



**TO COUNCILLOR:**

Mrs R H Adams  
G A Boulter  
J W Boyce  
D M Carter (Guest)

F S Ghattoraya  
Mrs S Z Haq (Guest)  
Miss P V Joshi (Guest)  
J Kaufman (Chair)

Mrs L Kaufman  
Miss A Kaur  
D W Loydall  
R E R Morris (Guest)

Dear Sir or Madam

I hereby **INVITE** you to attend a meeting of the **HEALTH AND WELLBEING BOARD** to be held **BY REMOTE VIDEO CONFERENCE (SEE INSTRUCTIONS BELOW)** on **TUESDAY, 23 JUNE 2020** at **1.30 PM** for the transaction of the business set out in the Agenda below.

Yours faithfully

Council Offices  
Wigston  
**15 June 2020**

**Mrs Anne E Court**  
Chief Executive



**ITEM NO.**

**AGENDA**

**PAGE NO'S**

**Remote Video Conference | Instructions**

**This meeting will take place as a remote video conference.**

**Meeting Participants:**

**Zoom Video Conferencing Webinar**

A webinar invitation will be sent by e-mail to all Members, Officers and External Participants for this meeting.

- 1. Welcome by Chairman, Councillor Jeffrey Kaufman**
- 2. Apologies for Absence**
- 3. Minutes of the Previous Meeting** **3 - 8**
- 4. Impact of COVID-19 on Oadby and Wigston** **9 - 22**
- 5. Health Inequalities Action Plan** **23 - 46**
- 6. Any Other Business**
- 7. Future Meeting**

Tuesday, 22 September 2020



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Oadby\_Wigston

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**You can access all available public meeting documents  
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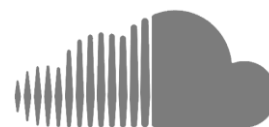
Our website **oadby-wigston.gov.uk** under **'Your Council'** and **'Meeting Dates, Agendas & Minutes'**



Your smart **iPad**, **Android** or **Windows** tablet device with the **'Modern.Gov'** app



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Our audio platform **soundcloud.com/oadbywigstonbc** or smart device with the **'SoundCloud'** app

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD AT THE COUNCIL OFFICES, STATION ROAD, WIGSTON ON TUESDAY, 14 JANUARY 2020 COMMENCING AT 1.30 PM**

**PRESENT**

J Kaufman                      Chair

**COUNCILLORS**

Mrs R H Adams  
Mrs L Kaufman  
D W Loydall

**OFFICERS IN ATTENDANCE**

Mrs A Lennox MBE              Head of Community & Wellbeing

**OTHERS IN ATTENDANCE**

Ms M Flynn                      Leicestershire County Council  
W Gale                              Leicestershire Fire and Rescue Service  
H Khan                              School Sports Partnership, LSLSSP  
C Melia                              LCC Public Health  
Dr R Palin                         OW Primary Care Network, GP  
Ms N Patel                         LCC Adult Social Care  
Ms S Renton                       Leicestershire County Council  
Ms S Rose                         East Leicestershire and Rutland CCG  
D Sains                              Leicestershire County Council  
Dr V Varakantam                East Leicestershire and Rutland CCG

**39.      WELCOME**

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

**40.      APOLOGIES FOR ABSENCE**

Cllr Bill Boulter  
Cllr Fula S Ghattoraya  
Debbie Preston  
Jane Sinfield

**41.      MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the HWBB held on 1<sup>st</sup> October 2019 to be taken as read, confirmed and signed by the Chair.

**42.      ACTIONS FROM THE LAST MINUTES**

There were a number of actions from the last meeting as shown overleaf:

	<b>October 2019 HWBB actions:</b>	<b>Update:</b>
1	Action: Updated Terms of Reference to	Completed, and included in item

	be provided at the next meeting.	3 of the HWBB Agenda
2	Action: Invite Leicestershire Fire Service to health and wellbeing fairs	Completed
3	Action: Organise a meeting to discuss the engagement plan	Completed, it was concluded that the events working group can produce the engagement plan in the new financial year
4	Action: Kane Radford to meet with Hollie Hutchinson to discuss and he will invite her to the next meeting	Completed, update from meeting on the main action plan
5	Action: Dr V Varakantam to arrange a meeting with Dr K Packham, H Khan and K Radford to discuss the Health Inequality data and the direction of the Task and Finish Group.	Completed, task and finish group meeting arranged for 15 <sup>th</sup> January
6	Action: Invite Debbie Preston from LCC First Contact Plus to the next meeting to discuss	Debbie Preston unable to attend, however she is represented by Danny Saines.
7	Action: OWBC officers to report back by January 2020 on proposed approach to improving communication of health services and interventions	Completed, it was agreed that the Public Health Directory would be utilised when it is updated, and to add Public Health resources to the website as initial actions. Gaps will be identified once completed.
8	South Wigston Health Centre:  Mapping exercise of existing community venues to be produced and brought to the next meeting.	See attached notes <b>(Appendix1)</b> provided by OWBC Planning colleagues.  Completed, Charlotte Cooper to present under Agenda item 4
9	Action: T Cawthorne to update the board at the next meeting of the outcome of the Selective Licencing Consultation.	Tony Cawthorne has confirmed his attendance.

#### **43. TERMS OF REFERENCE, SIGNED OFF**

The Terms of Reference for the Board were agreed and signed off.

#### **44. HEALTH INEQUALITIES ACTION PLAN, PROGRESS**

Attendees were provided with a copy of the current Action Plan, including the 10 recommendations which were discussed as follows:

##### **Action 1** Developing further understanding - Population data:

A copy of the health profiles for South Wigston and Wigston were forwarded to Board members prior to the meeting. It was agreed that to split the data by GP practices would not provide any significant benefit; it was felt that the same indicators would be referenced, and the majority of patients in the most deprived areas are served by one practice. The work involved in gaining the individual data would not warrant any additional

outcome; therefore this will not be explored further. Thanks were expressed to Kajal Lad and Dr Kath Packham for all of their work on evaluating the population data.

The key health issues were explored, particularly those that were red rating. However it was noted that whilst the reds could be a concern, it could also be a positive in regards to better identification and thus treating issues earlier.

Lung Cancer is a Red rating as highlighted at the Health Summit last year. The different reasons identified include the prevalence of smoking in the area, however things have moved on in the last 12 months e.g. if you have a chest x-ray now in Leicestershire if it looks abnormal you will be offered a pathway to a lung cancer check. This has reduced the number of people attending in the emergency departments.

Tackling smoking / COPD – Smoking prevalence data in South Wigston, shows there is a high rate of over 21% which is extremely high. There needs to be ongoing work e.g. the Smoking cessation – managed in the hot spot areas. Pollution was also raised as a possible issue and whether it has been identified as a factor. It is unclear if this data is available at the moment. However, there is a proposal for an air monitoring station on Blaby Road, which isn't live at the moment.

Public Health's strategy is to help people stop smoking through campaigns and the referral of individuals to the LCC referral services. This action also links to the campaign under Recommendation 4 to devise a lung cancer campaign.

**Action 2** Terms of Reference has been updated, agreed and signed off.

**Action 3** Connecting the Three Communities:

There is a service provided by Community Action Partnership, which is a subsidised transport option to get people from one point to another. They rely on volunteer drivers and vehicles. Mary Flynn to explore options.

Cllr Adams confirmed she had tried to make contact with Arriva about re-setting up the 44 Bus for the Fairfield Estate, as it ceases service at certain times in the day and the route means you cannot travel into Wigston Magna. Cllr Adams to chase up for a response.

It was noted that there is an excellent facility at Wigston Pool & Fitness Gym, which is a local facility for the Wigston and South Wigston area. The free u15s swim during the summer will be promoted in due course. The aim is to use Active Signposting scheme to appropriate activities. However it is also noted that people living in South Wigston are less likely to travel out of their area.

Action: Cllr Adams to feedback re/ Arriva at the next meeting

Action: Mary Flynn to make contact with CAP to explore options for a bus to take groups of people to Parklands for exercise classes.

Action: Explore options for Exercise Referral on prescription –to tie up a transport link to the Parkland's referral scheme, or have a referral swim scheme/gym session at Wigston Pool & Fitness Centre, or at South Wigston High School in order to keep people in their local community.

Action: Cllr J Kaufman to confirm what is available at Wigston Pool & Fitness Centre, and report back at the next meeting.

**Action 4** Community Engagement:

Wigston Fire Station confirmed they have set up a working group. One of the aims is to tackle issues earlier with residents to avoid deaths from fire related incidents, particularly for those at Risk in their own homes. The group has had two meetings, with the aim of reducing the demand on the Fire Service and EMAS. They came up with a few names for the group at the last meeting e.g. Wellness Action Group, or Joint Community Wellbeing Group. The idea would be to feed into the HWBB. They will also aim to have a closer working relationship with those working on the ground every day, so there is no need to wait for meetings to take place, they can have ad-hoc discussions. They also confirmed they make a number of referrals in to First Contact Plus and are now beginning to gain some feedback on the referral outcomes.

Mary Flynn confirmed that this group will deliver the Health Fair at South Wigston. The aim is to make the events attractive to residents to attend whilst also ensuring the message is about wellbeing, prevention, mental wellbeing and being active within the community. Active signposting will also play a key part including signposting to walking groups etc. The next meeting is planned for Thursday 16 January, with the end of March beginning of April as a proposed date for the South Wigston event. Mary will also have a discussion with the Two Steeples regarding progressing a second health event.

Action: Mary to provide an update after the meeting. Kane Radford to be involved in the working group.

**Active Families:** Charlotte Cooper provided an update on the Active Families Programme, the notes can be found in **Appendix 2**.

Action: Charlotte Cooper and Jacob Humphries to keep up to date with staffing issues at Homestart Horizon, and support as required with volunteer recruitment.

Other actions – to devise a lung cancer campaign, due to the results from data collected on males living in South Wigston. Develop a Health campaign /Events Engagement plan, via the new events working group, to be actioned in April 2020.

#### **Action 5** Education:

Hussein Khan is the lead person for the Education group, who confirmed that the first task and finish group for Education will take place on 15 January. Hussein has met with a number of PH health professionals who are unable to make the meeting, to talk about how education can bridge the gap. He also met with the PH consultant and has come up with 7 different topics to explore:

1. Physical Activity
2. Health weight / obesity
3. Mental health
4. Smoking/Alcohol/Substance misuse
5. Sexual health
6. Oral health
7. Aspiration/career advice and further education

KPIS – will relate to Healthy Schools Status, and awareness of new framework for schools. Both short term and long term goals will be set. Also looking at a producing a video to engage with schools.

#### **Action 6** Social Prescribing:

Sue Renton is the new Oadby and Wigston PCN. There are two PCNs within the local authority area. Plans are yet to be fully developed, but signposting people to the right services is key.

### **First Contact Plus – Danny Saines**

Danny provided an update about First Contact Plus: Weight management has now come back under Public Health. First Contact plus is the acting as the front door for referrals for weight management, which is available to over 16's/adults and children– that may change in time. They are recruiting 2 additional staff members due to the increase in referrals from all districts. In Oadby and Wigston they are working on Active Signposting and Social Prescribing Agendas, especially with the GPS via training provided by Debbie Preston. When individuals are referred they will receive a discussion with an advisor. Danny provided a list of type of referrals received and numbers per organisation.

Action: Debbie Preston to meet with Avril Lennox to increase the levels of participation of referrals with Oadby and Wigston.

**Action 7** Improving Communication - across organisations and with local residents: It was agreed we would utilise the Public Health Directory when it is updated and add Public Health resources to the website as initial actions. Once this has been completed we can identify any gaps.

### **Action 8** South Wigston Health Centre:

Alex Ward confirmed that OWBC is working with the CCG to improve facilities. The CCG has been working to identify a site in South Wigston for some time. As it is one of OWBC Priorities it has an agreement with the CCG to help identify a site and work collaboratively together on this action. Now it is a case of Funding from NH England to try to move this forward.

### **Action 9** Community Spaces:

Charlotte Cooper provided each attendee with a copy of the local map produced identifying local community assets/spaces. Attendees provided information about other venues that can be added to the map for both Wigston and South Wigston.

Action: Charlotte Cooper to update map with additional venues. Work towards disseminating the document to ensure all gain use of the sites e.g. Website as a resource (council and Active Oadby and Wigston).

### **Action 10** Housing:

Tony Cawthorne explained about the Selective Licensing scheme for South Wigston. The Selective licence scheme will be looking at South Wigston Ward as this area meets the Governments targets in the Guidance that all Local Authorities must take and requires that where **one** or more of the 6 issues outlined below is breached the Council may bring in selective licensing.

Within the ward of South Wigston the criteria is exceeded in 5 of the 6 categories.

- High density of private rented sector properties
- High density of housing related private rented issues
- Area of high level of Anti-social Behaviour
- Area of high level of and Crime.
- Area of low housing demand
- High levels of Deprivation

The only one not exceeded is the migration criteria which prevents the Council from accessing the Controlling Migration funding from Government. The Council is looking at the standard being raised to provide decent homes within the Private Sector. The Decent Homes standard is:

- In reasonable repair
- Meet current legal housing standards

- Have reasonably modern facilities and services

Evidence to support the Council can be found on the Councils website [https://www.oadby-wigston.gov.uk/pages/selective\\_licensing](https://www.oadby-wigston.gov.uk/pages/selective_licensing) and also within the attached power point presentation (**Appendix 3**)

Action: Tony Cawthorne to provide updates when available to the Health and Wellbeing Board.

**45. LCC PUBLIC HEALTH - HEALTH IMPROVEMENT TEAM CAMPAIGNS - CONNOR MELIA**

Connor handed out a briefing note that was produced last year (**see Appendix 4**). A new suicide strategy is out to consultation. The strategy will run from 2020 to 2023. There is a new commissioned service suicide bereavement across LLR. Another programme is informal volunteering service to self-promote – Start a Conversation. All resources will be available on the website.

There will also be social media paid adverts, which is a new approach. They want all partners including Oadby and Wigston BC to support this social media activity to increase the reach and information about the campaign. They also aim to increase training – to Start a Conversation. This fits with Action 4 Community Engagement.

Action: OWBC to promote the above via OWBC social media

**46. NEXT STEPS**

- A.** Update on Health events from the Events sub-group
- B.** Update on range of Actions within the Health Inequality action plan
- C.** Engagement Plan
- D.** Update from the Education sub-group
- E.** Community spaces, how we encourage partners to use local facilities
- F.** Identify what is happening in South Wigston and their successes
- G.** Wigston Swimming pool and Gym – available activities

**47. ANY OTHER BUSINESS**

None raised.

**THE MEETING CLOSED AT 3.30 PM**



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**Chair**  
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**Tuesday, 23 June 2020**  
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# Coronavirus (COVID-19)

## Oadby & Wigston COVID-19 cases and mortality data

~ Page 10 ~

Natalie Davison  
Public Health Business Partner  
Strategic Business Intelligence



# National findings

Limited data by age, ethnicity and deprivation is published at Local Authority level and we are reliant on national findings on these issues.

## Age and sex

Older age groups are more at risk of diagnosis and death from Covid-19

Working age males diagnosed with COVID-19 were twice as likely to die as females. Among people with a positive test, when compared with those under 40, those who were 80 or older were seventy times more likely to die.

## Ethnicity

There is a significantly higher rate of confirmed cases for all BAME groups compared to White. There is evidence that BAME groups have poorer outcomes compared to White ethnic groups, and are more at risk of death compared to the White population.

The factors for why BAME groups are more at risk have yet to be fully understood and it is certainly linked to other issues that BAME groups are more likely to experience.

## Deprivation

People living in the most deprived areas are between 1.7 and 1.9 times more likely to be diagnosed with COVID-19 than those in the least deprived areas.

Higher death rates from Covid-19 are seen in areas of higher deprivation.

## Co-morbidities

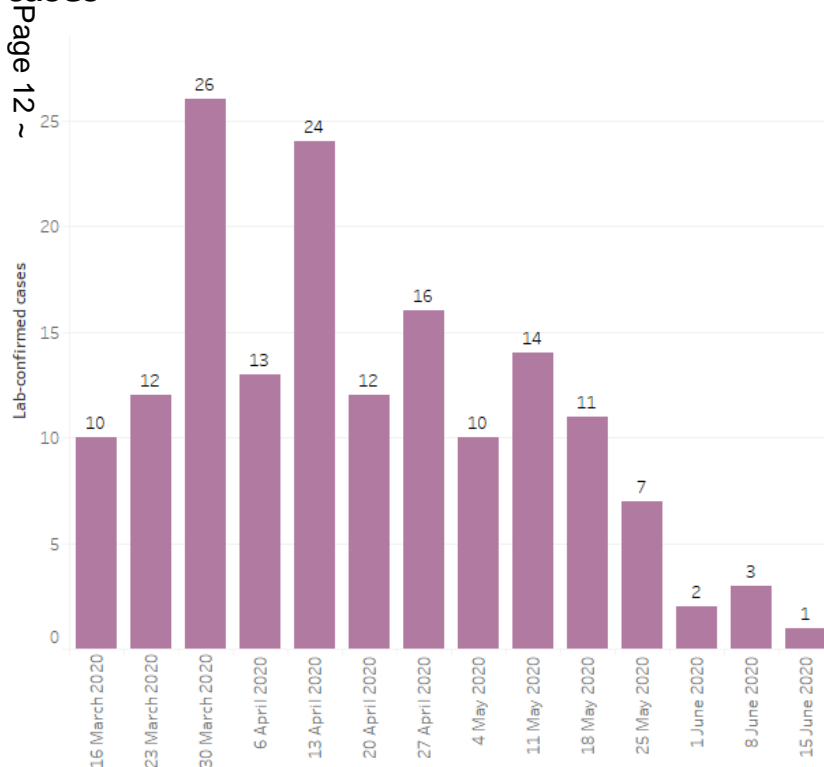
Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia than all cause death certificates.



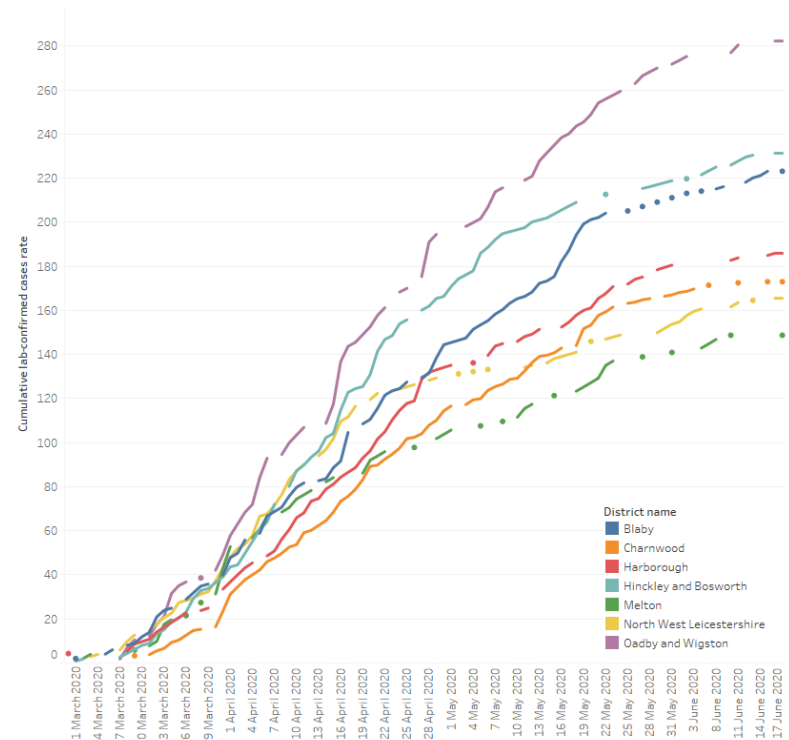
# COVID-19 Confirmed Cases (1)

- 161 cases have been lab-confirmed as Covid-19 positive since March 2020\*
- The highest daily number of cases testing positive was April 16<sup>th</sup> with 11 cases
- The number of confirmed cases have been generally declining since mid-April. The last two weeks have shown a stabilisation of a small number of cases.
- The cumulative rate is starting to level with reducing numbers of daily confirmed cases

## Oadby & Wigston weekly confirmed COVID-19 cases



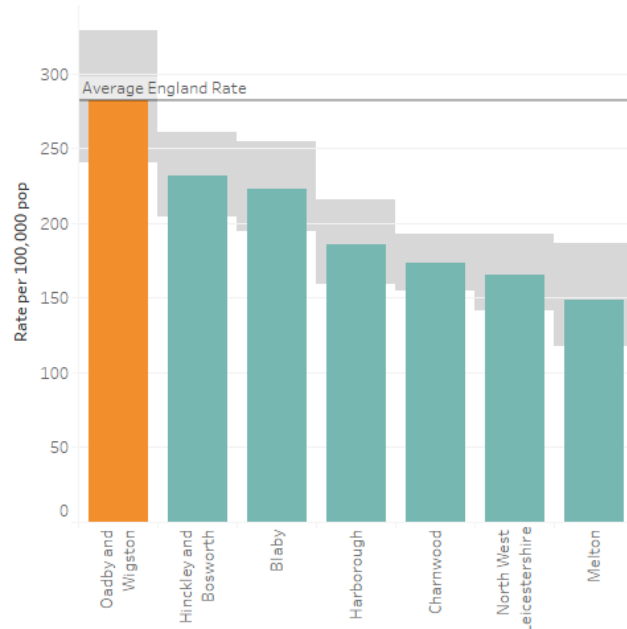
## Cumulative daily COVID-19 cases (rate per 100,000 population) in Leicestershire Districts



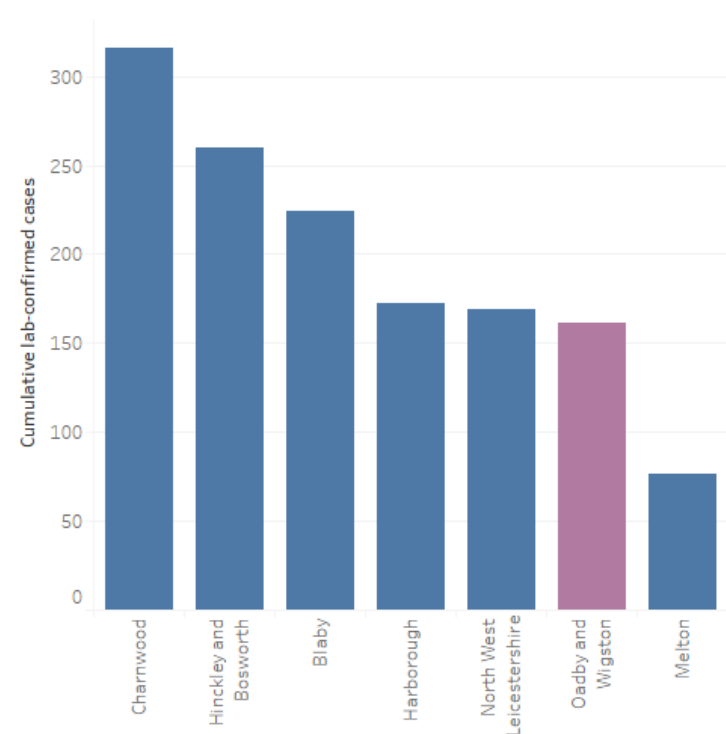
# COVID-19 Confirmed Cases (2)

- The rate of confirmed cases in Oadby & Wigston is similar to the England rate. Oadby & Wigston has the highest rate within the Leicestershire districts and is the only district to perform similar national rate, all other perform significantly lower than nationally.
- In terms of absolute number of cases, Oadby & Wigston has the second lowest count of cases out of all the districts in Leicestershire.

**Cumulative COVID-19 cases (per 100,000 population) compared to England in Leicestershire Districts**



**Counts of cumulative COVID-19 cases in Leicestershire Districts**



Statistical Significance compared to England

■ Not significantly different

■ Significantly lower than England

# Pillar Two Testing

- The previous slide includes data from the pillar one testing which generally takes place in hospitals and does not include data from the mass testing sites (pillar two testing).
- Pillar two confirmed cases is not yet published but understood to give a higher rate of COVID-19 cases for Leicestershire overall.

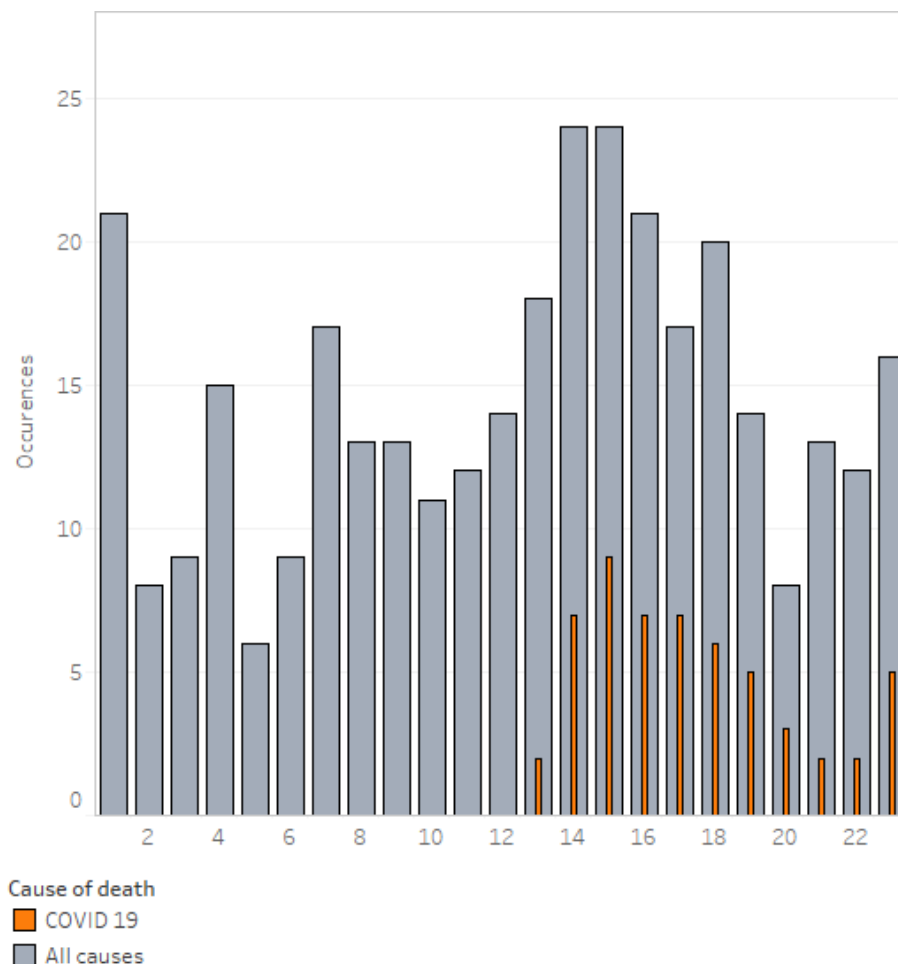
# Deaths involving COVID-19 (1)

- The graph examines the provisional counts of deaths registered by local authority, including deaths involving the coronavirus (COVID-19). A coronavirus death has been counted based on any mention of COVID-19 on the death certificate. A positive test is not a necessity for this diagnosis.

~ Page 15 ~  
• Total Covid-19 deaths up to week 23 (up to 5<sup>th</sup> June) in Oadby & Wigston: 55 deaths\*\*

- Oadby & Wigston showed the highest proportion of deaths (41%) relating to Covid-19 in week 17 (7 Covid-19 deaths out of 17 total deaths)
- The number of deaths have increased in the last week of available data up to 16 total deaths. 5 or 31% were Covid-19 related.

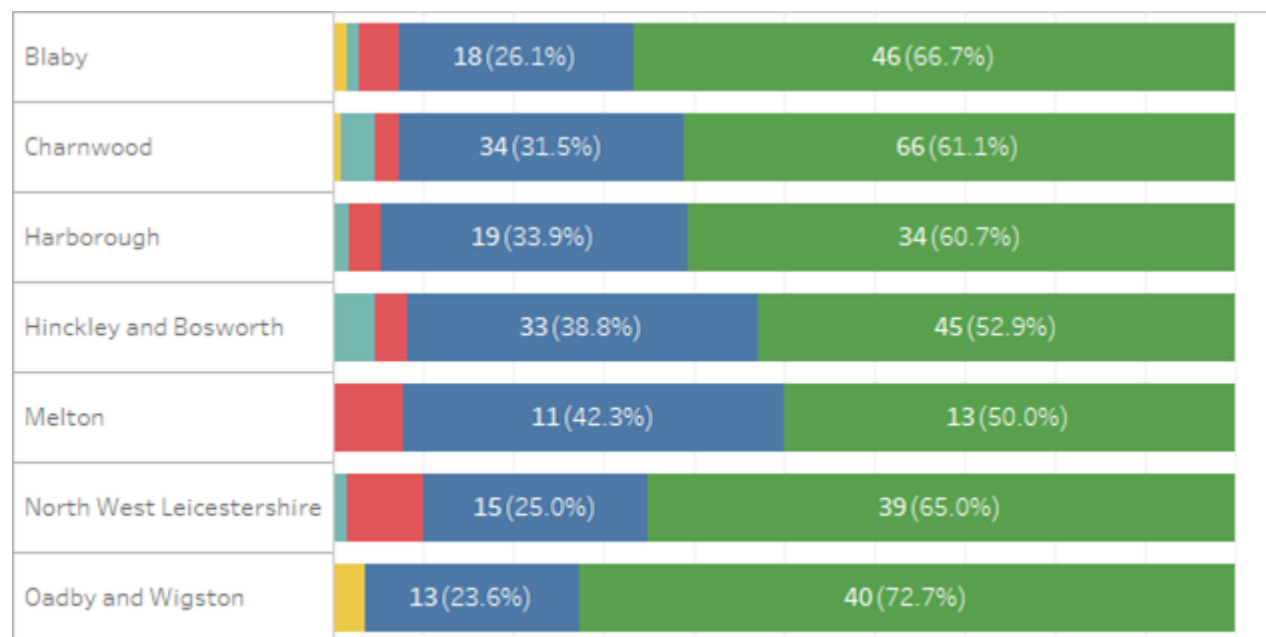
Counts of COVID-19 deaths and all deaths in Oadby & Wigston by Week



# Deaths involving COVID-19 (2)

- The majority of COVID-19 deaths are occurring in hospital, followed by care homes and private residence (home).
- Of the 55 COVID-19 deaths in Oadby & Wigston, 40 (72%) occurred in hospital, 13 (24%) in care homes, and 2 (4%) in other locations.
- Oadby & Wigston has the highest percentage of in-hospital deaths involving COVID-19 out of all the districts/UA in LLR. The latest percentage for the City stands at 69% and Rutland is 33%.

COVID-19 Place of Death in Leicestershire Districts (Occurrences up to 5<sup>th</sup> June)



Place of death

■ Hospital 
 ■ Care home 
 ■ Home 
 ■ Hospice 
 ■ Elsewhere 
 ■ Other communal establishment



# Age Standardised Mortality Rates

- **NOTE:** Age-standardised mortality rates allow for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time.
- For all cause mortality and deaths involving COVID-19, Oadby & Wigston reports a similar mortality rate than the national average. It is the only district in the county to follow this pattern.

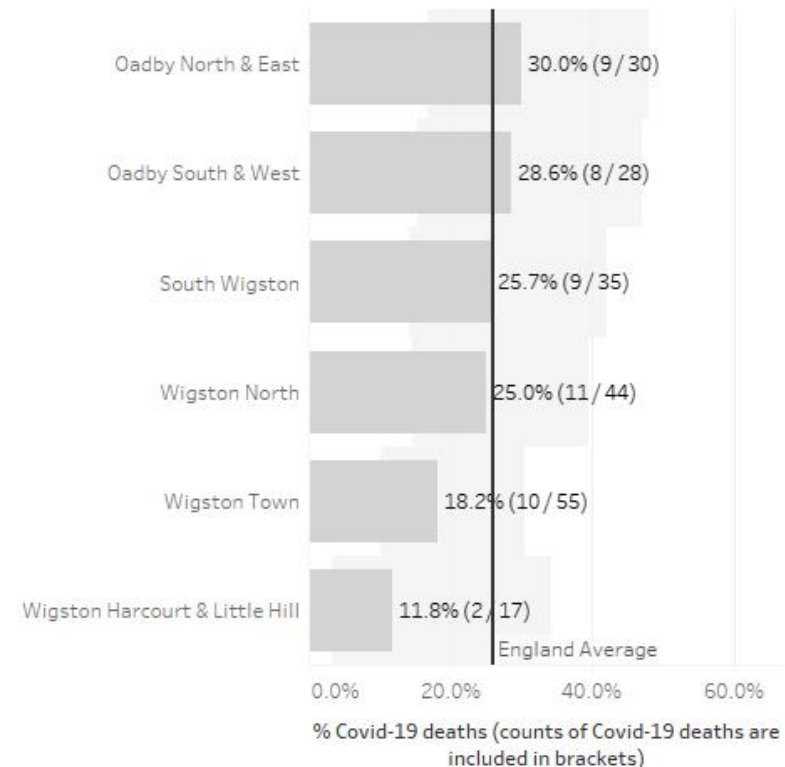
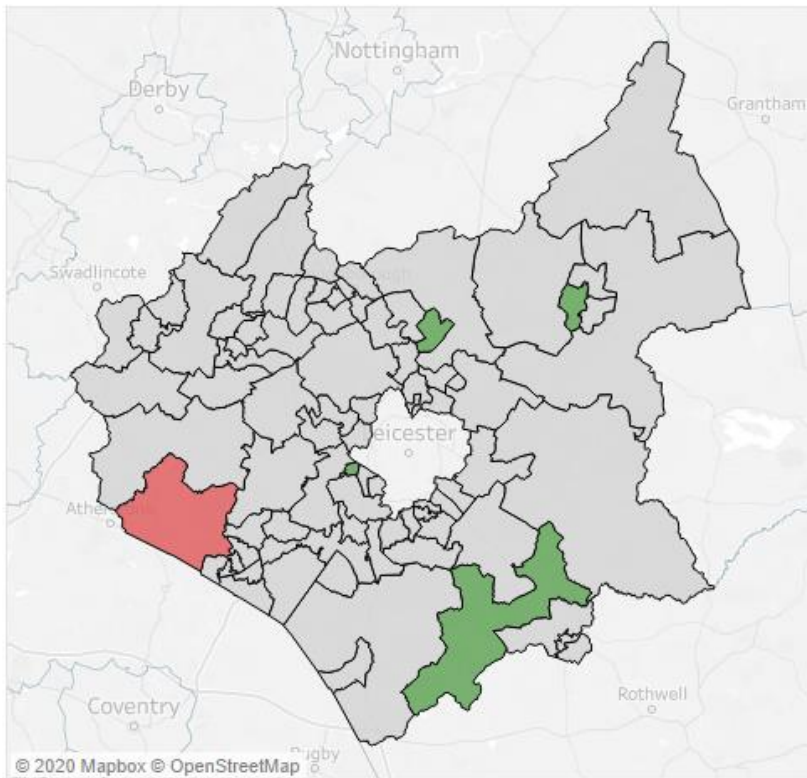
Age Standardised Rates (per 100,000 population) of deaths involving COVID-19 in LLR between March to May 2020



# COVID-19 Deaths by Local Area

- The below map and graph examine deaths involving COVID-19 at a Middle Super Output Area (MSOA) between March and May 2020.
- In Oadby & Wigston no area had a significantly higher percentage of deaths from Covid-19 compared to the national percentage (26%). The highest percentage of deaths involving Covid-19 was seen in Oadby North & East (30%) and the highest absolute counts of deaths were in Wigston North.

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Statistical Significance compared to England

Not significantly different
  Significantly higher
  Significantly lower

# Possible Causes

- Currently we do not have access to patient level data on COVID-19 cases and deaths so can only suggest *possible* reasons for the findings from the data:
  - High BME population leading to higher rate of cases
  - Multi-generational families living in one home so higher number of contacts
  - Close vicinity to UHL which could cause increase in hospital deaths
  - Significantly higher rates compared to the England average of CKD, Hypertension, Diabetes and Dementia

# What can be done?

- Encouraging employers to follow the 5 ways to work safely
- Residents being advised to be stringent about social distancing
- Regular handwashing

# Any questions?

**Natalie Davison**

**Public Health Business Partner**

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**Dr Katherine Packham**

**Consultant in Public Health**

Tel: 0116 3053633

Email: [Katherine.packham@leics.gov.uk](mailto:Katherine.packham@leics.gov.uk)

# National Data Releases

**Public Health England - COVID-19 daily cases:** The PHE tracker is available at a local authority level, but not at a lower geography. This does not include data from 'pillar 2' of the Government's mass testing programme.

<https://www.gov.uk/government/publications/covid-19-track-coronavirus-cases>

**Office for National Statistics - Mortality data:** Local Authority data that reports deaths (including COVID-19 related deaths). It includes 'place of death' information. This is published as counts at LA level, with no further breakdown into age, ethnicity or lower level geographies.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

**Office for National Statistics – Care home resident deaths notified to Care Quality Commission:** Local Authority data for all deaths/COVID-19 deaths of care home residents regardless of place of death.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>

**Office for National Statistics - Age standardised mortality rate:** To compare mortality rates between local authorities and England age standardised rate have been calculated. This allows for more accurate comparison that considers different age population structures.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsinvolvingcovid19bylocalareaanddeprivation>

**NHS England data – Hospital deaths:** Hospital trust level data that reports daily deaths in hospitals. It does not include place of residence. It does include national overviews of deaths by age band and ethnicity.

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>

*These releases are scheduled at different times. PHE and NHS England data is updated daily, ONS mortality data is released weekly while other ONS publications are released less frequently.*

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# Appendix 1

## 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

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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

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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.

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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

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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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## Oadby and Wigston Health and Wellbeing Board – Action Plan (updated 17 June 2020):

No	Action	Responsible person/org.	Comments	Status
1	<b>Recommendation 1: Developing further understanding</b> Further explore whether it is possible to <b>evaluate the population data</b> in different ways e.g. by GP practice in order to develop a better understanding of Oadby, Wigston and South Wigston as separate communities.	<b>Dr Kath Packham</b>	Health profiles for the three towns have now been produced, it was agreed that splitting the data further down to GP level wouldn't provide any further detail so this action is now complete.	Complete
2	<b>Recommendation 2: Oadby &amp; Wigston BC Health and Wellbeing Board</b> Consider reviewing the Oadby & Wigston Borough Council <b>Health and Wellbeing Board Terms of Reference</b> , including attendance list, action plan governance, the use of task and finish groups and wider partner communication.	<b>Avril Lennox</b>	Terms of Reference have been revised and the Core Membership of the Board has been agreed. Task and finish groups in place.	Complete
3	<b>Recommendation 3: Connecting the Three Communities</b> Explore the possibility of <b>improved transport link</b> 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 a <b>leaflet containing information</b> for health professionals and residents regarding all <b>transport options</b> , including public transport and voluntary transport.	<b>Cllr Boulter</b>	Cllr Boulter/ Adams in discussion with Arriva about potential transport from Wigston to South Wigston. Community Action Partnership transport details circulated & available to residents.	Ongoing
		<b>Cllr Kaufman</b>	Cllr Kaufman circulated an existing bus route map/timetable.	Complete
4	<b>Recommendation 4: Community Engagement</b> Consider developing a programme of <b>engagement events</b> in the local communities such as <b>health and wellbeing fairs</b> and community health checks in accessible places such as supermarkets and community spaces. Link to the Health and Wellbeing Board action plan, to increase communication, collaboration and co-ordination across organisations.	<b>Wigston events group</b>	HWBB to support both the South Wigston Health Centre and Two Steeples Surgery Health Fairs. (2 events per year)  Action – devise Lung Cancer campaign (due to results from data collection for males living in South Wigston).	Delayed due to COVID  Date TBC
5	<b>Recommendation 5: Education</b> <b>Raise awareness of the health inequalities in the local education settings</b> across the district by sharing the health inequalities review and ensuring an Education representative on the Health and Wellbeing Board. Review local schools and nurseries progress on the "Leicestershire	<b>Hussein Khan</b>	HWBB Education sub-group set up, Chaired by Hussein Khan.  Work plan and meetings ongoing.	Complete  Work Ongoing

	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.			
6	<p><b>Recommendation 6a: Social Prescribing</b>  <b>Ensure Primary Care Network (PCNs) potential social prescribing funding is fully maximised</b> by considering how it links to the current Leicestershire social prescribing system, including First Contact Plus, Local Area Coordinators and care coordinators.</p> <p><b>Embed Making Every Contact Count (MECC)</b> 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.</p>	<p><b>Sharon Rose</b></p> <p><b>Avril Lennox</b></p>	<p>Two new PCN Social Prescribers in post and supporting the aims of the HWBB/ Health Inequalities.</p> <p>First Contact Plus training to be provided to key staff/organisations to increase referrals.</p>	<p>Ongoing</p> <p>Delayed due to COVID</p>
7	<p><b>Recommendation 6b: Improving Communication: Across organisations and with local residents</b>  Explore the possibility of <b>creating one single resource</b>, such as an <b>online directory</b>, 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.</p>	<p><b>Kane Radford</b></p>	<p>LCC Directory of Service is currently being updated, once complete it can be promoted locally. Access to a wide range of public health campaign resources also to be available.</p>	<p>Ongoing</p>
8	<p><b>Recommendation 7: South Wigston Health Centre</b>  ELR CCG to review and prioritise opportunities to <b>re-develop the South Wigston Health Centre</b> building. This may include potential space for a community asset/room to deliver social prescribing within the heart of the community.</p>	<p><b>Dr Vivek Varakantam</b></p>	<p>Board updated about the Section106 process by the Planning and Economic Regeneration team.</p>	<p>Ongoing</p>
9	<p><b>Recommendation 8: Community Spaces</b>  Review the social value element of a range of public sector contracts to identify any <b>community assets/ spaces</b> within the area that could <b>support social prescribing and community development</b>. Consider small non-recurrent funding streams to support hiring private venues if no local free assets are available.</p>	<p><b>Jacob Humphries</b></p>	<p>Mapping exercise completed and document circulated. A range of community venues are available for use.</p> <p>Work ongoing for access to funding streams to support private hire.</p>	<p>Complete</p> <p>Ongoing</p>
10	<p><b>Recommendation 9: Housing</b>  <b>Housing was felt to impact upon health inequalities</b> and individuals commented that there has been "massive" expansion of housing in the local area with 'no thought' for health services.</p>	<p><b>Tony Cawthorne</b></p>	<p>OWBC Selective Licensing scheme currently taking place in South Wigston, which will help to improve the condition of properties.</p>	<p>Ongoing</p>

	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.			
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