



Meeting: **Health and Wellbeing Board**

Date/Time: **Thursday, 12 July 2018 at 2.00 pm**

Location: **Guthlaxton Committee Room, County Hall, Glenfield**

Contact: **Mr M Hand (Tel: 0116 305 2583)**

Email: **matthew.hand@leics.gov.uk**

Membership

Mrs. P. Posnett CC (Chairman)

John Adler	Dr Saquib Muhammad
Mr. R. Blunt CC	Mr. I. D. Ould CC
Karen English	Cllr Alan Pearson
Simon Fogell	Mike Sandys
Cllr. J. Kaufman	John Sinnott
Dr Andy Ker	Jane Toman
Dr Mayur Lakhani	Caroline Trevithick
Roz Lindridge	Supt Natalee Wignal
DPCC Kirk Master	Jon Wilson
Paul Meredith	

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 24 May 2018 and Action Log.	(Pages 3 - 12)
2. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
3. Declarations of interest in respect of items on the agenda.	
4. Position Statement by the Chairman.	



Strategy.

5. Joint Strategic Needs Assessment Update. Director of Public Health

There will be a Powerpoint presentation for this item.

Performance.

6. Better Care Fund Plan Refresh 2018/19. Director of Health and Care Integration (Pages 13 - 20)
7. Unified Prevention Board Update. Unified Prevention Board (Pages 21 - 26)
8. Progress of the Health and Social Care Sector Growth Plan 2017. Director of Adults and Communities (Pages 27 - 38)

Governance

9. Integration Programme Governance. Director of Health and Care Integration (Pages 39 - 48)
10. Date of next meeting.

The next meeting of the Health and Wellbeing Board will be held on 27 September at 2.00pm.

11. Any other items which the Chairman has decided to take as urgent.



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 24 May 2018.

PRESENT

Mrs. P. Posnett CC (in the Chair)

Leicestershire County Council

Mr. I. D. Ould CC

Paul Meredith
Jon Wilson
Mike Sandys

Clinical Commissioning Groups

Dr Andy Ker
Karen English
Dr Chris Trzcinski
Caroline Trevithick

Leicestershire District and Borough Councils

Councillor Jeffrey Kaufman
Councillor Alan Pearson
Jane Toman

Healthwatch Leicestershire

Micheal Smith
Simon Fogell

In attendance

Chief Supt Andy Lee	Leicestershire Police
Simon Down	Office of the Police and Crime Commissioner
Wendy Hoult	NHS England
Mark Wightman	UHL
Vandna Gohil	(minute 82 refers)
Kevan Liles	(minute 82 refers)

Apologies

John Adler, Mr. R. Blunt CC, Dr Mayur Lakhani, Roz Lindridge and DPCC Kirk Master

70. Minutes and Action Log.

The minutes of the meeting held on 22 March 2018 were taken as read, confirmed and signed.

The Board also noted the Action Log, which provided an update on actions agreed by the Board at its previous meetings.

71. Urgent items.

There were no urgent items for consideration.

72. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

73. Position Statement from the Chairman.

The Chairman presented a position statement on the following matters:

- County Council awarded £400,000 to help families get active together
- NHS Breast Screening Programme: National Patient Notification Exercise
- First Contact Plus
- Slipper Exchange
- New GP branch surgery opens in Thorpe Astley
- 600 care home staff given boost
- GP online services

Particular reference was made to the First Contact Plus scheme which as a result of a Better Care Fund (BCF) review, had gone through a period of significant development with changes made to the staff structure, operational models and the introduction of a new web-based referral system. It was noted that a further evaluation focusing on the outcomes as a result of the recent changes would be useful. A copy of the First Contact Plus review conducted by the BCF can be found at <http://www.firstcontactplus.org.uk/download/FIRST-CONTACT-PLUS-EVALUATION-REPORT-DIGITAL-FINAL.pdf>

74. Leicestershire Children and Families Partnership Plan 2018/2021.

The Board considered a report of the Director of Children and Families which presented the draft Leicestershire Children and Families Partnership Plan 2018 – 2021 for approval. A copy of the report marked 'Agenda item 5' is filed with these minutes.

The Plan, which identified 5 key priority areas for the partnership, had been developed following successful partnership working and focused on a shared vision for children, young people and their families.

To help promote the Plan, a video had been produced which highlighted how the Plan had been developed through interactions with young people and consideration of the key themes for Leicestershire emerging from the Make Your Mark 2017 national ballot.

The Board welcomed the Plan and video and recognised the importance of a joined up approach with health partners to maximise partnership resources and expertise across the public and private sector. It was noted that the University Hospitals of Leicester and Leicester City Football Club were working together on a programme to improve the health

of children and young people and there might be an opportunity for the Leicestershire Children and Families Partnership to be part of that work stream.

RESOLVED:

That the draft Leicestershire Children and Families Partnership Plan 2018 – 21 be approved.

75. Draft Leicester, Leicestershire and Rutland Dementia Strategy 2019-2022

The Board considered a report of the Director of Adults and Communities which provided an update concerning the development of the draft Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019 – 2022. A copy of the report, marked 'Agenda Item 6' is filed with these minutes.

The Board noted that the Strategy detailed five key aims which would underpin agencies work to improve dementia diagnosis and the lives of the current 9642 sufferers within the region.

In response to questions from members, the Director confirmed that whilst the Strategy was a policy document of the CCGs and the County Council, it had been developed alongside the Dementia Programme Board which included representatives of district councils, UHL and the Police. It would be possible for the Board to receive a report outlining the work undertaken in localities to support people with dementia at a future meeting.

RESOLVED:

- a) That the update concerning the draft Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019 – 2022 be noted;
- b) That a report outlining the work undertaken in localities to support people with dementia be considered at a future meeting of the Board.

76. Implementation of the Personalised Commissioning Service Standard Operating Procedures.

The Board considered a report of East Leicestershire and Rutland Clinical Commissioning Group presenting an update on the implementation of the personalised commissioning service across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

The Continuing Health Care (CHC) Service in Leicestershire had been fragmented and in need of improvement for a number of years. Following a tender exercise 18 months ago, an end to end process with a single provider was put in place, the selected provider being Midlands and Lancashire Commissioning Support Unit, which had led to improvements in the Service. Staff previously employed by LPT had already been integrated into the new Service and the process to integrate UHL staff was nearly complete. Closer working with adult social care had also been implemented.

The benefits of the new service were already evident for children and young people's provision where there had been a significant improvement in the streamlining of services particularly with regard for agreeing placements and apportioning costs. Challenges

remained in order to pool resources more effectively and develop a joint local office in order to achieve best value for money.

The Adult CHC model was based on a personalised healthcare approach by which services were tailored for an individual's needs, an approach which would continue. A recent increase in formal disputes from service users was attributed to the transition to the new arrangements and would continue to be monitored.

RESOLVED:

- a) That the report be noted;
- b) That a further report be provided to the Board at a future meeting which would include metrics concerning the numbers of people accessing Continuing Healthcare Services, the amount of disputes lodged and benchmarking with comparators.

77. Mental Health Transformation Programme.

The Board received a presentation from Leicestershire Partnership NHS Trust which provided information on the five year transformation programme to re-design its mental health services. A copy of the presentation marked 'Agenda item 8' is filed with these minutes.

It was noted that the transformation exercise would involve close working with service users, carers, health staff and healthcare partners to address the increasing demand and capacity issues currently experienced by the service to improve the quality, efficiency and overall experience of mental health services.

Arising from discussion the following points were raised:-

- The transformation programme would seek to minimise the use of out of area mental health placements through focussing on patient flow and the introduction of the Red2Green (hospital discharge) programme, a visual management system that assisted in the identification of wasted time in a patient's journey. It was expected that these programmes would reduce length of stay and therefore free up capacity in LPT's wards. Some patients were placed out of area because they required services which were not currently provided by LPT; consideration was therefore being given to the local offer. In the meantime, it would be important to ensure that there was robust oversight of patients who were placed out of area to ensure their length of stay was appropriate;
- Direct patient access to services would form an important part of the transformation project, including the development of a single point of access for mental health services and improvements to the way in which previously discharged patients could re-access support. Work was being undertaken with primary care so that GPs could be supported in managing mental health patients who had been discharged from LPT. The provision of out of hours support for service users and care providers would also be improved and made easier to access;
- A consistent approach between children and adult mental health services was vital in order to continue to support young people with difficulties as they entered

adulthood. The better alignment of CAMHS provision would help enable this continuity of care, as would greater flexibility around the transition between services;

- Systems developed during the transformation programme would be rigorously tested to ensure they would function as expected once made live. Help by partner agencies in testing the systems would be welcomed;
- Safety and risk management was being built into every aspect of the transformation programme. This included working with people in recovery to manage and reduce their level of risk by identifying the final outcome they wanted to achieve;
- The transformation programme would promote prevention and early intervention through ensuring that the single point of access could support people to find the right service. Consideration was being given to a social prescribing model and the Leicester, Leicestershire and Rutland wide Healthier in Mind workstream was also developing a prevention offer with Public Health support.

RESOLVED:

- a) That the presentation be noted;
- b) That a further update be provided to the Board in 6 months' time.

78. Leicestershire and Rutland Local Safeguarding Children Board Business Plan 2018/19.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Local Safeguarding Children Board which set out the draft proposed Business Plan priorities for the Board for 2018/19. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

RESOLVED:

That the Business Plan priorities 2018/19 for the Leicestershire and Rutland Safeguarding Children Board be noted.

79. Leicestershire and Rutland Local Safeguarding Adults Board Business Plan 2018/19.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Local Safeguarding Adults Board which set out the draft proposed Business Plan priorities for the Board for 2018/19. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was confirmed that the Vulnerable Adults Risk Management (VARM) process had been developed over the last year and had been hugely successful. It was part of the prevention priority for the Board, with the intention that it would continue and increase.

RESOLVED:

That the Business Plan priorities 2018/19 for the Leicestershire and Rutland Safeguarding Adults Board be noted;

80. Better Care Fund Q4 2017/18 Performance.

The Board considered a report of the Director of Health and Care Integration which provided an update on the Better Care Fund Programme for 2017/18. A copy of the report marked 'Agenda item 11' is filed with these minutes.

In reference to Leicestershire's Delayed Transfers of Care Target for 2018/19, the Director reported that the revised figure had yet to be announced by the NHS for 2018/19, but was expected imminently.

NHS England confirmed that Leicestershire had again performed very well with reference to the delivery of the BCF. Where targets had not been met for 2017/18, NHS England commented this was due to Leicestershire partners continuing to set stretching targets.

RESOLVED:

That the update be noted.

81. Leicester, Leicestershire and Rutland Transforming Care Plan.

The Board considered a report of the Director of Adults and Communities which provided an update on the delivery of the Leicester, Leicestershire and Rutland Transforming Care Plan. A copy of the report marked 'Agenda item 12' is filed with these minutes.

The Transforming Care Plan (TCP), developed by CCGs, NHS England's Specialist Commissioners and Local Authorities, targeted the implementation of enhanced community provision, the reduction of inpatient capacity and the delivery of care and treatment reviews.

Arising from discussion the following points were noted;

- The LLR TCP had been placed into red risk status by NHS England in January 2018 having 10 patients over the agreed CCG figure (33 instead of the predicted 23). Whilst the status had now been reduced to amber, it was likely that the level would continue to fluctuate and rise to red once more;
- As part of the works towards achieving the aims of the TCP, a review of the Admissions Register, which contained the details of anyone at immediate risk of admission to hospital due to their learning disability or autism, had been undertaken. The list was subsequently reduced from over 200 people having been identified as 'at risk' to five individuals. The revised number was considered to be an accurate reflection of the current risk, rather than a record of those people who had merely experienced a downturn in wellbeing. People were now monitored much more robustly and the process was overseen by NHS England;
- A TCP Accommodation Strategy had been produced and delivery plans were in development which would seek to provide appropriate accommodation to facilitate transfers from hospital settings to community based dwellings. Restrictions placed upon a grant which was successfully obtained through NHS England meant the local authority could not accept the allocation. The Authority did however commit to progress one development in Hinckley utilising existing capital. Subsequently it was agreed that the Better Care Fund would cover this expenditure;

- Whilst the development of community based accommodation would help to reduce the current inpatient position and a senior social worker had been appointed to work with the most complex transforming care individuals, it was unlikely that the programme would meet the trajectory required by NHS England before it came to an end in April 2019. The work would therefore continue over a longer timescale.

RESOLVED:

- a) That the report be noted;
- b) That a further update be provided to the Board in 6 months' time.

82. Healthwatch Leicestershire Annual Review 2017/18.

The Board considered a report of Voluntary Action Leicestershire (VAL), which presented Healthwatch Leicestershire's Annual Review for 2017-18. A copy of the report marked 'Agenda item 13' is filed with these minutes.

In welcoming the report, the Board thanked VAL officers for their hard work as Leicestershire's Healthwatch provider since 2013.

RESOLVED:

That the report be noted;

83. Introduction to Healthwatch Leicester City and Leicestershire.

The Board received a presentation from Engaging Communities Staffordshire, the new provider of the local Healthwatch, which detailed the provider's proposed vision, approach and delivery of the service over the next five years. A copy of the presentation marked 'Agenda item 14' is filed with these minutes.

Transitional arrangements were ongoing as Engaging Communities Staffordshire, the new provider of the local Healthwatch, sought to establish a new Healthwatch Advisory Board, began working with its commissioners to establish a set of interim priorities and networks across the health and social care system. It was confirmed that staff and delivery of services would continue to be based in Leicester and Leicestershire.

Following questions from members it was explained that through comprehensive contract management undertaken by the City Council, the financial operations of the providers would be closely monitored and scrutinised.

RESOLVED:

That the presentation be noted.

84. Date of next meeting.

It was noted that the next meeting of the Board would take place on 12 July 2018 at 2.00pm.

2.00 - 4.15 pm
24 May 2018

CHAIRMAN

Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
349(d)	05/01/17	Submit a report on the Local Digital Roadmap to a future meeting of the Health and Wellbeing Board.	Vikesh Tailor	A report is scheduled for a future meeting of the Health and Wellbeing Board.	GREEN
367(c)	16/03/17	Request the Unified Prevention Board to take forward Leicestershire specific work actions from the LLR Suicide Prevention Strategy and Action Plan and report back to the Health and Wellbeing Board when appropriate.	Mike Sandys	Six monthly updates from the Unified Prevention Board are scheduled for the Health and Wellbeing Board.	GREEN
10	22/06/17	Request to provide feedback on Integrated Locality Teams test beds to a future meeting of the Health and Wellbeing Board	Cheryl Davenport	A report is scheduled for a future meeting of the Health and Wellbeing Board.	GREEN
27	20/07/17	That an update on the progress of the Health and Social Care Sector Growth Plan be presented to a future meeting of the Health and Wellbeing Board	Jon Wilson	An update is scheduled for the July 2018 meeting of the Health and Wellbeing Board	GREEN
37	16/11/17	That the joint priorities between health and crime be presented to a future meeting of the Health and Wellbeing Board	Sian Walls/ Mike Sandys	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN
56(d)	25/01/18	That the Health and Wellbeing Board receives further reports on progress of the JSNA.	Caroline Boucher	An update is scheduled for the July 2018 meeting of the Health and Wellbeing Board	GREEN
66(c)	22/03/18	That the Director of Public Health and respective CCG Directors of Primary Care be requested to undertake some further work regarding how pharmacies should respond to future population changes and how pharmacies could fit into the Sustainability and Transformation Partnership, and report back to a future meeting of the Health and Wellbeing Board	Mike Sandys	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN



Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
75(b)	24/05/18	That the Health and Wellbeing Board receives a report outlining the work undertaken in localities to support people with dementia.	Jane Toman	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN
76 (b)	24/05/18	That a report including metrics concerning the number of people accessing Continuing Healthcare Services, the amount of disputes lodged and benchmarking with competitors	Karen English	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN
77 (b)	24/05/18	That the Health and Wellbeing Board receives a further report on the Mental Health Transformation Programme	John Edwards	An update is scheduled for the November 2018 meeting of the Health and Wellbeing Board	GREEN
81 (b)	24/05/18	That an update on the delivery of the Leicester, Leicestershire and Rutland Transforming Care Plan be provided to the Board in 6 Months time	Jon Wilson	An update is scheduled for the November 2018 meeting of the Health and Wellbeing Board	GREEN

HEALTH AND WELLBEING BOARD: 12 JULY 2018

REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND PLAN REFRESH 2018/19

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the work in progress to refresh the Leicestershire Better Care Fund (BCF) plan for 2018/19.

Recommendation

2. The Board is requested to:
 - a) Note the content of the report;
 - b) Approve the provisional BCF outcome metrics, subject to any changes required following the publication of the BCF guidance.
 - c) Authorise the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, to finalise the BCF plan refresh, in light of the national guidance, and submit to NHS England.
 - d) Note that the members of the Integration Executive (a subgroup of the Health and Wellbeing Board responsible for the day to day delivery of the BCF Plan), will be asked to indicate their agreement ahead of the final submission to NHS England.

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
4. NHS England published the policy framework for 2017-19 on 31st March 2017 which was accompanied by the technical guidance document published on 4th July 2017.
5. The Integration Executive reviewed and approved the final BCF Plan at its meeting on 7th September 2017. The plan was submitted to the BCF National Team on 8th September, in line with the national BCF timetable.
6. The Health and Wellbeing Board, at its meeting on 16 March 2017, authorised the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board to make any amendments to the Better Care Fund Plan 2017/18 – 2019/20 in the light of the national guidance, prior to its submission to NHS England

7. Subsequently, East Leicestershire and Rutland and West Leicestershire Clinical Commissioning Groups Governing Bodies and Leicestershire County Council's Cabinet signed off the BCF Plan submission in September 2017.
<http://politics.leics.gov.uk/documents/s132435/Final%20Cabinet%20Report%20TOCBFCF%20Assurance%20Oct%202017.pdf>

BCF Plans for 2018/19

8. The current BCF plan covers both 2017/18 and 2018/19. The BCF National Team has confirmed that technical guidance for 2018/19 will be released soon, which will cover a number of revisions to the existing two year plan.
9. The delayed transfers of care target has been revised and provisional data was received in May 2017 to support this work. Further information is provided in paragraphs 20-24 of the report.
10. The current information received on the other three BCF metrics is that there will be an opportunity to revise these targets but it will not be mandatory. The Integration Team have reviewed and refreshed these metrics in readiness as detailed in paragraphs 12-19 and 25-28 below.
11. During Q4 2017/18, the BCF expenditure plan for 2018/19 was reviewed in line with annual financial planning arrangements in all three partner organisations. The Integration Executive agreed to not make any changes to the existing plan as it entered year two of the BCF plan. Work will continue to monitor and review progress against actual spend throughout the year, through the existing governance arrangements.
12. Following the publication of the BCF guidance, if there are any further changes required to the plan, this will be completed and an update provided at the next meeting.

BCF Outcome Metrics for 2018/19

13. BCF Plans are assessed against four BCF outcome metrics. The tables below detail the BCF outcome metrics, progress against target for 2017/18 and the provisional target (subject to the BCF guidance) for 2018/19.

Metric 1 – Residential Admissions

	2017/18 Target	2017/18 Actual	RAG At Q4	Provisional 2018/19 Target
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year	630.6	659.7 (920)	R	624.1 (890)

15. The BCF target for the number of permanent admissions of older people into residential and nursing care homes was not achieved during 2017/18. There were

920 admissions against a target of 879. This was a 6% increase on the previous year.

16. During 2018/19, the target is to not exceed 890 admissions (or 624.1 per 100,000 population).
17. The council is looking to increase the provision of extra care and supported living places to reduce reliance on residential care and to offer more choice and independence.
18. **Metric 2 – Reablement**

	2017/18 Target	2017/18 Actual	RAG At Q4	Provisional 2018/19 Target
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.0%	86.1%	A	87.0%

19. The target for the proportion of older people who were still at home 91 days after discharge was statistically similar to the target but fell just short of the target. During the past 12 months, performance has varied from 84% (Feb-Apr 2017 discharges) to 92% (Jul-Sept discharges).
20. The target remains at 87% for 2018/19.
21. **Metric 3 – Delayed Transfers of Care**

	Category	2017/18 Target	2017/18 Actual	RAG At Q4	Provisional 2018/19 Target
Delayed transfers of care from hospital per 100,000 population	NHS	*5.04 (10,066)	6.83 (13,637)	R	5.50 (10,906)
	ASC	*1.38 (2,756)	1.13 (2,261)	G	1.25 (2,487)
	Joint	*1.53 (3,056)	1.08 (2,154)	G	1.13 (2,242)
	Total	*7.96 (15,878)	9.04 (18,052)	R	7.88 (15,635)

22. A target has been set to achieve no more than 7.88 delayed transfers of care in September 2018. This equates to no more than 15,635 delayed transfers of care during 2018/19.

23. The target will continue to be divided across NHS attributable delays, social care attributable delays and jointly attributable delays per the proportions and thresholds set by NHS England.
24. A profile of the monthly target for 2018/19 is provided in Appendix A. Figures for April have been set as actuals, as this data is already available.
25. Performance at September 2018 is set at achieving 7.88, but there is variability before and after this date to account for seasonal trends in performance.
26. Performance data for April 2018 was a rate of 6.04.
27. Metric 4 – Non-Elective Admissions

	2017/18 Target	2017/18 Actual	RAG At Q4	Provisional 2018/19 Target
Total non-elective admissions into hospital (general and acute), per 100,000 population, per month	737.92 (60,582)	895.88 (67,018)	R	780.36 (64,761)

28. For the period April 2017 to March 2018 there was 67,018 non-elective admissions, against a target of 60,582 – a variance of 6,436. A proportion of the over-performance was due to a significant coding and counting change in the Children's Assessment Unit.
29. The plan for 2018/19 is to not exceed 64,761 non-elective admissions (780.36 per 100,000 population). This target is set by the Clinical Commissioning Groups in their Operational Plans and the BCF plan is required to replicate that figure.
30. Based on the data received in April 2018, there have been 353 admissions above target in the first month of the new financial year, so it is anticipated this target will remain challenging to achieve in 2018/19.

Circulation under the Local Issues Alert Procedure

None

Officer to Contact

Cheryl Davenport, Director of Health and Care Integration (Joint Appointment)
0116 305 4212
Cheryl.Davenport@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

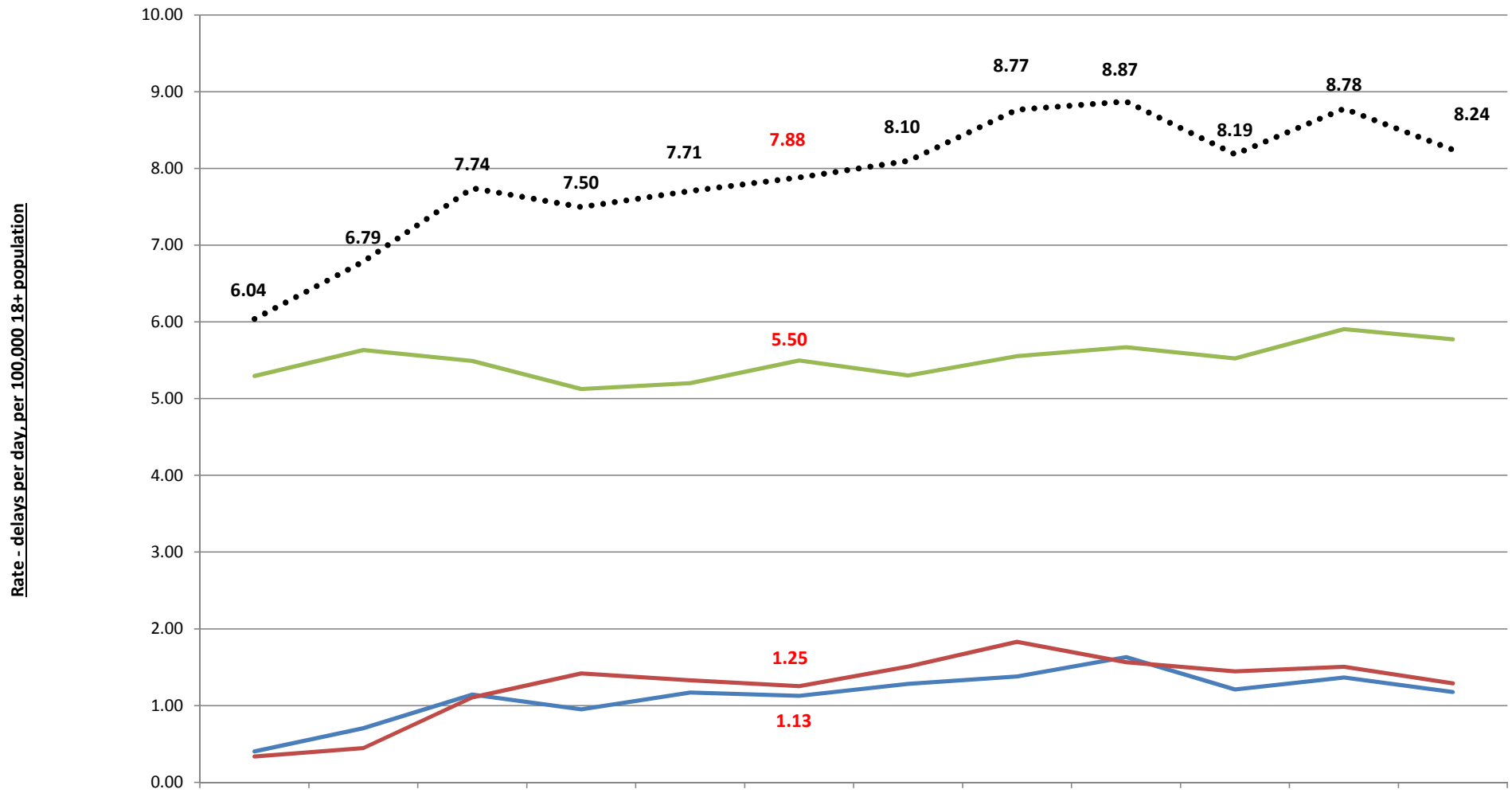
31. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
32. An equalities and human rights impact assessment has been undertaken which is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>. This finds that the BCF will have a neutral impact on equalities and human rights.
33. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

34. 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.
35. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
36. 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 five year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>

This page is intentionally left blank

BCF Draft Profiled Target (2018/19) - Leicestershire - Average Days delayed per day per 100,000 18+ population



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Both (2018/19)	0.40	0.71	1.14	0.95	1.17	1.13	1.28	1.38	1.63	1.21	1.37	1.18
ASC (2018/19)	0.34	0.45	1.11	1.42	1.33	1.25	1.51	1.83	1.57	1.45	1.51	1.29
NHS (2018/19)	5.30	5.63	5.49	5.13	5.20	5.50	5.30	5.56	5.67	5.53	5.91	5.77
Provisional Target (2018/19)	6.04	6.79	7.74	7.50	7.71	7.88	8.10	8.77	8.87	8.19	8.78	8.24

This page is intentionally left blank

HEALTH AND WELLBEING BOARD: 12 JULY 2018

REPORT OF THE UNIFIED PREVENTION BOARD

UNIFIED PREVENTION BOARD UPDATE

Purpose of the report

1. The purpose of this report is to update on the work of the Unified Prevention Board (UPB) in delivering the prevention approach for Leicestershire.

Link to the local Health and Care System

2. The Unified Prevention Board (UPB) was created as a sub-group of the Leicestershire Health and Wellbeing Board. It oversees the development and delivery of prevention activities underpinning the Health and Wellbeing Strategy for Leicestershire.

Recommendations

3. It is recommended that the Board:
 - a) Notes the contents of the report and progress.
 - b) Supports the development through Leicester-Shire and Rutland Sport (LRS) and the Unified Prevention Board of Healthy Workforce = Healthy Leicestershire

Background

4. The UPB agreed four key outcome pillars that it was felt all partners contributed to in helping residents maintain their own health and wellbeing. These are:
 - Keep Well;
 - Keep Safe;
 - Stay Independent; and
 - Enjoy life
5. Three cross-cutting programmes of work were identified as the focus in developing the unified prevention offer:
 - Joined up communications
 - Lessons learned from key integration programmes
 - Healthy workforce = Healthy Leicestershire

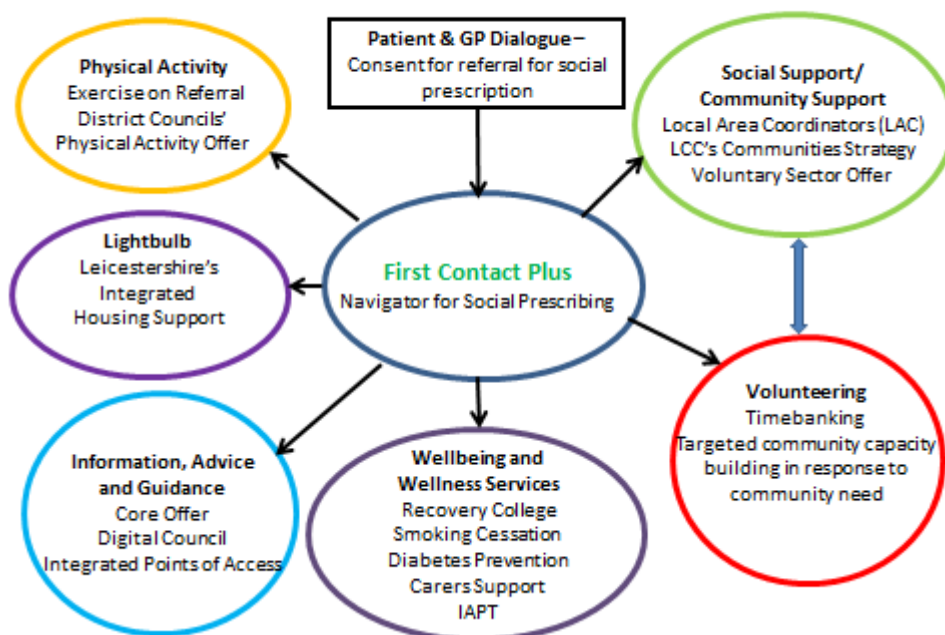
Current work

Joined Up Communications

6. A key principle of the Health and Wellbeing Board is ‘Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.’
7. The core objectives of the Self-Care Communications campaign for Leicestershire through the UPB are:
 - To re-enforce key approved national and local public health messages that encompass a focus on agreed self-care themes throughout the calendar year.
 - To drive support and participation in self-care and self-care promotion amongst primary and secondary audiences as well as partners and stakeholders.
 - To encourage behaviour change and perception through self-care actions and increase awareness and understanding of healthcare navigation – reducing the impact on resources at a local and regional level.
8. Activity levels during the winter campaign were positive with a total 2,990 Twitter impressions and 31 engagements through the Health and Wellbeing Board account (@leicsHWB).
9. The top tweet during the winter campaign went out on 12 March, with a focus on preventing loneliness and isolation and generated a total 538 impressions and 8 engagements. Traffic to the campaign page was also encouraging with data showing the page within the top 10 visited on the site and an increase in unique visitors spending at least 3 minutes on the page itself.
10. The current campaign will focus on lifestyle and wellbeing improvement through the core theme of raising awareness of diabetes in Leicestershire. These messages will build upon and continue the diabetes awareness campaign introduced in autumn 2017.
11. Seasonally relevant messages will seek to increase activity levels and encourage healthier eating and drink awareness. A campaign e-toolkit containing posters and social media messages and images has been distributed to partners and stakeholders and we would ask partners to support us in sharing these messages

Lessons Learned from key integration programmes

12. The model for prevention/social prescribing (Figure 1) includes universal services, targeted services and those that are specific to a local area. Building the locality part of the prevention offer is done in conjunction with voluntary sector organisations.

Figure 1 – Leicestershire Prevention model**Model for Social Prescribing – First Contact front door**

13. The UPB has continued to develop links between the prevention/social prescribing offer in Leicestershire and Integrated Locality Teams. Work has focussed on strengthening the engagement between UPB partners and Integrated Locality Teams (ILTs) in each locality. District council and Public Health representatives are now part of each integrated locality team board helping shape the prevention focus of ILTs and build local join up.
14. The recent ILT Organisation Design (OD) workshop with Leicester, Leicestershire and Rutland partners provided further opportunity for ILT's to be aware of the prevention offer in Leicestershire and consider further actions on prevention for ILT's particular cohort of patients.
15. The emerging People's Zones initiative through the Strategic Partnership Board has provided opportunity for discussion at UPB on how the lower levels of prevention detailed in the Leicestershire model could complement the People's Zones model.

Healthy Workforce = Healthy Leicestershire

16. LRS has been supporting the Workplace Health agenda through delivery of the Workplace Challenge and on behalf of UPB through the development of the Workplace Health Needs Mapping exercise.
17. Recently it has focused on the development of a web based Health Needs Assessment tool with a short version of the national Workplace Health Needs

Assessment has been developed to support organisations to identify areas of concern within the health and wellbeing of their staff.

18. Due to the success and high levels of interest, LRS currently have a waiting list of 15 workplaces wanting to conduct the workplace health needs assessment. UPB is working on a delivery model to pilot a new Leicestershire Workplace Health Offer. This involves the development and delivery of three Workplace Health strands, all of which interlink and complement each other as the Leicestershire Workplace Health offer:
- Workplace Health Needs Assessment
 - Workplace Wellbeing Charter
 - Action Plan and Interventions
19. To date, LRS have provided in kind capacity to support this programme through:
- Sports Development Officer Time - Development of the Workplace Health Needs Assessment, production of the Workplace Health Needs Assessment Analysis Reports and relationship management with organisations.
 - Performance, Research and Insight Officer - Development of the online function of the Workplace Health Needs Assessment and support with production of the Analysis Reports
 - IT Platform to host the Workplace Health Needs Assessment
 - Sports Development Manager /LRS Director; Programme oversight of the Workplace Health Agenda
20. In order to continue to deliver the Workplace Health Needs Assessment; develop the Workplace Charter and provide a bespoke offer to organisations (where required), additional capacity is required. The intention is to appoint an Assistant Development Offer to add additional capacity to the team, part funded by Leicestershire County Council Public Health and part funded through district council support.

Officer to Contact

Mike Sandys, Director of Public Health
 Telephone: 0116 305 4239
 Email: mike.sandys@leics.ghov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

21. The work being undertaken would have a positive impact on the health of the population.

Partnership Working and Associated Issues

22. The recommendations within this report focus on actions across agencies that will improve the population's health. The basis of the report is improving population health in partnership with other key agencies.

This page is intentionally left blank



HEALTH AND WELLBEING BOARD: THURSDAY 12TH JULY 2018

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PROGRESS OF THE HEALTH AND SOCIAL CARE

SECTOR GROWTH PLAN 2017

Purpose of report

1. The purpose of this report is to present the delivery plan of, and progress with, the Leicester, Leicestershire and Rutland Health and Social Care Sector Growth Plan 2017.

Link to the local Health and Care System

2. The LLR Health and Social Care Sector Growth Plan operates alongside, and adds value to, other significant programmes of reform in the sector. Linkages with the local Health and Care System are as follows:

<i>Plan</i>	<i>Relationship</i>
Sustainability and Transformation Plan and Better Care Together	Of relevance to a number of work-streams, but particularly the enabling 'Workforce and Organisational Development' strand
Leicestershire County Council's Strategic Plan 2018-2022	'Strong Economy' and 'Keeping People Safe' strategic outcomes
Adult Social Care Strategy 2016-2020	Ensuring that people who need support receive the right support from the right partner in the right time and place; and in furtherance of the strategic approach to prevent, reduce, delay, and then meet need
Better Care Fund	Some of the initiatives with the delivery plan are supported with Improved Better Care Fund (iBCF) budget

Recommendations

3. It is recommended that
 - a) That the progress towards the Health and Social Care Sector Growth Plan be noted
 - b) The Board considers a further update on the progress of the Health and Social Care Sector Growth Plan in 12 months' time.

Policy Framework and Previous Decisions

4. The sector growth plan was presented to the Health and Wellbeing Board on 20th July 2017, and it was agreed that an update on progress would be brought to a future meeting of the Board.

Background

Development of the Sector Growth Plan

5. In 2016, Leicestershire County Council, Leicester City Council and Rutland County Council commissioned the development of a three-year sector growth plan for health and social care in Leicester, Leicestershire and Rutland (LLR), supplementing the earlier activity led by Leicester and Leicestershire Enterprise Partnership (LLEP) that had focussed on other key sectors. This was in recognition not only of the scale of the health and social care sector and its importance to a vibrant LLR economy, but also of the opportunity it presented for key partners to work together on well-recognised challenges.
6. The resulting growth plan was informed by a quantitative assessment of the sector and by primary research with more than 150 frontline workers, managers and stakeholders from across LLR. It considered the scale and composition of the health and social care sector, identified challenges and opportunities, and proposed the development of actions to ensure that the sector in LLR can flourish and meet the needs of the local population in the future, structured under four key themes:
 - a. Improving the image of the sector
 - b. Supporting the sector with resilience and growth
 - c. Developing and retaining the current workforce
 - d. Attracting a high quality workforce

Delivery Planning and Implementation

7. Following review and prioritisation of actions, a delivery plan was agreed in March 2018 by the Steering Group, upon which stakeholder organisations including the three local authorities, University Hospitals of Leicester NHS Trust and LLEP are represented.

8. The plan is shown as the Appendix, including the leadership of each theme. The Steering Group is mindful not to duplicate existing initiatives, and of its remit to add value as a partnership.
9. A number of challenges have been faced which are common to many other programmes within economic development and health and social care: complexity, scale, resource limitations, competing priorities, and maintaining engagement with and involvement from the sector. Nevertheless action is underway and is documented in the appendix.

Proposals/Options

10. A number of proposals and options were considered when developing the plan, resulting in the final document. Similarly, actions have been identified for earlier or later delivery depending on the priority status allocated to them by the partnership.
11. Delivery of the plan is overseen by the Steering Group, and accountability is to the Enabling Growth Board, a county council body made up of senior staff from across the organisation. The Director and an Assistant Director of Adults and Communities are representatives of the Board.
12. It is proposed that the Health and Wellbeing Board will receive a further progress update in 12 months' time.

Consultation/Patient and Public Involvement

13. The activity is largely aimed at businesses within the sector, and therefore engagement has focussed on providers, and building up an understanding of the health and social care sector context by continuing to develop relationships with them.

Resource Implications

14. The resource implications are set out in the appendix. Wherever possible, bids will be made for additional resources not normally available to partners individually, but accessible through a partnership working approach.

Background papers

LLR Health and Social Care Sector Growth Plan

<https://www.llep.org.uk/strategies-and-plans/sector-growth-plans/health-social-care/>

Circulation under the Local Issues Alert Procedure

None.

Officer to Contact

Jon Wilson, Director of Adults and Communities
0116 305 7454
Jon.wilson@leics.gov.uk

Louise Driver, Economic Growth Team Leader
0116 305 7973
louise.driver@leics.gov.uk

Kate Revell, Commissioning Business Manager
0116 305 8331
kate.revell@leics.gov.uk

Appendix

LLR Health and Social Care Sector Growth Plan 2017 – Delivery Plan

Relevant Impact Assessments**Equality and Human Rights Implications**

The Plan has paid due regard to equality, diversity, community cohesion and human rights in its decision-making process.

Partnership Working and associated issues

Development of the Sector Growth Plan was initiated by Leicestershire County Council, but from the outset has been progressed in partnership with organisations highlighted in the paragraphs above.

Appendix

LLR Health & Social Care Sector Growth Plan 2017 - Delivery Plan

Actions					
Specific <i>Objectives to be achieved</i>	Measurable <i>How this will be assessed</i>	Actions <i>Required actions for achievement</i>	Lead <i>Responsible organisation</i>	Milestones <i>Key dates/success measures</i>	Existing Resource <i>and activities</i>
Thematic 1 - Image of the sector					
<p>Develop a Communications Plan identifying current promotional activity and defining other activities to be carried out in support of raising the image of working in H&SC. To include:</p> <p>Work with local media (e.g. written press and radio) to develop and publicise a series of positive news items about the health and care sector.</p> <p>Develop case studies of older entrants to the sector and promote these through local media to reach potential 'career changers' and through JCP to reach unemployed workers.</p>	<p>Defined Communications Plan with clear actions, responsible bodies, delivery of ambassador network activity using the Skills for Care Ambassador Impact tool. Track the reach of promotional websites / social media platforms. Staff engagement surveys.</p>	<p>Form an action group to focus specifically on communications activities. Outputs may include:</p> <ul style="list-style-type: none"> - Strategy to engage with social media - Closer working with partners such as JCP to include jobs fairs, presentations to JCP staff, employers using facilities and group sessions - Press campaign with local interest, e.g. 'Local Care Awards', variety of roles available locally in sector, new roles emerging such as Personal Assistant or Nursing Assistant, attraction for older entrants/career changers - Printed material for distribution, for example via GP surgeries, libraries, colleges, etc - Proposal for promotional social care careers website via LCC - Action the delivery of Provider and staff engagement surveys - Address negative perceptions of working in social care with terms and conditions review (linked to paying staff DBS, Induction training, travel time, NLW) - Ability to deliver work experience sessions across H&SC to better educate prospective starters and improve readiness and resilience to work in the sector - Engagement with external providers via the external workforce team in LCC to identify perceptions of working in social care and the turnover and vacancy rates experienced which inevitably link to the image of the sector. Throughout the duration of the external workforce project this research and engagement will continue to be facilitated - with providers' and staff views central to informing work proposals through the workforce board in LCC 	<p>LWAB within LCC - ASC - External Workforce Project</p>	<p>October 2018 - Awarded Skills for Care - growth of ambassador network funding - milestone in October to have recruited 26 ambassadors across the Leicestershire ambassador partnership</p> <p>Periodic staff engagement and provider surveys - June 19 / 20</p>	<p>Local Authorities</p> <p>LLEP</p> <p>LSCDG</p> <p>Skills For Care</p> <p>LWAG - A&R Group</p> <p>JCP (to use the case studies with older people who are out of work)</p> <p>Health & care providers (to source info /examples for case studies)</p> <p>Local media (to promote the case studies)</p>

Activity to Date

Some promotional activity has been undertaken by LCC, for example banner stands were produced for a recruitment event in July 2017 which included information about the different roles and biographies of those currently working in the sector. An accompanying briefing pack highlighted the benefits of the Council as an employer and Leicestershire as a county in which to live/work.

Skills for Care produce a number of brochures / leaflets and attend jobs fairs and other events. 'I-Care Ambassadors' go out to schools to promote roles within the sector and encourage work experience. Feedback will be provided on the current national consultation being carried out in relation to promotional campaigns.

The LWAG Attraction & Retention Group is developing a promotional website. This may be based on Northants' Best of Both Worlds website which attracts employees through promoting wider place / environment. Launch in summer 2018 is anticipated.

Implementation of external workforce team employed by Leicestershire CC - ASC department - funded through IBCF funding. The team commenced in April 2018 and have been developing a delivery plan centred on improvement of recruitment and retention of staff in the social care sector. To date, the team have identified lead providers representative of the external workforce - 26 providers across the county and have engaged with providers to produce a workforce statement which measures current turnover rates / vacancy rates and qualitative data around provider perception of social care and the challenges they view as being obstacles to recruitment and retention of staff. This information has informed a 'Leicestershire workforce statement' that cross references data against the NMDS data set and provides an accurate representation of the as-is situation in Leicestershire's external workforce for ASC. This workforce statement in turn has helped to inform the delivery plan and used information obtained from the provider network to address perception issues raised. The external workforce team at LCC has proposed facilitating culture change training for providers to challenge perceptions of working in social care which is inherent in their managers and staff teams. Other proposals include an extension of Leicestershire care awards which will help to promote and recognise good practice solely on a regional level - subsequently supporting providers towards achieving national recognition.

Thematic 2 - Support the sector with resilience and growth					
Develop mechanisms to promote/signpost social care providers to business support services, workforce development support, recruitment and retention resources etc.	Increased use of business support and other available resources by local H&SC providers - research conducted by external workforce team centred around turnover rates and vacancy rates for LCC external providers, research to be repeated on a periodic basis.	<p>Ensure clear referral mechanisms between existing providers of support - whether physical or online - and monitor to incorporate new resources as they become available. Existing online sources include:</p> <p>LLEP Business Gateway - www.llepbizgateway.co.uk</p> <p>GCGP LEP Signpost to Grow - www.gcgp.co.uk/business_support/</p> <p>Skills for Care - www.skillsforcare.org.uk/</p> <p>Leicestershire Social Care Development Group (LSCDG) - www.lscdg.org/</p> <p>Health Education England - https://hee.nhs.uk/hee-your-area/east-midlands</p> <p>Health Careers - https://www.healthcareers.nhs.uk/</p> <p>Planned additional resources include the LLEP Employment and Apprenticeship Hubs (January 2018) and the Local Workforce Action Group (LWAG) online portal</p> <p>Support the development of an LCC apprenticeship strategy to include creating new standards for attractive and engaging apprenticeships that are designed with the intention of filling roles which are skilled and require specialist training</p> <p>Prospective engagement with overseas employment agencies to attract individuals to Leicestershire. Define best practice in how to attract and engage prospective staff who are underrepresented in the current workforce - such as early retired / disabled / young people</p>	LLEP / LAs	For confirmation at Sept 2018 Steering Group Meeting	<p>LLEP & GCGP LEP (for details/ factsheets on business support services)</p> <p>Skills for Care (for details/ factsheets on relevant resources)</p> <p>LSCDG (for details of forthcoming courses and events)</p> <p>LWAG (for updates concerning workforce development resources)</p>
In line with the 'Grand Challenge' of an ageing population referenced in the Industrial Strategy White Paper ensure, where possible, that 'health and social care' be included within the list of eligible sectors for business support and workforce development programmes in LLR.	Reference to the issues within the sector and strategies to support sustainability and growth included in all relevant LLR documents / policies.	<p>Embed the requirements and provision of support to the sector in documents and policies:</p> <ul style="list-style-type: none"> - New Local Industrial Strategy - Funding opportunities through ESF / Shared Prosperity Fund - Support available via Business Gateway/ Signpost to Grow 	LLEP	For confirmation at Sept 2018 Steering Group Meeting	LLEP GCGP LEP Local Authorities

Activity to Date

Business support activities currently offered by the relevant LEPs, whilst not specifically focussing on the sector, do not exclude health and social care providers. A bid has been prepared to the LLEP Business Rate Pool to pilot dedicated and bespoke business support for the sector.

Issues around recruiting, developing and retaining the workforce have long been identified as an area of weakness for the sector on a national basis (and may also be negatively impacted by Brexit as well as the increasingly ageing population) and several sources of advice, training and information have been developed (or are currently being developed) by a number of stakeholders. External workforce team within LCC has been engaging with external providers to help identify best practice in recruitment of staff. The appointed external workforce lead comes from a background in the social care recruitment sector and has identified where successful recruits come from and is encouraging the provider market to track return on investment of staff. This has led to sharing of a ROI tracker developed by the workforce team. Through the Leicestershire Homecare Alliance the team have delivered training centred on recruitment sources. This training incorporates suggestions of how to engage with likely applicants to careers in social care through mapping of existing staff and encouraging referral schemes as a main method of staff attraction. The delivery plan from LCC has identified proposals for further free training to be made available to the provider community related to best practice in recruitment and retention techniques, also facilitating culture change training for providers to challenge perceptions of working in social care which is inherent in their managers and staff teams. Leics CC is considering piloting an assessment tool with homecare providers to prioritise values-based recruitment to the sector, and empower providers to have the confidence in recruiting based on values with the support of a recognised and well regarded assessment tool.

Thematic 3 - Develop and retain the current workforce

Deliver a sector-wide promotional campaign to promote the workforce development potential of apprenticeships, the different levels of apprenticeship now available and the 90% funding available to SMEs under the new levy arrangements	Sector specific evaluation to be included in the monitoring of Employment and Apprenticeship Hubs engagement	Ensure that promotion, support and information offered by the Employment and Apprenticeship Hubs provide sufficient focus on the health and social care sector. Leics CC is working on apprenticeship strategy across ASC to engage staff for career development and reshape the way apprenticeships have traditionally been perceived.	Employment Hub	For confirmation at Sept 2018 Steering Group Meeting	Local Authority NHS (as participants in the project) Social care providers (as above) Post 16 skills providers (for the knowledge based elements)
Develop a mechanism to encourage social care providers to share workforce plans and joint training/ recruitment opportunities	Increase in number of businesses accessing existing support including leadership and management support / workforce skills training funded via ESF. Increased engagement with existing networks	Support businesses in responding to ESF calls or other funding opportunities aimed at developing management capabilities. Work with sector to enhance leadership and management skills specifically to support workforce development plans. Encourage providers to share examples of good practice relating to recruitment and retention through existing networks e.g. LSCDG. Support providers to work towards regional and national awards that promote innovative recruitment campaigns	LAs	For confirmation at Sept 2018 Steering Group Meeting	LSCDG Local Authority JCP
Work with partners to help ensure that (health and) social care is appropriately supported through discretionary funding for skills development (e.g. ESF and post-Brexit equivalents).	Increase in funding secured and enhanced support for the sector.	Raise the profile of the growth needs of the sector and importance to the local economy to funders. Increase dissemination of relevant information on calls and funding events to providers. Provide support for bid development.	LAs / LLEP	For confirmation at Sept 2018 Steering Group Meeting	LLEP & GCGP LEP Local authorities (to raise awareness of funding opportunities via their networks) Skills for Health and Skills for Care (as above)

Engage in discussions with partners in other LEP areas that have stated an interest in / preference for a formal care worker grading structure (e.g. D2N2) to explore the feasibility of a cross-boundary programme to raise aspirations and promote career pathways	Ongoing relationships established between LEPs to ensure an awareness of activities and developments in the sector.	LLEP to maintain engagement with D2N2.	LLEP	For confirmation at Sept 2018 Steering Group Meeting	LLEP
Identify skills / career shortages within HSC that could add value to the outcomes of service users / clients [new action since plan was developed]	Implementation of newly created careers that are designed with the focus on improving outcomes for clients / service users	Engagement with providers to identify skills or job roles that could add value to outcomes for service users. Review terms and conditions for providers to empower career progression and development into newly created roles. Newly created roles to reflect ageing population and LA strategies centred on preventative need and supporting individuals to remain living at home.	LA	For confirmation at Sept 2018 Steering Group Meeting	LA - External Workforce team, LSCDG

Activity to Date

A report by Skills for Care published in June 2017 considered the level of activity in integrated apprenticeships across the health and social care sectors, providing examples of good practice and identifying barriers and solutions to overcome these. LWAG's Attraction & Retention Group also have an action to consider an integrated apprenticeship.

Health Education England, Health Careers (NHS) and Skills For Care all provide information on career planning and development, including the opportunities offered by apprenticeships.

LWAG's Attraction and Retention Group and Skills for Care are both developing online career pathways tools.

LCC have a Regional Workforce Development Strategy for the adult social care workforce and LSCDG have a strong relationship with local providers, seeing a high take up of their (subsidised) courses.

Projects such as the ESF funded 'Skills Support for the Workforce' provide free leadership and management training, an area identified as a weakness for many in the sector. The establishment of the Skills for Care ambassador partnership should help to aid retention. It has been identified by Skills for Care that staff who become ambassadors report increased engagement with their role and greater levels of job satisfaction. Leics CC have registered as an ambassador partner and have been actively recruiting ambassadors from the provider network. Through initial provider engagement the workforce team have been suggesting to providers a variety of retention initiatives - such as 'thank you letters to family', 'employee of the month', 'increased rates for working additional hours / covering shifts'. The workforce team has engaged with lead commissioners of dementia to inform future skills required by the workforce. As a result we have engaged with local universities to scope the availability of specialist training on the delivery of level 5+ dementia training and will use the outcomes as a proposal for future career development within the provider community.

LCC have met with Alan French, Loughborough University, to discuss workforce development issues.

Thematic 4 - Attract a high quality future workforce					
Recruit Enterprise Advisors from social care to raise the visibility of the sector and improve careers insights	Three H&SC sector EAs to be operating in Leicestershire by full roll out in 2020	As additional scope for increasing the number of Enterprise Advisors develops, in line with the government's new Careers Strategy, candidates from the H&SC sector should be identified and recruited. LCC registered as i-care ambassador partnership with Skills for Care and thus this resource could be used as a prospective pool to engage as enterprise advisors	LLEP	For confirmation at Sept 2018 Steering Group Meeting	LLEP Social care providers (to nominate Enterprise Advisors)
Develop / adapt / promote a 'careers pathway' tool for care (or health and care) to demonstrate routeways through the sector and career progression opportunities	Increased profile of existing information on routeway	Support development and promotion of available tools to schools, colleges and through job fairs, JCP etc. A careers pathway tool is being worked on through the ADASS network workforce group - this will be authorised to share across the ADASS network.	Skills for Care / LLEP	For confirmation at Sept 2018 Steering Group Meeting	Local Authority Skills for Health and Skills for Care (to assist with the development of accurate and up-to-date careers pathways).
Ensure that communication channels exist to keep education and skills providers abreast of service re-design (e.g. through the STP) and what that means for job and career opportunities in the sector	Course design and career advice to better reflect the needs of employers in the sector	Maintain strong communications between stakeholders, particularly ensuring that social care roles equal the profile given to health opportunities.	LWAB	For confirmation at Sept 2018 Steering Group Meeting	NHS Education and skills providers (as the recipients of the information)
Explore opportunities for closer working on recruitment strategies between large employers in the sector and DWP/JCP, drawing on practice elsewhere in the country	Fewer employers reporting difficulties recruiting to the sector	Develop closer relationships with key players in the sector, monitoring skills levels and shortages in LLR and identifying good practice demonstrated elsewhere.	DWP / Futures	For confirmation at Sept 2018 Steering Group Meeting	Local Authority DWP/JCP Local authorities elsewhere where arrangements are well embedded

Activity to Date

Engagement with schools / colleges currently supported through Enterprise Advisor network (including one healthcare professional) and I-Care Ambassadors.

Skills for Care support sector recruitment through comprehensive website and event attendance with LWAG also providing strategic support as part of the LLR STP developments.

Through the training delivered to date this has focussed on improving conversions between applicants to attending interview and subsequently offered positions in the provider community. The actions to date are related to reliability and commitment to the role and empowering providers to have great awareness of those at risk of drop outs or not having the resilience to maintain a career in the care sector. This work has been facilitated through training sessions with the Homecare Alliance, provider engagement meetings targeted at registered managers and where appropriate their recruitment officers. Leics CC is planning to pilot an assessment tool with homecare providers to prioritise values-based recruitment to the sector and empower providers to have the confidence in recruiting based on values with the support of a recognised and well regarded assessment tool.

LCC have a DMU graduate intern in Adults and Communities Department for 6 weeks during summer 2018.

As part of the LLR Business Intelligence Strategy currently being developed, University of Leicester are considering the development of a 'Fellows' programme for health sciences data and are currently working with LCC on this.

The following actions were included in the original Sector Growth Plan action plan, but it was felt by the implementation group that these were of a lower priority for action at this time.

Recruit publicly recognised/celebrity 'Care Champions' to raise public awareness of the value of social care and the careers it offers.		Care Champions / Enterprise Advisors / I-Care Ambassadors are all potentially the same group and community - this is now set up as an ambassador partnership in LCC as a service coordinator and there has been proactive work on recruiting ambassadors from various job roles from the provider community.	LA - LCC	October 2018 - Awarded Skills for Care - growth of ambassador network funding - milestone in October to have recruited 26 ambassadors across the Leicestershire ambassador partnership.	
Introduce an LLR-wide workstream with a remit to consider how local authorities could invest in the social care sector with maximum impact/effectiveness. This may involve researching national and international examples of good practice and considering how the services and skills base of the private sector can be further developed.				For future prioritisation	
Develop and implement a business case for the introduction and ongoing operation of an 'LLR Integrated Health and Social Care Apprenticeship' project, drawing on learning from successful schemes in other parts of the country (e.g. Kent and Norfolk).				For future prioritisation	

Activity to Date

LCC are in regular contact with DMU's Professor of Health and Care Integration and are pursuing a number of research areas of interest and innovation opportunities.

GLOSSARY	
A&R Group	Attraction & Retention Group
ASC	Adult Social Care
D2N2	Derby, Derbyshire, Nottingham & Nottinghamshire (Local Enterprise Partnership)
DBS	Disclosure and Barring Service
DMU	De Montfort University
DWP	Department for Work & Pensions
EA	Enterprise Advisor
ESF	European Social Fund
GP	General Practitioner
GCGP LEP	Greater Cambridgeshire & Greater Peterborough Local Enterprise Partnership
H&SC	Health & Social Care
iBCF	Improved Better Care Fund
JCP	Job Centre Plus
LA	Local Authority
LCC	Leicestershire County Council
LEP	Local Enterprise Partnerships
LLEP	Leicester & Leicestershire Enterprise Partnership
LLR	Leicester, Leicestershire & Rutland
LSCDG	Leicestershire Social Care Development Group
LWAB	Local Workforce Action Board
LWAG	Local Workforce Action Group
NHS	National Health Service
NLW	National Living Wage
ROI	Return on Investment
NMDS	National Minimum Data Set
SME	Small & Medium Enterprise
STP	Sustainability & Transformation Partnership / Plan



HEALTH AND WELLBEING BOARD: 12 JULY 2018

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

INTEGRATION PROGRAMME GOVERNANCE

Purpose of report

1. The purpose of this report is to seek approval of proposed changes to the governance arrangements for the Integration Programme for Leicestershire.

Link to the local Health and Care System

2. The Integration Programme incorporates the Better Care Fund (BCF) plan/priorities and a number of other integration priorities across the partnership, building on good foundations of joint working established over a number of years between the council and NHS partners.

Recommendation

3. The Health and Wellbeing Board is recommended to:-
 - (a) Note the revised terms of reference and extended remit for the Integration Finance and Performance Group;
 - (b) Approve the revised terms of reference for the Integration Executive.

Policy Framework and Previous Decisions

4. The Terms of Reference for the Integration Executive were initially approved by the Health and Wellbeing Board on 13 March 2014. Revisions to the Terms of Reference were approved by the Health and Wellbeing Board on 22 January 2015 and 19 November 2015.

Background

5. Since February 2014 the Integration Programme has been governed by the Health and Wellbeing Board, with day to day oversight provided by the Integration Executive.
6. The Integration Finance and Performance Group (IFPG) is primarily responsible for oversight of the pooled budgets supporting the integration programme, including

setting strategy for contingencies and risk pools, and the overall financial management and performance of the section 75 for the BCF.

7. At its meeting on 1 May, the Integration Executive considered governance arrangements for the partnership's joint commissioning priorities. The Integration Executive agreed that there was a need for a body to act as a commissioning forum between the health services and local authority which would focus on the detail of the joint commissioning workplan including areas outside the scope of the BCF but felt that it was not the right forum. The Integration Executive proposed that the IFPG should extend its remit to also have oversight of a wider portfolio of activities to include the joint commissioning workplan.
8. The IFPG discussed and agreed the proposed changes to its terms of reference on 21 May. As the terms of reference are an integral part of the Better Care Fund section 75 agreement, the two county Clinical Commissioning Groups (CCGs) and the County Council will be asked to agree to the amended version.
9. The updated terms of reference for the IFPG have been provided in Appendix A for information.

Integration Executive

10. The terms of reference for the Integration Executive have been revised and are set out in Appendix B to this report.
11. The Integration Executive will continue to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, so that the vision for integrated health and care is delivered in line with national policy and local priorities.
12. In terms of meeting frequency, the Integration Executive will meet bi-monthly moving forwards. Some of the key elements of the Integration Programme are being undertaken by other workstreams, such as the Home First or the Discharge Working Group, and it is important not to duplicate this.
13. However the Integration Executive remains accountable for day to day delivery of the Leicestershire BCF plan and continues to lead on some large elements of Leicestershire-specific work which will require strategic oversight and decisions this year, including further developments on the housing agenda and assistive technology. There are also some key delegated responsibilities from the Health and Wellbeing Board such as the refresh of the Joint Strategic Needs Assessment.
14. Integration Executive members discussed their concerns about whether the work programme would still be achievable within six meetings per year, especially as there are specific quarterly duties and governance which entail pre-set dates for reporting into NHS England. On balance it was felt that it should move to six meetings a year and that the flow of work and timings would be kept under close review.
15. The terms of reference state that the chair shall alternate every two years between the clinical representatives from the two county CCGs. As two years have expired since East Leicestershire and Rutland CCG assumed the Chair, West Leicestershire CCG will take over the role of Chair from July 2018 until May 2020.

16. Due to the governance changes taking place in CCG joint working arrangements across Leicester, Leicestershire and Rutland, the flow of information and assurance processes from the Integration Executive and IFPG into county CCGs may also need adjusting.

Resource Implications

17. None arising from this report.

Background papers

Report to the health and Wellbeing Board on 19 November 2015 - Revised Terms of Reference for the Integration Executive

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MIId=4294&Ver=4>

Circulation under the Local Issues Alert Procedure

None

Relevant Impact Assessments

Equality and Human Rights Implications

18. None arising from this report.

List of Appendices

Appendix A – Integration Finance and Performance Group Terms of Reference

Appendix B – Integration Executive Terms of Reference

Officer to Contact

Cheryl Davenport

Director of Health and Care Integration (Joint Appointment)

cheryl.davenport@leics.gov.uk

0116 305 4212

Rosemary Whitelaw

Democratic Services Manager

rosemary.whitelaw@leics.gov.uk

0116 305 6098

INTEGRATION FINANCE AND PERFORMANCE GROUP**REVISED TERMS OF REFERENCE – MAY 2018****Partnership Board**

The membership of the Partnership Board will be as follows:

the finance director for the time being of NHS East Leicestershire and Rutland Clinical Commissioning Group;

or a deputy to be notified to the Partners in advance of any meeting;

the strategy and planning director (or equivalent) of NHS East Leicestershire and Rutland Clinical Commissioning Group:

or deputy to be notified to the Partners in advance of any meeting;

the finance director for the time being of NHS West Leicestershire Clinical Commissioning Group;

or a deputy to be notified to the Partners in advance of any meeting;

the head of service integration and delivery (or equivalent) of NHS West Leicestershire Clinical Commissioning Group;

or deputy to be notified to the Partners in advance of any meeting;

the Section 151 Officer for the time being of the Council:

or a deputy to be notified to the Partners in advance of any meeting;

the assistant director for strategy and commissioning (adults and communities) of Leicestershire County Council;

or a deputy to be notified to the Partners in advance of any meeting;

At the first meeting of the Partnership Board the members will elect from their number, by unanimous agreement, a Chairperson. Thereafter, there will be a re-election at the next meeting following each anniversary of the first meeting of the Partnership Board. The Chairperson may vote but will not have a casting vote.

To distinguish between the role of the Partnership Board and other health and social care integration groups, the Partnership Board will be more commonly referred to as the Integration Finance and Performance Group.

Role of Partnership Board

The Partnership Board shall:

Receive financial and activity information regarding the performance of the Individual Schemes in the Better Care Fund Plan on a quarterly basis or at a frequency otherwise agreed between the Partners, and shall take decisions on the delivery of the Individual Schemes based on that information, provided that, no decision shall be taken or acted upon without prior consultation with the Integration Executive where such decision could have an impact on the delivery of the health and care integration programme as set out in the Better Care Fund Plan.

Receive financial, performance and activity information regarding the joint commissioning areas within the plan on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Receive financial and activity information regarding the Learning Disabilities Pooled budget on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Receive financial and activity information regarding the Menorrhagia Services budget on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Review the operation of Agreements under Section 75 of the NHS Act 2006 under the remit of the Partnership Board (such Agreements being listed at Schedule 1 to this Part and make variations where appropriate, subject to any implications that would have an impact on the health and care integration programme being reported to the Integration Executive;

Review and agree at least annually a financial risk assessment in relation to services operated under a section 75 agreement and submit a report to the Integration Executive;

Agree such protocols and guidance as it may consider necessary in order to enable each Pooled Fund Manager to approve expenditure from a Pooled Fund;

Receive reports from and consider any recommendations from the Integration Executive.

Oversee the joint commissioning priorities as set out by the Integration Executive.

Accountability

The Partnership Board shall operate within the lines of accountability set out in Part 2 of Schedule 2 of this Agreement.

Partnership Board Support

The Partnership Board will be supported by officers from the Partners' organisations, as may be agreed by the Partners from time to time.

Meetings

The Partnership Board will meet at least quarterly at a time to be agreed by the Partners. Each meeting will usually take place following receipt by the Partnership

Board of each quarterly report submitted by the Pooled Fund Manager, but may take place more frequently if the Partners so agree.

The quorum for meetings of the Partnership Board shall be a minimum of one representative from each of the Partner organisations.

Decisions of the Partnership Board shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Partnership Board. If no unanimity is reached on the second occasion it is discussed then the matter shall be escalated to the Authorised Officers. If no agreement can be reached following escalation to the Authorised Officers, any Partner may invoke the Dispute Resolution procedure of the relevant section 75 Agreement.

A meeting of the Partnership Board cannot take place unless it is quorate. In the event of inquoracy the Partners shall procure that the meeting will be re-convened within one month of the date of the inquoracy.

Minutes of all decisions shall be kept by the Chairperson and copied to the Authorised Officers within seven (7)] days of every meeting.

Delegated Authority

Each member of the Partnership Board will have delegated authority from his/her Partner, through that Partner's own governance structure and schemes of delegation, to take decisions relating to the management of the Individual Schemes and Pooled Fund. These include, but are not limited to, determining commitments which exceed or are reasonably likely to result in an Overspend provided that the members of the Partnership Board can only authorise commitments in accordance with the risk sharing arrangements set out in the relevant Agreement.

Information and Reports

The Pooled Fund Manager shall supply to the Partnership Board on a quarterly basis with the financial and activity information required under the Agreement in relation to the operation of the Individual Schemes and the Pooled Fund.

Post-termination

The Partnership Board shall unless otherwise agreed by the Partners in writing continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any Service Contracts are received by the Partners in the same proportions as their respective contributions at the date of termination.

TERMS OF REFERENCE**FOR THE LEICESTERSHIRE INTEGRATION EXECUTIVE****Updated May 2018****Purpose of the Integration Executive**

The purpose of the Integration Executive is to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, so that our vision for integrated health and care in Leicestershire is delivered, in line with national policy and local priorities.

Terms of Reference

The Integration Executive, as a subgroup of the Health and Wellbeing Board, will have a role and duties which will include:-

General

1. To agree the scope for the programme of work to integrate health and care in Leicestershire and to oversee its delivery on behalf of the Health and Wellbeing Board.
2. To quality assure business cases for all developments intended to further the integration of health and care.
3. To oversee the management of risks to the health and care integration programme and to escalate risks to the corporate governance systems of partner organisations as appropriate.
4. To make recommendations to relevant partner governing bodies on the allocation of the resources necessary to deliver the integration programme as a whole and its individual components.
5. To ensure alignment between the integration programme and the strategic plans of partner organisations and the health and care system as a whole, and to support the planning cycles of partners.
6. To identify and promote opportunities for innovation within the health and care integration programme.
7. To identify and promote opportunities for research and evaluation within the health and care integration programme.
8. To lead work on the development of data integration and technology to support the integration of health and social care in Leicestershire, ensuring alignment with the Local Digital Roadmap and Business Intelligence priorities for partners.
9. In conjunction with the Health and Wellbeing Board, to direct a communication and engagement plan about health and care integration, targeted to a wide range of

stakeholders across the health and care system, with particular emphasis on the needs of the public and local councillors.

10. To receive assurance that joint commissioning priorities are being delivered and that risks are being appropriately managed/mitigated.

Better Care Fund

11. To develop the Better Care Fund Plan and associated metrics and expenditure plan for approval by the Health and Wellbeing Board and through partner governance routes as required, and to lead its delivery.
12. To undertake Better Care Fund monitoring locally, regionally and nationally including statutory returns at intervals required by NHS England and take any necessary remedial action in order that plans demonstrate and maintain all statutory requirements.
13. To act as a consultee of the Integration Finance and Performance Group when decisions on the delivery of individual schemes within the Better Care Fund Plan could have an impact on delivery of the health and care integration programme as set out in that Plan.
14. To receive reports from the Integration Finance and Performance Group on the review of the Section 75 Agreement where any variation to that Agreement would have an impact on the health and care integration programme.
15. To receive at least annual reports from the Integration Finance and Performance Group on the financial risk assessment in relation to services operated under the Section 75 Agreement.
16. To make reports and recommendations to the Integration Finance and Performance Group on the operation of the Better Care Fund Plan as appropriate.
17. To consider and inform key service reviews which will have an impact on commissioning decisions affecting the Better Care Fund.

Needs Assessments

18. To oversee the refresh of the Joint Strategic Needs Assessment on behalf of the Health and Wellbeing Board.
19. To oversee the refresh of the Pharmaceutical Needs Assessment on behalf of the Health and Wellbeing Board.

Membership of the Integration Executive

- Director of Adults and Communities, LCC
- Director of Public Health, LCC
- Director of Children and Families Services, LCC
- Managing Director (or their designate) of West Leicestershire CCG
- Managing Director (or their designate) of East Leicestershire and Rutland CCG
- Clinical Chairs (or their designates) of WLCCG and EL&RCCG

- Director representative from EMAS
- Director representative from UHL
- Director representative from LPT
- Representative of Local Healthwatch
- Officer representative from District Councils
- Director of Resources (or their designate) from LCC
- Director of Finance representing both Clinical Commissioning Groups
- Director of Health and Care Integration (Joint Appointment)

Meeting Frequency

Meetings will take place bi-monthly

Chair

The Chair shall alternate every two years between the Clinical Chair of West Leicestershire CCG and the Clinical Vice Chair of East Leicestershire and Rutland CCG

Meeting Administration

Meetings will be administered by Democratic Services at Leicestershire County Council

The agenda and papers will be issued no later than 4 working days in advance unless later circulation has been authorised by the Chair (exceptional circumstances).

Location of Meetings

Leicestershire County Council Committee Rooms

Quoracy

In order to meet, conduct routine business and take decisions 6 members must be present of which at least:

- 1 must be a clinical representative
- 1 must be a representative from Leicestershire County Council
- 1 must be a provider.

In order to meet, conduct routine business and take decisions on joint commissioning matters 6 members must be present of which at least:-

- 1 must be a clinical representative;
- 1 must be a representative of the CCGs
- 1 must be a representative from Leicestershire County Council

Reporting Arrangements

The Integration Executive will submit to the Health and Wellbeing Board:-

- At least quarterly reports on the performance of the Better Care Fund and wider Integration Programme;
- At least annually a report on the use of resources in support of the Better Care Fund.

The Integration Executive will satisfy any internal or external audit requirements of relevant partners.