



Meeting: **Health and Wellbeing Board**

Date/Time: **Thursday, 24 January 2019 at 2.00 pm**

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

Contact: **Mr. Matthew Hand (Tel: 0116 305 2583)**

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

Membership

Mrs. P. Posnett MBE CC (Chairman)

John Adler	Jane Moore
Mr. R. Blunt CC	Mr. I. D. Ould OBE 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

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 29 November 2018 and Action Log.	(Pages 3 - 14)
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.	



Strategy

Health and Care in the Place.

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| 4. | Outcomes from the Health and Wellbeing Board Development Session held on 30 November 2018. | Director of Health and Care Integration | (Pages 15 - 54) |
| 5. | Leicester, Leicestershire and Rutland Transforming Care Plan. | Director of Adults and Communities | (Pages 55 - 60) |

Wider Determinants of Health.

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| 6. | Leicestershire Food Plan and Good Food Leicestershire Charter. | Director of Public Health | (Pages 61 - 68) |
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Performance: Placed Based Outcomes.

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| 7. | Better Care Fund Quarterly Update. | Director of Health and Care Integration | (Pages 69 - 80) |
| 8. | Unified Prevention Board Update. | Unified Prevention Board | (Pages 81 - 84) |
| 9. | Date of next meeting. | | |

The next meeting of the Health and Wellbeing Board will be held on 14 March 2019 at 2.00pm.

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| 10. | Any other items which the Chairman has decided to take as urgent. | | |
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Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 29 November 2018.

PRESENT

Mrs. P. Posnett MBE CC (in the Chair)

Leicestershire County Council

John Sinnott
Mike Sandys

Jon Wilson
Jane Moore

Clinical Commissioning Groups

Karen English
Caroline Trevithick
Dr Andy Ker
Dr Geoff Hanlon

Leicestershire District and Borough Councils

Cllr. J. Kaufman
Jane Toman

Healthwatch Leicester

Micheal Smith Healthwatch
Harsha Kotecha Healthwatch

In attendance

Mark Wightman University Hospital of Leicester
Simon Down Office of the Police and Crime Commissioner
Wendy Houlton NHS England
Supt Shane O'Neill Leicestershire Police

Apologies

John Adler, Mr. R. Blunt CC and Mr. I. D. Ould OBE CC

113. Minutes of the previous meeting and Action Log.

The minutes of the meeting held on the 27 September 2018 were taken as read, confirmed and signed subject to Mike Sandys being added as present.

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

114. Urgent items.

There were no urgent items for consideration.

115. Declarations of interest

The chairman invited members who wished to do so to declare any interests in respect of items on the agenda for the meeting. No declarations were made.

116. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:

- All Age Mental Health Transformation
- Winter self-care campaign launch
- Enhanced Summer Care Record
- Keep your antibiotics working this winter
- Warm Homes Service
- Stoptober Success
- Brookfields Independent Living Scheme
- Carers Assessment

A copy of the position statement is filed with these minutes.

117. Refreshing Leicestershire's Integration Plan.

The Board considered a presentation by the Director of Health and Care Integration which detailed work underway to refresh Leicestershire's integration Plan for 2019/20. A copy of the presentation marked 'item 5' is filed with these minutes.

The Board was asked for feedback on the approach to the refresh including the plan aims, outcomes and metrics outlined in the presentation.

The Board welcomed the Plan's overall performance across its four metrics, including the latest Delayed Transfers of Care figures which it was hoped would be maintained over the often difficult winter months. Officers were commended for their efforts which had enabled the Plan to reach the majority of its targets despite setting challenging benchmarks.

It was noted that whilst partners were working well together to jointly engage on areas such as domiciliary care and housing, there was room for greater collaboration and a more joined up approach to how they communicated with service users.

It was agreed that maintaining and improving the quality of services was also a key challenge for local government, one which should be added to the relevant presentation slide and this would be reflected in future iterations of the presentation.

It was suggested that the Plan's aims could be more focused on outcomes such as the difference that the services would make to people's lives, rather than changes to systems and processes.

In reference to the layout of the Board's reports, it was noted that the report template would be updated to ensure future reports included reference to performance against each of the integration policy strands.

RESOLVED:

- a) That the Health and Wellbeing Board report template be amended to include a section for report authors to assess their report against the six pillars of integration policy;
- b) That the Director of Health and Care Integration adjust the presentation slides and that the aims statements for the BCFPlan be refreshed in light of the feedback.

118. Children and Families Partnership Update.

The Board considered a report by the Director of Children and Family Services which provided an update on the Children and Families Partnership Plan 2018 – 21 which was launched in September 2018. A copy of the report marked 'item 6' is filed with these minutes.

The Director reported that whilst the partnership was very much in its infancy and there remained a considerable amount of work ahead in order for each of the five priorities to be realised, she was confident that through strong engagement with partners and the drive of lead officers, the targets would be met.

It was noted that it would be important to continuously monitor the partnership's performance in order to understand where it was improving outcomes for children and young people, where resources needed to be targeted and whether changes to the initial list of priorities were required.

In response to a question from a member of the Board, the Director undertook to consider producing the school readiness materials referred to in the Partnership Plan in multiple languages to reflect the diverse communities the Plan intended to support.

RESOLVED:

- a) That officers be requested to update the progress report to include details of how the actions rated as 'not started' would be addressed and the timescale for these to be undertaken;
- b) That officers consider producing multiple language versions of documents issued as part of the Leicestershire Childrens and Families Partnership Plan Communication Strategy.

119. Annual Report of the Director of Public Health Leicestershire's Health- The Challenge of Frailty and Multi-Morbidity.

The Board considered the Director of Public Health's Annual Report for 2018 which concerned the issues of multi-morbidity, where an individual had two or more chronic medical conditions, and frailty, which was often (though not always) associated with old age. A copy of the report, marked 'item 7' is filed with these minutes.

Arising from discussion the following points were noted:

- There continued to be isolated areas of deprivation across the County in which issues such as frailty and multi morbidity were often exacerbated;
- It would be useful to further examine data concerning multi morbidity in order to generate a more detailed locality level picture and highlight specific problem areas requiring bespoke interventions. The Director of Public Health was willing to attend individual district Health and Wellbeing Boards to provide briefings on these issues;
- Exploring the life course of a patient would help identify how appropriate secondary prevention measures could be put in place and the appropriate public health messages conveyed in order to slow down the decline of individual's health and delay the onset of frailty.
- A targeted intervention approach based on the frailty checklist was currently being implemented across LLR;
- Whilst data concerning the rates of which deaths occurred in the usual place of residents showed that overall more people were choosing to die at home than ever before, there had been a decline in the number of cancer sufferers choosing to do so.

RESOLVED:

- a) That the Director of Public Health be asked to meet with officers from UHL to give further consideration to the targeted offer for secondary prevention;
- b) That the Director of public Health be requested to undertake further analysis of the data concerning the rates of which deaths occurred in usual place of residents and share it with members of the Health and Wellbeing Board;
- c) That the Health and Wellbeing Board receive a report in 2019 on the development of locality profiles, specifically how these have supported Integrated Locality Teams to target interventions more effectively to the needs of local populations.

120. Report of Healthwatch - Public Views of Access to GPs in Leicester and Leicestershire.

The Board considered a report of Healthwatch which detailed the findings of a survey exploring access to GPs in Leicester and Leicestershire. A copy of the report marked 'item 8' is filed with these minutes.

Members understood the difficulties some patients faced when trying to get an appointment with their GP but also recognised the importance of other services such as the 111 provision and support within pharmacies which could help treat some illnesses and free up GP capacity.

It was noted that whilst the report did not break down patients expectations of a GP practice based on their age, this could be looked at using the existing data collected. It could also be useful in future for GPs to comment on the questionnaire; this could lead to questions being phrased differently to develop a more nuanced picture of how people accessed primary care services and which healthcare professional they expected to see for particular services.

RESOLVED:

That further analysis be undertaken by Healthwatch to explore the responses to the GP Survey across the age demographic of those consulted to identify whether expectations of service provision altered depending on the patient's age, and that the findings of this additional analysis be reported to members of the Health and Wellbeing Board and constituent CCGs.

121. Autism Self-Assessment Framework (SAF).

The Board considered a report of the Director of Adults and Communities which detailed the findings of the 2018 Leicestershire Autism Self – Assessment, which would be submitted to the Department of Health and Social Care by 10 December 2018. A copy of the report marked 'item 9' is filed with these minutes.

In reference to concerns highlighted within the report in respect to the post diagnostic support for people with autism without a learning disability, the Director confirmed that some improvement had already been made to the support process and more information and advice would be made available.

RESOLVED:

That the findings of the 2018 Leicestershire Autism Self-Assessment be supported.

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

The Board considered a report of the East Leicestershire and Rutland CCG which provided an update on the implementation of the Personalised Commissioning Service across Leicester, Leicestershire and Rutland. A copy of the report marked 'item 10' is filed with these minutes.

Arising from discussion the following points were noted;

- There was an expectation that a patient's needs would be assessed every 12 months to ensure that they were receiving the appropriate care contributions. A backlog of case reviews had recently been cleared. This had identified 66 people across the County whose health needs had changed, meaning that they were no longer eligible for Continuing Healthcare funding. Work was ongoing to identify if their needs could be met in another way and if they had a social care need. It was important to assess the needs of the individual, regardless of the service that they were currently receiving.
- Patient engagement throughout the Personalised Commissioning Service review process was encouraged and a revised inspection framework had been developed following public engagement;
- Some changes had recently been made to the assessment process for NHS-funded nursing care, to make it more streamlined. It was acknowledged that there was a risk that this would see an increase in the number of people in long-term nursing care.

- Whilst an integrated budget across health and social care would have its benefits, the two areas were funded very differently, particularly as social care was means tested. However, there was an established system of patient-centred multi-disciplinary team meetings to ensure join-up between the two services. The brokerage element of the two services also worked closely together.
- The development of a Community Re-Design future model to assist patients in their transition from hospital back to their home or another care setting with the appropriate level of care provision was crucial.

RESOLVED:

That the outcome of the review of joint funded packages be reported to a future meeting of the Board.

123. Active Lives Survey 2018 - Physical Activity Levels in Leicestershire.

The Board considered a report of the Director of Public Health concerning the results of the latest 'Active Lives' Survey by Sport England and specific trends in physical activity in Leicestershire. A copy of the report marked 'Item 11' is filed with these minutes.

The survey, which had over 185,000 respondents including 3496 from Leicestershire residents, illustrated worrying signs of decline in physical activity across the County, with the percentage of residents doing more than 150 minutes of physical activity a week reducing over a number of years, currently at 59.3%, falling below the national average of 62.3%.

It was noted that the district councils, Leicestershire and Rutland Sport and the Unified Prevention Board would be key in tackling this in relation to reviewing existing strategies and programmes to encourage increased levels of physical activity. The Board indicated this should focus on related initiatives such as active travel and building physical activity into people's daily lives rather than just the sport and leisure centre offer.

RESOLVED:

That the Health and Wellbeing Board consider a report at a future meeting which explores work being undertaken by Local Authorities and Leicestershire and Rutland Sport and other partners to encourage increased levels of physical activity, providing a view of likely impact and how this will be measured.

124. Healthwatch Development and Delivery Update - Information Item.

The Board considered a presentation of Healthwatch, which provided an update on the work they had undertaken during 2018. A copy of the presentation marked 'item 12' is filed with these minutes

RESOLVED:

That the presentation be noted.

125. Date of next meeting.

It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 24 January 2019 at 2.00pm.

CHAIRMAN

29 November 2018

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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
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
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
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 January 2019 meeting of the Health and Wellbeing Board	GREEN
92 (b)	12/07/18	That the Board consider a further update on the progress of the Health and Social Care Sector Growth Plan in 12 months time	Jon Willson	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN
111 ©	27/09/18	That the Board consider a progress update concerning the strengthening links between community safety and health and wellbeing be provided to the Board at a future meeting	Mike Sandys	A report is scheduled for the March 2019 meeting of the Health and Wellbeing Board.	GREEN

Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
119 (a)	29/11/18	That the Director of Public Health be asked to meet with officers from the UHL to give further consideration to the targeted offer for secondary prevention;	Mike Sandys	A report will be provided to a future meeting of the LLR STP Prevention Board.	GREEN
119 (b)	29/11/18	That the Director of Public Health be requested to undertake further analysis of the data concerning the rates of which deaths occurred in usual place of residents and share it with members of the Health and Wellbeing Board;	Mike Sandys	Further analysis did not identify any particular areas of concern	GREEN
119 ©	29/11/18	That the Health and Wellbeing Board receive a report in 2019 on the development of locality profiles, specifically how these have supported Integrated Locality Teams to target interventions more effectively to the needs of local populations.	Mike Sandys	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN
120	29/11/18	That further analysis be undertaken to explore the responses to the GP Survey across the age demographic of those consulted to identify whether expectations of service provision altered depending on the patient's age, and that the findings of this additional analysis be reported to members of the Health and Wellbeing Board and constituent CCGs.	Healthwatch		GREEN
122	29/11/18	That the outcome of the review of joint funded packages be reported to a future meeting of the Board.	East Leics CCG	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
123	29/11/18	That the Health and Wellbeing Board consider a report at a future meeting which explores work being undertaken by Local Authorities and Leicestershire and Rutland Sport and other partners to encourage increased levels of physical activity.	Mike Sandys	A report will be provided to a future meeting of the Health and Wellbeing Board	GREEN

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HEALTH AND WELLBEING BOARD: 24th JANUARY 2019

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

OUTCOMES FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT
SESSION HELD ON 30 NOVEMBER 2018

Introduction

1. The development session focused on the Joint strategic Needs Assessment (JSNA) and commissioning intentions for 2019/20.

Part 1: Leicestershire's JSNA Findings and Mental Health Commissioning

2. In part one of the session attendees received a detailed presentation on the needs analysis relating to Mental Health, one of the first sections of the Leicestershire JSNA to be updated in the new style of rolling chapter updates. (see presentation attached as Appendix A to this report).
3. Attendees discussed the findings from this analysis on their group tables, and considered:
 - How the JSNA could be used and promoted as the key evidence base in commissioning and strategic planning within the health and care system.
 - Whether current service provision and commissioning intentions in Leicestershire were adequate in light of the evidence and themes presented in the Mental Health analysis and where the HWB Board partnership should focus its attention in order to address the priorities and gaps arising from this.
 - Sharing any other examples of good practice where JSNA evidence has been used to inform commissioning intentions across the health and care system.
4. A summary of key themes arising from the JSNA discussion is given below, along with a suggested set of recommendations in response.

Parity of Esteem and the Mental Health (MH) Investment Standard.

5. It was noted that additional investment was being mandated by NHSE, via CCGs, into MH services, however final allocations and requirements for 2019/20 were not yet known but are expected via CCG planning guidance, expected in December 2018/January 2019..
6. Medium term investment requirements and funding flows linked to the 5 year additional NHS funding would be set out in the NHS plan. At the time of

writing this report the publication of this document has been delayed into January 2019.

7. Presentation at crisis services and Core 24 were raised as key pressure points, especially by blue light services. We clearly are only reaching some of the population at the point of crisis, for many it would have been possible to know and recognise this sooner and channel people into early intervention and prevention. Will the investment plans for mental health address this issue sufficiently?

Recommendations for the HWB Board to Consider

8. It is recommended that the HWB Board receives a report on the MH standards and local investment plans from 2019/20 onwards demonstrating how the investment Leicestershire is receiving from the national allocation will deliver against the national requirements, and how its prioritisation responds to the evidence presented in the JSNA.
9. This report should cover investment in services across all ages, use benchmarking information comparing service/investment levels and outcomes in Leicestershire with other peer counties, and show the relative proportions being invested in prevention, crisis support, community services and secondary care.

Prevention and Self Care

10. The Mental Health Partnership and First Contact were seen as very beneficial to supporting the prevention offer, but there is variability across district and borough areas in terms of the overall emphasis on mental wellbeing, prevention and self care, and therefore opportunities to promote more learning between areas, and provide a greater level of consistency across the county.
11. This includes for example how prominent the “5 ways to wellbeing” approach is, how we are promoting and embedding mental wellbeing in the front line of health and care, e.g. making every contact count in terms of mental wellbeing, and including within this key messages on specific topic areas, e.g. loneliness (work already in progress), men’s mental health and wellbeing, the needs of rural communities, suicide prevention (work already in progress) or bereavement support.
12. The dual beneficial impact of physical activity on both physical and mental health was also discussed and it was felt the mental health benefits of physical activity should be given a higher priority in messages to the public.
13. The knowledge of “ACE’s” was also highlighted– these are our future cohort of adults and where we can identify these more effectively across the

partnership we should then be able to ensure they benefit from a more targeted MH offer as part of any suite of interventions.

Recommendation for the HWB Board to Consider

14. The Health and Wellbeing Board should endorse and support a unified social prescribing approach across the system (which includes the offer for mental health and wellbeing), to be implemented coherently in all settings of care (e.g. whether accessed via secondary, primary, or social care).
15. The Unified Prevention Board be asked to work with with District/Borough Health Leads to consider and address the reasons for the variability in the prominence of the mental health and wellbeing, to strengthen this within the existing social prescribing developments,
16. The Health and Wellbeing Board's communication and engagement plan for 2019/20 should focus heavily on promoting mental health and wellbeing.
17. The Health and Wellbeing Board should consider designating a number of Mental Health Champions, and whether the Board is supported sufficiently in terms of mental health expertise in order to drive this campaign.
18. The Unified Prevention Board and the Mental Health Partnership should be engaged actively in developing the content and approach to the campaign.
19. The existing, well established, joint arrangements across communications teams in the partnership organisations covering LLR should be used to collaborate on the content and dissemination of the campaign, across all channels/ organisations/ populations/communities.
20. The HWB Board should receive the proposed campaign materials for discussion and approval prior to the launch.
21. The Childrens' Partnership should be asked to develop an approach to ACEs and bring a report on this to a future HWB board meeting and should be consulted on the analysis indicated at para 8 to ensure this includes sufficient focus on the mental health needs of children and young people and how investment is being targeted to these age groups.

Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)

22. The JSNA analysis pointed to the need for further promotion of IAPT generally within the population, especially the ability to self refer.
23. There is also a need address the lower level of referrals from older adults in the Leicestershire population. The JSNA analysis noted that older people have the best reported outcomes from the IAPT service, so our current low level of referrals from this age group means we are currently missing

opportunities to intervene positively regarding the mental health and wellbeing of older people in Leicestershire's communities.

24. The Integrated Locality Teams are well placed to target IAPT to the 3 cohorts of people they are proactively identifying and case managing.
25. IAPT can significantly improve physical health outcomes in people with LTCs and medically unexplained symptoms.
26. As a broader approach to population health management is developed (in response to the NHS plan, from 2019/20 onwards), the model of population health management across LLR will need to ensure that targeted mental health interventions to receive as much priority as physical and medical interventions.
27. The preparatory work for the re-procurement of IAPT services from 2020 onwards may present additional opportunities to address how the service functions and is targeted.

Recommendations for the HWB Board to Consider

28. Clinicians should be encouraged to raise the issue of Mental Health and Wellbeing at the point of diagnosis, for example at the point of an initial diagnosis for a Long Term Condition, as this presents a key opportunity to intervene early and signpost to available support.
29. In primary care this can be done very easily through First Contact, using the existing very simple GP referral mechanism or via self referral, it might be helpful for the HWB Board to understand how this could be approached more systematically across other settings such as outpatient clinics, and have this matter considered as part of overall outpatient redesign activities.
30. Locality teams should ensure all members of the multidisciplinary team (including care coordinators/navigators/Local Area Coordinators) have adequate skills in discussing mental wellbeing (making every contact count) and a good working knowledge of
 - The likely impact of frailty and multi morbidity on MH health and wellbeing
 - The MH wellbeing and support offer available in Leicestershire.
31. The outcomes framework for measuring the impact of locality teams should include evaluating
 - How the team has actively signposted and supported people to the IAPT offer, and other mental wellbeing activities/low level support in community settings

- Whether taking a more targeted approach via the ILTs increases the number of IAPT referrals for older people.
- Evidence, in MDT case conferencing and documented care plans, that MH and Wellbeing is routinely being raised and addressed as part of holistic assessments and interventions.
- In the patient evaluation element of the framework, assessing the impact of ILT interventions on patient reported outcomes for mental health and wellbeing

32. The Health and Wellbeing Board should receive a report on the future commissioning intentions for IAPT during 2019, and be actively engaged in the preparatory work for the re-procurement.

Measuring the Impact and Effectiveness of Mental Health Interventions

33. The HWB Board should be provided with a greater insight into the approach being taken to measure the impact of additional investments in MH and the outcomes being achieved from that investment.

34. The definitions of settled and unsettled accommodation were raised as a potential area of concern and that greater clarity was needed across the partnership about this definition.

Recommendations for the HWB Board to Consider

35. It may be possible to include some initial detail on the approach to measurement in the report proposed at paragraph 8.

36. Work has started on implementing a new integrated data warehouse and reporting tool, one of the first priorities from the LLR Business Intelligence Strategy.

37. Once the tool is up and running, it should be used to prioritise the development of dashboards that assist in measuring the impact of various interventions, including MH.

38. The Board is asked to note that the definition of settled accommodation is set out by the Department of Health and Social Care.

39. Per the following extract from the NHS data dictionary, is defined as follows:

Settled ACCOMMODATION refers to secure, medium to long term ACCOMMODATION. The principle characteristic is that the occupier has security of tenure/residence in their usual accommodation in the medium to long term, or is part of a household whose head holds such security or tenure/residence.

Non-settled ACCOMMODATION refers to ACCOMMODATION arrangements that are precarious, or where the PERSON has no or low security of tenure/residence in their usual ACCOMMODATION and so may be required to leave at very short notice.

40. The indicator is included in the Adult Social Care Outcome Framework (ASCOF 1H: Mental Health, Independent Living). Data is collected against this indicator locally via Leicestershire Partnership Trust as part of the overall Mental Health Services data set.

Development Session, Part 2

Overview of Commissioning Intentions for 2019/20 Across the Partnership

Introduction

1. Part two of the development session provided participants with an overview of commissioning intentions by partner for the forthcoming financial year, presented by each partner agency.
2. This development session was programmed to take place during the planning period for setting the budget setting and operating plans for 2019/20.
3. Following the presentations, working as before on group tables, participants were asked to consider key themes, risks and issues from the materials presented and any actions needed to strengthen commissioning priorities, along with any other implications for financial planning and risk management.

Key Points

4. The presentations illustrated a number of common themes and demands on the system across agencies, particularly in terms of childrens' services, mental health and housing matters, including housing for vulnerable groups.
5. Commissioning intentions are still in some cases short term (1-2 years), due partly to differences in planning requirements nationally for different agencies, but there is general support for a more medium term approach across the partnership.
6. The strategic growth plan for Leicestershire (addresses overall economic development and housing developments) looks at the position up to 2050. There should be a presentation and further discussion at the HWB Board about this plan during 2019/20 to inform our medium term commissioning response.
7. Workforce planning is a concern to all partners, a feeling of lack of visibility/understanding of how this is being coordinated at system level and some concerns that we are still taking a traditional approach to training and professional development.
8. The procurement of the probation service will provide an opportunity for greater partnership working on this area of service than has been achieved in the past.
9. The transition of packages of care between children and adult services and in particular the discussion with the public about their expectations in this regard need more prominence and joint planning/delivery across agencies.

10. The system level financial model and savings assumptions were flagged as needing more engagement across the 3 HWB Boards in LLR.
11. The new housing developments across Leicestershire need to be mapped in terms of their impact on public services generally including health and care (see note above on strategic growth plan).
12. The lack of affordable rental accommodation for vulnerable and low income individuals and families is a recurring issue highlighted in several of the presentations. Groups such as looked after children who need to transition into their own accommodation, those who are homeless/at risk of being homeless (the police do a risk assessment on each homeless person which could be used to support this process), those facing social/family breakdown, other complex needs, including drug and alcohol issues.
13. Mental health patients also cited as needing access to better housing options. The move on accommodation we have in place has demonstrated this, but is insufficient for demand, and there is then a need for settled accommodation beyond this.
14. Can the housing investments already being planned by Districts and LCC be considered in terms of the units of accommodation that could be targeted to vulnerable groups?
15. The impact of Brexit on delivery in 2019/20, and taking a more joined up view of this across partners was highlighted as a potential gap in current risk analysis.
16. The analysis of ACEs, with reference to the 6 key triggers that indicate this, could be used collectively by the HWB Board to target early interventions, crisis support, with a view to preventing the need for longer term services into adulthood. Good example in Wales of how this is being approached with shared data across agencies cited.
17. The approach to community and social cohesion at place level needs to be brought together strategically, (ILTs, people zones, LACs etc), lack of one overall joint plan of what we are aiming for in communities and how to build the most effective and cost effective approach across the partnership?

Recommendations for the HWB Board to Consider

18. The HWB Board should receive a presentation on the strategic growth plan, early in 2019.
19. The HWB Board should receive (in Q2 2019) a comprehensive report on the housing developments across Leicestershire over the 10 years, with analysis on the following key points:
 - a. Assessment of the current gaps in provision for vulnerable groups and proposals as to how these groups can be better supported to access

- existing and new accommodation, (to include looked after children, the homeless, those with MH, drug, alcohol problems etc.)
- b. The scale and mapping of new housing stock planned, including the locations of those units being planned by LCC (supported living/extra care), shown by District/locality
 - c. An assessment of the implications for health and care services/other public services, including reference to where s106 monies is already being applied/planned for in support of these developments.
 - d. If any of the housing stock is already being specified with respect to built in health and wellbeing enablers (dementia friendly/smart homes etc)
 - e. Recommendations for HWB Board partners with respect to the above matters.
20. The Board should note that a recommendation has already been made on the analysis of ACEs in the Part One/JSNA section of this report, hence not duplicated here.
21. The Board should request a stock take of work in progress relating to community and social cohesion across partners.
22. Subject to the outcome of this, potentially plan a multiagency workshop on this topic during 2019/20 with a view to consolidating the strategy and setting a clearer joint strategic direction/set of commissioning intentions.
23. The Leicestershire Resilience Forum be asked to review the Brexit preparations and risk register entries associated with this, across partner agencies in Q4 2018/19 and provide advice to the HWB Board and individual organisations, as needed.
24. The LLR Better Care Together senior leadership team be asked to consider if the workforce programme across LLR should be revitalised and greater engagement made with the 3 HWB Boards on this topic as well as the medium term system level financial plan for LLR (the latter should be timed in relation to local analysis of the requirements of the new NHS 10 year plan).

Development Session Attendees

Cllr Pam Posnett (Board Chair)
 Sian Walls (Superintendent – Leicestershire Police)
 Simon Down (Office of the Police and Crime Commissioner)
 Caroline Trevithick (Interim Accountable Officer - WLCCG)
 Tamsin Hooton (Director, Community Services Redesign - WLCCG)
 Sarah Warmington (Lead for Learning Disabilities Commissioning - ELRCCG)
 Simon Pizzey (Strategic Planning Lead - ELRCCG)
 Rachna Vyas (Strategic Planning Lead- UHL)
 Jules Gallbraith (Head of Service - LPT)

Mala Razak (LCC – Children and Family Services)
Adrian Allen (LCC- Service Manager, Public Health)
Mike McHugh (LCC – Consultant in Public Health)
Caroline Boucher (LCC – Business Intelligence & Economic Growth)
Lorna Dellow (LCC – Communications)
Gurjinder Bane (LCC – Public Health Analyst)
Sandy McMillan (LCC – Head of Commissioning - Adult Social Care)
Cheryl Davenport (Director - Health and Care Integration)
Matt Hand (Democratic Services)

Observing (personal development)
Lauren Walton (LCC)
Gemma Whysall (LCC)

Apologies

Cllr Ivan Ould
Cllr Richard Blunt
Natalee Wignall, (Superintendent, Leicestershire Police)
Professor Mayur Lakhani, (Clinical Chair, WLCCG)
Dr Andy Ker, (Clinical Vice Chair, ELRCCG)
John Adler, (Chief Executive, UHL)

Officer to Contact

Cheryl Davenport, Director of Health and Care Integration
Chief Executives Department
Leicestershire County Council
Telephone 0116 305 4212
Email Cheryl.davenport@leics.gov.uk

Appendix

JSNA/MH Presentation

Joint Strategic Needs Assessment 2018-21

Caroline Boucher – Head of Business Intelligence &
Economic Growth

Dr Mike McHugh – Consultant in Public Health

30.11.18

Outline

- Introduction
- Chapter timetable
- Infographics
- Health specific chapter example:
 - Mental Health of Adults
 - Intelligence overview
 - Current services
 - Conclusions
- Questions

Introduction

- LA and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board and The Health and Social Care Act 2012.
- A JSNA examines current + future health and care needs of local populations to inform, guide planning, commissioning of health, well-being and social care services within LA area.
- *‘should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for **commissioning** which will improve the public’s health and reduce inequalities.’*

JSNA Approach

- Last JSNA published 2015
- Due for refresh
- Develop subject-specific chapters over a 3 year time period
 - Online infographic
 - Online Tableau self-serve dashboard (regular update)
 - Narrative with recommendations (pdf format)
- Timetable linked to CCG commissioning cycles and local strategic priorities
- JSNA is evidence base for commissioning local services

Timetable of chapters

- Published in August 2018:
 - Supporting information: Demographics, Deprivation, Economy
 - Mental Health in Children and Young People
 - Children’s Oral Health
 - Mental Health in Adults
 - Oral Health in Adults
- Published by the end of 2018/19:
 - Supporting information: Housing
 - Best Start in Life (0-4 years)
 - Substance Misuse, Alcohol

What is mental health?

‘..a state of well-being in which every individual realizes his/her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her/ his community.....’ *WHO 2001*

- Absence of mental illness
- Positive mental health
- Mental well-being

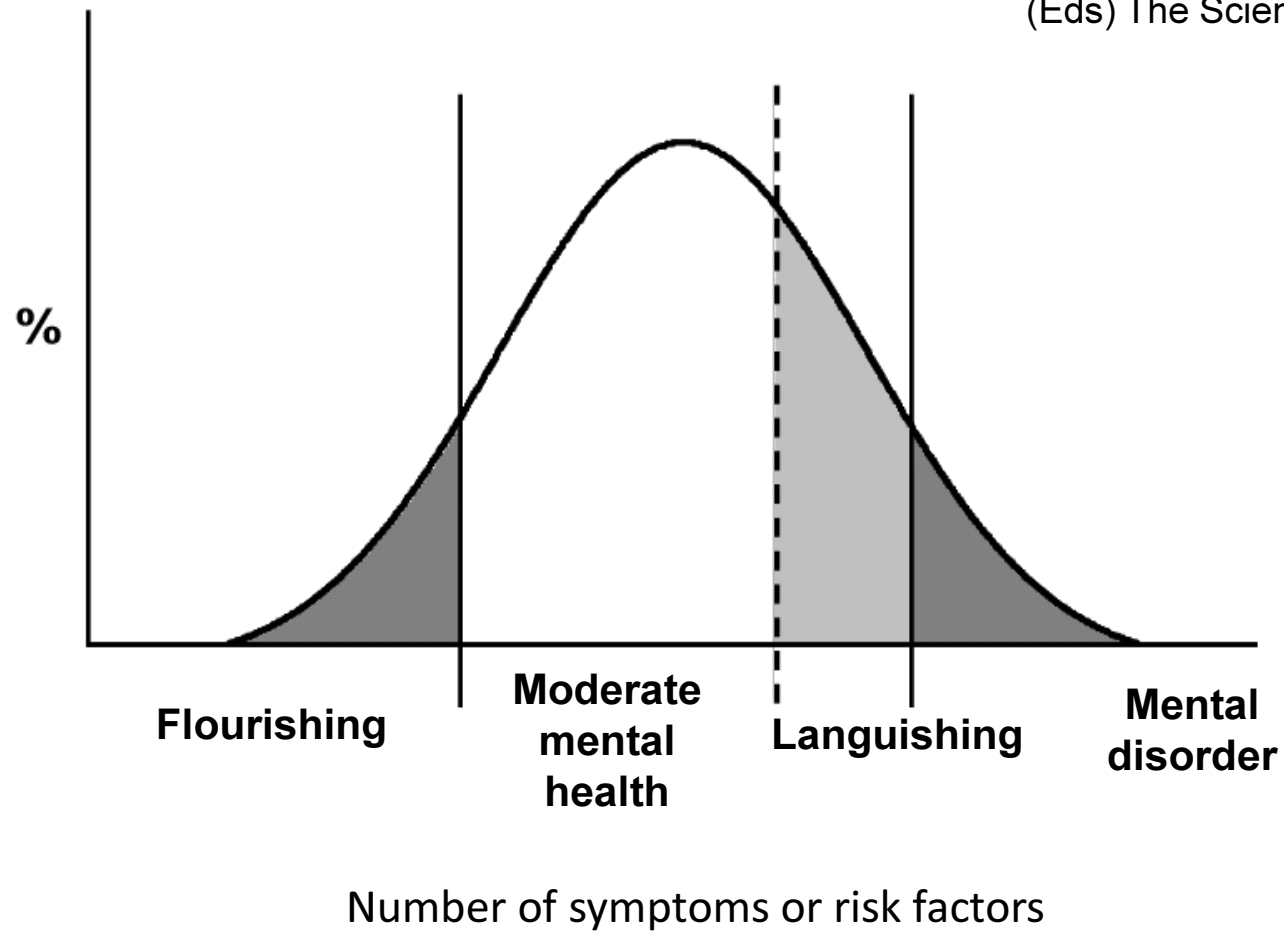
Mental health builds ‘wellbeing’... What do we mean by Wellbeing?

"The subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions."

DOH, Commissioning Framework for health and wellbeing, 2007 p 99

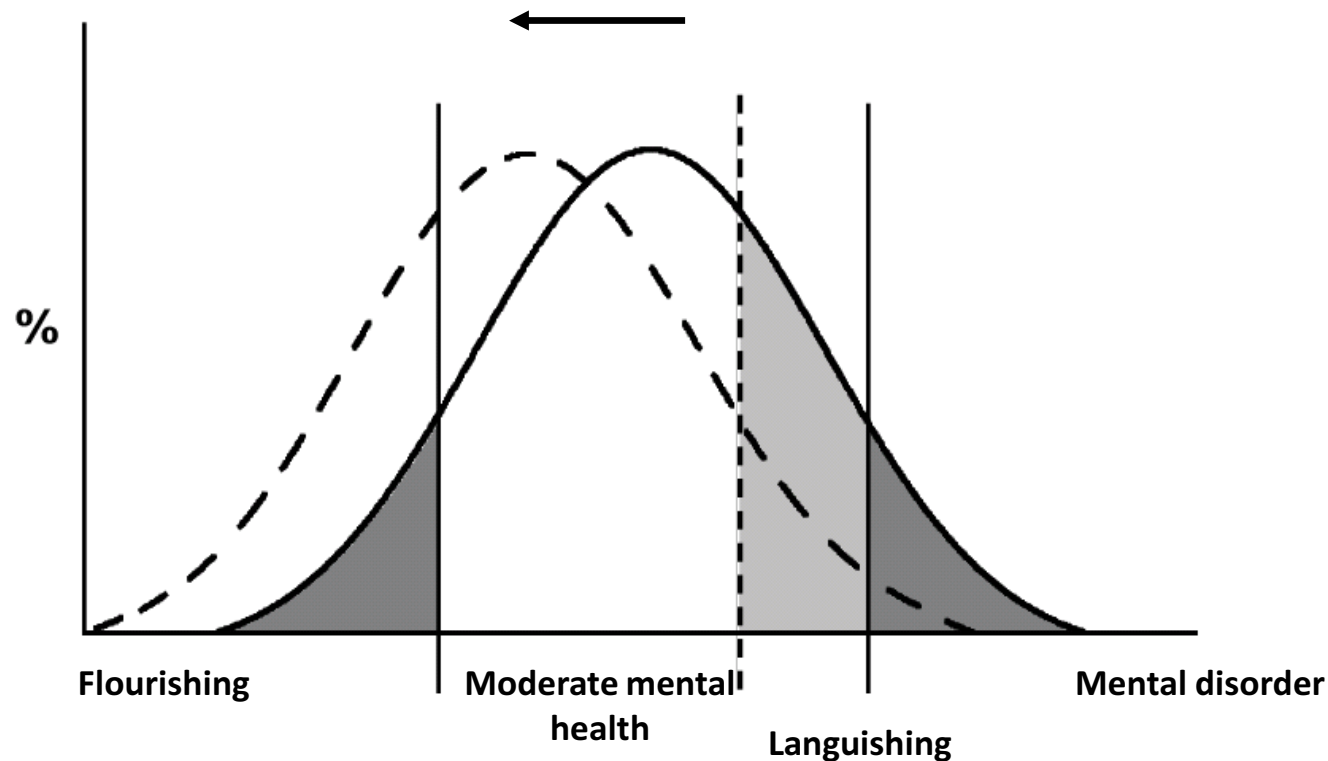
The mental health spectrum

From: Huppert Ch.12 in Huppert et al.
(Eds) The Science of Well-being



The effect of shifting the mean of the mental health spectrum

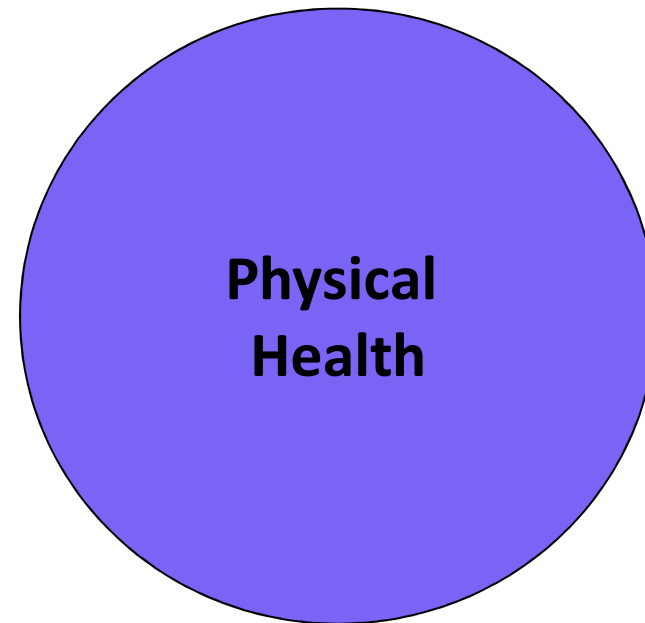
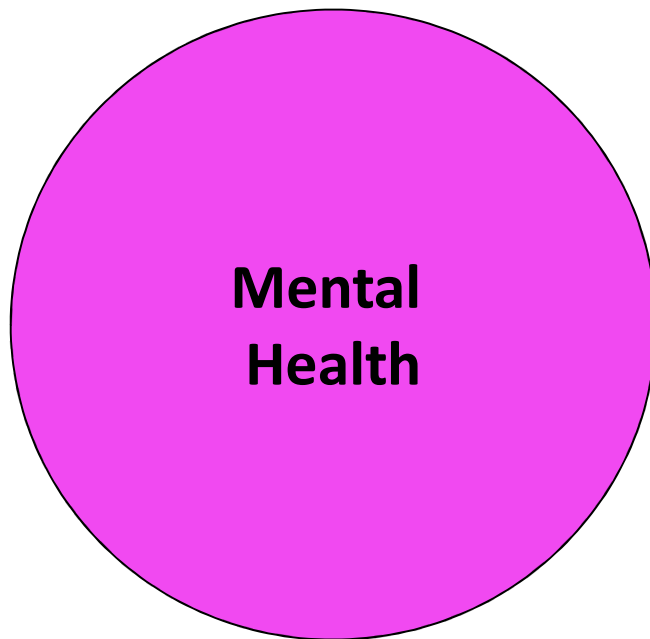
From: Huppert Ch.12 in Huppert et al.
(Eds) The Science of Well-being



Number of symptoms or risk factors

Physical V Mental Health, ? Separate

Historically, mental and physical health have been seen as separate and non-interacting domains, resulting in separate treatment approaches and policies



An integrated view of health

In reality, there is considerable overlap and interaction between physical and mental health

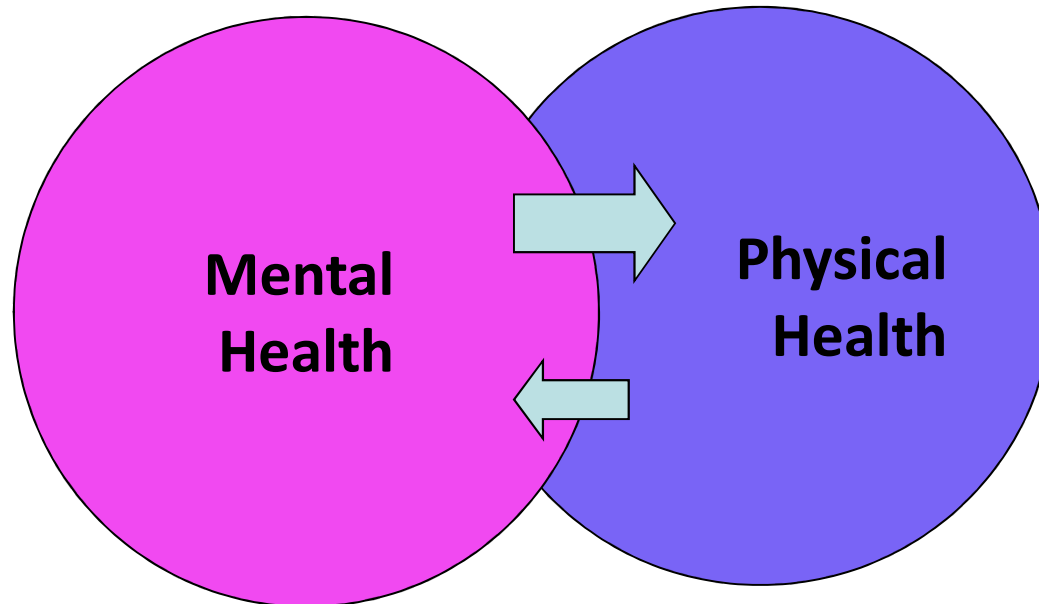
Poor mental health is probably a larger contributor to health risk behaviours and poor physical health than the other way round



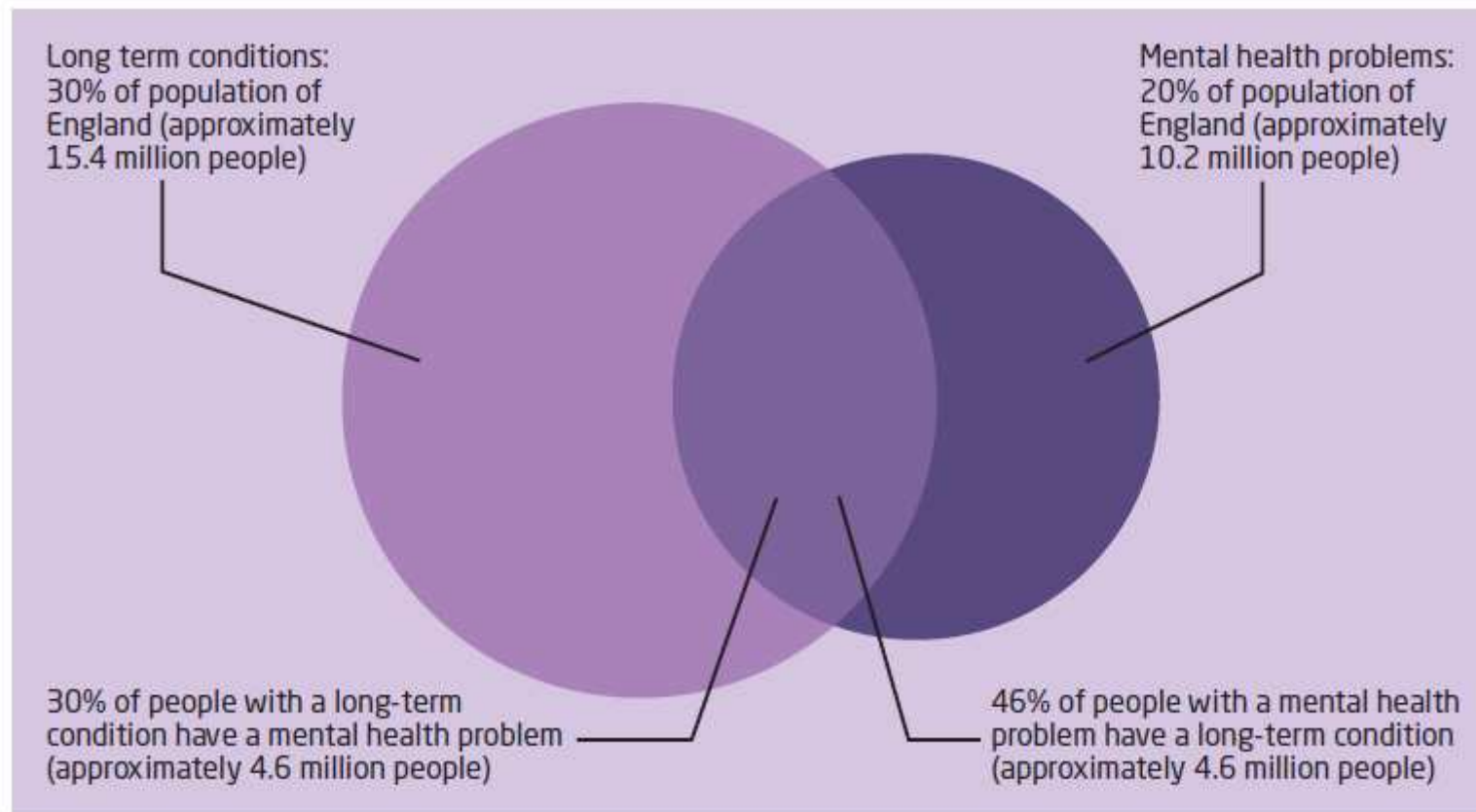
Of people with physical long term conditions,

1 in 3

also have mental illness, most often depression or anxiety



The overlap between long-term conditions and mental health problems



Who is at risk 1?

- ACEs
- Poor physical health
- Socio-economic deprivation
- Wider determinants-debt, unemployed, poorly educated, loneliness
- Lifestyle
- Prisoners/offenders
- LGBT
- Rurality
- Etc

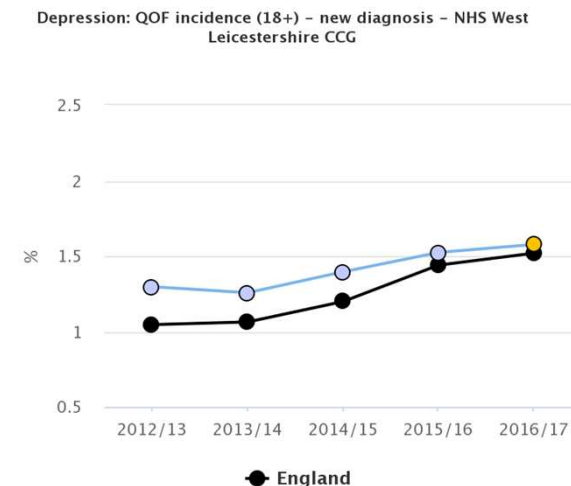
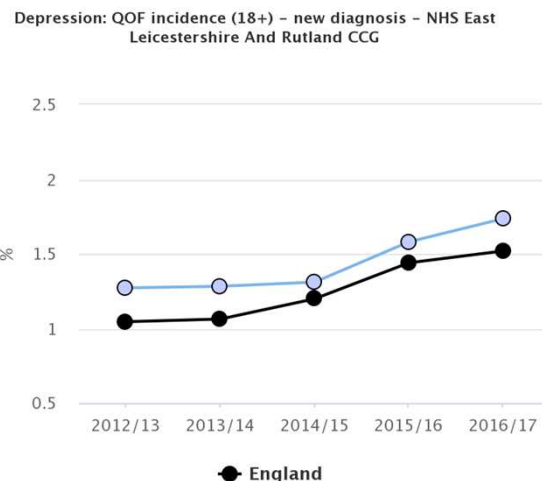
Who is at risk 2?

- **Physical health and disability:** In Leicestershire **16.2%** have a LTC or disability that limited their day-to-day activities - significantly lower than England average (17.6%), but variation in districts e.g. Harborough 14.6% and NW Leicestershire 18.1%.
- **Education, learning and development:** 2011 Census showed **35.5%** of Leicestershire's population aged 16+ had no qualifications or low level of education, significantly lower than England average (35.8%). District variation: Blaby, NWL and H&B significantly higher (36.8%, 39.2% & 38.7%) whereas Charnwood and Harborough significantly lower proportion (32.6% & 31.3%).
- **Lifestyle:** Smokers are significantly more likely to have mental health problems compared to non-smokers. The Annual Population Survey (APS) estimated that **13.5%** of adults smoked in Leicestershire in 2016, significantly lower than England **15.5%**.

- Almost **1 in 4** adults in the UK experience at least one mental health problem each year, with **1 in 6** experiencing a common mental health problem (CMD), such as anxiety or depression, in any given week.
- Nationally, highest estimated prevalence of CMDs is in 16-24 age group. Local estimates indicate that females aged 45-54 present highest proportion of CMDs in Leicestershire.
- The Improving Access to Psychological Therapies (IAPT) service provides psychological assessment and treatment for CMD. Data (2016/17) shows highest % of referrals in ELR CCG in 18-35 age group (47.9%) and in WL CCG 36-64 age group (43.3%).
- The lowest % of referrals overall in 16-17 age group for both ELR CCG (3.0%) and WL CCG (2.7%). This reflects national average, although locally, proportion of referrals for 16-17s is more than double the national average for both CCGs.

Level of need – Depression

- In 2016/17 over 1/10 of each CCG's registered population had diagnosis of depression according to the QOF (10.3% for ELR CCG, 10.7% for WL CCG. Both significantly higher than England average (9.1%).
- Incidence looks at the rate of new, or newly diagnosed, cases of a particular disease. The QOF examined the recorded incidence of depression in the 18+ registered population. For the last five years, both CCGs have seen a significant increasing trend in incidence.



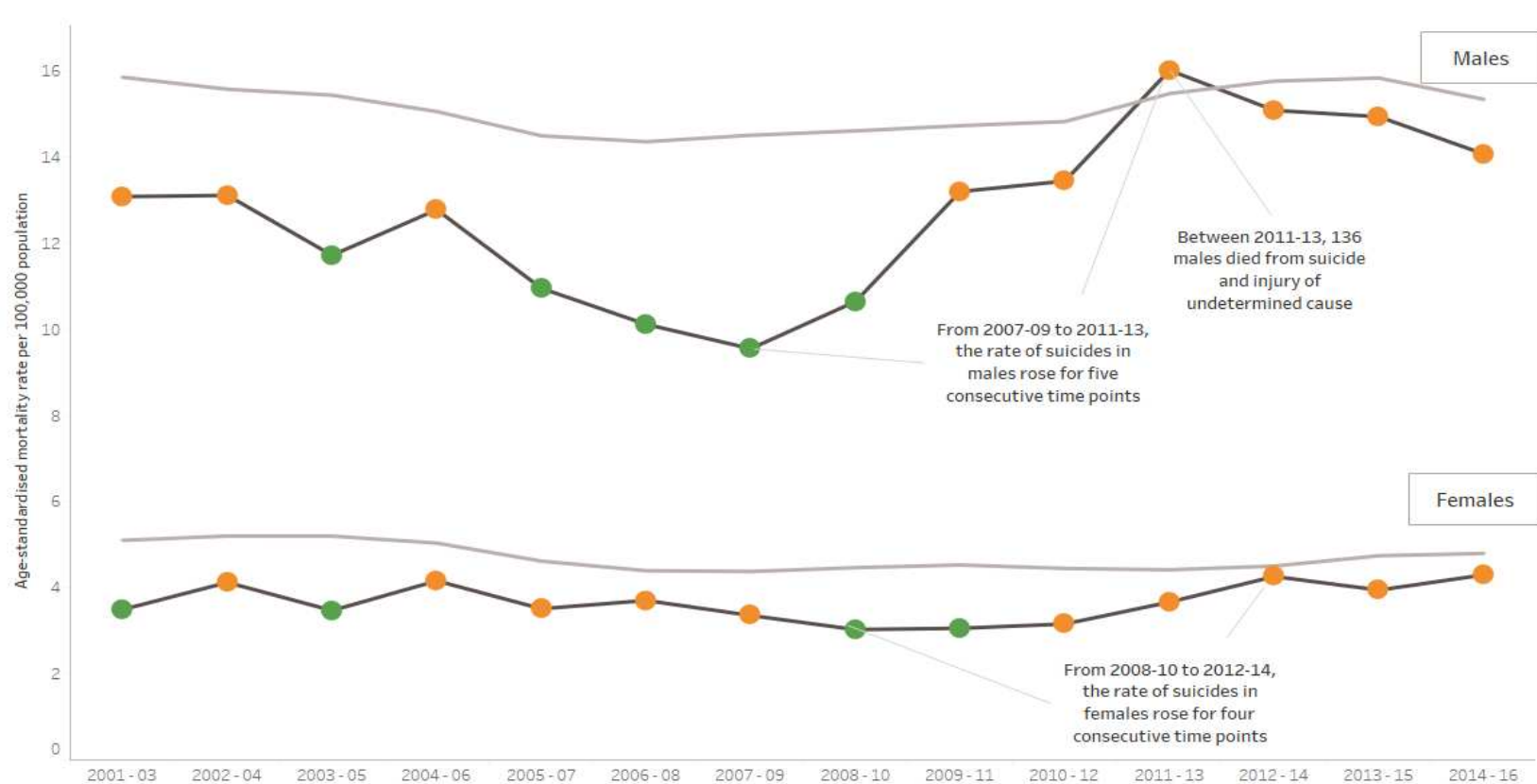
Level of need – Severe Mental Illness



- Severe, enduring mental illness (SMI) refers to schizophrenia and psychosis, bipolar but also to other chronic functional disorders.
- In 2016/17, 0.77% of practice population were on GP SMI registers – lower than England's 0.92%. This follows a gradually increasing trend, in line with national trends since 2013/14.
- In 2015/16, LPT recorded 169 acute mental health admissions per 100,000 adult population i.e. significantly lower than England average (20 per 100,000 population). LPT also recorded 7,574 acute mental health bed days per 100,000 i.e. higher than England average (7,063 per 100,000 population). This suggests that those admitted stay longer than average.
- Furthermore, only 37.0% of Leicestershire's adults who were in contact with secondary mental health services lived in stable and appropriate accommodation significantly lower than England's 54.0%.

Level of need – Suicides

- Suicides and ‘injury undetermined’ are seen as an indicator of underlying rates of mental ill-health. There are approx. 60 deaths from suicide per year in the county. Suicide remains the biggest killer of men under 50 and the leading cause of death in people aged 15–24. Males are three times more likely than females to die as a result of suicide.

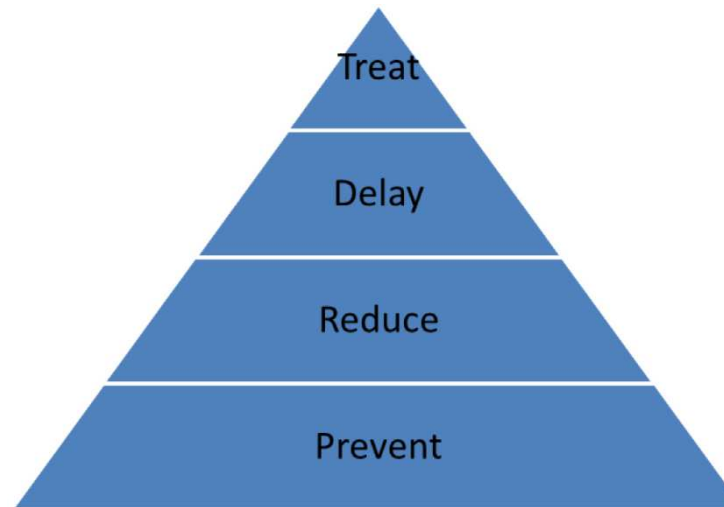


Level of need – ‘dual diagnosis’

- A significant proportion of people in England with mental health problems have co-occurring problems with drug or alcohol misuse.
- In Leicestershire and Rutland, 15.2% of those entering substance misuse treatment services were also receiving mental health support services for a reason other than their substance misuse in 2016/17 (lower than England’s average - 24.3%)
- In 2016/17, % in concurrent contact with mental health services and substance misuse services for alcohol misuse in Leicestershire and Rutland was 21.5%, similar to the England average of 22.7%.
- This should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether individuals are receiving mental health treatment at a given point in time based on those entering treatment, rather than at any point in time.

Current services

- There is partnership work ongoing at a strategic level to deliver improvements across MH services, aimed at shifting focus to prevention and recovery, and delivering services on a locality based model.
- The strategic direction driven by the national Five Year Forward View for Mental Health and the local LPT Transformation Programme is to ensure the right level of care in the right place at the right time, with the emphasis on prevention and recovery.
- The approach is layered with a continued emphasis on people being supported towards greater independence. It is summarised in the pyramid below:



- Voluntary and Community Sector Services
- IAPT – Let’s Talk Wellbeing
- Leicestershire Partnership Trust
 - Inpatient Adult Mental Health
 - LPT Community Mental Health Services
- PAVE Team (Pro-Active Vulnerability Engagement)
- Local Authority Mental Health Services
- Mental Health Wellbeing & Recovery Service
- Specialist Substance Misuse Treatment Services
- Local Authority – Public Health

So what to do?

*Create flourishing,
connected
communities*

A Public Mental
Health Framework
for Developing
Well-Being

Meaning from adversity:

- Post traumatic growth
- Psychological therapies
- Positive reflection

**Promote
meaning &
purpose**

Cultivate purposefulness & fulfilment:

- In life, work, education and volunteering
- By creativity, coherence and flow
- With inclusive beliefs and values

Reduce social exclusion:

- Address discrimination and stigma
- Target high risk groups

**Develop
sustainable,
connected communities**

Enhance:

- Community engagement
- Ecological intelligence and connectedness

**Reduce
risk
factors**

- Reduce:**
- Smoking
 - Alcohol
 - Drugs
 - Obesity

**Integrate physical
& mental health
& well-being**

Improve:

- Physical activity
- Healthy Food
- Sexual Health
- Health Checks

**Promote
protective
factors**

Reduce Inequalities:

- Unemployment
- Fuel Poverty
- Homelessness
- Violence and Abuse
- Impact of Climate Change

**Build resilience
& a safe,
secure base**

Promote:

- Employment
- Benefits Checks
- Safe Green Spaces
- Insulated & Warm Homes
- Partnership Working

**Prevent and reduce impact of
Adverse Childhood Experiences:**

- Child abuse
- Parental mental illness
- Parental substance misuse
- Parental Domestic Abuse
- Household offender
- Childhood bereavement

**Ensure a
positive start in
life**

Improve:

- Parenting & Parental Health
- Social and Emotional Literacy in Healthy Schools
- Early interventions for conduct & emotional disorders

Wider Determinants of Mental Health

- Implement the local 'Prevention Concordat for Mental Health'
- Encourage GPs/primary care, wider health/care services to be aware of and help tackle wider determinants that often contribute to poor wellbeing/mental health (e.g. financial problems/debt, unemployment, and work and relationship problems), consider use of social prescribing approaches including First Contact+
- Target action across health, social care and local districts/boroughs to improve the range and suitability of accommodation to include care and support options for people with mental health needs
- Consider targeted interventions to tackle other potential causes of poor mental health e.g. loneliness, social isolation

Five ways to well-being

Encourage and support our population to engage in activities known to protect mental health and wellbeing e.g. Five Ways to Wellbeing



Recommendations - services



- CCGs/primary care to increase the numbers of people with common mental disorder who are detected and treated using IAPT services
- Capitalise on the growing understanding of links between poor mental health and wellbeing and physical health. Increase uptake of IAPT to include supporting people with Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS)
- Develop a joint programme of work across primary and secondary care to tackle the poor health outcomes in people with serious mental illness
- Provide targeted support for patients with mental illness to address poor lifestyle factors including smoking, substance/alcohol abuse and inactivity
- Ensure that at least 60% of people with first episode psychosis start treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral

Recommendations Services (2)

- Develop a 'Core 24' liaison mental health team within the main local acute provider (UHL) (as recommended in The Five Year Forward View For Mental Health) - to include support for patients with dual diagnosis
- Increase access to specialist perinatal mental health support, delivering NICE recommended interventions
- Take action to understand (including better data) and to address rising levels of self-harm – especially among young females
- Ensure that groups at high risk of mental ill health have their needs properly understood and addressed (e.g. as part of procurement processes). This includes socio-economically deprived individuals and groups e.g. offenders, people with disabilities, BME, LGBT
- Specifically address the psychological support and intervention needs of deaf people and the needs of individuals whose first language is not English
- Mental Health recovery services should incorporate more involvement of people with lived experience in design and delivery of recovery services. Increase opportunities for peer support, and self-care

- Get cross-organisational support for the LLR Suicide Audit and Prevention Strategy and Plan and the 'STOP Suicide LLR' campaign
- Improve the real time monitoring of suicides
- Develop a sustainable programme of suicide prevention training that meets the needs of the different professional groups
- Develop the new service to support those bereaved by suicide.

Questions for you

- What can we as partners in the health and care system do to address the gaps and recommendations identified in the JSNA?
- How can we embed the JSNA further in commissioning? Do you have any examples you can share where this is currently happening?

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HEALTH AND WELLBEING BOARD: 24 JANUARY 2019

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES,
LEICESTERSHIRE COUNTY COUNCIL**

**LEICESTER, LEICESTERSHIRE AND RUTLAND
TRANSFORMING CARE PLAN**

Purpose of report

1. The purpose of this report is to update the Board on the delivery of the Leicester, Leicestershire and Rutland (LLR) Transforming Care Plan (TCP) for adults with a learning disability and or autism who have behaviours that challenge.

Link to the local Health and Care System

2. The LLR TCP is designed to assist local partners in assessing their progress and provide assurance that they are on target to deliver the plan by the end of the programme in March 2019. The TCP replicated the approach of the Better Care Together (BCT) focusing on the reduction of bed based services in favour of community approaches. The TCP was signed off by the BCT Partnership Board and Health and Wellbeing Board and reported on at regular intervals.

Recommendation

3. The Health and Wellbeing Board is asked to note the update on the Leicester, Leicestershire and Rutland (LLR) Transforming Care Plan (TCP).

Policy Framework and Previous Decisions

4. 'Building the Right Support' published in October 2015 by NHS England described the expectation of the development of Transforming Care Partnerships that should consist of Clinical Commissioning Groups (CCGs), NHS England's Specialist Commissioners and Local Authorities. Leicestershire has aligned its TCP with Leicester City and Rutland.
5. The national plan outlined three key expectations from local commissioners; implementing enhanced community provision, reducing inpatient capacity and rolling out Care and Treatment reviews in line with the published policy. The LLR Transforming Care Partnership was formally agreed in December 2015.
6. The Health and Wellbeing Board last received an update on the delivery of the TCP in May 2018.

Background

7. The Department of Health published Transforming Care, a National Response to Winterbourne View Hospital and the Concordat: Programme of Action in December 2012. The Concordat and 63 actions detailed within the review sought to address poor and inappropriate care for people with a learning disability and/or autism, who may also have mental health needs or behaviour that challenges.
8. The TCP has been led since May 2017 by the Strategic Director of Leicester City Council, with support from Senior Responsible Officers at both the City Council and East Leicestershire and Rutland CCG.

The Leicestershire TCP current inpatient position

9. The numbers of individuals receiving help as part of the TCP -as of 31 December 2018 remains above the target. There are 24 individuals based within inpatient settings, who are the responsibility of the local CCGs, 10 more than the target number for the cohort set by NHS England at the outset of the Transforming Care Programme and based on population size (10-15 CCG and 20-25 Specialist Commissioned beds per million population respectively). In addition, there are 27 in-patients funded through Specialised Commissioning Teams which is five people above target.
10. The TCP hold quarterly review meetings with the local NHS England Office, and are to meet with National TCP leads on 23 January 2019 to review progress and consider longer term plans. The Agnes Unit and Bradgate Unit are local inpatient facilities, alternative hospital provision (AHP) includes sites nationwide.

CCG	Agnes Unit	Bradgate MH Unit	AHP	Total
CITY	3	1	7 (2 long-stay) (2 MOJ)	11 (2 long-stay) (2 MOJ)
ELR	3	0	2 (1 long-stay)	5 (1 long-stay)
WEST	2	1	5 (3 long-stay) (3 MOJ)	8 (3 long-stay) (3 MOJ)
Total	8	2	14 (6 long-stay) (5 MOJ)	24 (6 long-stay) (5 MOJ)

11. There are three Leicestershire people who are in hospital under the jurisdiction of the Ministry of Justice (MOJ). Further work needs to be undertaken to secure suitable, safe community packages of care and support in order for the MOJ to consider the discharge of these people.

The LLR TCP Peer Review

12. In September 2018, the TCP participated in a Peer Review, whereby the Peer Team met over 60 people and looked at five main areas:
 - *Local context and whole system working*: Does the partnership enable a joined-up way of working for people their carers and families?
 - *Sustainability*: Does the partnership have a plan in place to ensure long term viability and is there evidence that this plan is being implemented successfully?
 - *Capacity to deliver*: Is capacity aligned to the priorities of the partnership, and able to deliver on agreed outcomes set out within plans?
 - *Service design*: Delivery of key functions set out in the model service specification for intensive/enhanced support or community-based forensic support: are all elements in place?
 - *Multi-Disciplinary Teams (MDTs)* - To consider the effectiveness of multi-agency working and effectiveness, with a particular emphasis on children and young people.

13. In terms of system working, the Peer Review identified that there were a number of key individuals who demonstrated leadership within their organisations. Additional resources, such as the discharge co-ordinator and TCP social workers, had a positive impact; yet the lack of a shared vision between organisations led to different priorities and focus impairing the ability to maintain a truly joined up approach across the partnership. It was also recognised that better communication around changes and developments including engagement with people with a learning disability and their family carers was needed.

14. With regards to sustainability, the Peer Review identified that effective discharge processes are developing with different professional relationships leading to clearer accountability and effective challenge. However, there are a number of challenges, including a lack of clarity about funding arrangements leading to frustration and delay, an unclear picture of community service provision that can meet individual needs, and the requirement to develop closer relationships between clinicians, commissioners and providers to generate trust and greater understanding about the reality of what is/can be provided.

15. In terms of capacity to deliver, the Peer Review identified key roles within the system that are able to sustain highly complex cases and prevent admission as well as recognising the importance of having a TCP programme manager and discharge co-ordinator. However, the challenges identified included concern about the availability of high quality providers with the competency and capability to respond to changing and emerging needs, no provision in the area of inpatient support for children and young people with a moderate to severe learning disability, market shaping needed beyond residential care and supported living, and a lack of joined up approach around budgets.

16. With regards to service design, the Peer Review identified examples of good individualised service design meeting needs with intentions to introduce more diverse methods to help understanding of support needs, eg videos. There was also evidence of flexibility of resourcing that enabled individuals to transition into new services and recognised the complexities involved. The challenges identified included, establishing better involvement of the people currently supporting

individuals in the specification for any new support, visibility of people using services and their parents/carers in the design of services and the need for greater understanding of the Leicestershire Partnership NHS Trust transformation programme and alignment to the TCP.

17. In terms of the MDTs, the Peer Review identified that it is still early days for MDT working, but the right people are attending and the inpatient MDT has given an improved focus that is enabling more effective discharge. However, there is a need to have clarity about people's roles and responsibilities.
18. Building upon the Peer Review feedback, the TCP Executive has been developing a wider vision for learning disabilities and autism for LLR, which will become the focus of the STP workstream as the TCP programme formally comes to an end and becomes part of a 'business as usual' approach. This has been developed collaboratively with all TCP partners, and will be shared with the LLR STP Senior Leadership Team in early 2019.
19. The Council is currently working with the CCGs to review the pooled budget arrangement that operates for some individuals with learning disabilities, some of whom may be part of the TCP cohort. It is recognised that closer working between commissioners could support proactive discharge planning processes and subsequently prevent delay in discharges.

Accommodation Developments

20. There is a TCP Accommodation Workstream meeting to support the strategic approach and longer-term planning needs of the TCP cohort.
21. The Council has recognised the need to ensure suitable accommodation provision and a new community-based service, consisting of four flats, has been developed in Hinckley. One person has already moved in following a successful transition period and work is underway to support the second move.
22. The Council is also leading on the procurement of a specialist service for individuals with a sensory impairment and forensic history and developing a business case for developing community accommodation for those with a forensic history.
23. In early 2019, the Council will begin work to review the current framework of supported living providers to consider whether it is able to meet complex need or if a supplementary range of providers are required.

Local Area Emergency Protocol (LAEP), formerly 'Blue Light' Meetings

24. The TCP revised both the Care Education and Treatment Review and Local Area Emergency Protocol (LAEP) processes in April 2018 and this places greater responsibility on MDTs to manage risks within the community. There have been 38 LAEP's completed across Leicestershire and Rutland between December 2017–November 2018
25. Due to an increasing number of LAEPs having taken place across 2018 for young people, NHS England have recently issued a Root Cause Analysis process that will be completed for all children and young people who require admission into a

specialist learning disability inpatient setting. This process is being implemented with immediate effect.

Learning Disability Outreach Service

26. The Learning Disability Outreach Service has been greatly expanded to provide intensive support in the community for people and the team now works seven days a week (excluding Bank Holidays) from 8.00 am–9.00 pm. The team will support community providers and carers to prevent any further deterioration of people's health which could result in an admission. It also supports the discharge process for people moving from hospital and is involved in the handover to Community Learning Disability Teams. The team ensures there are robust crisis plans in place. The team is unable to support individuals with Autism who do not have a learning disability. Further work is needed to gather the views of providers on the support that they receive from outreach services and address any potential gaps between expectations and support commissioned.

Positive Behaviour Support Training

27. Residential and supported living providers who are supporting people who may be at risk of admission were offered Positive Behaviour Support (PBS) training to increase their understanding of how to support people displaying challenging behaviour which may escalate into a hospital admission.

Resource Implications

28. When the TCP commenced, measures were put into place by NHS England for Funding Transfer Agreements (FTAs) to be paid to the relevant CCGs when a patient was discharged from a Specialist Commissioned bed and the bed was subsequently closed. This funding was intended to be used to fund both the continuing health and social care costs of the patient in the community. Leicestershire did not benefit from any of these arrangements.
29. NHS England is no longer automatically administering individual FTAs in the same way and instead is only transferring funds when it is evidenced that the overall local system trajectory is being met. As LLR are over trajectory, no funds are being made available to the local system and consequently, as beds are closed and patients moved closer to home or back into the community the money is no longer following the patient, leaving the CCG and Local Authority to fund the often significant community care packages.
30. To date in 2018/19 there have been 10 Leicestershire patients discharged from inpatient settings, seven from the Agnes Unit and three from alternative hospital placements. The CCG is currently finalising the costs being incurred in the provision of ongoing services for these patients and the relevant elements being incurred by health and social care, but is estimated at approximately £1.8m annually.
31. The County Council has identified growth in the current Medium Term Financial Strategy amounting to £1.5 m over the three year period 2018/19 to 2020/21. In addition, the Council has used improved BCF to employ a full time equivalent senior social worker post. The remit of this post is to work solely with the most complex Transforming Care individuals. This has significantly improved the interface between

health and social care. The post works closely with the discharge co-ordinators clinical teams and Outreach. There is attendance at hospital outreach and discharge meetings. It has resulted in greater understanding of the role of respective organisations and a clear conduit of communication to ensure that there is focus on discharge planning. It has assisted in identifying themes and raising awareness within TCP.

Circulation under the Local Issues Alert Procedure

32. None.

Relevant Impact Assessments

Equality and Human Rights Implications

33. The Transforming Care Programme targets all people – children and adults with a learning disability and/or autism, including those not eligible for social care or continuing healthcare support.

Partnership Working and associated issues

34. The Learning Disability Better Care Together work stream was previously realigned as the LLR TCP and is the Learning Disability work stream within the STP. The remit of this workstream will broaden in April 2019 to include the wider learning disability and autism agenda, in reflection of the TCP programme formally finishing, and the alignment with the LLR vision for learning disabilities and autism.

Risk Assessment

35. The LLR TCP focus continues to be on making sure there is the right support for people to be discharged from inpatient hospital care at the right time and also helping people who are at risk of being admitted.

Officer to Contact

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HEALTH AND WELLBEING BOARD: 24 JANUARY 2019

**LEICESTERSHIRE FOOD PLAN AND GOOD FOOD LEICESTERSHIRE
CHARTER**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the report

1. The purpose of this report is to update the Health and Wellbeing Board on progress concerning the development of the Council's Leicestershire Food Plan and recently adopted Good Food Leicestershire Charter.

Link to the local Health and Care System

2. Improvements in the diet of the population would have a positive impact on four of the outcomes of the Leicestershire Health and Well Being Strategy:
 - a. Outcome 1: The people of Leicestershire are enabled to take control of their own health and wellbeing
 - b. Outcome 2: The gap between health outcomes for different people and places has reduced
 - c. Outcome 3: Children and young people in Leicestershire are safe and living in families where they can achieve their potential and have good health and wellbeing
 - d. Outcome 4: People plan ahead to stay healthy and age well.

Recommendation

3. The Health and Well Being Board is asked to support the Leicestershire Food Plan and associated Good Food charter and endorse the use of the charter within member organisations.

Policy Framework and Previous Decisions

4. The relevant policy framework includes:
 - Leicestershire County Council's Strategic Plan for 2018-22 – Working Together for Everyone, which describes the Council's overall policy framework and approach.
 - Leicestershire Joint Health and Wellbeing Strategy 2017-22
 - Leicestershire Enabling Growth Plan 2018-19
 - Leicestershire County Council's Environment Strategy 2018-2030

- Leicestershire Municipal Waste Management Strategy – Update 2011

5. The Food Plan and Charter link closely with 5 of the 6 strategic outcomes of “Working together for the benefit of everyone: Leicestershire County Council’s Strategic Plan 2018-22” which was approved by the County Council in December 2017. The Plan and Charter both recognise the strong role that food plays across the economy, health and wellbeing, thriving localities and community strengths, planning future housing/communities and working towards more effective commissions and projects by working across departments.
6. The Cabinet approved the Good Food Leicestershire Charter at its meeting on 18 December 2018.

Background

The food system: food and the economy

7. Local Policies including the Health and Wellbeing Strategy, Strategic Economic Plan, Environment Strategy and the Leicestershire Municipal Waste Management Strategy emphasise the importance of food for Leicestershire’s health, prosperity and sustainability. Whilst considerable work is already being undertaken in each of these areas, ensuring the right types of food make it onto Leicestershire resident’s plates is a complex process and its impact on health cannot easily be disentangled from its environmental and economic aspects, and vice versa. Leicestershire’s food is part of a national and global network, and only an integrated, whole-systems approach can hope to be effective in this context. It is evident that a strong local food system will increase Leicestershire’s resilience to global threats including climate change and rising food prices.
8. Leicestershire is establishing itself as an innovator and strategic leader in many food related areas and the Food Plan will provide a highly visible, national platform on which to expand these further.
9. The cost of overweight and obesity to the national economy was estimated at £16 billion in 2007, rising to £50 billion by 2050. The Department of Health has estimated that if diets matched nutritional guidelines, up to £6 billion could be saved in costs to the NHS and around 70,000 deaths could be prevented nationally each year – equating to in the region of 750 deaths a year in Leicestershire.
10. As an example of what could be achieved in Leicestershire, similar work in Nottinghamshire to ensure ingredients for school meals are sourced locally has led to a dramatic increase in spend on seasonal local produce, estimated to be around £1.65 million per year, and has produced an estimated return of £3.11 in social, economic and environmental value for every £1 spent.
11. In terms of food waste, research by the Waste and Resources Action Programme (WRAP) in 2013 suggested that the average UK household throws away the

equivalent of £470 of food per year – increasing to £700 per year for a household with children. Estimated total food waste (from households, food manufacture, retail, hospitality sectors and so on) across the UK was 12 million tonnes, with a value of £19 billion a year, of which 75% could have been avoided.

12. Beyond the familiar health impacts of food and nutrition, food also has widespread economic implications. The food and drink sector in Leicester and Leicestershire economy is worth £600m – the second most important economic contributor after non-food manufacturing. It provides 2.7% of employment in the area – twice the national share – and this proportion is even larger in rural Leicestershire. For some areas, the food and drink sector is of particularly critical importance. In Melton Mowbray, for example, 13.6% of people are employed in food and drink manufacturing – over 10 times the national average. Food and drink is also a significant tourism draw for the County.
13. A coordinated strategic approach that values and prioritises sustainability, local provenance and healthy food in policies and procurement, whilst also developing community capacity and assets in relation to food growing, cooking and eating can help to support all of these issues. As a major local employer and catering provider, the County Council is in a position to lead on policy change and influence other public sector organisations to follow suit. This alone could produce a major step change in patterns of food buying in the county. It would also be able to ensure existing work undertaken by departments within the council takes an integrated approach as part of an overall strategy.
14. In developing the Food Plan, the County Council has identified 5 ambitions which will be the focus for its initial activity. These are:
 - Facilitating partnership activity to tackle food poverty – including access to affordable (surplus) food, training and resources as well as developing volunteer opportunities.
 - Seeking opportunities to work across departments within the Council to develop a coordinated basic community based cookery skills programme
 - Business networking - linking local businesses, producers and farms with local customers, schools and caterers. Using these links to improve the local food economy and to influence healthy and nutritious food manufacture, options for employee health and wellbeing (across employers in Leicestershire) and food waste options.
 - Locality working – supporting localities to develop their own food plan ambitions.
 - Lead on promoting healthy and sustainable food through communications activities, e.g. develop a seminar series, food summit event and specific campaigns.

15. Examples of actions within the plan include;

- Facilitate development of cook and eat sessions where participants are shown how to reduce food waste, cook an affordable, healthy meal and are supported to help overcome other barriers to cooking healthy meals through developing local community resources such as increased availability of fresh fruit and vegetable through a community shop.
- Explore opportunities to link County Council owned farms (and other producers/suppliers) with community food needs, for example through school and early year setting work involving linked projects (e.g. Food for Life and Healthy Tots).

Sustainable Food Cities award

16. The County Council is working towards membership of Sustainable Food Cities (SFC). This national framework is managed by 3 national charities (The Soil Association, Sustain and Food Matters) and is a model to develop food 'systems' in an area as well as providing recognition through high profile awards (Bronze, Silver and Gold). Leicestershire aims to achieve a Bronze award within an 18-24 month period. Alongside this, it is supporting Melton Borough Council and Harborough District Council to achieve the Bronze Award in a similar time period. An important part of this work is helping to develop the model for a County SFC - Leicestershire would be the first county to gain an SFC award.

17. The SFC framework focusses on 6 priority areas –

- Promoting healthy and sustainable food and drink to the public.
- Tackling food poverty, diet-related ill health and access to healthy food.
- Building community food knowledge, skills, resources and projects.
- Promoting a vibrant and diverse sustainable food economy.
- Transforming catering and food procurement.
- Reducing waste and the ecological footprint of the food system.

Leicestershire Food Charter

18. The Good Food Leicestershire Charter attached as the appendix to the report, is a critical part of securing Leicestershire's membership of SFC. The Charter will enable the Council to start work towards gaining a Bronze Award, demonstrating the Council's role as a place leader within the local food system whilst opening up funding and collaboration opportunities. The Authority will also use the Charter to generate support from partner organisations to improve the areas food systems.

19. The principles of the Leicestershire Food Charter are that:

- People are supported and encouraged to grow, cook, buy and eat good food through skills and training to help people gain the knowledge they need to eat well and affordably;

- A thriving local food and drink economy works for people as much as they work for it;
- The network of food and drink businesses and producers contribute to the local food chain and are supported and celebrated to strengthen the local economy and promote local jobs;
- Local food and drink businesses and producers contribute to healthy lifestyles, healthy choices and actively support access to good food for all;
- Food waste is prevented and reduced where possible
- Food production, processing, distribution and disposal has a reduced environmental footprint

20. The Good Food Leicestershire Charter will be used to –

- Provide the over-arching ambition driving the future of food in Leicestershire
- Form a public statement of intent from Leicestershire County Council leading the move towards a more sustainable local food system
- Show local leadership towards supporting localities to develop locality partnerships (as with Melton Borough Council and Harborough District Council)
- Generate pledges from partners towards engagement in the Leicestershire Food Plan
- Support membership of SFC, and work towards gaining a bronze SFC award

Resource Implications

21. There are no resource implications arising directly from this report. The recruitment of a Sustainable Food Partnerships Coordinator has been funded via existing budgets whilst support from the Public Health commissioned Soil Association 'Food for Life' programme has also been provided. Free national support from the Sustainable Food Cities has also been utilised.

Appendix

Good Food Leicestershire Charter

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Appendix

Good Food Leicestershire Charter

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

22. Implementation of the Food Plan, including associated work on alleviating food poverty would have a positive impact on health inequalities.

Good Food Leicestershire – The Charter

Statement

This Charter is our vision for good food in Leicestershire. Good food supports and sustains the local economy; reduces the impact of poverty; helps people towards better health; has a reduced environmental impact; and is affordable, accessible and nutritious. This charter sets out how everyone can play their part.

The Leicestershire Food Charter sets out the principles below which inform a broader Leicestershire Food Plan. It is designed to bring people together to enable everyone to enjoy the benefits of great local food and drink, to support communities to be healthier and to flourish, and to help local food and drink businesses to thrive. If you support this Charter please sign up to the Leicestershire Food Charter principles by visiting www.leicestershirefoodplan.gov.uk, display the charter in your shop, business or community centre and spread the word.

The principles of the Leicestershire Food Charter are -

People are supported and encouraged to grow, cook, buy and eat good food

- Skills and training are offered to help people gain the knowledge they need to eat well and affordably
- High quality, fresh and nutritious food is accessible for all, particularly reducing health inequalities and food poverty
- Positive messages are used to encourage the use and provision of high quality, fresh and nutritious food

A thriving local food and drink economy that works for people as much as they work for it

- The network of food and drink businesses and producers contributing to the local food chain are supported and celebrated to strengthen the local economy and promote local jobs including allowing for the workforce of the future
- Local food and drink businesses and producers contribute to healthy lifestyles, healthy choices and actively support access to good food for all

A food system which has a reduced environmental impact

- Food waste is prevented and reduced where possible, with any waste produced being dealt with responsibly through surplus being redistributed
- Food production, processing, distribution and disposal has a reduced environmental footprint
- The food system's contribution to climate change is reduced

The Leicestershire Food Plan is steered by a growing network of public, private and community organisations working towards the principles above through breaking down barriers and working collaboratively; initiating practical projects in key elements of the principles above; identifying or creating hubs of great practice in localities across Leicestershire; and supporting local areas to celebrate and enhance their local food system. A key part of this work is being committed members of Sustainable Food Cities (sustainablefoodcities.org). To get more involved with the Leicestershire Food Plan email foodplan@leics.gov.uk

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HEALTH AND WELLBEING BOARD: 24 JANUARY 2019

REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND QUARTERLY UPDATE

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the Better Care Fund (BCF) programme.

Policy Framework and Previous Decisions

2. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The County Council's Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
3. The Board received the last BCF progress report at its meeting on 27th September 2018.
4. The BCF National Team published the Operational Guidance on 18th July 2018 to refresh the two-year plan for 2018/19. The Board approved the BCF plan refresh for 2018/19 at its meeting on 12th July 2018.
5. NHS England issued BCF implementation guidance for 2017-19 in July 2018. <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/> which sets out the requirements for quarterly reporting along with the draft templates and analytical tools that are required to be used for this purpose.

Background

6. The Leicestershire BCF Plan for 2017-19 was submitted on 8th September 2017 to the BCF National Team. Confirmation was received on 20th December 2017 that the plan was fully approved.
7. In line with the national process and timetable for 2018/19, refreshed BCF metrics were submitted, along with confirmation that the plan was otherwise unchanged, to NHS England on 19th October 2018.

Financial Forecast Outturn for 2018/19

8. The budget for the BCF Plan in 2018/19 totals £55.9m. This comprises the following income streams:

<u>BCF Approved Budget</u>	<u>WLCCG</u>	<u>ELRCCG</u>	<u>LCC/DC</u>	<u>Total</u>
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>
CCG Minimum Contributions	21,240	16,139	-	37,379
CCG Additional Contribution	1,367	1,196	-	2,563
Disabled Facilities Grants (DFG)	-	-	3,632	3,632
Improved BCF Autumn 2015	-	-	5,582	5,582
Improved BCF Spring 2017	-	-	6,837	6,837
Total Funding	22,607	17,335	10,469	55,993

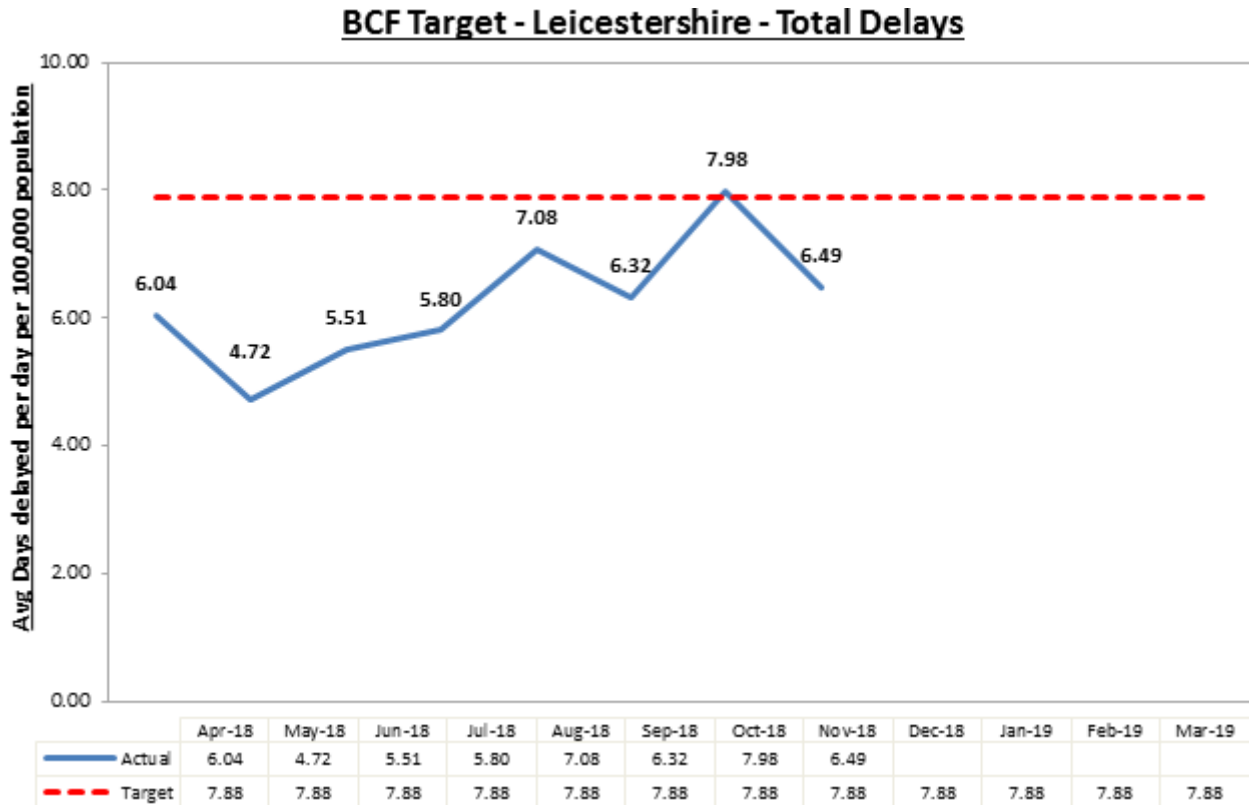
9. The forecast outturn position for the financial year is for £55.4m. The expenditure plan includes a £2m contingency and cost improvement allocation.

Performance against BCF Outcome Metrics at the end Q3 2018/19

10. The BCF plan is measured against four outcome metrics. For Leicestershire, progress against the key targets is shown in Appendix A, and the following paragraphs summarise the position for each target.
11. The BCF target for the number of **permanent admissions of older people (aged 65 and over) into residential and nursing care homes** is for fewer than 890 admissions (or 624.1 per 100,000 population) during 2018/19. The full year forecast, at the end of December, is for 872 admissions (or 611.4 per 100,000 population) against a target of 890 and therefore this target is currently on track to be achieved.
12. The target for the **proportion of older people who were still at home 91 days after discharge** has been set at 87%. The latest data, which relates to discharges between July and September 2018, shows that 90.2% of people discharged from hospital into reablement / rehabilitation services were still at home after 91 days. The average figure for 2018/19 between April and December is 90.3% which means we are currently on track to achieve this target.
13. The BCF target for total **non-elective admissions into hospital (general and acute)** has been set for up to 70,569 (or 850.34 per 100,000 population) for 2018/19. For April to November 2018, there have been 44,956 non-elective admissions, against a target of 46,665, which is a variance of 1,709 admissions less than the target. The target is currently on track to be achieved. The current forecast for the end of the 2018/19 financial year is that there could be 68,860 admissions, against a target of 70,569.
14. **Delayed Transfers of Care (DTC)** – the Government's mandate to the NHS for 2018/19 set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018. The national target was apportioned across each Health and Wellbeing Board area and translated into a rate per 100,000 population for each local area.
15. By September 2018, Leicestershire was required to achieve a rate of no more than 7.88 average days delayed per day per 100,000 population and maintain this rate

through to March 2019. In November 2018, Leicestershire achieved 6.49 average days delayed per day per 100,000 population.

16. The graph below highlights the performances so far during 2018/19 against the BCF target:



Progress update of the Leicestershire BCF Plan 2018/19

17. The following is a summary of current progress within the integration programme for Leicestershire (ordered by theme of the BCF Plan). A copy of the BCF Plan on a Page is provided in Appendix B which provides an overview of the BCF themes.

Unified Prevention Offer

18. During the last 12 months the Unified Prevention Board (UPB) has focused on developing the asset-based offer in localities around tier zero (universal) and tier one (primary) prevention. This has included a Social Prescribing offer which includes First Contact Plus (a one-stop show for a multitude of prevention services) and Local Area Coordination.
19. One of the key programmes of work for the UPB is developing the wrap-around prevention offer to support Integrated Locality Teams (ILTs). ILT's are a multidisciplinary approach to delivering health care to patients who are in one of three cohorts (further information below). The UPB will help support patients by ensuring that prevention services are available and aligned to their care needs so that they are able to stay in their own homes and prevent further acute care.

20. Another key area of work for the UPB includes a workplace health programme, which is targeting the health and wellbeing of organisations involved in delivering the care. The campaign aimed to target 100 businesses and so far, there have been 1,066 responses from 24 organisations with an average response rate of 40%. A number of key priorities/issues have been identified and the programme will now aim to address these with organisations to achieve better outcomes for the Leicestershire workforce moving forwards.
21. Joined up communications across partners has also been a priority for the UPB since 2017, with partners joining together to integrate campaigns with a focus on prevention. Of particular focus was the development of the self-care campaign whose ongoing messages have so far focused on three key areas; healthy living, self-care options and long-term conditions. The winter campaign has been raising awareness on topics such as diabetes, healthy eating and high blood pressure.

Prevention at Scale

22. The Prevention at Scale project is a nationally funded initiative via the Local Government Association. Through this initiative Local Authorities are seeking to develop greater insights into the impact and value of preventative services.
23. The Leicestershire element of this work focuses on the estimated 30% of GP appointments that can be categorised as “patients who are in need of non-medical help/interventions.” The project is working with a number of GP surgeries to develop better insights into the reason for these types of attendances, how the local prevention offer can be improved and how best to support patients and GPs with easy access to the most suitable support for the non-medical needs, via GP or self-referral into First Contact Plus, or via other agencies and the community itself.

Falls Programme

24. It is estimated that each year in Leicestershire falls cost the NHS approximately £23million with one in three people aged over 65 falling every year.
25. The aim of the Leicester, Leicestershire and Rutland (LLR) falls programme is to improve the treatment pathway for those identified as being at risk of suffering a fall or who have experienced a fall. The programme provides the tools to ensure the appropriate course of action is taken to help each individual maintain their independence and avoid falls related admissions to hospital.
26. Tools include specialist therapy triage and assessment for all referrals into consultant falls clinics and specialist therapy and falls prevention training for care home staff. The work also includes the development of the local falls management exercise programme ‘Steady Steps’ and extending access to an electronic Falls Risk Assessment Tool smart phone application.
27. The triage approach in the new falls pathway has evidenced that a significant proportion of the referrals for a consultant can be successfully seen and treated by therapy interventions. In 2017, the service saw 502 patients avoiding the need for them to go into a clinic. This has resulted in £133,000 being saved on consultant appointments. Waiting times to see a clinician and commence therapeutic interventions reduced from 25 plus weeks to 13 weeks.

28. Access has been improved to community and home-based exercise programmes, Steady Steps, which is designed to increase confidence in balance, postural stability and independence. A total of 48 courses, for over 300 participants, will have been completed by the end of March 2019 and 30 Postural Stability Instructors have been trained. Evidence from The King's Fund shows that £2.32 is saved within the health and care system for every £1 spent on Steady Steps. Reduced social isolation and social peer support is gained from patients regular attendance of the Steady Steps programme. With continued investment, the programme can roll out a further 78 courses to 1,100 residents in the county during 2019/20.

Integrated Housing Support

Disabled Facilities Grants

29. A national Disabled Facilities Grant (DFG) review, commissioned by the Department of Health and Social Care, was published in December. The review set out a number of practical ways to improve the delivery of home adaptations and ensure that they are tailored to the individual.
30. A report will be received by the Integration Executive at its meeting on 5th February to consider the implications of the recommendations in the review and the proposed next steps locally.

Lightbulb

31. The county-wide roll-out of the Lightbulb integrated housing support service took place during 2017. The service is a pioneering programme which aims to make it easier to access and receive practical housing support to live at home. The overall ambition of the programme is to maximise the contribution that housing support can play in keeping vulnerable people independent in their own homes, helping to avoid unnecessary hospital admissions or GP visits and facilitating timely hospital discharge.
32. Lightbulb has successfully managed to deliver the expected improvements during the first year of delivery, including:
- a. A reduction in transfers for customers between organisations/services/key workers from eight occasions to three for assessment and installation of stairlifts which has reduced costs by 11%.
 - b. Reduced stages from 27 to 13 for level access showers and reduced costs by 4%.
 - c. Managing a significant increase in demand across all areas of work.
 - d. Transferred lower threshold work from high Occupational Therapists (OT's) to Housing Support Coordinators, allowing OT's to focus on complex cases resulting in increased capacity for that team, enabling them to deal with an additional 37% case work increase.
 - e. Improved Disabled Facilities Grant delivery times in all but one district and achieved the stretch target of 20 weeks in two districts.
 - f. Trained Housing Support Coordinators to become Trusted Assessors – this will further speed up delivery times going forward.

g. Customer centred outcomes have shown significant improvements in all areas from pre to post Housing “MOTs” with 96% of customers answering yes to ‘has the service achieved everything you wanted’.

33. A business case for Lightbulb, a refresh for 2019/20, has been developed which sets out the outputs achieved in year one of the service and the recurrent funding requirements for each local authority partner. Decisions are expected shortly on this.

Housing Enablement Team (HET)

34. Part of the Lightbulb service is the Hospital Housing Enablement service which focuses on people being discharged from hospital. The service aims to enable patients to settle back into a safe home as quickly as possible when they are medically ready to be discharged.
35. The service places housing specialists within the acute and mental health hospital sites, to work with the patient and hospital staff to identify housing issues that are a barrier to discharge and to put things in place so patients can return home as soon as possible. It also offers practical ongoing support once they are home, including help with further adaptations, furniture, tenancies and access to benefits. Opportunities to extend the model to community hospitals are being piloted, initially in Coalville.
36. The HET team provides up to 28 different types of interventions across a number of hospital settings. These range from cleaning and clearing properties and providing furniture, to reducing rent arrears and accessing more suitable accommodation.
37. Since April 2015, HET have helped over 1,700 patients, with demand increasing between April 2016 and March 2018 by 27% in University Hospital Leicester (UHL) and by 5% in the Bradgate Unit.
38. Referral to resolution times within UHL are typically six days, despite the increased demand. This is the length of time it takes to resolve housing issues and is a measure of the time between referral to the HET service and solution being put into place.
39. The outcomes of a cohort of 357 UHL patients were analysed and showed that their reduction in emergency admissions, after intervention from the HET service, saved the health and care economy around £220,000. Overall, NHS costs for the cohort could be reduced by approximately £550,000 annually 12 months post intervention.
40. Prior to the service, housing related DTOCs, during 2014/15, for mental health patients comprised on average 26% of all delayed bed days which translates to around 700 delayed days. Since the introduction of the HET service in 2016, this has reduced to an average of 15% of all days delayed or 400 days housing related delays per month.
41. A business case for the hospital housing enablement service, seeking approval for recurrent funding with effect from April 2019, is being considered by CCG commissioners, with decisions expected shortly.

Assistive Technology

42. New technology is transforming the care technology sector. Currently in Leicestershire a telecare service is provided based on pendant alarm systems. Nearly 6,000 alarms are in place in homes across the county. There are now many newer products available that can support people to live independent lives and deliver a more preventative response, which is more effective at delaying and reducing needs.
43. The BCF assistive technology project is looking at how the service offer in Leicestershire can be enhanced by maximising opportunities offered by new technology.
44. An initial market appraisal exercise was completed during 2018, which looked at experience elsewhere and is aiming to establish a standardised approach across the county to assistive technology. Testing some of the newer technology will take place in 2019.

Home First

45. The Home First programme is working on developing an integrated health and social care offer across LLR.
46. The integrated approach will be offered to adults when they have a change in need, requiring additional or new interventions that if not met, will result in admission to hospital/care home or the person having to remain in hospital when they are medically fit for discharge.
47. Partners have developed a blueprint for integrated intermediate care services. Work to design and implement the integrated health and care reablement offer including referral and access points, skill mix, triage and service delivery was undertaken during 2018. The service commenced during October, ahead of winter pressures. Work on the performance measures is currently being finalised and progress will be reported to the Integrated Communities Board at the end of March.

Integrated Locality Teams (ILT)

48. Twelve ILTs have been established across LLR to provide more coordinated and comprehensive support in the community. These teams are comprised of GPs, community nurses, social care staff and partners from a number of organisations including the voluntary sector.
49. The programme has identified four building blocks that will underpin a consistent approach to integrated care in the community. These building blocks are:
 - a. Population profiling (including risk stratification);
 - b. ILT operating model / multi-disciplinary teams working (focusing initially on three cohorts of patients – frail, five or more long-term conditions and/or high care costs);
 - c. Care coordination (based on the nine key features of care coordination developed as part of service design in LLR);

- d. Prevention (setting the core prevention offer for each community, for the benefit of locality teams, and the wider population in each locality).
50. While ILTs are operating in all parts of LLR there are three locations that have been selected as early implementers of the full model For Leicestershire, the early implementer site is in Hinckley and Bosworth.
51. A flowchart is in place setting out how cases will flow into the pilot, how the frailty checklist will be utilised, how the prevention offer will be targeted and the role of the Care Coordinator in supporting the multidisciplinary team and patients so that care planning is effective and coordinated, and the impact of this new approach is measured, both in terms of the outcomes for patients and the professionals involved in their care.
52. Visits are currently taking place to acute (“out of county”) hospital sites on the borders of LLR to ensure that patients registered with Leicestershire CCGs who attend these sites for their care have clear pathways back into Leicestershire’s integrated community services when they return home, including the ILT and Home First models of care. We are working with these hospitals to ensure the arrangements well understood and any operational matters addressed.

Integrated Commissioning

53. Leicestershire County Council and the County CCGs have put in place a workplan for joint commissioning for Q3 and Q4 of 2018/19 which includes activities in support of priority areas such as domiciliary care, personal budgets and learning disabilities.

Integrated Data

54. In December 2018, approval was received from NHS Digital to join and link health and care data to assist in the planning, transformation, design and evaluation of health and care services across LLR. The plan is to develop and implement an integrated data warehousing tool for this purpose during 2019.
55. The LLR business intelligence (BI) strategy, developed by a multiagency working group during Q1 and Q2 2018, has been approved and cascaded via the management teams of partner organisations and other key groups within LLR during Q3.
56. The initial focus for implementation will be on the data warehousing and population profiling workstreams during Q4. The next stage will be to consolidate the workforce, analytics and tools workstream into one programme of work with a view to commencing work on these areas from April 2019.

BCF Planning for 2019/20

57. Work to review the BCF Plan for 2019/20 in line with annual financial planning arrangements for CCGs and Leicestershire County Council was undertaken between September and December 2018.
58. The local programme of work to refresh the BCF Plan was completed in advance of the BCF Policy Framework and Operational Guidance for 2019/20 being published,

which is expected during January, to ensure that decisions could feed into commissioning intentions.

59. An initial multiagency workshop took place on 20th September, which considered the strategic context of the plan, evaluated the current BCF plan components and future requirements, and considered the commissioning intentions for 2019/20 that are linked to the integration programme. Engagement took place with Partners during October to December to review the proposals.
60. A further workshop was held on 22nd November to follow-up on actions and adjust/iterate the plan and the initial output was discussed at the Integration Executive at its meeting on 4th December.
61. The draft refreshed BCF plan will be cross checked following the publication of the national policy framework and guidance, and taken through formal governance processes including via the Health and Wellbeing Board, for final approval.

Recommendation

62. The Health and Wellbeing Board is asked to note the contents of the report, the good current performance across all four BCF metrics, and the positive progress made in transforming health and care pathways in 2018/19.

Circulation under the Local Issues Alert Procedure

None.

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Appendices

Appendix A – BCF Metrics as at November 2018
 Appendix B – BCF Plan on a Page

Relevant Impact Assessments

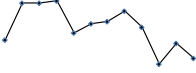
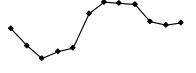

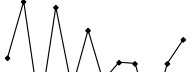
Equality and Human Rights Implications

63. 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.
64. 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.
65. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

66. 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.
67. 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.
68. 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 plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships_
<http://www.bettercareleicester.nhs.uk/>











Appendix A – Better Care Fund Metrics as at November 2018

Metric	Target	Latest Data	RAG-rated data	Data RAG	Trend	Aim / Polarity	DOT	Commentary
METRIC 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year	624.1	40.67	611.4	G		Dood performance is represented by a fall in the figures	↔	The RAD-rated data shows the 5ecember forecast for 2018/19, based on /tLLs. The ./C target for 18/19 is a maximum of 890 admissions. The current full year forecast is 872 admissions (or 611.4 per 100,000 population). performance is RAD-rated green and is statistically similar to the target.
METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	87.0%	n/a	90.2%	G		Dood performance is represented by a rise in the figures	↔	Cor hospital discharges between Jul and Sep '18, 90.2% of people discharged from hospital into reablement / rehabilitation services were still at home after 91 days. This is above the 18/19 target of 87%. performance is RAD-rated green and is statistically significantly better than the target.
METRIC 3: Delayed transfers of care from hospital per 100,000 population	236.49	n/a	194.63	G		Dood performance is represented by a fall in the figures	↔	In november there were 1,058 days delayed, a rate of 194.63 per 100,000 population against a target of 236.49. This is RAD-rated as green and is statistically significantly better than the target. Cor the different attributable organisations (b I S, social care, and jointly attributable), 84.7% of these delays were attributable to the b I S, 4.6% attributable to Social /are and 10.7% Jointly attributable.
METRIC 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month	854.94	829.74	843.26	G		Dood performance is represented by a fall in the figures	↔	Cor the period Apr-18 to bov-18 there have been 44,956 non-elective admissions, against a target of 46,665 – a variance of -1,709. This is RAD-rated as green. Curthermore, the forecast for the end of the 2018/19 financial year is that there could be 68,860 admissions, against a target of 70,569. This would be RAD-rated as green. Cor the month of bovember there has been 5,821 non elective admissions, against a target of 5,902 - a variance of -81. The monthly rate is 843.26 against a monthly target of 854.94 and this is RAD-rated green. The RAD methodology is green if non-elective admissions/rate is less than or equal to the monthly target, amber if non-elective admissions/rate is between the monthly target and monthly minimum, and red if non-elective admissions/rate is greater than the monthly minimum.





Better Care Fund 2017/19 – Integrating health and care

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The Leicestershire BCF plan, developed by the county's Health and Wellbeing Board and Integration Executive, has a total pooled budget of £56 million provided by the council and NHS bodies. This is spent on developing and implementing plans for integrated health and care services, and to improve the quality and accessibility of services for people in local communities. The BCF plan includes specific funding allocated to councils to meet the increased pressures on Adult Social Care tackle delayed transfers of care and stabilise the local social care provider market.

<p>Unified Prevention Offer </p> <p>Prevention services for people and communities which support health, wellbeing and independence (accessed via First Contact Plus).</p>	<p>Home First </p> <p>24/7 community care reducing delays in hospital discharge, preventing readmission and providing reablement.</p>	<p>Integrated Housing Support  Lightbulb <small>Keeping you and your home healthy</small></p> <p>One integrated housing service for Leicestershire, which supports safety, independence and wellbeing at home.</p>	<p>Integrated Domiciliary Care </p> <p>Help to Live at Home</p> <p>Leicestershire's domiciliary care service providing help with day-to-day activities at home.</p>	<p>Integrated Locality Teams </p> <p>GP services, community nursing and social care working hand-in-hand in each community to provide joint care and support.</p>
<p>Integrated Urgent Care </p> <p>Clear, easy to access alternatives to A&E, with improved clinical triage and navigation.</p>	<p>Assistive Technology </p> <p>Utilising opportunities presented by new technology to support people to live more independently.</p>	<p>Data Integration </p> <p>Care Planning and Care Delivery supported by an integrated electronic summary care record, which can be accessed by different health and care professionals.</p>	<p>Integrated Commissioning </p> <p>Improving joint infrastructure (between Local Authority and Clinical Commissioning Groups) in priorities such as integrated personal budgets, learning disabilities and domiciliary care.</p>	<p>Falls Prevention </p> <p>Leading the implementation of the new falls prevention and treatment service across Leicester, Leicestershire and Rutland.</p>

What improvements will we see?

-  Reduce the number of permanent admissions to residential and nursing homes (to no more than 890 admissions) supporting people to stay in their homes for longer.
-  Increase the number of service users still at home 91 days after reablement (to a minimum of 87%).
-  Reduce the number of delayed bed days in hospital (no more than 7.88 delayed bed days per day per 100,000 population) by September 2018.
-  Reduce the number of emergency admissions (no more than 850.34 admissions per 100,000 population).



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HEALTH AND WELLBEING BOARD: 24TH JANUARY, 2019

REPORT OF THE UNIFIED PREVENTION BOARD

UNIFIED PREVENTION BOARD UPDATE

Purpose of report

1. The purpose of this report is to update the Board on the work of the Unified Prevention Board (UPB) in delivering the prevention offer in conjunction with partners across Leicestershire including developing pathways how this work flows into the work of each partner organisation.

Link to the local Health and Care System

2. The Unified Prevention Board (UPB) is 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 and ensuring that the objectives of the Sustainability and Transformation Partnership (STP) prevention work stream are closely aligned with the Leicestershire prevention strategy and are jointly delivered locally as needed across Leicestershire.

Recommendation

3. The Health and Wellbeing Board is asked to note the contents of the report.

Background

4. This report is for information to advise the board of the future work programme of the UPB. It details the priorities for the next six months and partnership plans to deliver against these to create a fully developed prevention offer. The board has developed a clear plan to deliver the prevention offer with a work programme for 2019/20. The next six months will focus on the areas detailed below.

Work programme – the next six months

5. The UPB will continue to work on the three cross-cutting programmes. These are:
 - Joined up communications
 - Healthy workforce = Healthy Leicestershire
 - Lessons learned from key integration programmes
6. The draft Communications plan up until March 2020 has been produced and will be co-ordinated with partners to ensure join up with subjects and timings; creating a co-ordinated approach across areas of prevention. Some of the main themes in the plan

include the self-care campaign, reducing loneliness and social isolation, volunteering activity and Better Care Together activity.

7. The top priorities/issues for the workplace health programme include poor sleep management, low physical activity levels and poor fruit and vegetable consumption. As the work continues into 2019, the programme will aim to address these priorities with organisations to achieve better outcomes for the Leicestershire workforce with a workplace health tool being developed for use by partners and staff within their organisation and the workplace charter, which will be on the agenda for the March 2019 meeting.
8. Previous key integration programmes have helped to shape the development of the prevention offer to support ILT's. This programme of work will support the Hinckley pilot particularly in the first three months of delivery. For example, learning on developing the outcomes framework for Lightbulb is helping to influence the data collation and user experience measures for ILT Care Co-ordinators.
9. Leading on the development of the wrap-around prevention offer for ILT's will be one of the core activities of the UPB for the next six months. Integral to this is creating three frameworks of available community support directly related to the ILT cohorts of Frailty, High Cost and multiple long-term conditions for First Contact and Local Area Co-ordination (the Social Prescribing front-door) to access directly when patients are referred for ongoing non-clinical support.

Additional work

10. Additional areas of focus for the UPB for the next six months are:
 - Delivering the Local Government Association's (LGA) funded projects – Prevention at Scale (PAS) and Local Investment Programme (LIP)
 - Linking the UPB's information and advice offer to support Adult Social Care requirements including use of the Social Prescribing front door
 - Working with district health leads to develop partnership approaches to delivering the Making Every Contact Count (MECC) methodology and supporting the reduction in locality health inequalities detailed in the Health Profiles of each area.
 - Collaborating with the Blue Light Services on the developments of the Falls prevention services and People Zones
11. The LGA have funded two areas of development of prevention activity throughout Leicestershire. The first, PAS aims to look at the reasons why patients visit GP's for non-medical interventions. The project collates and analyses qualitative information from patients directly and uses this to determine what improvements could be made to ensure that people can access the right information from the right sources at the right time.
12. Learning from the project will help to develop prevention activity to ensure it is marketed appropriately and that in-depth, qualitative understanding of personas is used to build appropriate pathways into prevention service. This methodology will be used as part of the qualitative information gathering from patients using the prevention offer within ILT's.
13. The LIP project is supporting the application for partners to share NHS data to prove where prevention services may have reduced the usage of more costly health

services. New mechanisms for measuring this are being developed again, building on the learning of the Lightbulb project that successfully showed the reduction housing interventions could have on the usage of hospital and social care services.

14. Adult Social Care are keen to work with UPB partners on ensuring their information and advice offer is supported effectively across Leicestershire. This will be introduced at the January board with a view to UPB representatives supporting a wider workshop due to take place in March. This will aim to build on the use of the developed Social Prescribing offer that operates across Leicestershire using First Contact as the front door with Local Area Co-ordinators offering a face to face dialogue with residents.
15. Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change and to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals.
16. The Local Authority Health Profiles pull together existing information in one place and contain data on a range of health and wellbeing indicators for local populations. They are intended as 'conversation starters' to highlight local issues and priorities for members, and for discussion at Health and Wellbeing Boards.
17. The UPB will be receiving presentations on the Falls prevention service that has been developed with the Fire and Ambulance services and ongoing developments with People Zones from the police service.

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Relevant Impact Assessments

Equality and Human Rights Implications

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

Partnership Working and Associated Issues

19. 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.

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