Agenda Item 13

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 23RD MAY 2024

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PROGRESS UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY PRIORITIES: LIVING AND SUPPORTED WELL / DYING WELL

Purpose of report

1. The purpose of this report is to present to the Health and Wellbeing Board (HWB) a progress update on the delivery of the Living and Supported Well and Dying Well priorities of the Joint Health and Wellbeing Strategy (JHWS).

Recommendation

2. The Health and Wellbeing Board is asked to:
   a. Note the progress in delivery of the JHWS priorities, which includes an update on the End-of-Life development session
   b. Note additional plans for delivery of integrated services in 2024-25.

Policy Framework and Previous Decision

3. The Integration Executive was established in 2013 as a sub-group of the HWB to support the delivery of the Better Care Fund and other Integration initiatives between health and care across Leicestershire.

4. In 2022 as part of the agreed delivery of the life course of the Joint Health and Wellbeing Strategy, the Integration Executive was given responsibility of delivering against the Living and Supported Well and Dying Well life courses.

Background

5. The Integration Executive's work programme was developed in 2022 to deliver against the JHWS life course priorities of Living and Supported Well and Dying Well.

6. This compliments the delivery of the Better Care Fund national framework and aligns to the NHS 5-year plan.

7. Membership of the Executive includes representatives from: Adult Social Care, Integrated Care Board (ICB), Public Health, Leicestershire Partnership

Trust (LPT), University Hospitals of Leicester (UHL), Healthwatch, Districts and Primary Care.

8. For Living and Supported Well the priorities and associated commitments are:
   - Up scaling prevention and self-care:
     - We will empower patients to self-manage their long-term condition(s) through a variety of routes for different needs, including the use of expert patient programmes, social prescribing, digital approaches, assistive technology, accessible diagnostics and support.
     - We will deliver the Adults and Communities strategy including building asset-based approaches and social prescribing to work with and for people and communities.
     - We will reduce the number of falls that people over 65 experience, including people in residential and nursing care homes.
     - We will support the Adults and Communities Accommodation Strategies and Investment Prospectus to ensure people living with disability and long-term conditions have access to the right housing, care and support.
     - We will work to improve access to health and care services including primary care and appropriate funding support.

   - Effective management of frailty and complex care
     - We will build on the Leicester Leicestershire and Rutland (LLR) Population Health Management framework and development programme, translating implications to Leicestershire to identify those at greatest risk of poor health outcomes including multiple hospital admissions.
     - We will provide joined up services that support people and carers to live independently for as long as possible, including those with dementia. Supported by integrated health and social care workforce this will ensure that the patient sees the right person for your problem at the right time.
     - We will deliver an effective health and care integration programme that will deliver the Home First step up and step-down approach for Leicestershire.
     - We will seek to develop a more qualitative, holistic approach to care planning and risk management, exploring ways in which this could be delivered by a wider range of professionals across Leicestershire through Integrated Neighbourhood Teams.
     - We will improve the quality and coverage of joined up care planning for the most vulnerable including strengthening care planning links across primary and secondary care to achieve 95% of the vulnerable population having a care plan in place.
     - We will continue to implement the LLR Carers strategy for Leicestershire and strengthen links with the LLR Carers Board.
     - We will work to measure and reduce the number of emergency bed days people with Long Term Conditions experience.

- We will offer a two-hour crisis response for people that may otherwise need to attend hospital (target 80% by April 2022).
- We will reduce the number of permanent admissions to residential and nursing homes.
- We will ensure eligible people receive reablement within 2 days of discharge.

9. For Dying Well, the priorities and associated commitments are:

- Understanding the need
  - We will seek your views on what planning and services for late and end of life should look like and how you should be informed about your choices.
  - We will ensure there is a clear transition in care planning from living with long term conditions into the later and end of life.
  - We will ensure there is appropriate support for carers following the bereavement of a loved one so they can have a supportive transition into the next stage of their lives.

- Normalising end of life planning
  - We will offer care plans and ReSPECT plans to all vulnerable people, with a take up target of 95%.
  - We will use our better understanding of needs through the JSNA chapter to consider other aspects of end-of-life planning.
  - We will develop a social marketing campaign based on insight to normalise end of life planning.
  - We will educate our workforce so that everyone understands how to support people at end of life.
  - We will improve co-ordination of care at end of life, as measured through patient feedback.

10. A set of slides to update the HWB on the progress against the delivery of the Living and Supported Well and Dying Well life course priorities is attached to this report as Appendix A. Slides 3 and 4 show how the priorities within each life course are being met by a series of agreed actions in the work programmes for the sub-groups of the Executive.

11. Within *Up-scaling prevention and self-care*, the appendix shows that against the schemes listed, there have been in excess of 20,000 beneficiaries of these services. These range from advice and guidance (First Contact Plus) to housing support (Housing Enablement Team) and support to live with long term conditions (Care Co-ordination).

12. Similarly, within *effective management of frailty and complex care*, there have been approximately 15,000 beneficiaries of services aligned to this priority from supporting carers (Carers Support Service) to reablement (HART); from voluntary services (RVS Hospital Service) to Domiciliary care.

13. A HWB development session on Dying Well took place in March 2024 to highlight the challenges partners face in supporting those experiencing end of life. A previous mapping exercise, by ICB to identify what services are available across the system, had already taken place, with the need for other key organisations to feed in. This has highlighted potential gaps in areas that need taking forward for delivery as an LLR partnership. Further work to build on this is needed and to maintain alignment to system, place and neighbourhood working.

14. Through the development of the LLR EoL Strategy, currently being drafted, alignment to the JHWS priority areas has been key to ensure join up across the system. One of the actions, will be for key leads within Adult Social Care (ASC) to develop these workstreams with ICB colleagues providing regular updates to the Integration Executive. How JHWS priorities are aligned to the workstreams can be found in slides 16 and 17 of the attached appendix. ASC representatives will be aligned to all workstreams, scoping current offers that can be combined to ensure better effective services and effective use of funding and resources. This will feed into the mapping exercise already started by ICB. All partners agreed that the session had been valuable with each organisation taking away key actions and next steps.

15. Within *Understanding the Need*, work to develop the End-of-Life Strategy for LLR has taken place including consultation with groups to understand effective care needs for individuals, their families and carers. This will be expanded further to include social care in the coming months. A JSNA for end of life has also been developed to inform Leicestershire specific requirements. Within normalising end of life planning, shared care records are in development to aid joined up delivery of support services.

16. Currently the JHWS work programmes are delivered through the two subgroups of Integration Executive, the Integration Delivery Group (IDG) and the Joint Commissioning and Finance and Performance Group (JCG). As of 2024-25, the governance arrangements for IE will alter slightly with the IDG and JCG combining to make one subgroup. The reason behind this is to enable better engagement with partners (often the same attendees for both groups) through one meeting where commissioning and delivery can be co-ordinated against one delivery plan instead of separated.

17. Annually, the IE and its sub-groups develop and refresh Better Care Fund (BCF) plans providing in-year quarterly returns to assure against delivery. Currently the BCF plan spans two years, 2023-25.

18. The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

19. It encourages integration by requiring integrated care systems and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

Forward plan

20. As part of the refresh of the BCF plan for 2024-25 the following priorities will be the areas of focus for the next 12 months:
    - Build on the delivery of Dying Well outcomes within the LLR workstreams
    - Create an options appraisal for discharge to assess bedded requirements to improve equality of access to recovery, rehabilitation and reablement (3 R model) in bedded settings for all
    - Pilot a housing initiative supporting those with respiratory illness in poor housing
    - Further integrate adaptations services within Lightbulb
    - Increase capacity in combined HART and Crisis response service by a further 20% to meet current unmet demand
    - Further work on use of population health management data across integrated services
    - Increase training in integrated locality teams to provide more joined up services
    - Recommission training for the integrated personalised care framework
    - Streamlining governance for the Integration executive – combining delivery and commissioning groups into one for ease of reporting and delivering outcomes
    - Developing the role of Integrated Neighbourhood Teams.

21. An updated delivery action plan will be brought back to the HWB in due course.

Background Papers

Better Care Fund Planning Requirements 2023/24: https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

Better Care Fund Policy Framework 2023-25: https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework

Appendices – Appendix A – Presentation

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Relevant Impact Assessments

Equality and Human Rights Implications

22. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

23. An equalities and human rights impact assessment has been undertaken when the BCF was established and is provided at

http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf.

This identified that the BCF will have a neutral impact on equalities and human rights.

24. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

25. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

26. Day to day oversight of delivery is via the Integration Executive, a subgroup of the Health and Wellbeing Board.

Partnership Working and associated issues

27. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the NHS Long-term plan.

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