



**TO COUNCILLOR:**

Mrs R H Adams  
G A Boulter  
J W Boyce

F S Ghattoraya  
J Kaufman (Chair)  
Mrs L Kaufman

Miss A Kaur  
D W Loydall

Dear Sir or Madam

I hereby **INVITE** you to attend a meeting of the **HEALTH AND WELLBEING BOARD** to be held at the **COUNCIL CHAMBER - COUNCIL OFFICES, STATION ROAD, WIGSTON** on **TUESDAY, 2 JULY 2019** at **1.30 PM** for the transaction of the business set out in the Agenda below.

Yours faithfully

Council Offices  
Wigston  
**24 June 2019**

**Mrs Anne E Court**  
Chief Executive

<u>ITEM NO.</u>	<u>AGENDA</u>	<u>PAGE NO'S</u>
1.	<b>Apologies for Absence</b>	
2.	<b>Minutes of the Previous Meeting</b>	<b>1 - 3</b>
3.	<b>Introduction to the Health Inequalities Agenda</b>  Dr Vivek Varakantam, GP Board Member, NHS East Leicestershire and Rutland Clinical Commissioning Group & Chair of Oadby and Wigston Locality	
4.	<b>Health Inequalities Report</b>  Dr Emily Maile (HEEM Leadership and Management Fellow)	<b>4 - 23</b>
5.	<b>Next Steps</b>	
6.	<b>Review Terms of Reference</b>	<b>24 - 25</b>
7.	<b>Review Membership of Board</b>	
8.	<b>Any Other Business</b>	
9.	<b>Future Meetings</b> <ul style="list-style-type: none"><li>• Tuesday 1 October 2019</li><li>• Tuesday 14 January 2020</li><li>• Tuesday 7 April 2020</li></ul>	



**For more information, please contact:**

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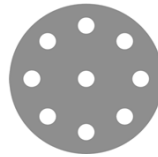
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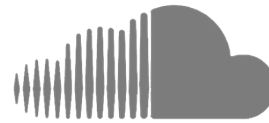
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**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD AT THE COUNCIL OFFICES, STATION ROAD, WIGSTON ON WEDNESDAY, 23 JANUARY 2019 COMMENCING AT 1.30 PM**

**PRESENT**

Councillor J Kaufman (Chair)

**COUNCILLORS**

G A Boulter  
Mrs S Z Haq

**OFFICERS IN ATTENDANCE**

C Clarke (Sports Development Assistant)  
Mrs A Lennox MBE (Head of Leisure & Wellbeing Services)  
K Radford (Physical Activity Coordinator)

**OTHERS IN ATTENDANCE**

Claire Bradshaw (LCC Libraries)  
Debra Cunningham (LCC Public Health)  
Natalie Davison (Public Health Business Partner)  
Penny Fielden (B& OW Forum and Ministry of Nordic Walks)  
Hussein Khan (School Sports Partnership, LSLSSP)  
Manjit Rai-Taylor (Buddhi & Sikh Association)  
Vivienne Robins (Consultation in Public Health)  
Kaseem Vindhani (Leicestershire Life Links)

**15. WELCOME BY CHAIRMAN, COUNCILLOR JEFFREY KAUFMAN**

The Chair, Cllr Jeffrey Kaufman, welcomed attendees to the meeting.

**16. APOLOGIES FOR ABSENCE**

Cllr Bhupendra Dave  
Mary Flynn (Local Areas Coordinator South Wigston)  
Lesley Green (Mental Health Forum/Oadby Food Bank)  
Cllr Helen Loydall  
Cllr Kevin Loydall  
James Naylor (Everyone Active)  
Debbie Preston (First Contact Plus)  
Sharon Rose (Locality Manager, East Leicestershire CCG)  
Dr Vivek Varakantam (East Leicestershire CCG and GP Lead for O&W)

**17. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the HWBB held on 10 October 2018 to be taken as read, confirmed and signed by the Chair.

**17a. ACTIONS FROM THE LAST MINUTES**

There were no actions outstanding from the last meeting.

## **18. INEQUALITIES IN LIFE EXPECTANCY BETWEEN OADBY AND WIGSTON**

Vivienne Robins (Consultation in Public Health) and Natalie Davison (Public Health Business Partner) gave a presentation on the current findings and concerns around the inequalities in life expectancy between Oadby and Wigston. A copy of the presentation slides can be found in **Appendix 1**. The full Life Expectancy report can be found in **Appendix 2**.

The presentation confirmed that **Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years**. The inequality in male life expectancy has been increasing over time. In 2010-12, the inequality in life expectancy at birth was 5.2 years, increasing to 6.3 years in 2011-13, 8.7 years in 2012-14 and 13.5 years in 2014-16. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 9.3 years in males in 2014-16

In females the inequality in life expectancy at birth has increased year on year since 2010-12. In 2010-12, the inequality in life expectancy at birth was 2.4 years, increasing to 3.6 years in 2011-13, 4.4 years in 2012-14, 6.7 years in 2013-15 and the latest data for 2014-16, shows Oadby and Wigston has an **inequality in female life expectancy at birth of 9.5 years**. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 7.3 years in females in 2014-16.

Vivienne and Natalie confirmed the data is updated annually. The data can provide a starting point, but they confirmed the inequalities agenda is complicated. They further confirmed that they are fortunate to have the support from the CCG and the Council's Head of Leisure & Wellbeing as well as the Chair of the Health & Wellbeing Board in helping to drive this matter forwards. Public Health deliver a range of services including Health Checks at GP surgeries; one of the aims will be to improve the uptake of these checks.

A meeting on health inequalities will be held at the end of February by invitation only, invitees include local GP's, health professional and those organisations it is felt can begin to address the inequalities identified. Feedback will be provided to the Oadby and Wigston Health and Wellbeing Board at its next meeting.

## **19. UPDATE - OADBY & WIGSTON PRIORITY 1. AGEING WELL**

The "Ageing Well" health focused meeting held in July identified a desire to set up a sub-group of like-minded organisations, to take forwards this agenda. As a result, a sub-group met on 7 November. A number of actions came out of this meeting to take forwards.

- To investigate a central 'living' database for promotional purposes, which organisations can update as and when activities /services change. This piece of work is currently on going.
- To make contact with Rutland CC about their information service.
- To look into the wider delivery of the Letterbox newspaper e.g. GP surgeries and better distribution in flats and the Sheltered accommodation buildings.

## **20. UPDATE - OADBY AND WIGSTON PRIORITY 2. HEALTHY WEIGHT**

The meeting held on 10 October 2018 was dedicated to discussing Healthy Weight. A number of organisations confirmed how they were addressing this important agenda, which included:

- Community cooking programmes
- Referring individuals to a dietician
- Educating families about healthy food options
- Encouraging individuals to take up physical activity
- And signposting local residents to local sessions

The range of organisations also confirmed that they would like further support with promotion and educational opportunities for families. Funding is also 'key' in order to continue to address this agenda.

**21. OADBY AND WIGSTON PRIORITY 3. MENTAL HEALTH (DISCUSSION/WORKSHOP)**

The Chair introduced priority 3; Mental Health. This is the Board's final health focused meeting for this year. The aim of this part of the meeting was to gain some feedback from attendees on how they are currently addressing mental health issues locally; what the plans are for 2019/2020; what the challenges are; and what support they require from the HWBB.

Attendees split into 2 working groups; each group answered the above key questions in relation to Mental Health, facilitated by two lead Officers. At the end of the 40 minute Workshop feedback was provided by the two individual groups. The combined findings can be found in **Appendix 1**.

The Chair, Councillor Jeffrey Kaufman, thanked attendees for their input and ideas on Mental Health.

**22. ANY OTHER BUSINESS**

The National Literacy Trust, last autumn, released a report detailing how children and young people's mental wellbeing is related to their reading and writing experiences.

To find out more visit: <https://literacytrust.org.uk/research-services/research-reports/mental-wellbeing-reading-and-writing/>

**23. FUTURE MEETING**

The next meeting of the Health & Wellbeing Board is the Board's Health Summit, details below:

- Wednesday 3 April 2019 – Annual Health Summit

Meeting to be held at the Oadby and Wigston Borough Council Offices, starting at 1:30 p.m.

**THE MEETING CLOSED AT 3.30 PM**



Chair

Tuesday, 02 July 2019

# Agenda Item 4

## Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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### Executive Summary

#### Background and Context

The most recent available data (2015-2017), published as part of the Public Health Outcomes Framework, demonstrates that Oadby and Wigston has an inequality in life expectancy at birth of 12 years for males and 10 years for females. In February 2019, a health summit was held to discuss the health inequalities in Oadby and Wigston and following this a number of semi-structured interviews and focus groups were facilitated with key local individuals, healthcare professionals and local residents in order to develop a more detailed understanding of the wider issues and potential solutions.

#### Methods

Individuals from a range of organisations attended the health summit and were invited to discuss four key questions before giving verbal feedback to the wider group. Following the summit, the snowball method of sampling (Sadler et al. 2010) was used to identify participants and further qualitative research was planned. The qualitative data from all sources was then analysed using thematic analysis (Braun and Clarke, 2006) in order to identify themes within the discussions.

#### Results and Analysis

The thematic analysis identified nine main themes which are discussed in this report; three communities, services, collaborative working, education and employment, engagement, individual beliefs and behaviours, local environment, population demographics and mental health.

#### Recommendations

This report makes eight recommendations for consideration for future action at the Oadby and Wigston Health and Wellbeing Board and ELR CCG Primary Care Commissioning Committee.

# Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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## Background and Context

In October 2018, a report produced by Leicestershire County Council, “Inequalities in Life Expectancy between Oadby and Wigston” reported that in 2014-2016, Oadby and Wigston in Leicestershire had the fourth largest inequality in male life expectancy at birth in England, at 13.5 years. In females, the inequality was 9.5 years, representing the 22<sup>nd</sup> largest inequality in England (Leicestershire County Council, 2018). For both males and females, the inequality in life expectancy at birth had been increasing in each time period from 2010, with life expectancy for those in the least deprived decile increasing and in the most deprived decile decreasing, resulting in the widening gap in life expectancy.

The most recent available data for 2015-2017, published as part of the Public Health Outcomes Framework, has subsequently shown the male life expectancy at birth inequality to be slightly lower at 12 years, now the 15<sup>th</sup> largest inequality in England. In females however, the overall inequality is now 10 years and represents the 20<sup>th</sup> largest inequality in the country.

The populations of Oadby and Wigston have many significant differences; Wigston has an overall older population (22.7% of its residents aged over 65 years compared to 19.1% in Oadby) whilst in Oadby 47.5% of the population are from a Black and Minority (BME) ethnic group compared to 11.6% in Wigston. There is also a significant difference in affluence with 64.5% of the Oadby population living in the most affluent 20% of areas nationally compared to 23.3% of the Wigston population and almost a quarter (24.6%) of the population in Wigston live in the 30% most deprived areas nationally compared to just 5.9% of the population in Oadby.

Following the report highlighting these inequalities, Oadby and Wigston Borough Council, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) and Leicestershire County Council Public Health invited representatives from a range of healthcare, social care, third sector organisations and patient representatives to an Oadby and Wigston Health Inequalities Summit on 28<sup>th</sup> February 2019 where the latest data was shared and subsequently discussed. The aim of the session was to raise awareness of the health inequalities amongst those

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attending, and through group discussion to understand potential contributing factors, possible solutions and to start to develop a plan to address the issue. 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.

This report summarises the key results from the summit and subsequent research and provides recommendations for future action at the Oadby and Wigston Health and Wellbeing Board and ELR CCG Primary Care Commissioning Committee.

## Methods

### Health Summit

Fifty-four individuals from a range of organisations attended the health summit, and were assigned to small groups to discuss four key questions before giving verbal feedback to the group as a whole:

1. What do you think may be contributing to the difference in life expectancy across Oadby and Wigston?
2. What changes have you seen in your role or community in the last few years that may explain the challenges?
3. What do you think needs to happen to address this health inequality?
4. What can you or your organisation do differently that will help tackle this issue?

Bullet point notes were recorded of the feedback session which were then analysed alongside notes made at the subsequent semi-structured interviews and focus groups, to identify common themes.

### Further Qualitative Data Collection

Using the snowball method of sampling (Sadler et al. 2010) to identify participants from those who attended the summit, a number of semi-structured interviews were planned with key local individuals, and a focus group for health professionals was arranged. A focus group with local residents was also organised with participants to



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be identified by the key individuals who attended the semi-structured interviews, again using the snowball sampling method. Table one summarises the planned methods of data collection.

Method	Participant
Semi-structured interview	Local area coordinator (LAC) - Wigston
Semi-structured interview	LAC - South Wigston
Semi-structured interview	Representative from Helping Hands (voluntary sector organisation, South Wigston)
Semi-structured interview	Councillor for Wigston Fields
Focus group	Local residents, to be identified through semi-structured interview participants
Focus group	NHS healthcare professionals including GPs, invited through the ELR CCG Oadby and Wigston locality meeting

Table 1: Planned methods of data collection

## Data Analysis

The qualitative data from all sources was then analysed using thematic analysis (Braun and Clarke, 2006) in order to identify themes within the discussions. Braun & Clarke's six point framework was used to analyse the data in the following six stages; become familiar with the data, generate initial codes, search for themes, review themes, define themes and write up report. During this process, open coding was utilised with codes developed and modified throughout the process, rather than using a set of pre-defined codes (Maguire & Delahunt, 2017).

## Results and Analysis

Table two (below) presents the different semi -structured interviews and focus groups which were conducted.

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Method	Participant(s)
Health summit group discussions	54 individuals from a range of local organisations
Joint semi-structured interview	LACs - Wigston and South Wigston
Semi-structured interview	Councillor for Wigston Fields
Semi-structured interview	Representative from Salvation Army - South Wigston
Focus group	Four residents visiting the Salvation Army café - South Wigston
Written notes	Nordic walking group leader - Oadby and Wigston
Joint semi-structured interview	Representatives from community therapies team and district nursing team
Semi-structured interview	Specialist health visitor - Oadby, Wigston and South Wigston

Table 2: Final sources of qualitative data

Following the health summit, semi-structured interviews were carried out with LACs for Wigston and South Wigston and the councillor for Wigston Fields. Due to the short time frame available, it was not possible to arrange an interview with a representative from Helping Hands and so the decision was made to instead conduct an interview with a representative for the Salvation Army, another large voluntary organisation in South Wigston, identified through the LAC for South Wigston.

There was no response to an appeal for a residents focus group, however we instead were able to conduct a focus group with four local residents who were visiting the Salvation Army café and agreed to take part. One local resident who runs the Nordic walking group was unable to attend the focus group but instead submitted written notes for inclusion.

Health professionals including GPs, community occupational therapists, community physiotherapists and health visitors were invited to attend a focus group through the ELR CCG Oadby and Wigston locality meeting, although due to service demands on

# Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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the day of the interviews GPs were unable to attend. Semi-structured interviews were subsequently conducted with representatives from the community therapies team and district nursing team, and with a specialist health visitor.

The thematic analysis subsequently identified nine main themes, many of which were further divided into subthemes; three communities, services, collaborative working, education and employment, engagement, individual beliefs and behaviours, local environment, population demographics and mental health. Results from each theme are discussed below:

## **1. Three Communities**

There was significant discussion that Oadby and Wigston is viewed by residents and health professionals as being three individual communities; Oadby, Wigston and South Wigston. Participants felt it would be helpful if the health inequalities data for Wigston was divided into Wigston and South Wigston, or based upon postcode, in order to understand the three communities individually.

Several references were made to there being a 'hierarchy' in the area with Oadby at the top, Wigston in the middle and South Wigston at the bottom, particularly regarding affluence. One individual commented that South Wigston has always been viewed as "the poor relation" and Wigston as "the more affluent cousin". It was also suggested that within South Wigston and Wigston there are many smaller sub-communities, each with their own characteristics, which it would be useful to understand in more detail. Participants described Wigston as having distinct areas including Wigston Magna, Wigston Meadows, Wigston Harcourt and Little Hill and commented that whilst the Fairfield area is part of South Wigston, it is on the same side of the railway bridge as Wigston and feels more like Wigston than South Wigston. The Oadby and Wigston Borough Council Residents' Forum for South Wigston is held at various locations in South Wigston including the Fairfield area, in part to encourage and enable attendance by residents from all parts of South Wigston who participants felt may be less likely to attend if the meetings were regularly held in either the centre of South Wigston or in the Fairfield area. South Wigston was also described as having a very strong community spirit where

# Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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individuals will help each other in a crisis, but this can mean that it is challenging for those viewed as outsiders to engage with the community.

## 2. Services

NHS, social and community services were discussed widely, with much discussion around the different access to services, funding of services and service closures across Oadby and Wigston.

### *Access to Services*

Access to NHS services was felt to be a significant issue, with individuals commenting that there are significant differences in use of, and access to, healthcare services including General Practitioners (GPs), in Oadby and Wigston. Individuals felt it would be useful to identify any gaps in service provision between Oadby, Wigston and South Wigston; two differences initially noted were the lack of a Local Area Coordinator (LAC) for Oadby, and the primary care walk-in centre being located in Oadby.

In terms of access to GP services, individuals felt there is increasing demand for GP services locally and therefore an increasing need to improve access to GPs. It was also suggested that there is inequality of GP funding between Oadby and Wigston with Oadby also having the only walk-in centre in the area. Some individuals commented that it can be difficult to access GP appointments when required, although it was noted at the Health Summit that South Wigston Health Centre were planning to introduce a new appointment system which should improve access - the new system was subsequently introduced in May 2019.

The issue of attendance at the Emergency Department (ED) was also discussed, with individuals commenting that there is a higher ED attendance rate for Wigston/South Wigston than Oadby, and a need to understand why this is. Uptake of NHS health checks in the area were also noted to be very low, and suggestions made that health checks could be taken into the communities rather than held in GP practices. N.B. There has subsequently been a Health Check Campaign in South Wigston in March and an evaluation is being completed.

# Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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Participants also suggested that use of services in Oadby and Wigston may be impacted by how empowered individuals feel and how much knowledge they have of the healthcare system. It was suggested that individuals in affluent areas such as Oadby may feel more empowered to access services and may have the resources to use private healthcare, lowering NHS GP waiting times. In South Wigston, health professionals noted that individuals tend to feel as though they 'don't want to bother the doctor' and may therefore delay accessing healthcare.

## *Changes to Services*

Participants commented that the organisation and structure of healthcare services often changes, such as the Primary Care Coordinator (PCC) role at University Hospitals of Leicester being recently decommissioned and future changes planned to how physiotherapy, occupational therapy and nursing care are delivered to patients upon discharge from hospital. Individuals felt that such changes to services can lead to uncertainty for staff and can affect morale. Changes to services can also be confusing for patients and for healthcare staff who may not always be up-to-date with the latest service configurations and referral processes. Some individuals also commented that previous community multidisciplinary team meetings (MDTs) which included GPs, staff from UHL and the ambulance service worked well for complex patients e.g. in planning to avoid unnecessary hospital admissions, and they would find something similar useful going forwards as part of the Integrated Locality Team.

## *Service Closures and Funding Cuts*

Service funding was discussed as an important issue, with individuals expressing a feeling that there is a need for greater investment in services particularly in South Wigston. Funding cuts to social care, children's centres, community groups and in the voluntary sector, and the closure of services such as the Bassett Street centre, a "community hub" in South Wigston, were felt to have had a large impact upon the community. Participants also commented that there are no longer any community spaces available for use in South Wigston, and a lack of funding available to hire private function rooms as an alternative option for community groups and activities.

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## 3. Collaborative Working

### *Communication and Collaboration*

Communication and collaboration across the different health, social and voluntary organisations in Oadby and Wigston was felt to be vital, and an area which could be improved. Participants commented that whilst GPs are important, addressing health inequalities goes "beyond doctors in GP surgeries" and there is a clear need for closer working, better collaboration and increased communication between all organisations including, but not limited to, the East Leicestershire and Rutland Clinical Commissioning Group (ELR-CCG), GP Practices, Oadby and Wigston Borough Council and local voluntary organisations. It was also suggested that reviewing best practice and models of working in other areas of the country may be beneficial, whilst many individuals felt that the creation of one central directory (such as a website) of all local services would be very helpful for healthcare staff to share and may help to improve active signposting and referral to other services which was felt to be important.

Communication between the above organisations and local residents was also felt to be an area which could be improved, with participants commenting on the need for consistent and shared messages rather than mixed messages from different organisations which can cause confusion.

### *Social Prescribing and LACs*

Participants felt that LACs, social prescribing and signposting are all important tools for tackling health inequalities, although some individuals commented that the difference between social prescribing and active signposting is not always understood and it would be useful if there was greater clarity regarding referral to First Contact Plus and LACs. The possibility of social prescribers within Primary Care Networks (PCNs) was also raised, and it was felt that if further social prescribing roles are created it will be important to understand and clarify their role within the current social prescribing model. There was also recognition that whilst Wigston and South Wigston have allocated LACs, Oadby does not, and that greater

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awareness of the LAC role and referral process amongst health professionals may be helpful.

## *Non - NHS Organisations*

A number of specific local organisations were identified in the discussions as being important to collaborate and communicate with;

- GPs
- LACs
- Oadby and Wigston Borough Council (OWBC) and Councillors
- East Leicestershire and Rutland CCG (ELR CCG) and ELR CCG Oadby & Wigston locality
- The Police
- Fire Service
- Colleagues working in debt and housing
- The University of Leicester Business School
- Local supermarkets
- Local churches
- Community health champions
- Third sector organisations including:
  - Salvation Army, South Wigston
  - Helping Hands, South Wigston
  - Oadby and Wigston Lions Club

## *Proactive and Preventative Approach*

Participants commented that there is a need for a long term proactive approach with a focus on health promotion and disease prevention, such as advice on smoking cessation to prevent future disease and identifying frail patients to carry out a holistic assessment with the aim of preventing falls.

## **4. Education and Employment**

### *Health and Wellbeing Education*

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Education was felt to be crucial in addressing health inequalities, with suggestions made that education around healthy lifestyles, food choices and health services to improve health literacy, would be beneficial.

## *Schooling*

School education was discussed widely and was felt to be both one of the causes of health inequality and also potentially one of the solutions. Individuals reported a perception that schools are better in Oadby compared to Wigston, and that in South Wigston, young people have lower aspirations and expectations. There were also comments that schooling and funding has recently changed in the area and this may have impacted the schools' ability to support pupils who have special educational needs. A further suggestion was to consider teaching health, mental health and wellbeing in schools which may be beneficial in terms of addressing health inequalities from an earlier age.

## *Employment*

Employment was felt to be an important factor in the health inequalities, with individuals commenting that South Wigston used to be a very industrial area and this may have impacted upon residents' health. Participants also suggested that unemployment may be higher in South Wigston than Wigston and Oadby, and that it may be difficult for people to manage their careers if they have poor health. In recent years, most of the factories in South Wigston have closed and there have been changes to remaining industry and health and safety practices, which may improve health of future generations.

## **5. Engagement**

### *Importance and Challenges*

Participants reported that engaging the local communities, particularly hard to reach groups, is crucial in order to make a difference to the health inequalities. The groups interviewed recognised that community engagement can be challenging, particularly in South Wigston more so than Wigston or Oadby.

### *Methods and Suggestions*



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In order to better engage South Wigston, individuals suggested the need to be approachable and to regularly and actively reach out to the community in places such as the local supermarkets, food banks, pubs and schools. The idea of local representatives was mooted for South Wigston, as it was believed the community may be more responsive to known individuals rather than 'outsiders'. Different methods should be used such as leaflets in public places, social media and ensuring that any surveys are representative and include the younger generations.

Local events were also discussed as one particular method of engagement, with many suggestions made for family days out, road shows and "pop-up" health checks and events with a focus on health, wellbeing and community.

## *Further Understanding Required*

Participants at the Health Summit felt that further research, both qualitative and quantitative, is required to understand the populations of Oadby, Wigston and South Wigston in more detail, and highlighted the need to ensure that surveys and data are truly representative of the individual populations.

## *Community Groups*

Many participants discussed the need for more community groups and clubs in the area, such as mental health forum, dementia forum, gentle exercise classes and craft groups. Individuals expressed a preference for groups to be held locally so that residents who do not drive or have easy access to transport can attend and would prefer groups in the daytime to avoid driving or travelling at night and returning home in the dark.

## **6. Individual Beliefs and Behaviours**

### *Health Beliefs and Attitudes*

Individuals commented that there is a perceived 'fundamental' difference in health beliefs between residents of Oadby and Wigston/South Wigston and that some individuals do not take personal responsibility for their health, lack motivation, and there is a need to 'instil a can-do attitude'. It was also recognised however, that

# Exploring Health Inequalities in Oadby and Wigston: A Qualitative Approach

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individuals in South Wigston may have 'more on their plate' to deal with, such as low income, and that their health may therefore not be their first priority.

Empowerment was also felt to be very important for health. There was a perception that the South Wigston population 'doesn't have a voice' whereas the Oadby population does have a voice and is more confident. Groups felt that those who feel more confident and empowered may be more likely to challenge or access services compared to those who feel less empowered.

## *Exercise and Nutrition*

Physical activity was recognised as being crucial for health and wellbeing, and that a lack of physical activity may be contributing to the health inequalities. Participants suggested that it is easier for those who are more affluent to afford to exercise, and one individual asked why the gym referral scheme needs a referral from a GP, suggesting that this may be perceived as a barrier to access. It was also suggested that seated exercise classes are needed in Wigston/South Wigston and that clear physical activity guidelines, a green (outdoor) gym and a 'Parkrun' in Wigston may be helpful in encouraging physical activity (there is not currently a 'Parkrun' in Oadby, Wigston or South Wigston). There is a walking group based at the Methodist Church in South Wigston, and a Nordic Walking group with activities across the three communities.

Group participants commented that eating habits may differ between Oadby, Wigston and South Wigston, which may be linked to a higher number of fast food outlets, takeaways and lower income in South Wigston. It was also noted that South Wigston has a large food bank run from the Congregational Church and another food bank and community market at the Salvation Army which are used regularly by a number of local residents, predominantly from South Wigston.

## *Lifestyle*

Participants commented that levels of smoking may impact upon lung disease and lung cancer, and it was suggested that alcohol consumption may be related to

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religious beliefs and ethnicity (there is a known significant difference in BME demographics in Oadby and Wigston). Individuals also suggested that cannabis may impact upon mental health and shared the perception that drug use may be a greater issue in South Wigston.

## **7. Local Environment**

### *Physical Environment*

South Wigston was described as having a number of physical boundaries including the railway line, bridges and canals which act as a "barrier" to residents travelling to other areas such as Wigston and Oadby. It was also noted that there is a lack of green space in South Wigston compared to Oadby and a suggested need to review the infrastructure and facilities of the area.

### *High street and Shops*

There was an overall feeling that the high streets in Wigston and South Wigston are declining, which may be linked with antisocial behaviour, whilst the high street in Oadby is improving. Comments were made regarding the difference in availability of different types of food, as Oadby has a farmers market and Wigston and South Wigston have more hairdressers, vape shops and takeaways, and that fast food outlets could potentially be limited by the planning department.

### *Air Pollution, Traffic and Transport*

Interviewees were concerned that air pollution could also be a contributing factor to poorer health across Oadby and Wigston, although some felt that this may be a greater issue in Wigston due to heavy traffic and South Wigston due to higher levels of industry, compared to Oadby.

Participants also suggested that there is heavy, stationary traffic in Wigston and South Wigston with one individual commenting that it left them feeling 'trapped' in their home in South Wigston at certain times of day. 'Poor' public transport links and the lack of any public transport link between South Wigston and Oadby was also discussed and participants suggested that the lack of public transport to Oadby may impact upon the ability of individuals from South Wigston to access services and

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facilities such as the walk-in primary care centre, exercise classes at Parklands leisure centre and Brocks Hill country park.

## *Housing*

Housing was felt to impact upon health inequalities and individuals commented that there has been "massive" expansion of housing in the local area with 'no thought' for health services, and newly built flats with no parking spaces. However, it was also commented that when planning social housing there are resources available for the community to tackle associated issues which may arise. The cost of housing, particularly in Oadby, was also noted as an issue, whilst participants commented that in South Wigston there is more social housing, and that many of the privately rented housing stock is in poor condition, including homes with damp and no central heating.

## *Community Assets*

Participants reported that there are less community assets and facilities in South Wigston and Wigston compared to Oadby, but also commented that facilities could be better utilised, such as using school facilities out of school hours. It was also noted that since the closure of the Basset Street Centre and library in South Wigston, there are very few community rooms available for clubs to use, and that funding limits the ability to hire private function rooms such as those at the Salvation Army or Elliott Hall.

## **8. Population Demographics**

Participants felt that there were fundamental differences in the population demographics of Oadby, Wigston and South Wigston, commenting that the communities are made up of a different mix of ethnic and religious backgrounds and that there is less migration in and out of South Wigston compared to Oadby. It was also suggested that in Wigston, the LACs primarily work with older adults, many of whom feel isolated, whereas in South Wigston, LACs work with many young families who are often dealing with unemployment, low income, schooling and education issues.

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## *Affluence and Deprivation*

Wealth was discussed widely as a contributing factor to health inequalities, with many individuals commenting that Oadby is perceived as being affluent, Wigston as financially stable and South Wigston as generally more deprived.

Participants felt that how affluent individuals are may impact upon their ability to make healthy lifestyle choices, and that in South Wigston many individuals have lower incomes and struggle to manage financially. It was also noted that Universal Credit is now being rolled out in the area, although it was estimated that only around a third of people on benefits in South Wigston have currently been changed to this new system. Some individuals reported that they have already seen an increase in families struggling and accessing services such as food banks since the change to Universal Credit and reported concern that this may increase further as the roll out continues.

## *Different Generations*

Participants felt that it was important to recognise the different generations living within the communities and the different needs that they may have, such as more issues around parenting and child protection in South Wigston and isolation in older adults in Wigston. Individuals also discussed the importance of hearing the youth voice in the area and recognising that to do so may require different approaches to engagement.

## *Isolation and Social Interaction*

Isolation and loneliness were discussed as issues within the community and as a possible barrier to engagement. It was suggested that funding cuts may have led to less social opportunities and an increase in isolation, and that groups such as the Nordic walking group help individuals to feel more socially included and less isolated, as well as providing exercise. It was also suggested that projects which link the different generations may be beneficial in addressing loneliness and isolation.

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## 9. Mental Health

Mental health was felt to be a significant issue, with participants commenting that mental health problems such as depression and anxiety seem to be increasing and that for individuals with mental health problems their physical health may not be their first priority.

It was suggested that local mental health and dementia forums in the area would be of benefit, whilst it was noted that there are mental health facilitators in Wigston and South Wigston. Participants also commented that the police are often the first to pick up mental health issues and so collaborating more closely with the police service would be useful, whilst increased mental health support in schools would also be beneficial.

## Recommendations

This report makes eight recommendations for consideration for future action by the Oadby and Wigston Health and Wellbeing Board and ELR CCG Primary Care Commissioning Committee.

### Recommendation 1: Developing further understanding

Further explore whether it is possible to evaluate the population data in different ways e.g. by GP practice in order to develop a better understanding of Oadby, Wigston and South Wigston as separate communities.

### Recommendation 2: Oadby & Wigston BC Health and Wellbeing Board

Consider reviewing the Oadby & Wigston Borough Council Health and Wellbeing Board Terms of Reference, including attendance list, action plan governance, the use of task and finish groups and wider partner communication (including minutes dissemination and possible bulletin to wider partners).

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## **Recommendation 3: Connecting the Three Communities**

Explore the possibility of improved transport link between South Wigston, Wigston and Oadby. I.e. public transport and volunteer transport for specific events/activities (e.g. activities at Parklands Leisure Centre).

Consider creating a leaflet containing information for health professionals and residents regarding all transport options, including public transport and voluntary transport

## **Recommendation 4: Community Engagement**

Consider developing a programme of engagement events in the local communities such as health and wellbeing fairs and community health checks in accessible places such as supermarkets and community spaces. Link to Health and Wellbeing Board action plan, to increase communication, collaboration and co-ordination across organisations.

## **Recommendation 5: Education**

Raise awareness of the health inequalities in the local education settings across the district by sharing the attached review and ensuring a representative on the Health and Wellbeing Board.

Review local schools and nurseries progress on the "Leicestershire Healthy Schools" and "Leicestershire Healthy Tots" programmes. Potential ambition could be for all schools to have enhanced Healthy Schools status and nurseries to have Healthy Tots accreditation.

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## **Recommendation 6: Social Prescribing**

Ensure Primary Care Network (PCNs) potential social prescribing funding is fully maximised by considering how it links to the current Leicestershire social prescribing system, including First Contact Plus, Local Area Coordinators and care coordinators.

Embed Making Every Contact Count (MECC) Plus across partner agencies to support social prescribing and for staff to embed prevention conversations and appropriate referrals to prevention services as a core part of their role.

## **Recommendation 6: Improving Communication: Across organisations and with local residents**

Explore the possibility of creating one single resource, such as an online directory, which contains detailed information on all local public, community and voluntary services in the Oadby and Wigston area. This may be used by professionals and residents. Consideration is needed to maintain the resource in a timely way. Examples include The Bury Directory ([www.theburydirectory.co.uk](http://www.theburydirectory.co.uk)).

## **Recommendation 7: South Wigston Health Centre**

ELR CCG to review and prioritise opportunities to re-develop the South Wigston Health Centre building. This may include potential space for a community asset/room to deliver social prescribing within the heart of the community.

## **Recommendation 8: Community Spaces**

Review the social value element of a range of public sector contracts to identify any community assets/ spaces within the area that could support social prescribing and community development. Consider small non-recurrent funding streams to support hiring private venues if no local free assets are available.



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# Agenda Item 6

## Oadby and Wigston Health & Wellbeing Board

### Terms of Reference

#### 1.0 Purpose

To provide an annual Health Summit and regular Partnership meetings (three per year in line with identified local Health & Wellbeing priorities). To bring key decision makers together from a range of local health providers to review local health data, share information on service provision and lobby for change.

#### 2.0 Functions

- To review and understand local health information and data, for Oadby & Wigston Joint Strategic Needs Assessment and Oadby & Wigston Health
- To provide the opportunity for partners to update on their services
- To enable partners to consult and answer questions on their services
- To provide an opportunity for Partnership members to raise questions and lobby for change.
- To promote local health services and allow partners to provide information for the Active Oadby & Wigston website / other promotional material

#### 3.0 Health & Wellbeing Priorities

- Local health & wellbeing priorities determined by the Partnership are:
  1. Dementia / Mental Health
  2. Diabetes/ Healthy Weight
  3. Substance / Alcohol Misuse

#### 4.0 Membership

- Members will include local councillors and representatives of organisations from all sectors that work with residents of Oadby & Wigston to improve health & wellbeing outcomes
- Members will be invited to attend Partnership meetings and are expected to give notice if they are unable to attend

#### 5.0 Accountability

- The Chair of the Board will be appointed at each AGM of OWBC annually.
- The lead Officer is the Health & Leisure Service Manager

#### 6.0 Frequency

- Oadby & Wigston Borough Council (OWBC) will host an annual Health Summit on behalf of the Oadby and Wigston Health & Wellbeing Board
- In addition, there will be three (quarterly) Partnership meetings in line with local health and wellbeing priorities

#### 7.0 Reporting / Strategic Fit

- The Board will report to the OWBC Service Delivery Committee twice per year

- The strategic fit is with OWBC Corporate Priorities / County Health & Wellbeing Strategy
- Annual update will be provided for senior officers and Councillors on outcomes from the previous 12 months

#### **8.0 Budget**

- There is no budget provided for the partnership

#### **9.0 Communication & Partnership Working**

- OWBC will maintain an up-to-date Health Partnership list. This list will be used to send out any relevant communications to local health partners and also be available for partners to contact each other to develop joint working
- Oadby & Wigston Borough Council's Health & Leisure Team will organise the Partnership meetings

#### **10.0 Review of Terms of Reference**

- The Terms of Reference will be reviewed annually