



*Meeting:* **Health and Wellbeing Board**

*Date/Time:* **Thursday, 14 March 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)

Mark Wightman	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 24 January 2019 and Action Log.	(Pages 3 - 12)
2. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
3. Declarations of interest in respect of items on the agenda.	
4. Position Statement by the Chairman.	



## Strategy.

### *Wider Determinants.*

- |    |   |   |                 |
|----|---|---|-----------------|
| 5. | Strategic Growth Plan.  | Chief Executive   |                 |
|    | <i>A PowerPoint presentation will be considered during this item.</i>   |   |                 |
| 6. | Delivering the Armed Forces Covenant in Leicestershire.   | Joint Report of the Chief Executive and Director of Public Health | (Pages 13 - 26) |
| 7. | Strengthening Links Between the Health and Wellbeing Board and the Leicestershire Safer Communities Strategy Board. | Director of Public Health   | (Pages 27 - 30) |

### *Health and Care in the Place.*

- |    |   |                                      |  |
|----|---|--------------------------------------|--|
| 8. | Mental Health Transformation Programme.                               | Leicestershire Partnership NHS Trust |  |
|    | <i>A PowerPoint presentation will be considered during this item.</i> |                                      |  |

## Performance: Placed Based Outcomes.

- |     |  |   |                 |
|-----|--|---|-----------------|
| 9.  | Actions Arising from the Agreed Outcomes of the Health and Wellbeing Board Development Session held on 30 November 2018. | Director of Health and Care Integration | (Pages 31 - 44) |
| 10. | Better Care Fund Plan 2019/20.   | Director of Health and Care Integration | (Pages 45 - 72) |

## Governance.

- |     |   |                           |                 |
|-----|---|---------------------------|-----------------|
| 11. | Health and Wellbeing Board Annual Report 2018.  | Director of Public Health | (Pages 73 - 96) |
| 12. | Date of next meeting.   |                           |                 |
|     | <i>The next meeting of the Health and Wellbeing Board will be held on 30 May at 2.00pm.</i> |                           |                 |
| 13. | Any other items which the Chairman has decided to take as urgent.                           |                           |                 |



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 24 January 2019.

PRESENT

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

Leicestershire County Council

Mr I. D. Ould OBE CC  
Mr. L. Breckon CC  
John Sinnott

Mike Sandys  
Jane Moore  
Jon Wilson

Clinical Commissioning Groups

Karen English  
Dr Mayur Lakhani  
Spencer Gay

Leicestershire District and Borough Councils

Cllr. J. Kaufman  
Jane Toman

Healthwatch Leicestershire

Micheal Smith

In attendance

Mark Wightman	University Hospital of Leicester
Simon Down	Office of the Police and Crime Commissioner
Supt Natalee Wignal	Leicestershire Police

Apologies

John Adler, Mr. R. Blunt CC, Ms. S. Elcock, Dr Andy Ker, DPCC Kirk Master, Cllr Alan Pearson and Caroline Trevithick

126. Minutes of the previous meeting.

The minutes of the meeting held on 29 November were taken as read, confirmed and signed.

127. Urgent items.

There were no urgent items for consideration.

128. Declarations of interest.

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

129. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:

- Healthy Lifestyles
- Revamp of the Health and Wellbeing Board Agenda
- Enderby Leisure Centre to host new Urgent Care Service
- Civil and Military Partnership

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

130. Outcomes from the Health and Wellbeing Board Development Session held on 30 November 2018.

The Board considered a report of the Director of Health and Care Integration which provided an overview of the Health and Wellbeing Board workshop held on 30 November 2018, and actions agreed. A copy of the report is filed with these minutes marked 4.

In introducing the report the Director explained that following circulation of the report, the CCG Lead Commissioner for Mental Health had provided clarification on a number of points. A revised version reflecting this feedback would be circulated to members of the Board.

Arising from discussion the following points were noted;

- In consideration of the outcomes of the discussion at the workshop concerning the Mental Health JSNA Chapter, it was necessary to explore whether the Board had the appropriate mental health expertise and consider the possibility of recruiting an additional member to the Health and Wellbeing Board with such knowledge if necessary;
- The importance of identifying individuals who had been subject to Adverse Childhood Experiences (ACEs) at an early stage was crucial in order to be able to make sure they were part of a cohort which benefited from a targeted Mental Health offer. The Children and Families Partnership Board would be asked to consider a report on this matter at its next meeting;
- An engagement process on the Improving Access to Psychological Therapies (IAPT) Programme had commenced ahead of the expiration of the current contract and the procurement process needed to implement services across Leicester, Leicestershire and Rutland from 2020. It was noted that a cross partner communication approach was vital in order for service users to understand how and what help they could access. Additionally, over 1300 patients with long term conditions had recently been written to with information about the ways in which they could access IAPT services;
- To complement the First Contact Plus service, GPs and the public would benefit from the creation of a simple guide detailing the types of mental health services

and support available for older people in Leicester, Leicestershire and Rutland to help direct patients/public to these services;

- The lack of affordable rental accommodation for vulnerable and low income individuals and families was an issue which the Housing Services Partnership continued to monitor. In regards to the Adult Social Care Outcomes Framework figures for settled accommodation, it was noted that a reporting error had resulted in the County being ranked in the bottom quartile for the second quarter of 2018. Correct reporting would see the County positioned in the top quartile for the latest quarter;
- In recognition of the importance of a joined up approach to managing mental health, the Board would seek assurance that mental health issues were being considered in the model of care of Integrated Locality Teams including the Hinckley ILT pilot which is currently underway;
- Funding allocated by the Office of the Police and Crime Commissioner (OPCC) specifically towards mental health provision had been made available to the Safer Communities Strategy Board. The OPCC also worked closely with the Mental Health Board;
- In reference to difficulties in accessing s106 monies and the implications for health and care services, it was noted that the county CCG's were working together and alongside strategic estate advisors to help improve their approach when applying for s106 funding;
- The recently published Annual Report of the Chief Medical Officer suggested a fundamental change to the way in which health was viewed, promoting a commissioning approach based on health being viewed as the nation's prized asset rather than a financial burden. It was agreed that the relevant sections of this report would be considered by the Board alongside the Strategic Growth Plan Update at its next meeting in March;
- The Council's Healthy Schools Programme ensured that the Local Authority remained in contact with all the county's schools regardless of whether they were maintained schools or academies. It was acknowledged that whilst there was an expectation that schools would have a mental health support provision in place for their students, there was a risk that increasing pressure on school's budgets could lead to reductions in such services;
- The NHS Long Term Plan was expected to inform a range of commissioning intentions for future years. A Health and Wellbeing Board development session on the matter would be held during the summer of 2019;
- The approach to community and social cohesion at place level needed to be better aligned in order for a multi partnership cost effective approach to be delivered. The Director of Public Health would undertake a review of work in progress across partners in order to start the process.

RESOLVED:

- a) That the recommendations as set out in the report be approved;

- b) That a draft action plan detailing the recommendations be circulated to members and relevant partners before being considered by the Health and Wellbeing Board at its meeting on 14 March 2019;
- c) In absence of a representative at the meeting, the Chairman of the Health and Wellbeing Board be requested to write to Leicestershire Partnership Trust concerning the findings of the workshop as detailed in the report, to seek their feedback;
- d) That the Board consider a presentation on the Strategic Growth Plan including reference to relevant sections of the Annual Report of the Chief Medical Officer at its meeting on 14 March 2019;
- e) That District Councils and Healthwatch be requested to support the ongoing communication approach to help patients access Mental Health services across the County, including the Improving Access to Psychological Therapies (IAPT) Programme;
- f) That the Chairman of the Health and Wellbeing Board write to the Integrated Community Services Board to seek assurance on the IAPT/Mental Health interface for the Integrated Locality Teams approach, and ask the Integration Executive to look at this for the county specific area;
- g) That the Children and Families Partnership Board be asked to consider a report on Adverse Childhood Experiences at its next meeting;
- h) That the multi-agency Mental Health Partnership be asked to consider producing a guide detailing older people's mental health and wellbeing services in Leicester, Leicestershire and Rutland which could be used by GPs to direct patients to the appropriate service.

131. Leicester, Leicestershire and Rutland Transforming Care Plan.

The Board considered a report of the Director of Adults and Communities which provided an update on the delivery of the Leicester, Leicestershire and Rutland Transforming Care Plan (TCP). A copy of the report marked 'Agenda item 5' is filed with these minutes.

The Board noted progress as a result of the TCP including the development of a new community based housing provision as part of its accommodation workstream and the expansion of the Learning Disability Outreach Service.

The Director reported that a recent meeting with the NHS Lead Officer for Transforming Care had identified the positives associated with creating a multi partner based approach in the form of a Transforming Care Partnership, but concluded that the approach lacked the necessary overall impact on the lives it was tasked with helping.

In reference to future funding arrangements for the Programme, it was noted that as a result of its current inpatient position being considerably over the NHS England target, no funds were being made available to local system, and consequently funding was not following the patient as they returned to the community.

RESOLVED:

That the report be noted.

132. Leicestershire Food Plan and Good Food Leicestershire Charter.

The Board considered a report of the Director of Public Health which provided an update on progress concerning the development of the Council's Leicestershire Food Plan and recently adopted Good Food Leicestershire Charter. A copy of the report, marked 'Agenda Item 6' is filed with these minutes.

The Director reported that Leicestershire had been the first County Council to commence work towards membership of Sustainable Food Cities (SFC), it hoped to obtain the Bronze award in the next 18-24 months. It was also supporting several district councils to achieve the Bronze award in a similar time frame.

Members noted the benefits of the County's local authorities becoming members of the SFC and adopting a Food Charter, which not only recognised organisations intentions to promote healthy sustainable food, but also had the potential to enable additional funding through organisations such as the Soil Association.

RESOLVED:

- a) That the Leicestershire Food Plan and associated Good Food Charter be supported;
- b) That members of the Board encourage their own organisations to adopt the Good Food Charter.

133. Better Care Fund Quarterly Update.

The Board considered a report of the Director of Health and Care Integration which provided an update on the Better Care Fund Programme for 2018/19. A copy of the report marked 'Agenda item 7' is filed with these minutes.

In reference to Leicestershire's 2018/19 Delayed Transfers of Care figures, the Director reported that whilst there had been a spike in the average number of delayed days at the beginning of the quarter, performance since then had improved, returning to target by November.

RESOLVED:

That the good current performance across all four BCF metrics and the positive progress made in transforming health and care pathways in 2018/19 be noted.

134. Unified Prevention Board Update.

The Board considered a report of the Unified Prevention Board which provided an update on their work in delivering the prevention offer along with partners across Leicestershire. A copy of the report marked '8' is filed with these minutes.

The Board noted that a multi partner communication plan up to March 2020 had been produced, which would help deliver a co-ordinated and targeted approach across the areas of prevention. The draft Plan remained in the planning stages and once finalised a version would be shared with Members of the Board.

RESOLVED:

That a copy of the Unified Prevention Board Communication Plan be shared with members of the Health and Wellbeing Board once finalised.

135. Date of next meeting.

It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 14 March 2018.

2.00 - 3.20 pm  
24 January 2019

CHAIRMAN



Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
349(d)	05/01/17	Submit a report on the Local Digital Roadmap to a future meeting of the Health and Wellbeing Board.	Vikesh Tailor	A report is scheduled for a future meeting of the Health and Wellbeing Board.	GREEN
367(c)	16/03/17	Request the Unified Prevention Board to take forward Leicestershire specific work actions from the LLR Suicide Prevention Strategy and Action Plan and report back to the Health and Wellbeing Board when appropriate.	Mike Sandys	Six monthly updates from the Unified Prevention Board are scheduled for the Health and Wellbeing Board.	GREEN
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
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
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

Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
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	The additional research has not yet been undertaken. Once available the information will be sent to Health and Wellbeing Board and constituent CCGs.	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
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
130b	24/01/19	That a draft action plan detailing the recommendations be circulated to members and relevant partners before being considered by the Health and Wellbeing Board at its meeting on 14 March 2019;	Cheryl Davenport	A report will be considered at the March meeting of the Board	GREEN
130c	24/01/19	That the findings concerning the workshop be shared with Leicestershire Partnership Trust as detailed in the report, to seek their feedback;	Cheryl Davenport	The report and associated action log has been shared. A representative will be in attendance at the March meeting of the Board at which the Action log will be further considered	GREEN

Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
130d	24/01/19	That the Board consider a presentation on the Strategic Growth Plan including reference to relevant sections of the Annual Report of the Chief Medical Officer at its meeting on 14 March 2019;	Tom Purnell	A report will be considered at the March meeting of the Board	GREEN
130f	24/01/19	That the Chairman of the Health and Wellbeing Board write to the Integrated Community Services Board to seek assurance on the IAPT/Mental Health interface for the Integrated Locality Teams approach, and ask the Integration Executive to look at this for the	Mrs Posnett CC/ Cheryl Davenport	A letter has been sent to the Chair of the Integrated Community Services Board seeking assurance. A Report will be considered at a future meeting of the Integration Executive	GREEN
130g	24/01/19	That the Children and Families Partnership Board be asked to consider a report on Adverse Childhood Experiences at its next meeting;	Jane Moore	A report will be considered by the Children and Families Partnership at its next meeting in March	GREEN
134	24/01/10	That a copy of the Unified Prevention Board Communication Plan be shared with members of the Health and Wellbeing Board once finalised.	Mike Sandys	The Communications Plan will be considered at the next Unified Prevention Board on 12 March. In May the UPB will be asked to consider the campaign concepts, any upcoming barriers and opportunities. An update on those discussions will be provided to members of the Health and Wellbeing Board in May. In July the UPB and Health and Wellbeing Board will be asked to approve the campaign materials and next steps.	GREEN

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**HEALTH AND WELLBEING BOARD: 14<sup>th</sup> MARCH 2019**

**JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF PUBLIC HEALTH**

**DELIVERING THE ARMED FORCES COVENANT IN LEICESTERSHIRE**

**Purpose of report**

1. The purpose of this report and accompanying slides is to provide information to the Board on the work of the Leicester, Leicestershire and Rutland Civil and Military Partnership Board (LLRCMPB) and the delivery of the Armed Forces Covenant (AFC) in Leicestershire.

**Link to the local Health and Care System**

2. Improving the health of serving military, veterans and their families would have a positive impact on outcome two of the Leicestershire Health and Well Being Strategy which seeks to reduce the gap between health outcomes for different people and places

**Recommendation**

3. The Board is asked to note the information contained within the report and accompanying presentation and consider how it will:
  - i. Seek to establish and maintain a link with the work of the Civil and Military Partnership Board – to be aware of it and the purpose it has and seek our involvement in relevant areas of work and vice versa;
  - ii. Endorse and support the AFC in relation to primary care particularly the promotion of the veteran friendly GP accreditation scheme
  - iii. Collectively continue to work on addressing the gaps in partners knowledge and data and encourage Armed Forces personnel, particularly veterans to identify themselves

**Background**

4. In 2017 the LLRCMPB was formed with the purpose of supporting delivery of the Armed Forces Covenant across Leicester, Leicestershire and Rutland. The Armed Forces Covenant is a national commitment seen as a promise by the nation to ensure that those who serve or who have served in the armed forces, and their families, are treated fairly and with respect.
5. Local Authorities and, in more recent years, the wider public sector, voluntary sector and private sector organisations have signed local covenants which set out commitments they will make to supporting the Armed Forces community locally.

Leicestershire County Council re-signed a refreshed Covenant pledge in June 2018 along with Leicester City Council and Leicester Cathedral.

### **Resource Implications**

6. Delivery of the AFC and involvement in the LLRCMPB is funded from within existing resources.

### **Officer to Contact**

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Director of Public Health  
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Sarah Carter Communities Business Partner  
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Email: [sarah.carter@leics.gov.uk](mailto:sarah.carter@leics.gov.uk)

### **Appendix**

Presentation Slides - Delivering on the Armed Forces Covenant

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

7. It is expected that this work will have a positive impact on the health of the serving military, veterans and their families.

#### **Partnership Working and associated issues**

8. As referenced elsewhere in the report, Leicestershire County Council re-signed its Covenant pledge with Leicester City Council and Leicester Cathedral in June 2018. The Leicester, Leicestershire and Rutland Civil and Military Partnership Board has a membership of organisations representing Public Sector, Armed Forces and VCSE. The Board meets 3-4 times annually and is developing a joint action plan.

# Delivering on the Armed Forces Covenant

15

Presentation to Leicestershire  
Health and Wellbeing Board

Mike Sandys – Director of Public Health  
Sarah Carter – Armed Forces Covenant Officer



# Armed Forces Covenant (AFC)

## What is the AFC?

- A promise by the nation
- Reflected in local Covenant commitments
- Addressing disadvantage so armed forces personnel, past and present, get the same treatment and access to services as the civilian community
- UK-wide Strategy for Veterans published Nov 2018. Consultation to support implementation ended 21<sup>st</sup> Feb.
- Armed Forces Covenant Fund - £10m p.a.



# Government Strategy for our Veterans

## **Cross-cutting factors:**

- Collaboration between organisations
- Coordination of Veterans' services
- Data on the Veterans community
- Public perception and understanding

## **Key themes are:**

- Community and relationships
- Employment, education and skills
- Finance and debt
- Health and wellbeing
- Making a home in civilian society
- Veterans and the law

# Armed Forces Covenant in Practice

Local commitments by organisations vary but can include:

- Access and provision of services eg housing, healthcare, schools
- Supporting employment eg veterans and service leavers, reservists
- Working with and supporting cadet forces
- Discounted services
- Raising awareness and supporting community engagement
- Working in partnership
- Celebrating the contribution of the Armed Forces

# Armed Forces Community

- Data gaps and under-reporting - 2021 Census to include veterans.
- Covenant-funded 'Map of Need' in development
- In 2016\* estimated 2.5million UK Armed Forces Veterans across Great Britain (approx. 5% of household residents aged 16+ in England)
  - 98% white
  - 90% male
  - 63% aged 65 or over
  - 92% veterans compared to 89% non-veterans have a qualification but less likely to be at degree level (20% versus 30%)
  - 78% working age veterans in employment compared to 79% non-veterans
  - 75% veterans own their own home compared to 77% non-veterans

\* *Based on ONS annual population survey*

# Armed Forces Community Locally

Locally based / connected regiments and facilities include:

- Chetwynd Barracks, Chilwell - 7th Infantry Brigade / HQ East 'The Desert Rats'
- Kendrew Barracks, Cottesmore – Royal Anglian Regiment, Royal Logistic Corps, Princess of Wales's Royal Regiment
- Melton Defence Animal Training Regiment including Canine and Equine Training Squadrons, Veterinary Training Squadron
- Army Reserves incl Medical Regiment, Royal Logistic Corps, Royal Yeomanry, Royal Anglians
- Army Reserve Centres eg Ulverscroft Rd, Glen Parva, Loughborough
- Defence and Medical Rehabilitation Centre in Stanford Hall, Rushcliffe
- Local cadet forces across LLR

# Armed Forces Community in Leicestershire

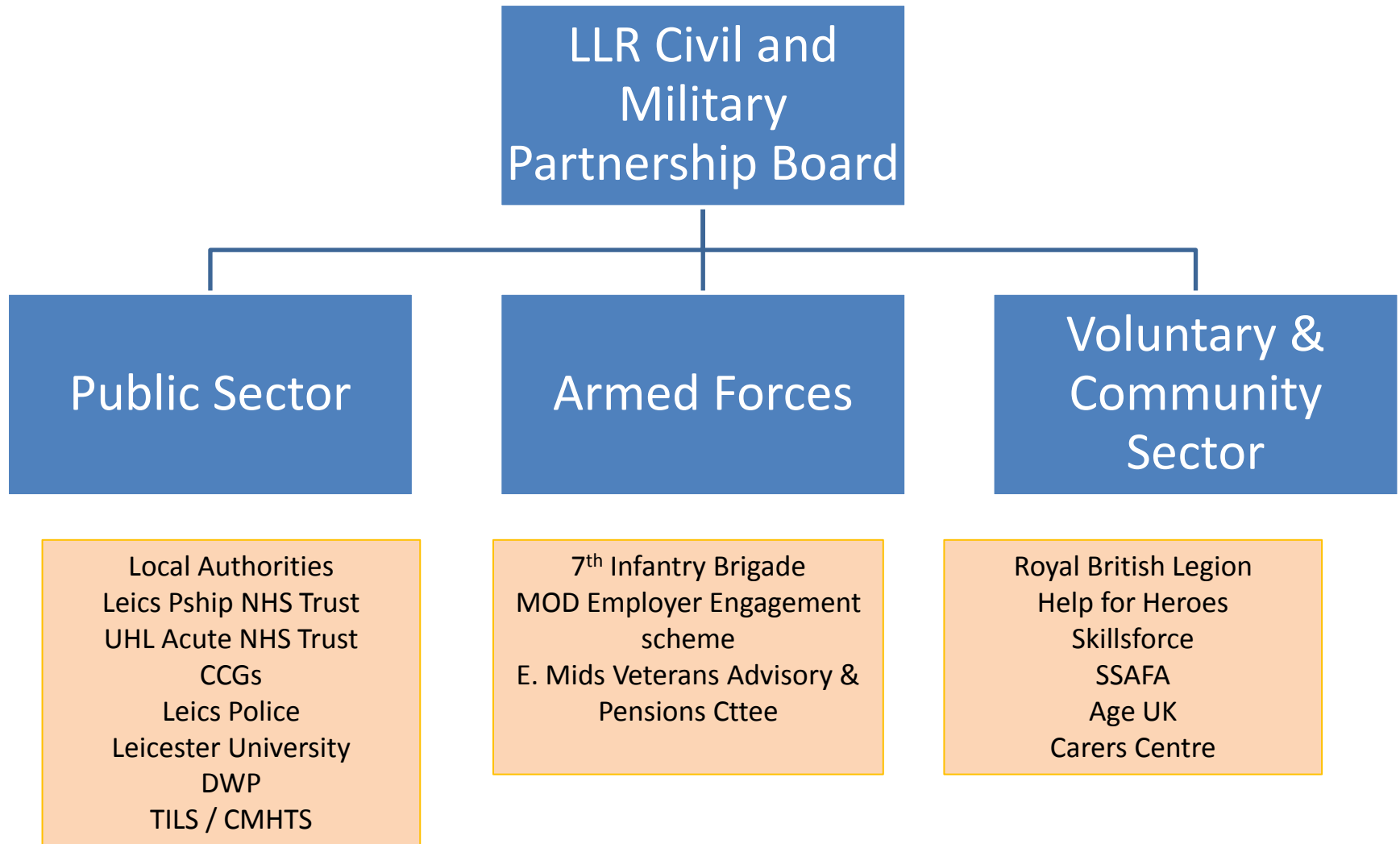
In East Midlands veterans estimated to make up 6-8% of population  
(i.e 34,500 – 46,000 in Leicestershire)

Some local indications of numbers in the County:

- Spring term school census identified 480 children for service child pupil premium
- No rough sleepers identifying as veterans in Leicester
- 155 veterans from Leicestershire in HM Prisons

*But*.....does everyone declare their Armed Forces service??

# Working in Partnership



# Armed Forces & Health Needs

- Evidence suggests Veterans' health and wellbeing is generally consistent with – or better than – the rest of the population
- PTSD prevalence broadly comparable to general population as is common mental disorder.
- KCL research suggests conflicts in Iraq and Afghanistan may have led to an increase in PTSD - 9% compared to 5% for those not deployed. 23
- Early service leavers (<4 yrs), deployed reservists, combat troops, those with pre-existing risk factors - all at increased risk
- Suicide and self-harm rates statistically significantly lower than UK general population except males under 20 which are equivalent to
- *Implications of public perception and stigma?*
- *Only 25 – 50% who need help actually seek it?*

# Armed Forces & Health Provision

- National strategies: Defence People Health and Wellbeing and Defence People Mental Health and Wellbeing
- Priority access for service-related conditions subject to clinical need
- Specific GP coding at registration for veterans
- ‘Veteran friendly GP practices’ - Military Veteran Aware Accreditation
- Veterans and Armed Forces issues now part of the GP curriculum
- Veterans Trauma Network
- Transition, Intervention and Liaison Service (TILS) and Complex Mental Health Service
- Veterans Gateway support and signposting



# Health and Wellbeing Board Support

- Links with Civil and Military Partnership Board
- Awareness raising especially primary care
- Promotion of the veteran friendly GP accreditation scheme
- Addressing data gaps and under-reporting
- Consideration of Armed Forces needs and provision as part of wider needs assessments

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**HEALTH AND WELLBEING BOARD: 14<sup>th</sup> MARCH 2019****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****STRENGTHENING LINKS BETWEEN THE HEALTH AND WELL BEING BOARD AND THE LEICESTERSHIRE SAFER COMMUNITIES STRATEGY BOARD****Purpose of the report**

1. The purpose of this report is to further update the Health and Wellbeing Board on the progress that has been made to strengthen links between community safety and health and wellbeing.

**Link to the local Health and Care System**

2. On 8<sup>th</sup> December 2016, the Leicestershire Safer Communities Strategy Board (LSCSB) received a presentation on the work of the Health and Wellbeing Board. The presentation detailed the proposed outcome based approach to deliver the five key priorities of the Joint Health and Wellbeing Strategy 2017 – 2022. A further report on the matter was considered by the LSCSB on the 10<sup>th</sup> December 2018.

**Recommendation**

3. It is recommended that the progress made to date to strengthen links between community safety and health and wellbeing be noted;

**Background**

4. Following a presentation of the key priorities of the Joint Health and Wellbeing Strategy 2017 – 2022, the LSCSB considered how to achieve a stronger working relationship with the Health and Wellbeing Board. This paper provides further updates on joint work between the LSCSB and the Health and Well Being Board subsequent to a paper presented to the Health and Wellbeing Board in September 2018.

**Update on achievements to date**

5. A jointly led (public health and community safety) workshop was held in September 2017 where local health and crime data was presented to community safety partners and a discussion on potential joint priority areas took place. This subsequently led to the endorsement of 5 priority areas of focus: drug misuse, alcohol misuse, mental health, domestic abuse and sexual violence (including child sexual exploitation).

## **Update on ongoing work**

### **Mental health**

6. Leicestershire County Council plays a leading role in the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (LLR SAPG). This Group exists to bring together key partners to co-ordinate strategies and actions to reduce the risks and burden of suicide locally.
7. In January 2018, Cabinet approved the development of a STOP Suicide Campaign and Pledge similar to that operated in Peterborough and Cambridgeshire. This work has commenced through the formation of a Stop Suicide Task and Finish Group which is comprised of representation from local government, primary care, secondary care, criminal justice services, voluntary organisations, local commissioners and locally commissioned services. A component of this work involved joint working with the Office of the Police and Crime Commissioner (OPCC) and Leicester City Council to develop an offer for those bereaved or affected by suicide.
8. Following agreement between the County Council, City Council and the OPCC on joint funding for a bereavement counselling service for those affected by suicide, the service went out to tender in March 2019. It is expected that this will be operational for May 2019.

### **Domestic Abuse & Sexual Violence**

9. A Leicester City, Leicestershire and Rutland (LLR) wide service is in place which is jointly commissioned by the County Council, City Council, Rutland Council and the OPCC. The service provides:
  - i. a single point of access for the public and for professionals
  - ii. an independent domestic violence advisory service that offers short term intensive support to manage immediate risks
  - iii. therapeutic interventions
  - iv. an independent sexual advisory service which links to the Sexual Assault Referral Centre.
  - v. Recovery and outreach services through group work and 1-2-1 support
10. In addition to the above, public health holds a contract for refuge provision for women fleeing domestic abuse.
11. Consultation has recently begun on a joint strategy across LLR for a proposed structure for domestic abuse and sexual violence services.

### **Other ongoing work**

12. The Office of the Police and Crime Commissioner (OPCC) are leading on the development and implementation of 'People Zones' which are geographically defined areas wherein public services (including health, police, local authorities, fire services and criminal justice services) work collaboratively to address the key social problems

for that particular area. The intention is to address the issues that are the highest priority for the local community and the organisations that support them.

13. The outcomes of the People Zones project link closely to that of the Unified Prevention Board and the principles behind the project align with the LCC public health prevention offer. This provides an opportunity to take forward joint priorities through the Unified Prevention Board and to ensure closer working between the People Zones project and the tier 0 prevention offer to ensure there are strong links in to our commissioned services (e.g. lifestyle services, substance misuse services and sexual health services). Local Area Coordinators are an integral part of the Peoples' Zones project, joining up the 'community capacity building' part of prevention between health and criminal justice.
14. Given the recent national publicity on escalating levels of knife crime and commentators discussing the need to take a 'public health approach' to knife crime, Joshna Mavji, Consultant in public health lead for domestic abuse, substance misuse and community safety has been working with the Police and OPCC to advise them on how such an approach could be constructed.

### **Relevant Impact Assessments**

#### Equality and Human Rights Implications

15. The work being undertaken would have a positive impact on the health and wellbeing of the population.

#### Crime and Disorder Implications

16. The work being undertaken brings together areas of work that have an impact on both health and community safety thereby aiming to have a positive impact on crime and disorder.

#### Partnership Working and associated issues

17. The work described in this report focuses on improving population health and on improving community safety through partnership with key agencies.

### **Officer to Contact**

Mike Sandys  
 Director of Public Health  
 Email: [mike.sandys@leics.gov.uk](mailto:mike.sandys@leics.gov.uk)  
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## **HEALTH AND WELLBEING BOARD: 14 MARCH 2019**

### **REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION**

#### **ACTION LOG ARISING FROM THE AGREED OUTCOMES OF THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION HELD ON 30 NOVEMBER 2018**

##### **Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an action log detailing the agreed areas of focus following the Health and Wellbeing Board workshop on mental health and commissioning intentions held on 30 November 2018.

##### **Link to the local Health and Care System**

2. One of the priorities in the Joint Health and Wellbeing Strategy is that people give equal priority to their mental health and wellbeing and can access the right support through their life course. Delivering the identified actions relating to mental health will support the Board to meet this priority.

##### **Recommendation**

3. The Health and Wellbeing Board is asked to note the action log and the initial progress made.

##### **Policy Framework and Previous Decisions**

4. Following the Health and Wellbeing Board development session in November, a report was considered by the Health and Wellbeing Board on 24 January which provided a summary of the workshop discussion and a list of proposed recommendations/actions, which the Board subsequently agreed.

##### **Background**

5. On the 30<sup>th</sup> November 2018, members of the Health and Wellbeing Board took part in a development session which focused on the Joint Strategic Needs Assessment (JSNA) and commissioning intentions for 2019/20.
6. In the first part of the development 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. Part two of the session provided participants with an overview of commissioning intentions of each partner agency for the forthcoming financial year.

7. Arising from discussion during the development session, a number of action points/recommendations were agreed which were later summarised and presented to the Health and Wellbeing Board at its meeting on the 24 January 2019. Following their consideration and approval, an action plan has been developed which summarises each of the agreed actions, identifies the officer/s responsible for the action and details initial progress made in relation to the completion of the actions. A copy of the action plan is attached as an appendix.
8. The action log splits the agreed actions into a number of topic areas to reflect the varied areas of focus. Those topic areas include 'Parity of Esteem and the Mental Health Investment Standard', 'Improving Access to, and the Outcomes from, Psychological Therapies' and 'Commissioning Intentions for 2019/20 Across the Partnership'.

### **Progressing the actions**

9. Where possible, a brief progress update on the agreed actions has been included within the attached action log. Some of the actions will result in a report being presented to the Health and Wellbeing Board during 2019, including an update on the Strategic Growth Plan which will be considered as a separate agenda item on this agenda. Other actions will be completed outside of the meeting process.
10. It is intended that the action log will be presented to the Board regularly during 2019 in order for its progress to be continuously monitored.

### **Background papers**

Report to the Health and Wellbeing Board – Thursday 24 January 2019 – Outcomes from the Health and Wellbeing Board Development Session held on 30 November 2018  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=5738&Ver=4>

### **Circulation under the Local Issues Alert Procedure**

None.

### **Officer to Contact**

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### **List of Appendices**

Health and Wellbeing Board Development Session Action Log

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

The work being undertaken to deliver against the actions identified within the action plan will have a positive impact on the health of the Leicestershire population.





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**Health and Wellbeing Board Development Session:**  
**30 November 2018 - Action Log**

<b><u>Topic Area</u></b>	<b><u>Action</u></b>	<b><u>Responsible Officer</u></b>	<b><u>Comments</u></b>
<b>Parity of Esteem and the Mental Health (MH) Investment Standard.</b>	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. Report to include investment in services across all ages (including children and young people), 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.	Mike McHugh/Sarah Warmington	Report to be considered by the Board in May.
<b>Prevention and Self Care</b>	That the Unified Prevention Board be asked to work with District/Borough Health Leads to consider and address the reasons for the variability in the prominence of promoting mental health and wellbeing across Leicestershire, to strengthen this within the existing social prescribing developments	Jane Toman and Mike Sandys	This is being considered by the next meeting of the district health leads. The Unified Prevention Board is also considering the action plan of the Health and Wellbeing Board development session at its meeting on the 12th March.

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<b>Prevention and Self Care</b>	That consideration be given to designating a number of Mental Health Champions, and consider whether the Board is supported sufficiently in terms of mental health expertise in order to drive this campaign.	Mrs Posnett CC and Mike McHugh	Update on the Re-Structure of the LLR Mental Health Partnership Board (a subgroup of STP) and consideration of the role of Mental Health Champions in the system overall.
	That the Health and Wellbeing Board's communication and engagement plan for 2019/20 should focus heavily on promoting mental health and wellbeing.	Lorna Dellow	Initial conversations and planning around the campaign are in progress and will be discussed as part of the standing item of joined up communications planning, at the next Unified Prevention Board on 12 March. Following this meeting, next steps for the campaign will be established, enabling the communications plan and campaign material to be developed, which will then come to a future Health and Wellbeing Board for comments and feedback.

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<b>Prevention and Self Care</b>	That the Unified Prevention Board and the Mental Health Partnership be engaged actively in developing the content and approach to the campaign.	Lorna Dellow/Lisa Carter	Report to be considered by the Board in May/July
	That 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.	Lorna Dellow	Report to be considered by the Health and Wellbeing Board in May/July
	That the HWB Board receives the proposed campaign materials for discussion and approval prior to the launch.	Lorna Dellow	Report to be considered by the Health and Wellbeing Board in May/July
	That the Children's Partnership be asked to develop an approach to ACEs and bring a report on this to a future HWB board meeting.	Mala Razak/Jane Moore	Report to be submitted to the next meeting of the Children and Families Partnership (March) and an update be provided to a future H&W Board

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<b>Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)</b>	<p>That Clinicians 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.</p>	<p>Prof Mayur Lakhani and Dr Andy Ker</p>	
	<p>That as part of the Board's consideration of overall outpatient redesign activities, it consider how the approach could be more systematic across other settings such as outpatient clinics</p>	<p>Mark Wightman</p>	<p>Designing a more 'systematic' (standardised) approach to Outpatients is central to the OPs improvement work. The current OP model has evolved over the last 70+ years part by design and part by individual custom and practice in each of our many and distinct services. The approach we are taking is to redesign by key services (ENT / Dermatology / Cardiology etc), anticipating that as we gather momentum we learn and increase pace.</p>

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<b>Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)</b>	<p>That Locality teams be asked to 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</p> <ul style="list-style-type: none"> <li>• The likely impact of frailty and multi morbidity on MH health and wellbeing</li> <li>• The MH wellbeing and support offer available in Leicestershire.</li> </ul>	<p>Paula Vaughan (ELR CCG) Steve McCue (WLCCG)</p>	
	<p>That the outcomes framework for measuring the impact of locality teams should include evaluating</p> <ul style="list-style-type: none"> <li>• How the team has actively signposted and supported people to the IAPT offer, and other mental wellbeing activities/low level support in community settings</li> <li>• Whether taking a more targeted approach via the ILTs increases the number of IAPT referrals for older people.</li> </ul>	<p>Louise Young</p>	

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
	<ul style="list-style-type: none"> <li>• Evidence, in MDT case conferencing and documented care plans, that MH and</li> <li>• Wellbeing is routinely being raised and addressed as part of holistic assessments and interventions.</li> <li>• In the patient evaluation element of the framework, assessing the impact of ILT interventions on patient reported outcomes for mental health and wellbeing</li> </ul>		
	<p>That the Health and Wellbeing Board receive a report on the future commissioning intentions for IAPT during 2019, and be actively engaged in the preparatory work for the re-procurement</p>	<p>Sarah Warmington</p>	
<p><b>Measuring the Impact and Effectiveness of Mental Health Interventions</b></p>	<p>That once the new integrated data warehouse and reporting 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.</p>	<p>Cheryl Davenport</p>	<p>Will co-design integrated data dashboards with the STP Mental Health Partnership Board during 2019/20</p>



<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<b>Other commissioning Intentions for 2019/20 Across the Partnership</b>	That the HWB Board receives a presentation on the strategic growth plan, early in 2019.	Tom Purnell	Presentation to the Health and Wellbeing Board in March
	That the HWB Board receive (in Q2 2019) a comprehensive report on the housing developments across Leicestershire over the 10 years,	Tom Purnell	
	That a stock take of work in progress relating to community and social cohesion across partners be undertaken, and subject to the outcome of this, a multiagency workshop on this topic be arranged during 2019/20 with a view to consolidating the strategy and setting a clearer joint strategic direction/set of commissioning intentions.	Mike Sandys	To be taken forward as part of the Loneliness Project within LCC.

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<p><b>Other commissioning Intentions for 2019/20 Across the Partnership</b></p>	<p>That 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.</p>	<p>Zafar Saleem</p>	<p>Multi-agency arrangements for command, control &amp; communication have been established. Several workshops have been held, risk assessments undertaken and business continuity plans put in place. Regular dialogue is ongoing with MHCLG &amp; its specialist Resilience &amp; Emergency Department. The main risk areas are disruption at East Midlands Airport as it is a major freight port, &amp; highways infrastructure issues. There are additional risks to food &amp; medicine supplies, potential cohesion issues, &amp; workforce availability with consequential impact on sectors reliant on EU labour (distribution, care sector, HNS food processing, and hospitality). All partner agencies will have received national guidance from Central Government on preparedness &amp; to support this a small amount of additional funding has been provided to the LRF &amp; all unitary, district &amp; county councils. 24/7 and additional cover arrangements have been put in place for Brexit weekend with strategic &amp; tactical coordinating groups.</p>

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
<p><b>Other commissioning Intentions for 2019/20 Across the Partnership</b></p>	<p>That 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).</p>	<p>Peter Miller</p>	

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**HEALTH AND WELLBEING BOARD: 14 MARCH 2019**

**REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION**

**BETTER CARE FUND PLAN 2019/20**

**Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an overview of the progress to refresh and submit the Leicestershire Better Care Fund (BCF) plan, including an update on the refreshed expenditure plan and outcome metrics for 2019/20 as at the 1<sup>st</sup> March 2019.

**Recommendation**

2. It is recommended:
  - a) That the draft BCF Plan for 2019/20, as summarised in Appendix A and B, be approved for submission to BCF National Team in line with the national timetable, subject to the publication of the national BCF guidance and any further amendments required;
  - b) That the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, be authorised to make any amendments to the BCF plan 2019/20 in light of the national guidance, prior to its submission to NHS England;
  - c) That the final submitted version BCF plan for 2019/20 be submitted to the next possible meeting of the Health and Wellbeing Board for assurance, along with a progress update on the process and timescales for national assurance via the BCF National Team;
  - d) That the Board notes that the members of the Integration Executive (a subgroup of the Health and Wellbeing Board responsible for the day to day delivery of the BCF Plan), will be asked to confirm their agreement to the final version of the plan to be submitted to NHS England.

**Policy Framework and Previous Decisions**

3. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
4. The Health and Wellbeing Board approved Leicestershire's current BCF plan in July 2018. <http://politics.leics.gov.uk/ieListDocuments.aspx?MIId=5299>

## **Background**

5. The purpose of the BCF is to transform and improve the integration of local health and care services, in particular to reduce the dependency on acute hospital services, in favour of providing more integrated, preventative and coordinated community-based support.
6. The strategic framework is set by BCF national policy requirements, BCF national conditions, BCF metrics, CCG commissioning intentions, and key local authority duties for example with respect to integration and the Care Act, or the delivery of disabled facilities grants for major adaptations in the home.
7. Keeping people out of statutory and acute provision wherever possible, sustaining adult social care within new models of care locally, ensuring there is a cohesive plan for data integration at population and care planning levels, implementing integrated teams at neighbourhood level to coordinate community based care with GP practice, improving hospital discharge, ensuring access to seven day services and developing an infrastructure and platform for integrated commissioning remain high priorities within the integration agenda nationally and locally.

## **Current Position**

8. At the time of writing this report, the national BCF policy framework and technical guidance for 2019/20 is still awaited. The timetable for submission of BCF plans to the BCF National Team/NHS England will be confirmed when the guidance is published.
9. Ahead of the policy framework and guidance being released, work commenced in September 2018 to refresh the BCF plan, in line with the annual financial planning arrangements for the Clinical Commissioning Groups (CCGs) and Leicestershire County Council.
10. On the 20<sup>th</sup> September and 22<sup>nd</sup> November, two multiagency BCF plan refresh workshops took place to review the existing plan for 2017-19 and to make recommendations and agree further actions based on partner commissioning intentions for 2019/20. Engagement with partners was undertaken during quarter three to receive feedback on the recommendations.
11. The BCF expenditure plan was reviewed and iterated by the Integration Finance and Performance Group (commissioner only Board of both CCGs and Leicestershire County Council) with further review and assurance undertaken at the Integration Executive meeting on 4<sup>th</sup> December. All actions and recommendations have been incorporated into the draft expenditure plan which is being taken through partner governance via CCG Board meetings on 12<sup>th</sup> March and Leicestershire County Council's on 4<sup>th</sup> April.

## **BCF Plans for 2019/20**

12. To date the messages received from the BCF National Team is that 2019/20 will be a continuation of the 2017-19 plan with minor adjustments. Therefore, a full revised BCF narrative plan will not be required, rather a short section detailing any changes to the plan between 2018/19 and 2019/20 will be requested.

13. The full BCF Plan for 2017-19 is available at the following link:  
<http://www.healthandcareleicestershire.co.uk/download/Leicestershire-BCF-Plan-2017-19.pdf>
14. It is expected that the submission to the BCF National Team will consist of one template detailing the expenditure plan, outcome metrics and a short narrative outlining the changes from the 2017-19 plan and any new commitments/matters to be reported on.
15. A presentation has been prepared, provided at Appendix A, summarising Leicestershire's BCF plan for 2019/20. This sets out:
  - a) the wider vision and goals within Leicester, Leicestershire and Rutland's Better Care Together Programme;
  - b) supporting detail of what will be delivered and funded within each theme of the plan in 2019/20, in support of work taking place at system, place and neighbourhood levels;
  - c) a summary of information on the BCF outcome metrics;
  - d) the source of funds for the plan;
  - e) the financial adjustments made between 2018/19 and 2019/20 including inflationary uplift.

### **BCF National Conditions**

16. The current BCF policy framework and existing technical guidance for 2017-19 require that a local BCF plan must meet the following national conditions:
  - a) Plans must be jointly agreed and be approved via the local Health and Wellbeing Board.
  - b) Maintain NHS contribution to social care in line with inflation.
  - c) Demonstrate commitment to investment in NHS-commissioned out of hospital services.
  - d) Deliver improvements in managing (delayed) transfers of care.
17. The work undertaken to date on the BCF plan has been completed in line with the existing national conditions.
18. It should be noted that these conditions could be subject to change, once the final technical guidance is published for 2019/20.

### **BCF Outcome Metrics for 2019/20**

19. BCF plans are assessed against four BCF outcome metrics. It is anticipated that the following metrics will all continued to be nationally required in 2019/20:
  - a) Reducing the number of total emergency admissions;
  - b) Effectiveness of reablement at 91 days;
  - c) Improving delayed transfers of care; and
  - d) Reducing the number of permanent admissions to care and nursing homes.

20. Slides 13-17 of Appendix A set out the proposed target for each metric, with a comparison against the target for 2018/19.
21. The actual targets for the delayed transfer of care and emergency admissions metrics will be set by NHS England when the guidance is published.

### **BCF Expenditure Plan for 2019/20**

22. The BCF Plan for 2019/20 totals £59.1million (subject to final confirmation of allocations).
23. The table provided in slide 18 of Appendix A provides a summary of the BCF allocations setting out the source of funds.
24. In mid-January, NHS England reported that for planning purposes, CCGs and Health and Wellbeing Boards should assume that the CCG minimum contribution into the BCF pooled budget will be maintained in real terms in 2019/20 (a 1.79% increase in case terms). This was only an assumption and formal guidance on minimum contributions will be issued shortly.
25. An increase of 1.79% for the CCG minimum contribution has been built into the draft expenditure plan and will be reviewed once the formal guidance is published.
26. The draft BCF expenditure plan, provided at Appendix B, sets out the line items/ service areas for each element of the BCF pooled budget.
27. The individual line items in Appendix B show the apportionment of the financial contribution across East Leicestershire and Rutland CCG and West Leicestershire CCG. For the majority of the line items this is divided in the usual proportions of 56.8% (WLCCG) and 43.2% (ELRCCG). In some cases, there are line items that are specific only to one CCG, and/or the usual proportions have been varied, due to other service specific factors. All of these apportionments have been confirmed and assured by the respective parties.
28. The line items funded by the Improved Better Care Fund (adult social care grant) are highlighted and are subject to Local Authority determination and grant conditions.
29. The Disabled Facilities Grant Allocation is automatically transferred to each District Council per the apportionment set out by government.
30. Appendix B also provides an overview of the illustrative expenditure plan for 2020/21, based on current policy and commissioning intentions; this is for medium-term planning purposes only. Approval of the 2020/21 plan is not being sought at this time, as 2019/20 is a transitional year for the NHS Long Term Plan and the BCF Policy Framework and there are likely to be significant changes to take into account.



**Next Steps**

31. The draft BCF plan for 2019/20 will be reported to both CCG Board meetings on 12th March, subject to any changes required following the publication of the BCF policy framework.
32. Following the publication of the BCF national documentation, the plan will be reviewed to ensure that it meets all national conditions. Any adjustments required will be made and taken back through the appropriate governance route as noted in para 31 above.

**Circulation under the Local Issues Alert Procedure**

None

**Officer to Contact**

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**Appendices**

Appendix A – Presentation Summary of Leicestershire’s BCF plan for 2019/20  
Appendix B – Draft BCF Expenditure Plan

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

33. 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.
34. 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.
35. A review of the assessment was undertaken in March 2017.

**Partnership Working and associated issues**

36. 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.
37. 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.

38. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as Better Care Together, LLR's Sustainability and Transformation Partnership (STP) <http://www.bettercareleicester.nhs.uk/>.

# LEICESTERSHIRE'S BETTER CARE FUND PLAN 2019/20

**Cheryl Davenport**  
**Director of Health and Care Integration**



# INTRODUCTION

The Leicestershire BCF Plan 2017-19 has proved effective in delivering service transformation by:

- Leading the implementation of a new integrated service offers, spanning health, care and housing
- Maximising the impact of BCF funding, in particular supporting new models of integrated care in the community
- Maximising the impact of IBCF funding, in particular to improve hospital discharge and sustain adult social care
- Achieving the target for all four of BCF metrics in 2018/19
- Leading ground-breaking work in data integration, via the new LLR Business Intelligence Strategy.

The Leicestershire BCF Plan and pooled budget for 2019/20 remains a key enabler to the transformation of health and care within the County, and across the wider health and care economy of Leicester, Leicestershire and Rutland.

2019/20 marks the final year of the current national BCF Policy framework and a transitional year in terms of adopting the new NHS 10 Year Plan, and the policy requirements of the anticipated Adult Social Care Green Paper and NHS Green Paper on Prevention.

Leicestershire's BCF Plan for 2019/20 is broadly a continuation of the 2017-19 plan and is summarised in the following slides. It should be read in conjunction with:

- The BCF Plan on a Page - <http://www.healthandcareleicestershire.co.uk/wp-content/uploads/2018/10/BCF-Plan-on-a-page-2017-19-rev.102018.pdf>
- The narrative predecessor BCF Plan 2017-19
- <http://www.healthandcareleicestershire.co.uk/download/Leicestershire-BCF-Plan-2017-19.pdf>
- The BCF 2019/20 Expenditure Plan (Appendix A)







# LLR's vision, goals and principles

The aim of the BCT partnership is to improve the provision of health care in Leicester, Leicestershire and Rutland by bringing together NHS organisations and other partners, including local authorities and the voluntary and community sector closer together to deliver a better services and to do so more efficiently. The following diagrams explain our vision, principles and goals for a sustainable, affordable system that is fit for purpose. The vision, goals and principles has been developed by the clinical leadership group and have been agreed by all our partners.



## Our goals

-  Keep more people well and out of hospital through better public health and prevention of illness, early detection and management of disease, support for patients at home and in their community.
-  Care in a crisis from NHS 111 to 999, urgent care to the emergency department, including an urgent and emergency response for people experiencing mental health episodes.
-  More care closer to home from the management of long term conditions to planned procedures and follow-ups
-  High quality specialist care to support patients in their homes, community facilities and hospitals to get the best possible outcomes.

53



# LLR's Integrated Care System: Workstreams and Delivery Tiers

Integrated Care System Development led by the System Leadership Team		Level	Population Size	Purpose
<b>Enablers</b>  Workforce Digital - IM&T and BI Finance and Contracting Communications and Engagement Clinical leadership	<b>Transformation Programmes</b>  Planned Care Cancer Urgent Care Integrated Community Services Primary Care Mental Health Learning Disabilities Childrens, maternity & neonates Prevention and health inequalities	Neighborhood (Health Needs Neighborhood and Localities)	30,000 to 50,000	<ul style="list-style-type: none"> <li>• Deliver high quality primary care</li> <li>• Proactive care via integrated locality teams for defined populations and cohorts</li> <li>• Asset based community development to support health, wellbeing and prevention</li> </ul>
		Place (Leicester City, Leicestershire County and Rutland)	37,000 to 610,00	<ul style="list-style-type: none"> <li>• Based on upper tier authority boundaries</li> <li>• Delivery of specialised based integrated community services, including social care</li> <li>• Delivery of reablement, rehabilitation and recovery services</li> <li>• Prevention services at scale</li> </ul>
		Systems (Leicester, Leicestershire and Rutland)	1,000,000+	<ul style="list-style-type: none"> <li>• System strategy, planning and implementation</li> <li>• Work across the system on specialist areas such as cancer, mental health and urgent care</li> <li>• Make best use of all our combined assets including staff and buildings</li> <li>• Manage performance and system finances</li> <li>• Establish a system framework for prevention</li> </ul>



# Our vision for Health and Care Integration in Leicestershire (Place)

We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens.



# BCF Plan Themes 2019/20

- Unified Prevention Offer - (place and neighbourhood) for example First Contact Plus, Falls Prevention, Lightbulb Housing Services
- Integrated Community Services –for example integrated reablement , integrated teams
- Improving Hospital Discharge - high impact changes, core integrated discharge services
- Sustaining Adult Social Care – for example demand management, workforce development, Care Act, assistive technology
- Integrated Commissioning – for example Dementia, CHC, LD, Personal Budgets
- Urgent Care – for example acute home visiting service
- Data Integration - for example data warehousing integration tool
- Disabled Facilities Grants (ring fenced to District Councils for major home adaptations )





# WHAT WILL THE BCF PLAN DELIVER/FUND IN 2019/20 - PREVENTION

- Leicestershire's social prescribing one stop shop **First Contact Plus** is well established, with GP and (new) self referral options, via both digital and telephone channels. It provides access to a range of interagency prevention support including **lifestyle services**.
- **Local Area Coordinators** (LCC funded) are based in Leicestershire's neighbourhoods providing a face to face service, working with caseloads of people who need additional support with social prescribing, and building community capacity targeted to improving health and wellbeing.
- Leicestershire's award winning **Lightbulb Housing Service**, provides a one stop shop for all aspects of neighbourhood housing support, including the hospital housing team (**HET**).
- **LLR's Falls Pathway** includes non conveyance alternatives, technology, therapy triage and postural stability classes, with key prevention components currently being tested.

The above components have been designed specifically to provide a consistent, easy to access prevention offer for the **Integrated Teams** working in Leicestershire's neighbourhoods and the populations they serve. In 2019 we will be consolidating the prevention offer further and measuring the impact in 2 ways:

- How systematically and effectively the prevention offer is delivered by our Integrated Teams, and the impact on case management and patient outcomes
- Insights gathered from our **Prevention at Scale** project which is assessing why patients seek GP appointments for non medical interventions, and how our prevention services could better meet their needs



# WHAT WILL THE PLAN DELIVER/FUND IN 2019/20

## – INTEGRATED TEAMS

Across Leicester, Leicestershire and Rutland we have implemented **Integrated Teams** in each neighbourhood, initially focusing on improved care coordination for patients who are frail, have high health care costs or 5 or more long term conditions.

In 2018/19 we are undertaking an evaluation of the 4 components of the integrated teams model via **a pilot in the Fosseway area of Hinckley and Bosworth**. In 2019/20 we will apply the learning from this to finalise implementation of the model across all Integrated Teams in Leicestershire.

With the introduction of **Primary Care Networks** in 2019/20 we will focus on the following priorities:

- Refining and embedding the approach to population health management (using the ACG risk stratification tool and other neighbourhood/locality level data sets per our BI strategy)
- **Ensuring each integrated team is supported by a care coordinator**
- Extending the types of patients the integrated teams case manage
- Extending the team/model to include other services such as community mental health
- **Assessing if the current social prescribing infrastructure in Leicestershire meets with the NHS plan requirements, and addressing any gaps.**



# WHAT WILL THE PLAN DELIVER/FUND IN 2019/20

## – INTEGRATED DISCHARGE

- In Q1 2019/20 we will deliver the final element of the national **High Impact Changes** framework (7 day services) so that we achieve “established” against all 8 domains and will continue to deliver a range of other improvements via the LLR multiagency discharge action plan
- In 2019/20 we will design and deliver **more effective medium term accommodation solutions for MH and LD patients**, as these are the remaining areas where we experience the most delayed bed days.
- In 2019/20 we have **committed approx £15m of the BCF/IBCF to maintaining our good DTOC performance** in line with the national target.
- The **Integrated Teams case management model** includes receiving daily data on simple discharges from hospital which are proactively contacted by the care coordinator. A check list is applied to troubleshoot any issues once home, helping individuals, families and carers with advice and coordination for any follow up needed including prevention support, help with medications etc.
- **The hospital housing discharge (HET) team** (funded non recurrently from the IBCF for 2019/20) will deliver expert housing support to discharge teams and their patients at the Bradgate Unit and UHL.



# WHAT WILL THE PLAN DELIVER/FUND IN 2019/20 INTEGRATED COMMUNITY SERVICES

## Reablement

- In 2018/19 we have developed and tested a **new integrated reablement offer including 24/7 crisis response** and in 2019/20 we will apply the learning and finalise the implementation. There will be a **combined point of access** for receiving referrals and for the operational delivery of integrated NHS and LA reablement services.
- In November 2019 we will extend the contracts of our **Help to Live at Home** domiciliary care providers, following the first 3 years of our integrated service, and plan for the next phase of developments.

## Redesigning Other Community Services

- In 2018/19 across LLR a process has begun to **redesign community nursing, therapy and community hospital provision**, led by the NHS
- In 2019/20 engagement and consultation on the proposed model will take place and initial stages of the changes will be implemented
- The BCF plan for Leicestershire funds some existing services (for example Intensive Community Support beds) - so BCF funding will be re-aligned according to the new model
- There will be implications for how adult social care services are delivered in community settings and how these integrate further with the redesigned NHS services.



# WHAT WILL THE PLAN DELIVER/FUND IN 2019/20 – SUSTAINING ADULT SOCIAL CARE

The IBCF is a non recurrent grant to LAs targeted to sustaining adult social care and supporting hospital discharge.

A Green Paper on Adult Social Care is expected in 2019/20 which will set out future funding arrangements for Adult Social Care. As the IBCF is non recurrent, a transition plan is in place for 2019/20 for all remaining IBCF elements of the plan.

Aside from the Hospital Discharge investments already covered in this presentation, IBCF funding is supporting for example :

- **Workforce development**, such as intensive recruitment and retention support for the social care provider market
- **Maintaining capacity** /deferring savings requirements in the HART service (LCC's reablement service)
- The continuation of the **discharge response team (DRT) within UHL**
- **Enhanced carer support** per the LLR carers strategy
- Additional **enablers for Transforming Care** (LD)
- Mitigating a range of **inflationary , demand, and legislative pressures** on social care, for example demographic demand and national living wage



# WHAT WILL THE PLAN DELIVER/FUND IN 2019/20

## – DIGITAL TRANSFORMATION AND DATA INTEGRATION

- The Leicestershire BCF plan is testing new **Assistive Technology** in the home during 2019/20 – with a view to upgrading from traditional pendant and pull cord alarms to using the “internet of things” – e.g. sensors and smart phone/home technology which can then be used for multiple purposes by consumers and connect them to a range of integrated health and care services.
- The implementation of the **LLR Falls Pathway** includes testing 3 technologies as part of an EMAHSN evaluation programme – these will:
  - Assess a person’s risk of falling
  - Track individual patients and the falls interventions they have received to measure the impact of falls assessment and interventions.
- Per the LLR BI Strategy, the implementation of the **new data integration warehousing tool** (a product being designed with Mids and Lancs CSU) will take place in 2019/20, supported by the BCF funding.
- All of the above are being planned and delivered in the context of the **LLR Digital Roadmap**, which will evolve further in 2019/20 in light of the additional digital commitments in the NHS Long Term Plan.



# WHAT WILL THE PLAN/FUND DELIVER IN 2019/20 – INTEGRATED COMMISSIONING

Priorities for integrated commissioning at Place level in 2019/20 have been agreed as follows:

- **Organisational Development for Integrated Commissioning** – workshop Q1 2019 to set the outcomes framework, culture and goals across the work programme/partnership
- Develop our local approach/offer for **Integrated Personal Budgets**
- +1 contract extension of the existing **Help to Live at Home** provider contracts, and determine the **commissioning plan for Domiciliary Care for 2020 onwards**
- **Post diagnostic community and inreach dementia services**
- Plan for commissioning requirements arising from the **Community Services Redesign**
- **Review the health and social care protocol and commission a revised training offer** from 2020
- Work plan in relation to **Learning Disabilities at Place level** (in support of the LLR Transforming Care Programme)
- Implement further actions in relation to **CHC processes and funding arrangements** between agencies



# BCF National Metrics – Draft Targets 19/20\*

## Reminder of the Four Metrics

1. **Metric 1:** Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year
2. **Metric 2:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
3. **Metric 3:** Delayed transfers of care from hospital per 100,000 population
4. **Metric 4:** Total non-elective admissions into hospital (general and acute), per 100,000 population

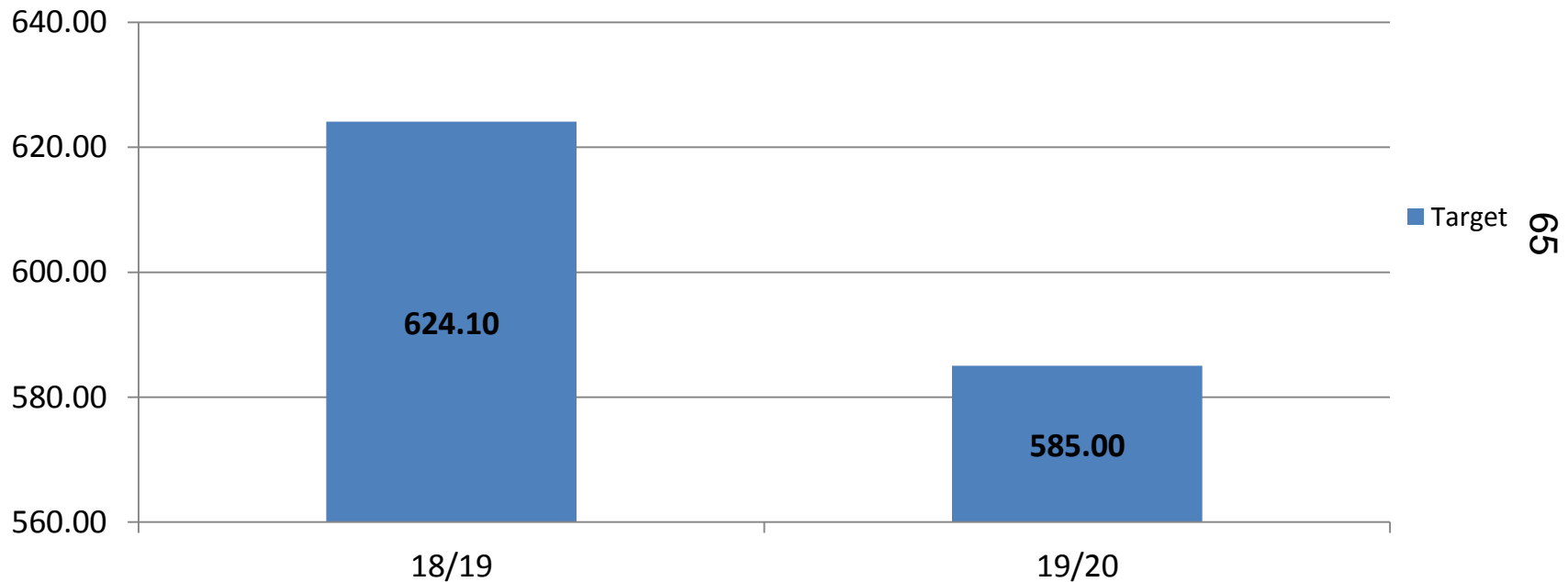
*\*BCF guidance not yet published for 2019/10*





# Metric 1 – Admissions to residential/nursing homes

- Target – per 100,000 population, per year



FY18/19: **624.10** (target)

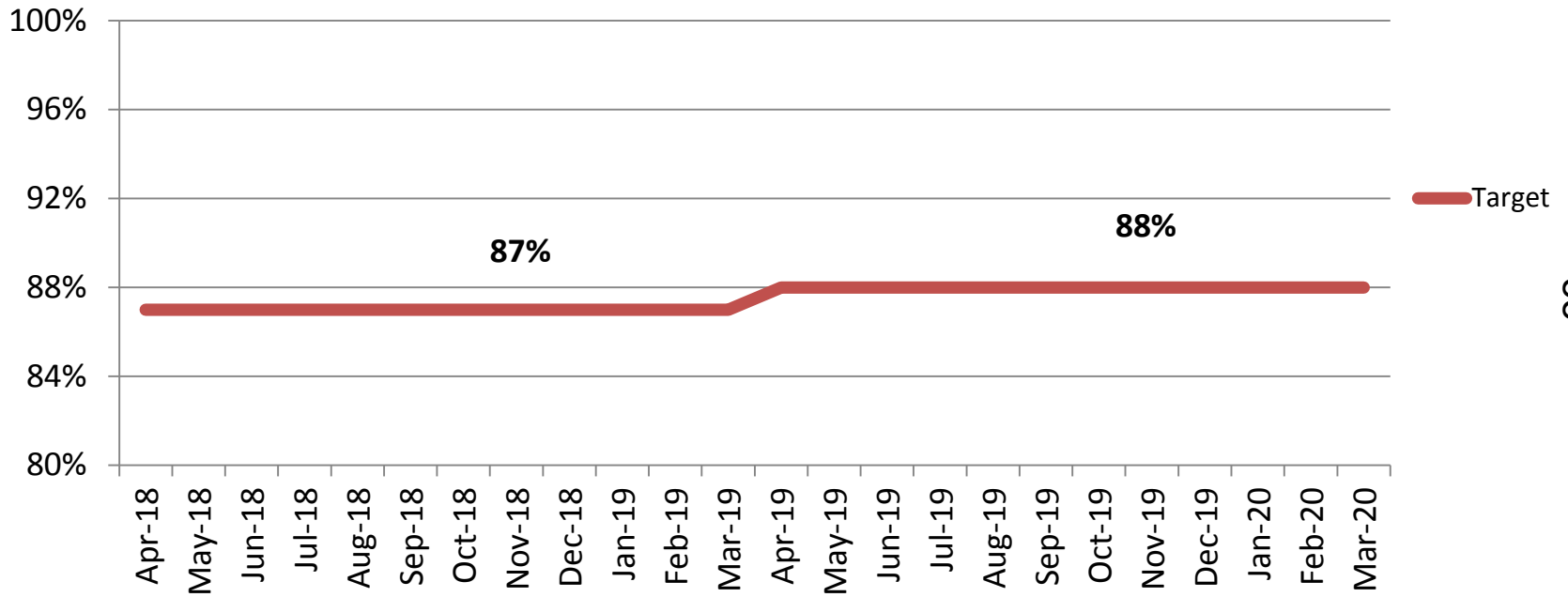
FY19/20: **585.00** (target)

Variance: **-39.1**



# Metric 2 – Reablement

- Target – % per month/year

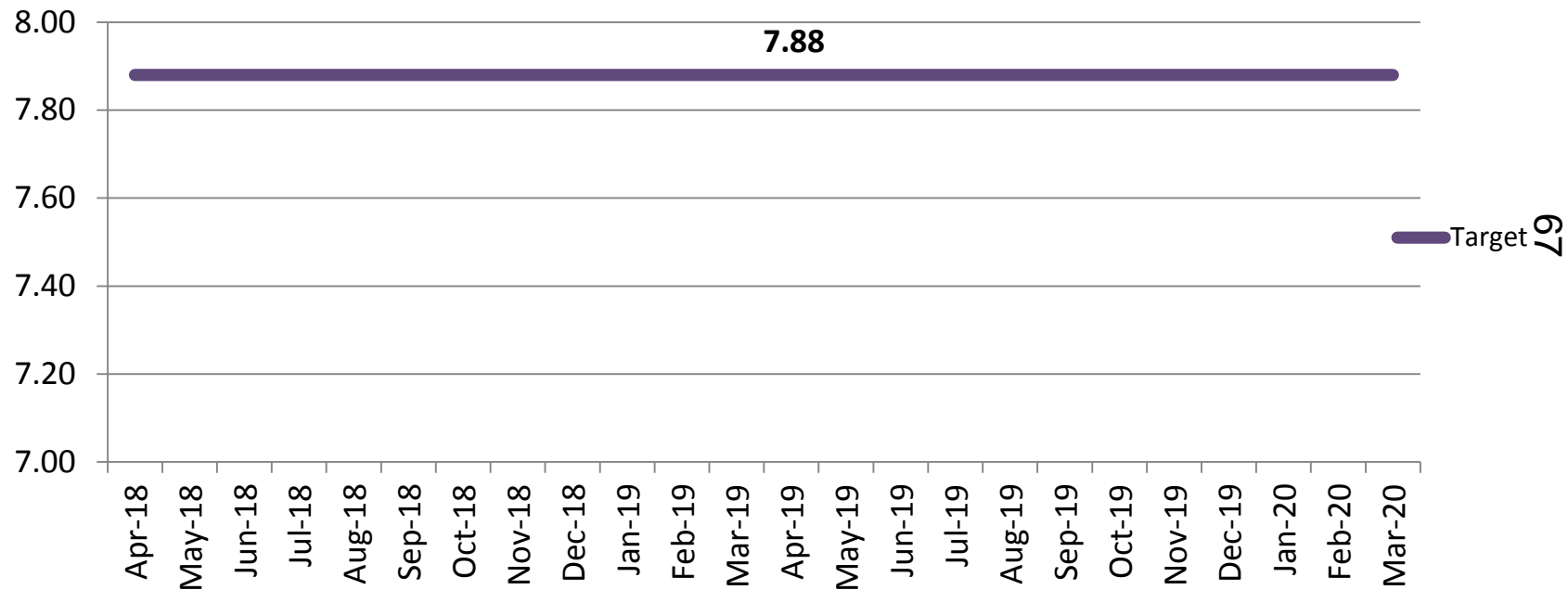


FY18/19: **87%** (target)  
FY19/20: **88%** (target – locally set)  
Variance: **+1%**



## Metric 3 – Delayed Transfers of Care

- Target – per 100,000 population, per month/year



FY18/19: **7.88** (target)

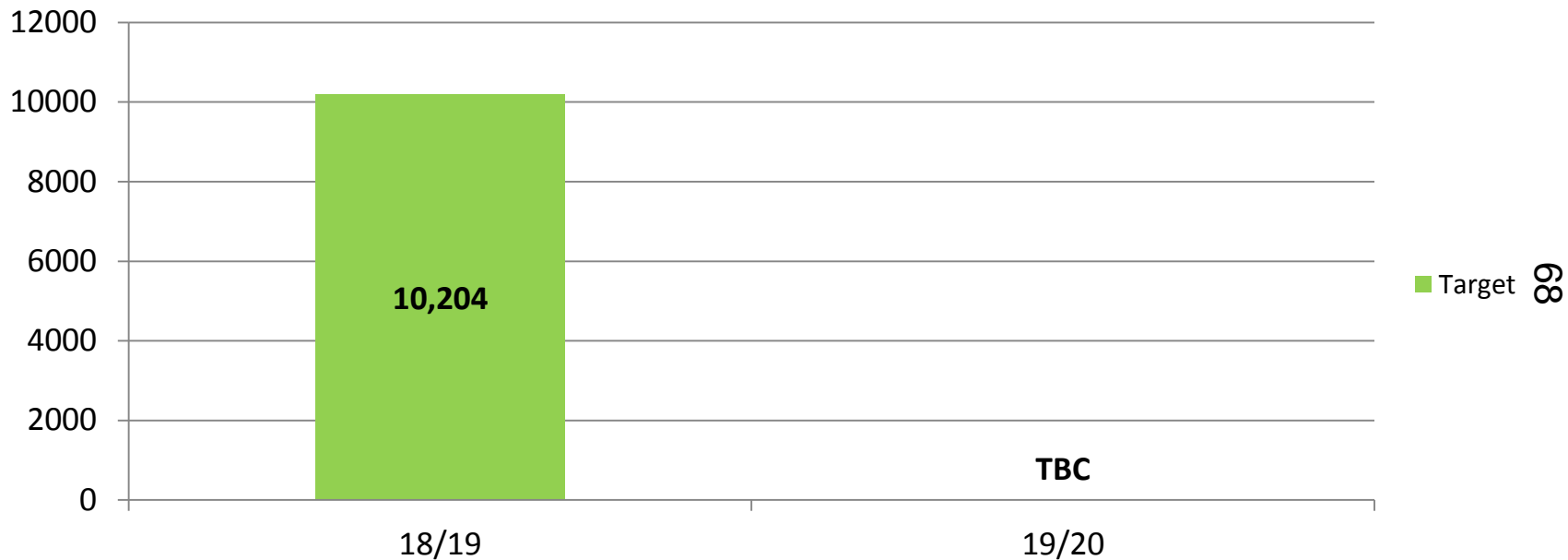
FY19/20: **7.88** (draft target - proposed locally - e.g. maintain DTOC performance – actual is subject to national confirmation by NHSE - pending

Variance: TBC



# Metric 4 – Non-Elective Admissions

- Target – per 100,000 population, per year



FY18/19: **10,204** (target)

FY19/20: **TBC** (issued nationally by NHSE – pending )

Variance: **TBC**



## BCF Plan Pooled Budget: Source of Funds

	2018/19 £m	2019/20 £m
CCG Minimum Allocation	37.4	*38.0
IBCF - Autumn 2015 review	5.6	11.4
IBCF (additional ASC allocation) - Spring 2017 Budget	6.8	3.4
IBCF (Winter Pressures) - Autumn Budget 2018	**Nil	2.4
Disabled Facilities Grant	3.6	***3.9
<b>Total BCF Plan</b>	<b>53.4</b>	<b>59.1</b>

\* Based on indicative uplift of 1.79% on 2018/19 allocation

\*\* The Council received a £2.4m allocation of winter pressures funding in 2018/19 but this was not part of the IBCF.

\*\*\*Estimated allocation ,based on 2018/19, increased per national allocation announcements



# BCF Expenditure Plan

## Movement between 2018/19 and 2019/20

	WLCCG £'000	ELRCCG £'000	Total £'000
Inflation – LCC Commissioned Services	57	44	101
Inflation – CCG Commissioned Services	142	93	235
First Contact Plus (reduced requirement)	-7	-6	-12
Primary Care Coordinators (reducing current investment & retaining 1x Band 6 post)	-189	-169	-358
ELRCCG QIPP Scheme – 20 ICS beds reduction	-	-600	-600
Help to Live at Home – Step Up Reablement	-195	-148	-344
Help to Live at Home – Step Down Reablement	-96	-73	-169
Integrated approach to residential and nursing care home provision – scheme ended	-7	-9	-15
GP input into Waterside Extra Care Facility	-50	-	-50
Urgent Care Centres – increased BCF contribution	-	390	390
Removal of CCG Contingency	-500	-500	-1,000
Removal of 2018/19 cost improvement target	434	139	573
Realignment of future LCC investment & reduction for care coordination	-141	-68	-210
WLCCG Care Coordination	210	-	210



**LEICESTERSHIRE BETTER CARE FUND PLAN 2019/20 (excluding IBCF & DFG)**

	West £'000	East £'000	Total £'000
CCG Minimum Allocation 2018/19	21,239	16,139	37,379
CCG Additional Allocation 2018/19	1,367	1,195	2,563
	<b>22,607</b>	<b>17,335</b>	<b>39,941</b>

**Movements:**

Inflation - LCC Commissioned	57	44	101
<b>Inflation CCG Commissioned</b>	<b>142</b>	<b>93</b>	<b>235</b>
First Contact - reduced requirement	-7	-6	-12
Primary Care Co-ordinators QIPP. Reducing current investment and retaining 1x Band 6 post BCF funded (exact cost TBC)	-189	-169	-358
East QIPP Scheme - 20 ICS beds reduction		-600	-600
Help to Live at Home - Step UP	-195	-148	-344
Help to Live at Home - Step Down	-96	-73	-169
Integrated approach to res & nursing care home provision - scheme ended	-7	-9	-15
GP Input into Waterside Extra Care Facility	-50		-50
Urgent Care Centres - increased BCF contribution		390	390
CCG Contingency	-500	-500	-1,000
Removal of 2017/18 cost improvement target	434	139	573
Realignment of Future LCC investment & reduction for care coord	-141	-68	-210
Care Co-ordination WLCCG	<b>210</b>		<b>210</b>

**2019/20 Better Care Fund Plan v0.8**

<b>22,264</b>	<b>16,428</b>	<b>38,692</b>
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**Funding Sources:**

CCG Minimum Allocation 2018/19	21,239	16,139	37,379
Assumed 1.79% increase	380	289	669
CCG Additional Allocation 2018/19	645		645
	<b>22,264</b>	<b>16,428</b>	<b>38,692</b>

**Inflation - LCC Commissioned**

	West £'000	East £'000	Total £'000
Community Hospital Link Workers	2	2	4
Improving Mental Health Discharge	3	2	5
NWB Pathway (case management)	1	1	2
Community Based Review Team	5	4	8
HTLAH Step Up	2	2	4
HTLAH Step Down	26	20	46
HTLAH - back office support	1	1	2
Crisis Response Service	6	5	11
Improving quality in care homes	6	4	10
Integration programme management	4	3	7
	<b>57</b>	<b>44</b>	<b>101</b>

**Inflation CCG Commissioned**

	West £'000	East £'000	Total £'000
Discharge Pathway 3 Therapy Input	4	3	7
LPT - Integrated Community Nursing	64	40	103
ICS Phase 1	17	16	33
LD Short Breaks	11	5	15
DHU Night Nursing Service	4	3	7
Loughborough Urgent Treatment Centre	16		16
DHU Home Visiting Service	23	12	35
Rapid assessment for OPU - reallocation		14	14
Stroke & Neuro Rehab	3	2	5
	<b>142</b>	<b>93</b>	<b>235</b>





**HEALTH AND WELLBEING BOARD: 14 MARCH 2019**

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

**HEALTH AND WELLBEING BOARD ANNUAL REPORT 2018**

**Purpose of report**

1. The purpose of this report is to look back at the past year (2018) for the Health and Wellbeing Board and to reflect on the progress that has been made. The focus throughout the report is the progress that has been made across the partnership to improve the health and wellbeing of the population of Leicestershire.

**Recommendation**

2. It is recommended that the Health and Wellbeing Board:
  - a. Approve the Health and Wellbeing Board Annual Report for publication;
  - b. Note the progress that has been made by the Board in 2018; and
  - c. Support the key workstreams that have been identified to further progress the impact of the Health and Wellbeing Board in 2019.

**Policy Framework and Previous Decisions**

3. The Health and Wellbeing Board's Annual Report for 2017 was approved by the Board in January 2018.

**Background**

4. The report includes the following information:-
  - (a) An overview of some of the achievements and outcomes that have been delivered by the Health and Wellbeing Board in 2018, including the publication of six Joint Strategic Needs Assessment chapters, the launch of the 'Self Care Communication Campaign' and the implementation of a new approach to frailty across LLR.
  - (b) An update from Healthwatch Leicestershire on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of the Health and Wellbeing Board during 2018.
  - (c) A look ahead to 2019 which will involve delivering the vision and strategy of the Health and Wellbeing Board, additional Joint Strategic Needs Assessment chapters and the Better Care Fund.

**Consultation/Patient and Public Involvement**

5. The report reflects on the ways that Healthwatch Leicestershire have worked with the Health and Wellbeing Board to ensure that the views of patients and the public are considered appropriately by the Board.

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**List of Appendices**

Health and Wellbeing Board Annual Report 2018

# Health and Wellbeing Board Annual Report 2018



## Foreword

After another challenging year, it is important to look back and note the achievements that have been made and the improvements in performance. It is easy to lose sight of these and I welcome the opportunity to celebrate our hard work as a partnership as set out in this report. I would particularly highlight:-

- The publication of six Joint Strategic Needs Assessment Chapters which have helped develop local evidence-based priorities for commissioning by determining what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing;
- The development of a new Dementia Strategy which takes a joint approach across all local authorities and Clinical Commissioning Groups (CCGs) in LLR to improve dementia diagnosis and the lives of current sufferers within the region;
- The implementation of a new approach to frailty across LLR which sets out a number of proven interventions that should take place in the community, in hospital, and on hospital discharge if someone is assessed as having certain frailty markers;
- The continued improvement in performance of Leicestershire's Delayed Transfer of Care figures;
- Our coordinated Self-Care Campaign across the Partnership;
- Our approach to social prescribing through our one stop shop "First Contact";
- Our new Children and Families Partnership Plan.

We look forward to leading the next phase of Health and Care Integration within Leicestershire, to improve the coordination and consistency of services for the people of Leicestershire. We will continue to be focused on achieving the best health and wellbeing outcomes for our local population.

Pam Posnett

Cabinet Lead Member for Health

## Section A: Introduction

The purpose of this report is to look back at the past year (2018) for the Health and Wellbeing Board and to reflect on the progress that has been made. The focus throughout the report is the progress that has been made across the partnership to improve the health and wellbeing of the population of Leicestershire.

The report includes the following sections:-

- An overview of some of the achievements and outcomes of the Health and Wellbeing Board and its subgroups, including the activities supported by the Better Care Fund pooled budget.
- An update from Healthwatch Leicestershire on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of the Health and Wellbeing Board during 2018.
- A look ahead to 2019 which will involve continued focus on delivery of integrated health and care including via the Better Care Fund Plan and the ongoing refresh of the Joint Strategic Needs Assessment.



## 1. The Work of our Subgroups

### a. Integration Executive

#### **Integration and the Better Care Fund**

The Better Care Fund (BCF) is a pooled budget of £56million between the Clinical Commissioning Groups (CCGs) and the County Council targeted at improving the integration of health and care. The Health and Wellbeing Board has responsibility for approving the BCF for submission to NHS England and the implementation of plans arising from this.

Our BCF plan supports the joining up of health and care services so that people can manage their own health and wellbeing, and maintain independence in their communities for as long as possible. This involves providers and commissioners of health, care and housing services to ensure integrated services are planned and delivered effectively in partnership. Our current BCF plan covers the period 2017 to 2019 and is available at the following link

<http://www.healthandcareleicestershire.co.uk/download/Leicestershire-BCF-Plan-2017-19.pdf>

The Integration Executive is the subgroup of the Health and Wellbeing Board with responsibility for overseeing day to day delivery of the BCF Plan on behalf of the Health and Wellbeing Board.

Our progress and achievements in relation to the BCF during 2018 is set out below: -

- **Home First:**
  - **Hospital Discharges** – health and care partners across Leicester, Leicestershire and Rutland (LLR) are working hard to deliver improvements to transfer patients out of hospital and reduce delayed transfer of care. In Leicestershire, through focused efforts across partner agencies we have seen a significant reduction in delayed transfers of care (DTC) from hospitals – helping reduce pressure on hospital beds. An LLR-wide action plan is in place which has been based on analysing LLR’s position against the high impact changes framework for hospital discharge, including key initiatives to help maintain reduced DTC levels. This includes the Integrated Discharge Team (see below), ‘Red to Green’ daily assessment system and reducing the complexity of current discharge pathways, plus the provision of 14 beds to assess onward care needs outside of a hospital setting.

- **Integrated Discharge Team (IDT)** - the IDT encourages and promotes an integrated way of working across all organisations to ensure smoother and faster resolution of complex discharges and to minimise delays to discharge. There has been a significant improvement to multi-agency working with a discharge hub (at Leicester Royal Infirmary) where all professionals working on discharge can be co-located.
- **Integrated Rehabilitation and Reablement.** Partners 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, with the service commencing during October, ahead of winter pressures.
- **Integrated Domiciliary Care – Help to Live at Home** – since November 2016 home care in the county has been delivered through the Help to Live at Home service. The service is commissioned jointly by the Council and two county Clinical Commissioning Groups with lead providers appointed to deliver home care services in each geographical area.
- **Integrated Locality Teams (ILTs)** – improving the health and wellbeing of our diverse population in LLR is centred on our ILTs. Our model of care has four components:
  - Risk Stratification
  - Care Coordination
  - Prevention
  - Multi-Disciplinary Team (MDT) Working

Twelve ILTs have been established across LLR to provide more coordinated and comprehensive support in the community. These teams comprise GPs, community nurses, social care staff and partners from a number of organisations including the voluntary sector. Currently the early implementer sites across LLR are setting up improved methods of multidisciplinary working, so that care is planned, coordinated and delivered more effectively for patients, families, carers and the professionals supporting them. For Leicestershire, our early implementer site is in Hinckley and Bosworth with the new way of working commencing in January 2019.

- **Frailty** – a new approach to frailty across LLR has been implemented which sets out a number of proven interventions that should take place in the community, in hospital, and on hospital discharge if someone is assessed as having certain frailty markers. The LLR area has adopted the Rockwood scale for assessing frailty consistently across the health and care system and all practitioners will be

using the same set of prompts to check how someone's care could be managed most effectively at every opportunity/in every setting of care.

- **Assistive Technology** – new technology is transforming the care sector. Currently, in Leicestershire, a telecare service is provided on a pendant alarm basis. Nearly 6,000 alarms are in place in homes across the county. There are now many newer technological 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. Our BCF assistive technology project is looking at how the service offer in Leicestershire can be enhanced by maximising opportunities offered by new technology. We have completed an initial market appraisal exercise, are looking at experience elsewhere and aiming to establish a standardised approach across the county to assistive technology. Testing some of the newer technology will take place in 2019.
- **Dementia Support** – there are predicted to be over 9,000 people in the county living with dementia. Health and care partners fund and provide a range of information, advice and services to support people affected by dementia. Joint commissioning a single community and hospital in-reach dementia support service provides a joined-up service across LLR. This supports easier transition between hospital and community settings and coordinates care and integrates services around the person in order to improve outcomes.
- **Integrated Data** – through the LLR Digital Roadmap we are developing a summary care record that will ultimately be linked, viewed and edited by both the NHS and Council staff, helping all professionals involved in patient care to have access to the most up to date information. In 2018 we also received approval 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, and will put in place an integrated data tool for this purpose in 2019.

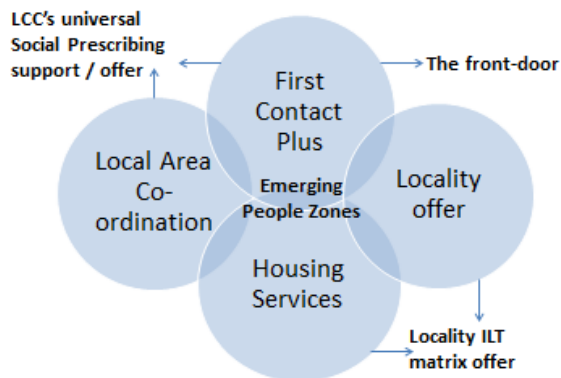
## **b. Unified Prevention Board**

The Unified Prevention Board (UPB) oversees the development and delivery of prevention activities underpinning the health and wellbeing strategy for Leicestershire and ensures the prevention objectives of the Sustainability and Transformation Partnership (STP) are jointly delivered across Leicestershire.

During the last 12 months, the Board has focused on developing the asset-based offer in localities around tier zero (universal) and tier one (primary) prevention. This has included developing the a Social Prescribing offer which includes First Contact Plus and Local Area Coordination.



## Leics locality prevention offer



This diagram shows the prevention model and how the component parts work together.

One of the key programmes of work for the UPB is developing the wrap-around prevention offer to support Integrated Locality Teams (ILTs). ILTs are a multi-disciplinary approach to delivering integrated health and care to patients who are frail, have five or more long-term

conditions and/or high care costs needs.

The UPB has also prioritised the delivery of a workplace health programme, led by Leicestershire and Rutland Sport. The campaign aimed to target 100 businesses. So far there have been just over 1,000 responses from 24 organisations with an average response rate of 40%. This has enabled us to gather in-depth insight to health and wellbeing issues in the workplace. The top priorities/issues included; poor sleep, low physical activity levels, and low fruit and vegetable consumption. As the work continues into 2019, the programme will aim to address these priorities with employers to achieve better outcomes for the Leicestershire workforce.

Joined up communications across partners has been a priority for the UPB since 2017, with partners joining together to integrate campaigns with a focus on a prevention. To date this has covered a range of different campaigns including:

- Carillon Wellbeing Radio
- Winter wellbeing
- Flu and infection prevention
- Prevention of falls
- Quit Ready
- Suicide prevention campaign 'Start a Conversation'

Of particular focus was the development of the self-care campaign whose ongoing messages have so far focused on three key areas, health living, self-care options and long-term conditions.

Key areas of our prevention work include:

- **First Contact Plus** – an online and telephone-based support service which helps adults in Leicestershire find information about a range of prevention and advice

services all in one place. The initiative allows residents who require help with one or a number of issues to access a catalogue of information, advice, help and support. During 2018 the service received 6556 referrals, an increase of 25% on the volumes received for 2017. The top 5 areas of need identified by the referrals were Domestic Help & Support, Aids & Adaptations, Welfare Benefits, Home Fire Safety Checks & Carers Support. First Contact as the front-door to the Leicestershire social prescribing offer, will also provide an integral part of the wrap-around prevention offer to ILT's (mentioned above), which will be tested in the Hinckley and Bosworth pilot. The concept will be for the First Contact model to provide support directly to multi-disciplinary teams and the patient cohorts requiring prevention services. This pathway will be tested during the pilot phase with a review of the requirements necessary to support wider roll-out and any future investment needed to implement this.

- **Local Area Coordination** – in support of First Contact Plus, Local Area Coordinators provide a face to face service to help link people in their community helping to engage with support provided by charities, district councils and volunteers and volunteering opportunities. Local Area Co-ordination has a focus on helping isolated, excluded and vulnerable people and communities to stay strong and in control. Local Area Co-ordination uses a strength based and person-centred approach to work alongside people utilising the method of making every contact. The Local Area Coordination service covers a total population size of 333,000 throughout Leicestershire.
  
- **Integrated Housing Support – Lightbulb** - Leicestershire's Lightbulb Service has both community based and hospital-based components. The hospital housing enablement team, which is funded by the BCF plan, was created to work inside Leicester's acute hospitals and the Bradgate Mental Health Unit. Since April 2015, the service has helped in excess of 2000 patients and, over time, demand for the service has risen. The team offers up to 28 different types of interventions to support patients in local hospitals, many of which relate not only to housing but also to other community support offers. Some of the key improvements following implementation of the service include:
  - Referral to resolution times within UHL are typically six days, despite increased demand of around 30%. 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.
  - 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.

- 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.

In the community-based service there is also access to a full housing needs assessment with Lightbulb's housing support coordinators carrying out "housing MOTs" and acting as case managers to arrange solutions to the full range of housing support including aids and adaptations, tenancy and welfare advice, hoarding, house clearing and cleaning, furniture packs, affordable warmth, home safety and falls prevention. The Lightbulb service has won three accolades for innovation and partnership working.

- **Falls Prevention** – 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. The aim of the 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 admission to hospital. 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

The triage approach in the 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 consultant 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.

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.

- **Prevention at Scale-** evidence shows that up to 30% of GP appointments are taken up by patients seeking non-medical interventions. Leicestershire's prevention at scale project is working with a number of GP surgeries to develop better insights into the reasons 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 their non-medical needs, via GP or self-referral into First Contact Plus, or via other agencies and the community itself. Releasing more GP capacity for those activities that only GPs can deliver is the aim of this work.

### c. Children and Families Partnership

In September 2018 the Partnership launched the Leicestershire Children and Families Partnership Plan 2018 – 2021 which is a strategic document setting out the shared vision for children, young people and their families and the priority outcomes that need to be improved.

The Partnership has adopted the five supporting outcomes of the Joint Health and Wellbeing Strategy relating to children and young people as the priority areas for the Plan:

- i. Ensure the best start in life— by developing an integrated early years pathway which ensures needs are assessed to enable appropriate interventions are offered and the development of a communication strategy to promote the 1001 critical days;
- ii. Keep children safe and free from harm – by developing and embedding an integrated model of services to prevent harm to children and young people and make children safe by raising awareness of universal safety messages;
- iii. Support children and families to be resilient - by developing an integrated approach to family resilience and self-sufficiency, provide joined up information and guidance to enable families to be self-sufficient and navigate services and support families to progress towards work;
- iv. Ensure vulnerable families receive personalised, integrated care and support – by providing integrated, outcome-based, high quality, cost-effective provision and developing a post-16 multi-agency delivery model;

- v. Enable children to have good physical and mental health - by developing a whole system approach based on 'Making obesity everyone's business' and developing a partnership approach to emotional and mental wellbeing;

Leads for each priority are continuing to work with partners and other key stakeholders to deliver the action plan agreed against each priority. A progress report was provided to the Health and Wellbeing Board in November 2018 identifying key achievements to date including:

- The production and launch of resources (<https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/school-readiness>) for professionals and parent/carers, promoting school readiness in September 2018;
- The development and piloting of a multi-agency pathway for the review and analysis of domestic abuse incidents affecting children;
- The merging of Leicestershire's Family Information and Adult Social directories into a new Leicestershire Information & Support Directory (LISD) which is now live and can be found [here](https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/family-information-directory) <https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/family-information-directory> ;
- The launch of the Multidisciplinary Intensive Support Team Leicestershire (MISTLE) which is now offering intensive therapeutic support to young people in residential care to support a return to a family-based placement;
- Leicestershire Partnership Trust (LPT) staff are now addressing Maternal Obesity as part of their Making Every Contact Count (MECC) conversations and a maternal obesity module is being developed for LPTs online MECC training.

The Partnership has continued to meet bi-monthly to discuss a wide range of items including the launch of the Police People Zone initiative, Child and Adolescent Mental Health Services (CAMHS) Transformation Plan and the new Children's Innovation Partnership between the Children and families Department and Barnardo's. A work programme for Partnership meetings is being developed for 2019 which includes the development of a Youth Advisory Group to support the on-going development and monitoring of the Partnership Plan.

## Section B: Health and Wellbeing Board Progress in 2018

### 2. Joint Strategic Needs Assessment (JSNA)

The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board (HWB).

The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is 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.

Each chapter reviews the population health needs of the people in Leicestershire in relation to the subject matter and sets out the unmet needs and recommendations arising from the needs assessment so that these can be taken forward by commissioners.

#### Process for JSNA 2018-21

In January 2018, a new approach was approved by the HWB for the development of the JSNA 2018-21. The JSNAs are used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The new approach would therefore see the JSNA published in subject-specific chapters throughout the three-year time period on an iterative basis, in line with CCG and local authority commissioning cycles.

#### Achievements for 2018

The following new JSNA chapters have been published at the following link:

<http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

- Demography (including deprivation)
- Economy
- Mental Health of Children
- Mental Health of Adults
- Oral Health of Children
- Oral Health of Adults

The JSNA infographics have been created to provide a one-page summary of the latest data in subject specific areas. These are available for all colleagues and members of the public to view and download and will be updated on a quarterly basis. They have been published at the following link:

<http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

## Engagement

An engagement plan to promote the new approach to the JSNA 2018-21 across the partnership has begun. A 'lunch and learn' session was run for colleagues at East Leicestershire and Rutland CCG and the voluntary sector have been consulted through a presentation at their Health and Social Care Network and Learn Event in late October. The Equality and Diversity Challenge Group are also active members in the JSNA process.

It is important that the findings from the JSNA are used and promoted as the key evidence base in commissioning and strategic planning within the health and care system. To help with this, a HWB board development session was held in late November where partners discussed the mental health chapter in depth and how its findings should be applied. Various JSNA chapters have also been presented at strategic partnership meetings, such as the Housing Service Partnership and Children and Families Partnership, to ensure consultation with key groups ensuring findings from the JSNA chapters are collectively owned and approved.

Updates regarding the status of JSNA chapters are published regularly in the Health and Care Integration newsletter ([here](#)) and the Leicestershire Equalities Challenge Group newsletter.

## 3. Pharmaceutical Needs Assessment

We have a statutory requirement to prepare a Pharmaceutical Needs Assessment (PNA) for Leicestershire (every three years) which was published in March 2018. The PNA:-

- Identified the pharmaceutical services currently available and assessed the need for pharmaceutical services in the future;
- Will be used to help inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be located;
- Will be used to help inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide an additional pharmacy provision.

A PNA Reference Group was established to oversee the detailed production of the PNA documents for Leicester, Leicestershire and Rutland and to ensure a consistent, local approach. Membership of this group included: local authorities, NHS England, the Leicestershire Pharmaceutical Committee (LPC) (the Local Professional Network for Pharmacists), the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups (CCGs) and Healthwatch. Although there was a common approach, separate PNAs have been produced for Leicester, Leicestershire and Rutland.

The PNA concluded that existing community-based pharmacies were meeting the current needs of the Leicestershire population for Essential, Advanced and Enhanced services. No gaps were identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps were identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area.

No gaps were identified in the provision of advanced services across the whole Health and Wellbeing Board area or in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area.

## 4. Health and Wellbeing Board Achievements and Outcomes

### **Better Care Fund Refresh**

Throughout the year, we received regular updates on the Better Care Fund (BCF) plan. We are in the second year of a two-year plan (April 2017 to March 2019), In line with national policy, we reviewed and refreshed our BCF Plan, funding and targets for the second year. This was approved by the Health and Wellbeing Board in July 2018.

- The key focus, nationally, remains on improving delayed transfers of care (DTOC). 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. In Leicestershire, this translated to no more than 7.88 average bed days delayed, per day, per 100,000 population by September 2018 and then to maintain this rate for the remainder of year. In December, we achieved 7.39 average bed days, per day, per 100,000 population and had 249 fewer delays during the month compared to the same period in 2017.



- The BCF target for non-elective admissions in to hospital has been set for up to 70,569 for 2018/19. For April to December 2018, there have been 50,560 non-elective admissions, against a target of 52,647 – a variance of 2,087 admissions less than the target. We are currently on track to achieve this target.
- The 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 during 2018/19. The full year forecast is for 856 admissions.
- The target for the proportion of older people who were still at home 91 days after discharge has been set at 87% for 2018/19. The current position, relating to hospital discharges (between August to October 2018) is 89.3%. We are on track to achieve this target.

### **Dementia Strategy**

As part of the consultation process, we considered a report in May 2018 concerning the Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019–2022. The Strategy took a joint approach across all local authorities and Clinical Commissioning Groups (CCGs) in LLR and sets out the draft strategic priorities relating to dementia. The Strategy detailed five key aims which would underpin agencies work to improve dementia diagnosis and the lives of people affected by dementia within the region or LLR.

The Strategy had been developed by the Dementia Programme Board which included representatives of all LLR Health and Social Care Commissioning Authorities, UHL, LPT and other local provider and community organisations and its delivery is to be governed by the Dementia Programme Board.

Following our consideration, the Leicestershire County Council Cabinet approved the Strategy in October. Our strategic partners in the CCGs, the City Council and Rutland County Council have also approved the Strategy in the last 2 months. The Strategy was launched in January 2019 and can be viewed here

<https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2019/01/Dementia-Strategy-January-2019.pdf>

## **Links between Leicestershire Safer Communities Strategy Board and the Health and Wellbeing Board**

In September we considered a report which detailed ongoing work to strengthen links between Leicestershire Safer Communities Strategy Board (LSCSB) and the Health and Wellbeing Board.

We agreed upon the five priority areas for joint focus: drug misuse, alcohol misuse, mental health, domestic abuse and sexual violence (including child sexual exploitation). A significant amount of work has been undertaken within these priority areas.

### ***Drug and alcohol misuse***

- Leicestershire County Council's Public Health department is leading on the development of a substance misuse strategy. A draft strategy will be considered by the County Council Cabinet in May 2019.
- A report of district level activity from the public health commissioned community substance misuse treatment service has been produced and circulated to districts to inform the development of local community safety strategies and action plans. This report will be produced on an annual basis.

### ***Mental health***

- Leicestershire County Council plays a key role in the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (LLR SAPG). This Group exists to bring together key partners to co-ordinate strategies and actions to reduce the risks and burden of suicide locally.
- In January 2018, Leicestershire County Council Cabinet approved the development of a Suicide Campaign (*Start a Conversation – suicide is preventable*). Focused on pledges of support from individuals and organisations, the campaign aims to challenge stigma around addressing suicidal ideation through campaigning, provision of support for relatives bereaved through suicide, support for individuals at risk of suicide and training for individuals and organisations. The *Start a Conversation* campaign was successfully launched in September 2018.
- The County Council's Public Health department is working with the Office of the Police and Crime Commissioner (OPCC) and Leicester City Council to develop an offer for those bereaved or affected by suicide. This includes the provision of a bereavement counselling service.

- Mental Health was also discussed in detail during consideration of the JSNA Mental Health Chapter at our development session in November. Additional detail of that session can be found further down at point 6.

### ***Domestic Abuse and Sexual Violence***

- Leicestershire County Council, Leicester City Council, Rutland County Council and the Office of the Police and Crime Commissioner jointly commission a domestic abuse and sexual violence service which is currently undergoing a redesign in preparation for re-procurement. In addition to this, the County Council's Public Health department commissions the provision of support within a refuge setting for women fleeing domestic abuse. Discussions are underway to strategically align the public health commissioned service with the wider LLR commissioned service. The key benefit is that this will provide a seamless pathway (from early identification through to recovery) of support for victims of domestic abuse which focuses on the needs of the local population.
- The Ministry of Housing, Communities and Local Government (MHCLG) announced the availability of £19 million of funding nationally to expand support for survivors of domestic abuse across England. Leicestershire County Council (jointly led by Public Health and Children & Family Services) submitted an LLR wide bid in collaboration with local voluntary sector organisations, district community safety partnerships and other partners, for a share of the funding (£882,373). The full funding allocation for this project (The Hope Project) has been approved by MHCLG. The funding will provide additional refuge accommodation spaces across City and County, a wraparound service to individuals housed in alternative accommodation i.e. not in refuge accommodation, mental health support, substance misuse support and a rolling programme of an evidence based emotional management programme for victims which aims to address the effects of trauma. The project commenced in January 2019 and will run until the end of March 2020.

### ***Other ongoing work***

- The County Council's Business Intelligence team is developing a tableau (an analytical software programme) dashboard that pools together an array of health and crime indicators with the aim of providing timely access to health and community safety data to support evidence based practice. The team is currently exploring options for making this information easy accessible to partners.
- The County Council's Public Health department is working closely with Leicestershire Police to develop a partnership approach to tackling violent crime, with particular focus on knife crime.

## 5. Self-Care Communications Campaign

In November 2017, we launched the 'Self-Care' communications campaign across the county, all in collaboration with partner organisations.

One of our key priorities is 'Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention'. Our Joint Health and Wellbeing Strategy for 2017-2022 outlines a vision to "improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources"

Self-care covers many areas, but overall it is about an individual looking after themselves in a healthy way. It can include encouraging people to live healthier lives by quitting smoking, drinking sensibly or exercising more. The term is also used to cover taking medications, treating minor ailments and knowing when and how best to seek help across different settings of care, including how to access urgent care appropriately in the community.

The focus of the self-care campaign has included:

- Healthy living – Encouraging activity through walking, promoting healthy eating and raising awareness of how to stay safe and well.
- Long term conditions – focused on reducing the risk of diabetes because in 2017 Leicestershire performed significantly worse than the England average for recorded diabetes. We encouraged people to exercise, reduce alcohol intake, and make healthy food choices.
- Self-care options – signposting to local healthcare services and awareness of county wide opportunities to engage in a healthier lifestyle.

Campaigns run seasonally, enabling messages such as winter and summer wellness to be incorporated with weather conditions and seasonal celebrations and also support and integrate existing campaigns and that address key areas of self-care such as reducing social isolation and falls prevention.

## 6. Health and Wellbeing Board Development

We held a Development Session for Board members in November 2018 which focused on the JSNA and commissioning intentions for 2019/20. 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. Following the presentation members discussed in detail themes such as

- Parity of Esteem and the Mental Health (MH) Investment Standard;
- Mental Health Wellbeing, Prevention and Self–Care
- Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)
- Measuring the Impact and Effectiveness of Mental Health Interventions

The second part of the session provided participants with an overview of commissioning intentions by partner for the forthcoming financial year.

Following the presentations participants were asked to consider key themes, risks and issues from the materials presented and any actions needed to strengthen commissioning priorities.

Recommendations from the development session were considered by us at the Board meeting in January 2019 and subsequently a detailed action plan setting out how those recommendations would be addressed has been produced and is in the process of being implemented.

## 7. Working in Partnership with Healthwatch

From April of 2018, Healthwatch Leicestershire has been jointly commissioned with Healthwatch Leicester and this service is now provided through the organisation Engaging Communities Staffordshire.

The role of Healthwatch is to share and champion the experience of service users and members of the public.

The Healthwatch Advisory Board Chair and the Manager attend meetings of the Health and Wellbeing Board to provide insight on the experiences of service users and to ensure the public voice continues to be heard at this key point of influence in Health and Social Care services.

During the set up stage of the new provider, informative meetings between the Chair of the Health and Wellbeing Board and the Healthwatch Chair took place. This allowed a greater understanding of how Healthwatch would align its organisation's work priorities to those of the Health and Wellbeing Board.

The recent report providing patient insight into GP services was able to identify several potential future steps to improve the patient experience, particularly the way in which appointments were booked, which would be investigated further with the different organisations represented on the Board.

Working with the Health and Wellbeing Board, as well as its involvement in other key boards within the health and care system, Healthwatch has been supported to

challenge in a meaningful way the policies and strategies presented through 2018-19.

Healthwatch looks forward to working with the members of the board and support officers in the future as we focus on our priorities of:

- Public Health – Effectiveness of Winter Messages
- Health – Real life impact of cancellations of appointments
- Social Care – Impact and Causes of Delays to Discharge

## **Section C: Looking forward to 2019**

### **1. Delivering our Vision and Strategy**

Our vision is “to improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources.” To deliver this during 2019 we will have a greater focus on providing leadership and championing opportunities to improve health and wellbeing outcomes for everyone in Leicestershire. We will:

- Put health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, employment, housing, environment, planning and transport.
- Support people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.
- Work together in partnership to deliver a positive, seamless experience of integrated care which is focussed on the individual to ensure they receive the right support, in the right place, at the right time.
- Listen to our population, building on the strengths in our communities and using place based solutions.
- Have a clear strategic understanding of the roles and responsibilities of all partner organisations and how innovation and collaboration can improve health and wellbeing through support and challenge.
- Continue to lead innovative work spanning health, care, housing and technology

## 2. JSNA refresh

A further four chapters will be ready for publication by the end of March 2019:

- Alcohol Misuse
- Substance Misuse
- Best Start in Life (0-4 years)
- Housing

A further five chapters are proposed to be ready for publication by the end of the 2019 calendar year:

- Frail Older People/Multi-morbidity
- Air Quality
- Obesity
- Physical Activity
- End of Life

Recognising the important role that the JSNA plays in illustrating the health and wellbeing of the population of Leicestershire, we will look proactively at the recommendations of each chapter. This will help us to build up a picture of the further actions we need to take to improve health and wellbeing and will help to inform our future commissioning intentions.

## 3. Health and Care Integration and the Better Care Fund

We are expecting to receive national BCF policy framework and operating guidance for 2019/20 shortly. Work to review the BCF plan, to align with commissioning intentions across CCGs and the council, commenced in September 2018 and will be finalised once the national documentation has been published.

We will continue to closely monitor our performance against the four BCF outcome metrics, to assure ourselves that the actions being taken continue to have the desired effect, and to use the BCF funding to support further service redesign activities. In particular to fully implement the new models of care for re-ablement and integrated locality teams, further re-design of community services, the LLR Falls Pathway, a new offer for Assistive Technology, and implementing the new health and care data integration tool.

The new NHS Long Term Plan, the development of Integrated Care Systems across the NHS and a pending Green Paper on Adult Social Care will mean significant

policy developments in 2019/20. The BCF policy framework will be fully refreshed nationally in light of this and a new approach is expected to be implemented from April 2020 onwards. During 2019, we will focus on preparing for these changes to ensure that our future plans will achieve the requirements.