the percentage of Cancers diagnosed at stages 1 & 2, was 43.5%, significantly worse than East Midlands (52.9%) and England (54.4%).

Estimated dementia diagnosis rates (aged 65 and over) is 58.6% in Oadby & Wigston, which is significantly worse (lower) than the East Midlands (65.2%) and England average (63%). This indicator is also shown as decreasing and getting worse.

What do we want to achieve?

We want to work in partnership in order to better understand the reasons behind some of this data for Oadby & Wigston, to improve levels of cancer screening and early diagnosis, dementia diagnosis and also reduce the number of people with long term MSK conditions, whilst also supporting those who already have those problems. We will interrogate the data further, speak to residents and work as partners in health and wellbeing for Oadby & Wigston on these priorities.

Dying Well

Whilst the end stages of life can be difficult to talk about, it is arguably just as important that we plan and provide care to the same level that we do in the other life stages. We want to

support the residents of Oadby & Wigston to ensure that everyone has a choice about their care, treatment, and that our loved ones and carers are well supported. Care should be a dignified, personalised approach for the individual, their friends and family.

Where are we now?

Oadby & Wigston performs similarly to or better (lower) than England for Under 75 Mortality at a Borough level, although there are exceptions at an MSOA level where South Wigston and Wigston Town have much poorer outcomes than others across a range of indicators.

The majority of deaths of 75-84 year olds take place in a hospital (46.1%). Similar numbers of deaths of 85+ year olds occur in care homes (37.3%) and hospital (36.3%)

What do we want to achieve?

We will engage with, promote and participate in the development of the Leicester, Leicestershire & Rutland End of Life Strategy which is due to be published at the end of 2024. Through the detailed consultation and scoping that is taking place in the development of this plan, we will have a better idea of what residents want and need in relation to end of life care, and where more support may be required.

Wider Determinants of Health

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Systematic variation in these factors constitutes social inequality, which in turn is an important driver of health inequalities. Factors affecting the wider determinants of health range from the built environment, quality of green spaces and housing, educational attainment, crime and employment can all be factors.

Where are we now?

As described in previous sections, there are inequalities in outcomes between different communities in the Borough, some of which are quite pronounced.

Oadby & Wigston's Index of Multiple Deprivation (IMD) score has an average of 12.96 (favourable to the England mean of 21.67), but there is some variation at MSOA level. Whilst most MSOAs are in the least deprived quintile, there are a number of areas around South Wigston, Wigston Fields and Oadby St Peters which are in the fourth most deprived quintile.

The picture is similar when looking at income deprivation by MSOA, although there is one area in South Wigston in the most deprived quintile by this measure¹³. When looking at income deprivation affecting older people, Wigston Town has significantly higher numbers of older people living in poverty when compared with Leicestershire and England.

¹³ [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

Data around barriers to housing services highlight Oadby Grange & Wigston Meadowcourt wards as being in the greatest area of need. The average house price for the district in May 2021 was £239,475; this has risen 8.7 % since May 2020. There is variation in price across the district, however - the average house price for the county overall is £254,111 which means that the average house price is over 8.6 times the mean annual salary of Oadby & Wigston residents, and over 9.3 times the median average salary of Oadby & Wigston residents.

Data around air quality and noise pollution from traffic highlight some of the major routes through the borough as being vulnerable to air pollution. Although there are currently no air quality management areas within the borough, there has been some pilot work undertaken already with schools on Blaby Road.

Our stakeholders provided feedback around some poor quality housing within the Borough. This has been an area of work for the local authority for some time now, in having a selective licensing area in South Wigston.

The number of premises licensed to sell alcohol per square kilometre for Oadby & Wigston in 2021/22 is 4.1. This is significantly higher (worse) than the England value of 1.3 per square kilometre.

What do we want to achieve?

We will work as partners in order to continue to address the health inequalities that exist within the Borough. We will continue to work collaboratively with key partners including Oadby and Wigston Borough Council to improve the quality of new and existing housing developments in order to ensure that we are doing all that we can to give residents safe and secure places to live that encourages them all to live the healthiest life possible.

Our Local Priorities

Developing priorities via a Multi-Agency working group

The data and insights around the life stages and current health and wellbeing of Oadby & Wigston residents were shared and discussed with our steering group, whose members comprised representatives from health, social care, public health, primary care, Oadby & Wigston Borough Council and the voluntary sector.

Stakeholder event

In November 2023, we held a stakeholder event to bring together a wider range of professionals working with residents of the district. Representatives included those from the steering group plus colleagues from local schools, additional community and voluntary sector services including Local Area Coordinators, Healthwatch, Leicestershire Police and Leicestershire Partnership Trust.

Prioritisation exercise

Following the stakeholder event, and also taking the data previously considered, a longlist of priorities was drawn up, which was then further streamlined using the following criteria:

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

A sub-group of the steering group was established to review the longlisted priorities against these criteria. The group had representatives from primary care, the voluntary sector, public health, Oadby & Wigston Borough Council and the Integrated Care Board (ICB).

Following this prioritisation exercise, a shortlist of 5 priorities with three 'golden threads' was established. These were then taken back to the steering group and shared with all stakeholders who had been involved in the event in November in order to gather any further feedback or concerns.

The final set of priorities are as follows:

- Housing Quality: seek to improve the quality of new and existing housing to enable our community to live healthier lives
- Physical health: Cancer (screening and diagnosis), MSK (prevention and support) & Dementia (diagnosis)
- Increase Physical Activity Levels
- Addressing Risky Behaviours in Teenagers & Young Adults
- Mental Health
 - Encouraging a 'whole family' approach to managing mental health and wellbeing
 - Reducing health inequalities for those experiencing chronic mental health issues
 - Men's mental health
 - Children & Young People

In addition to the priorities above, we recognised that there were themes that had been evident throughout the life course stages we had reviewed and the discussions with stakeholders that will need to run throughout all of the work we do:

- Communications – we want to communicate better with residents, with colleagues and hear from them too. We need a better understanding between partners about

the range of services available and how to support people to access them with the required referral criteria and processes.

- Mental health – we recognise that mental health can impact upon people at any life stage so in addition to the specific mental health priorities above, we will consider physical and mental health equally in all we do
- Social isolation – again, we recognise that social isolation can and does impact upon people at all ages. We want to support everybody in Oadby & Wigston to be well connected and well supported to live the happiest and healthiest lives possible.

In addition to these golden threads running throughout the Community Health and Wellbeing Plan, we will remain focused on those groups within Oadby & Wigston who are more at risk of experiencing health inequalities. This includes but is not limited to:

- Ethnic minorities
- Those for whom English is a second language
- Carers
- People with disabilities
- Those on low incomes or experiencing poverty

As a Partnership, we also recognise that none of this work is taking place in isolation in Oadby & Wigston. For all of the priorities above, we will ensure that we will link in as appropriate with work already underway at Leicestershire or LLR levels to ensure that we are not duplicating our efforts and resources.

Delivery

The delivery of the Oadby & Wigston Community Health & Wellbeing Plan will be overseen by a newly established **Partnership Group**. This will be an expanded version of the steering group that has developed the plan.

Every priority will have a Lead and, where required, we will establish a **Delivery Group** for each priority. Membership of the delivery groups will include all partners involved in delivery of the action plan for the particular priority. It is anticipated that delivery will also be closely linked to the emerging **Integrated Neighbourhood Team** meetings within the Borough.

Timescales

Once established, the delivery groups 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.

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 Partnership group 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, quarterly highlight reports will be presented to the Partnership. 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.

Governance

As the Oadby & Wigston Partnership group 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 & Wellbeing Plans that have been developed in the Leicestershire districts.

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.

Stakeholders

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

Oadby & Wigston Borough Council (OWBC)
Leicestershire Adult Social Care (ASC)
Leicestershire Police
Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)
Leicestershire Partnership Trust (LPT)
Leicestershire County Council Public Health
Leicestershire County Council Adult and Social Care
Primary Care Networks (PCNs)
Active Blaby
LLR Healthwatch
Leicestershire Fire and Rescue Service
Oadby & Wigston Primary Care Network
Watermead Primary Care Network
Everyone Active
Leicester South Foodbank
Woodland Grange Primary School
Turning Point
OWLS Academy Trust
Leicestershire GATE