



Meeting: **Health and Wellbeing Board**

Date/Time: **Thursday, 26 November 2020 at 2.00 pm**

Location: **Microsoft Teams**

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

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

Membership

Mr. L. Breckon JP CC (Chairman)

Lord Willy Bach	Mukesh Barot
Mr. R. Blunt CC	Ch. Supt Adam Streets
Hayley Jackson	Mrs D. Taylor CC
Cllr. J. Kaufman	Helen Thompson
Cllr. P. King	Jane Toman
Harsha Kotecha	Dr. Vivek Varakantam
Dr Mayur Lakhani	Mark Wightman
Jane Moore	Andy Williams
Mike Sandys	Jon Wilson
John Sinnott	

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's [YouTube Channel](#)

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 24 September 2020 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

Health and Care in the Place.

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| 5. | Coronavirus (Covid-19) Impact and Response of the Local Care System. | Director of Public Health | (Pages 13 - 20) |
| 6. | Primary Care Networks Across Leicester, Leicestershire and Rutland. | East Leicestershire and Rutland and West Leicestershire CCG and Leicestershire County Council | (Pages 21 - 40) |

Wider Determinants of Health.

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| 7. | Development of a Healthy Weight Strategy for Leicestershire. | Director of Public Health | (Pages 41 - 70) |
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Performance: Placed Based Outcomes.

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| 8. | Leicestershire Children and Families Partnership Plan 2018 - 2021: Progress Update. | Director of Children and Family Services | (Pages 71 - 88) |
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Governance

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| 9. | Revised Terms of Reference for the Integration Executive. | Director of Adults and Communities | (Pages 89 - 107) |
| 10. | Health and Wellbeing Board Governance. | Chief Executive | (Pages 109 - 114) |
| 11. | Dates of future meetings. | | |

Future meetings of the Health and Wellbeing Board will be held at 2.00pm on the following dates:-

Thursday 28 January 2021
Thursday 27 May 2021
Thursday 8 July 2021
Thursday 25 November 2021

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| 12. | Any other items which the Chairman has decided to take as urgent. | | |
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Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 24 September 2020.

PRESENT

Leicestershire County Council

Mr. L. Breckon CC (in the Chair)
Mrs. C. M. Radford CC
Jane Moore

Mike Sandys
Jon Wilson

Clinical Commissioning Groups

Dr Mayur Lakhani
Dr Vivek Varakantam
Caroline Trevithick
Sarah Prema

District Councils

Cllr. J. Kaufman
Jane Toman

In Attendance

Simon Pizzey
Paul Hindson
Hayley Jackson
Ch Supt Adam Streets
Harsha Kotecha
Becky Engley
Daniela Cecchini

University Hospital of Leicester
Office of the Police and Crime Commissioner
NHS England
Leicestershire Police
Healthwatch Leicestershire
Healthwatch Leicestershire
Leicestershire Partnership Trust

Apologies

Lord Willy Bach, Mr. R. Blunt CC, Cllr. P. King, John Sinnott, Micheal Smith,
Mrs D. Taylor CC, Helen Thompson, Mark Wightman and Andy Williams

226. Minutes of the previous meeting and Action Log.

The minutes of the meeting held on 9 July were taken as read, confirmed and signed. The Board also noted the Action Log, which provided an update on actions agreed by the Board at its previous meetings.

227. Urgent items.

There were no urgent items for consideration.

228. 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. Dr Varakantam declared a personal interest in item 6 (Coronavirus Impact and Response of the Local Care System) as his wife worked for a private care company within the County.

229. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:-

- The crucial work being undertaken by health, social care and community partners during the ongoing coronavirus pandemic.
- Suicide Prevention.
- Weight Management.
- Warm Home Fund Project.

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

230. Change to the Order of Business.

The Chairman sought and obtained the consent of the Board to vary the order of business from that set out on the agenda for the meeting.

231. Consultation Arrangement on the Acute and Maternity Reconfiguration at Leicester's Hospitals.

The Board considered a report of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups which outlined the planned consultation process concerning the proposed reconfiguration of acute and maternity services across LLR. A copy of the report, marked, 'Agenda item 5' is filed with these minutes.

Arising from discussion the following points were noted:

- The consultation approach, which would commence on the 28 September for a period of 12 weeks, had been revised as a result of the coronavirus pandemic, with less reliance on face to face communications, instead utilising more innovative methods to engage with stakeholders. The approach would include a range of virtual engagement events in addition to online content and a mail drop to all households within LLR.
- A dedicated social media campaign would be launched to encourage participation. The advice of external digital specialists had been sought to support digital engagement and to ensure that responses generated via such mediums would be considered as part of the overall consultation response.
- It was acknowledged that not all residents used digital platforms and it was important they were actively engaged. Along with the mail drop, offline engagement would take place in the form of broadcast media campaigns and telephone interviews. A review of the consultation approach would be undertaken mid-way through the consultation period to consider its effectiveness and to enable any necessary changes to the approach to be made.

RESOLVED:

That the consultation arrangements on the proposed reconfiguration of acute and maternity services at Leicester's Hospitals be noted.

232. Better Care Fund Plan 20/21

The Board considered a report of the Director of Adults and Communities which provided an overview of progress to refresh the Leicestershire Better Care Fund (BCF) Plan for 2020/21. A copy of the report marked 'Agenda item 7' is filed with these minutes.

The Director said that whilst BCF guidance for 2021 was still awaited, it was anticipated that the policy framework and guidance would essentially be a continuation of the guidance from 2019/20.

Whilst the four national conditions were also expected to remain unchanged, there had been a change of focus in relation to the improving transfers of care condition, with an emphasis on implementing the new discharge to assess guidance as a result of the coronavirus pandemic. This was expected to continue as part of the 2020/21 reporting requirements.

In reference to the four national BCF metrics, metrics three and four (delayed transfers of care from hospital and non-elective admissions into hospital) had been suspended for 20/21 as a result of the pandemic. The Authority had continued to record performance against metrics one and two (permanent admissions of older people (aged 65 and over) to residential and nursing care homes and the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital) however it was unclear at this stage as to whether there would be a requirement to submit the data.

RESOLVED:

- a) That the provisional BCF outcome metrics attached as Appendix D to the report, be approved, noting that it is subject to any changes required following the publication of the BCF guidance;
- b) That the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, be authorised to finalise the BCF plan refresh should the publication of the national guidance and submission date not align with future meetings of the Board;
- c) That it be noted that members of the Integration Executive (a subgroup of the Health and Wellbeing Board responsible for the day to day delivery of the BCF Plan), would be asked to indicate their agreement ahead of the final submission to NHS England.

233. Progress of the Health and Social Care Sector Growth Plan 2017-2020.

The Board considered a report of the Director of Adults and Communities which provided a progress update on the Leicester, Leicestershire and Rutland (LLR) Health and Social Care Sector Growth Plan. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Director said that the County Council had engaged extensively with adult social care providers throughout the coronavirus pandemic in order to understand the challenges they faced and the additional support they required.

It was noted that the current Plan, which covered the period 2017-2020, was coming to an end. A new Plan would be developed in line with the Leicester and Leicestershire Enterprise Partnership's Industrial Strategy and Economic Recovery Plan, both of which recognised the importance of health and social care across LLR.

The Board thanked those who had developed and delivered the Plan over the past three years which had highlighted the importance of the sector across LLR and the need for its continued support to promote further growth and development.

RESOLVED:

That it be noted that:

- a) The final year's progress in delivering the Health and Social Care Sector Growth Plan;
- b) The cross-system workforce initiatives which have taken place during the Covid-19 period;
- c) The intention to include this sector in the Economic Recovery Strategy that is currently in development across Leicester, Leicestershire and Rutland;
- d) A new plan for the sector will be developed once the Economic Recovery Strategy has been finalised;
- e) The new plan will fall within the economic recovery work being led by the Leicester and Leicestershire Enterprise Partnership (LLEP). New governance arrangements will be put into place for the Economic Recovery Strategy and will incorporate work on this sector.

234. Coronavirus (Covid-19) Impact and Response of the Local Care System.

The Board considered a joint report of the Leicester and Leicestershire Clinical Commissioning Groups (CCGs), the Director of Adults and Communities and the Director of Public Health which detailed the impact of the coronavirus pandemic within the County and the initial response of the local care system. A copy of the report marked 'Agenda item 6', is filed with these minutes.

Arising from discussion the following points were noted:

- There had been a significant number of people who had been discharged from hospital since the start of the pandemic who had received NHS funded care. The Council was now working with partners to undertake reviews and re-assessments to determine those individual's care arrangements and how their requirements would be funded.
- Bed occupancy rates within the County's care homes had fallen considerably since the start of the pandemic. A number of factors had led to the fall, including a lack of confidence in the market, the newly developed discharge process and an

increased number of deaths. Rates were now beginning to rise as confidence returned and the Council was implementing plans to further support providers.

- Infection prevention and control procedures within medical settings across LLR had been developed and were working well. It was crucial that people requiring medical care continued to access services.
- It was noted that whilst the impact on the Adult Social Care workforce as a result of the UK's exit from the EU would be minimal (only 3% were EU nationals), there was a risk that supplies of equipment such as Personal Protection Equipment could be disrupted and work was ongoing to ensure supply chains were robust.
- The cancellation of daycare services as a result of the pandemic had had a significant impact on service users and their carers/families. The Council was working with providers and service users in order to be able to re-introduce services which were 'covid safe'.

RESOLVED:

That the report be noted.

235. Report of Healthwatch Leicestershire - Using Child and Adolescent Mental Health Services in Leicestershire.

The Board considered a report of Healthwatch Leicestershire which detailed the findings of a survey which sought people's experience of using Child and Adolescent Mental Health Services (CAMHS) in Leicestershire. A copy of the report marked 'Agenda item 9' is filed with these minutes.

The Board noted that analysis of the responses indicated that the majority of service users felt listened to and the treatment they received met their needs.

In reference to the delays between individuals being referred to the Service and attending their first appointment, the Deputy Chief Executive of Leicestershire Partnership Trust (LPT) said that in light of Healthwatch's findings, an improvement plan had been developed. She added that since the survey had been undertaken the majority of service users were now being provided with their first appointments within the Trust's target period. She added that a 24/7 Mental Health Helpline had also been established to help people of all ages access support during the coronavirus pandemic.

In response to questions concerning LPT's engagement with CAMHS users, it was noted that the Trust had established a Youth Advisory Board to consider matters such as user experience and the Board had recently reviewed Healthwatch's findings.

RESOLVED:

That a report concerning the Child and Adolescent Mental Health Service's Improvement Plan be presented to a future meeting of the Board.

236. Housing Services Update.

The Board considered a report of the Housing Services Partnership which provided an update on the work of the Partnership and the Chief Housing Officers Group. A copy of the report marked 'Agenda item 10' is filed with these notes.

It was noted that rent arrears were continuing to increase and were expected to continue to do so once the Government's furlough scheme ceased. The national suspension on evictions had been extended until March 2021.

In reference to questions concerning the prevalence of hoarding across the County, it was noted that whilst the current total number of cases was not as high as anticipated, the cost to help those affected was extremely high. Partners were focusing on the wide range of complex issues that contributed to hoarding in order to identify and resolve cases at an early stage and reduce the need for more costly interventions.

RESOLVED:

That the report be noted.

237. Joint Strategic Needs Assessment - Tobacco Control.

The Board considered a report and presentation of the Director of Public Health which provided a summary of the findings and subsequent recommendations arising from the Joint Strategic Needs Assessment (JSNA) Tobacco Control chapter. A copy of the report and presentation are filed with these minutes.

Arising from discussion the following points were noted:

- The chapter was published in late 2019 and therefore it did not reference the coronavirus, however available evidence indicated that smoking was associated with increased severity of illness and death in hospitalised coronavirus patients. The Stop Smoking Service had used these findings within its promotional material to encourage more people to seek support.
- The rate of smoking attributable hospital admissions and deaths had decreased over the last 5 years and Leicestershire remained below the national average.
- The Service was using its links with organisations such as Turning Point to address the higher than average smoking prevalence amongst looked after children and the homeless population.
- As a result of the findings, a Tobacco Control Strategy for Leicestershire would be developed which would set out a clear vision and priorities for reducing smoking related health inequalities and reducing the burden of illness and disease caused by smoking.
- As part of a smoke free housing pilot, the service was working with district colleagues in Blaby and North West Leicestershire District Councils to raise awareness amongst tenants as to the dangers of smoking in the home and encourage smoke free tenancies. It was hoped the pilot would be extended to include other Leicestershire districts.

- Evidence suggested that vaping was a successful way of helping people to stop smoking. The Service advocated vaping and provided e-cigarettes along with nicotine replacement therapy.
- Whilst the Stop Smoking Service was no longer locality based, the community-based approach, which was established in 2017, enabled users to access support via digital formats and/or over the telephone. Quarterly survey results indicated the Service was well received and the majority of users welcomed the ability to access help from the comfort of their own homes.

RESOLVED:

That the recommendations of the Joint Strategic Needs Assessment - Tobacco Control be supported.

238. Date of next meeting.

was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 26 November 2020 at 2.00pm.

2.00 - 3.45 pm
24 September 2020

CHAIRMAN

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Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
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
168b	11/07/19	That an Air Quality and Health multi-agency action plan based on the recommendations in the JSNA be produced and considered at a future meeting of the Board.	Mike Sandys	A report will be provided to the Health and Wellbeing Board in January 2021	GREEN
196	28/11/19	That a further update on the implementation of Primary Care Networks across Leicester, Leicestershire and Rutland be considered at a future meeting of the Board.	CCGs	A report will be considered by the Board at its meeting in November 2020	GREEN
235	24/09/20	That a report detailing concerning the Child and Adolescent Mental Health Service's Improvement Plan be presented to a future meeting of the Board.	LPT	A report will be provided to the Health and Wellbeing Board in January 2021	GREEN

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HEALTH AND WELLBEING BOARD – 26 NOVEMBER 2020

CORONAVIRUS (COVID-19) IMPACT AND RESPONSE OF THE LOCAL CARE SYSTEM

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. This report advises the Health and Wellbeing Board on the impact of the Coronavirus (COVID-19) within the County and the response of the County Council and the local care system.

Recommendations

2. The Health and Wellbeing Board is asked to note the report.

Background

3. Coronaviruses are a family of viruses common across the world in animals and humans. Covid-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans and began in Wuhan Province in China in December 2019. The first case in Leicestershire was reported on March 6th with cases reaching a first peak in mid-April.

Local Infection Rates

4. Figures as at the 16 November show rates across Leicestershire in excess of 320/100,000 population which is higher than the national average and appears to be increasing more quickly than the national rate. Rates across the County in the 17-21's are significantly higher than the national average. These, most recent, increases may be a result of a 'last hurrah' before lockdown, although this does not explain why Leicestershire has been disproportionately affected.
5. The age distribution of cases has shown a rise in cases in middle and older age groups. This has led to an inevitable rise in hospital admissions, with admissions to UHL now at, and beyond, that seen in the peak of the first wave.

Testing

6. Following a productive meeting with the Department for Health and Social Care, lateral flow test kits will be supplied to Leicestershire. The Council will be able to hold a stock of kits and order additional tests, as needed, up to a

maximum of 80,000 per week. The lateral flow kits are designed for use in asymptomatic testing. The Council is developing a plan to deploy them, likely uses include mass testing in defined areas (eg. those wards associated with the highest rate of cases), to support care home visiting policies or in outbreak situations such a workplaces requiring whole workforce testing.

7. Additionally, the Council is working with district councils to increase the number of testing sites across the County.

Health and Social Care Impact and response

Health

8. The NHS returned to Level 4 escalation on November 5th 2020 as a result of increased COVID demand on all parts of the NHS system. Local, regional and national incident coordination centres have been re-established, operating 12 hours a day across 7 days a week.
9. This second wave of COVID comes at a time where the NHS and care system would usually already be under pressure due to increases as a result of seasonal illness. As well as this, the NHS is preparing for a series of additional pressures:
 - EU exit, working with the Local Resilience Forum on these plans;
 - Implementation of a mass COVID vaccination programme through our General Practice and other healthcare providers
10. Given these pressures, the local health and care system has strengthened the Operational Pressures & Escalation Level (OPEL) reporting function with joint system level decisions on when and what levels of NHS activity should be reduced or altered to keep patients and staff safe. These will be clinically driven, with the focus on keeping as many services running across primary, secondary and community care as possible.
11. Lessons learned through the first wave have been analysed with changes made to our second wave response. One area of worry locally has been the availability of primary care services, both in terms of appointment and service availability. Local data has been analysed with appointments data showing that 106% of appointments were available in October 2020 when compared to March 2020. A communications strategy has been launched across LLR highlighting that General Practice is open and the model of care has changed to ensure the safety of patients requiring services and staff delivering them.
12. This work continues to be coordinated across Health and Care services via the Health Economy Strategic Coordination group (HESCG) and the Health Economy Tactical Coordination group (HETCG). These groups, and the individual cells reporting to them, have met at least weekly since the pandemic began and continues to do so as the system heads into what is predicted to be a difficult winter period.

Ongoing Incident Management

13. As of 16 November 2020, the UK COVID-19 Alert level remained at 'Very High' and until December 2nd, Leicester, Leicestershire & Rutland are included within the national lockdown. From the outset of COVID-19, full health and local authority arrangements for incident management have been maintained. This process has ensured that the NHS is in a strong position to respond to changes in the prevalence of COVID-19 and the impact on NHS services. The now established and effective joint working (particularly between health and social care), has supported more holistic approaches to decision– enabling rapid action to be taken to resolve problems, and in many cases creative solutions to long-standing challenges.
14. The NHS will continue to work closely with local authority and learn lessons from the first wave of COVID-19, as collectively the health economy responds to the second peak. Close working with public health colleagues is essential to understand the prevalence of COVID-19 and the potential for further 'local hotspots.
15. This close working will include surge exercises to test the system ability to manage different scenarios over the coming month and application of the agreed LRF winter plan.
16. Underpinning everything is the infection, prevention and control (IPC) position of NHS England, which aims to ensure that no patient or staff member should catch COVID-19 in NHS healthcare facilities.
17. Like the general population, the NHS will be operating in a world with COVID-19 for the foreseeable future.
18. For patients there are now requirements when attending hospital sites to wear face coverings. Visiting restrictions remain in place, and will be continually reviewed. NHS Trusts fully acknowledge the difficulties and distress this has caused but we need to continue to protect patients and the public.
19. All sites are undertaking risk assessments and audits to ensure they meet the rigorous standards for infection control and social distancing.

PPE

20. In the first wave of COVID-19, the NHS in LLR faced challenges with the availability of PPE (as was the case nationally). At times stocks of items ran low and it took time before the supply process worked effectively. For the second wave, robust process are in place to ensure that PPE is no longer a challenge

Service recovery and restoration

21. Following on from the first wave, the NHS focus turned to restoring/recovering elective services. This process looked to recover activity to pre COVID-19 levels and address the impact of the action taken to manage the first wave (including the cancellation of non-elective treatments and procedures).

22. Throughout July-September, a process titled Phase 3 Restoration/Recovery took place with a focus on the safe 'restarting' of services stood down or reduced during the initial phase.
23. By the end of November 2020 the LLR system is planning to restore services to between 75-87% of pre COVID-19 levels of acute hospital elective activity across inpatient & day case elective services.
24. In line with the aim that no patient or staff member will catch COVID-19 in our hospitals, the following are key areas of action and priorities during the Phase 3 Restoration/Recovery process:
 - COVID-19 treatment capacity: maintaining critical care infrastructure (workforce, estates, supply, medicines) that enables readiness for future COVID-19 demand, and managing the separation of COVID-19 and non-COVID-19 patients.
 - Re-starting non COVID-19 urgent primary care services, including cancer screening and immunisations, identifying the highest risk services that have had the most impact in terms of population health. This includes recovering acute service waiting lists and delayed referrals.
 - Services have been prioritised including cancer, maternity, cardiovascular disease, heart attacks and strokes, mental health. There has clearly been an increase in the number and length of time people are waiting and the system is building a complete picture of the impact of this as an anticipated increase in GP referrals takes place.
 - Addressing new priorities: the impact of COVID-19 on public health including identifying additional needs due to the pandemic and considering health inequalities. This specifically includes responding to the clear evidence to have emerged on the disproportionate impact of COVID-19 on the BAME community. We also anticipate increased demand for mental health services and support due to the economic consequences of COVID-19 such as increased unemployment for example.
 - Staff capacity and wellbeing: including capitalising on new ways of working, considering staffing ratios and moving the current expanded workforce to a sustainable footing.
 - Working jointly with LRF partners through the Health and Wellbeing Board. Using national resources (wellbeing apps) and support for resilience and counselling.
 - Working closely with BAME colleagues within the NHS workforce to ensure we understand their concerns and respond to them. BAME colleagues must have the reassurance and confidence to feel safe carrying out their work. A programme of risk assessments and listening

exercises has been undertaken and through the HWB specific resources have been developed for BAME staff.

Social Care Impact on services

25. In response to the pandemic and in accordance with legislative changes and government guidance for local authorities, Adult Social Care services have been reviewed and amended to enable continued service delivery.
26. This involves planning and actions in place to embed new ways of working, enacted during this phase of the emergency, to restore prior services where appropriate, and to future proof service delivery where this can benefit both people who use our services and staff.
27. The department continues to monitor the recovery phases and agree actions where recovery needs to be paused or reverted due to rises in infection rates and restrictions in place.
28. Continued enhanced support for care homes and domiciliary care providers is in place to provide advice and information, financial and practical support where appropriate. Fortnightly provider forums are held, and weekly bulletins issued to keep communication live and up to date, and to ensure the Authority is sighted on issues of key concern to providers. Providers are experiencing a range of challenges including managing infection prevention and control, workforce availability, and financial viability.
29. There is very limited availability of care home beds for people who have a positive test result or who may be Covid-19 positive. Care homes may not accept such placements for a range of reasons, including infection risks to existing residents, insurance conditions, inability to attract adequate staffing, and perceived reputational risk.
30. Work is taking place with partners to commission designated Covid-19 positive capacity as required across Leicester, Leicestershire and Rutland. The authority has tried to identify 'Designated Settings' which are subject to additional Care Quality Commission inspection where Covid-19 positive admissions will be accepted, however there are no care providers in the County who are able and willing to undertake this role.
31. Community and day services, and short breaks building-based services, were closed or significantly reduced during the earlier months of the pandemic because of social distancing and infection control measures, but services are being provided where needed in people's homes and to support access to some daily community activity and virtual support. Recovery plans and individual risk assessments are underway to allow safe access for people to services where appropriate to reduce carer stress and manage risk of further escalation, to date 60% of people have returned to day services. However, the second wave of national restrictions, and some localised infections with the consequent impact on workforce, are resulting in some services closing temporarily again.

32. Hospital discharge continues to be a significant area of focus, and particularly so in the face of the second wave of the pandemic. Discharge pathways continue to evolve in response to the changes to national guidance, local experience and data and in preparation for the winter period. Leicestershire is one of eight areas nationally working with Professor John Bolton of the Institute for Personal Care, to understand demand and capacity, and identify and develop ideal discharge pathways.
33. The Home First pathway continues to be utilised to support timely discharge focusing primarily on discharging patients back home and supporting them while assessment takes place. Capacity to support rapid discharges remains problematic with vacancy rates rising and staff unavailability due to Covid-19 restrictions. Recruitment and retention plans are in place to address this in partnership with Leicestershire Partnership NHS Trust.
34. The Home First pathway is currently reliant upon temporary funding sources being supported by the Better Care Fund, non-recurrent Ageing Well funding and a transfer of internal social care resources.
35. The new Hospital Discharge guidance supports the Home First principles and makes clear that this should be resourced effectively to enable Discharge to Assess at home as the default option.
36. The Leicestershire place based health and care system will need to ensure that appropriate and effective jointly commissioned support is available to fulfil this requirement in the longer term.
37. People who have received post-discharge support in the emergency period (19 March-31 August 2020) remain Covid-19 funded. Reviews are underway to ensure that people are in the most appropriate setting for recovery and that their support is maximising their opportunity for increased independence. Those that are not eligible for continued health funding following review will transfer to the appropriate funding stream with a deadline of 31 March 2021 to complete this backlog. There are approximately 1,500 Covid-19 reviews to complete.
38. Transition of the hospital discharge emergency support packages to the appropriate funding authority will need to be carefully managed to ensure that people have the right level of care post recovery and that they receive a financial assessment for ongoing social care support to agree their contribution to the costs. People will have been in receipt of free services for an extended period including those who would normally pay the full cost of their services.
39. Most staff continue to work from home, with limited office-based activity based on individual risk assessments and service priorities. Face to face visits have resumed where essential with Personal Protective Equipment (PPE) as needed.

40. It is acknowledged that the impact of Covid-19 restrictions over a longer period will provide serious challenges to staff wellbeing, moral and retention of staff. Tools and risk assessments are in place to support individuals and staff teams.
41. Digital solutions will be the first point of call where they can be effectively utilised to prevent, reduce, and delay people's pathways into social care, or where they can be effectively utilised to meet care needs. Working processes should prioritise digital solutions where they save staff time and money, and service user records and data will be fully integrated with health as part of the place-based approach.
42. Maximising use of digital solutions across the care landscape will present a range of cultural challenges for staff and service users. The pandemic has created a focus on the advanced use of technology and this will be developed strategically with key stakeholders.

Adult Social Care Finance

43. There has been a significant financial impact on adult social care which could be potentially in the region of £13.5m. The Adults and Communities Department is, as a result, forecasting an overspend against budget in 2020/21. The continued Covid-19 demands look likely to extend beyond this financial year particularly now that infections rates increase, and restrictions are reinstated.
44. During the first wave of the pandemic care providers were supported with around £3m for additional costs being incurred and £11m in an advance payment to support business cashflow.
45. In September, the Adult Social Care Winter Plan was published which included a second tranche of Infection Control Fund. This fund will support social care providers up until 31 March 2021, by which time £13m will have been paid to providers in Leicestershire. This together with access to free PPE provides the care sector with additional resources for the remainder of this financial year.
46. There remains a level of uncertainty in financial forecasting due to changes in national guidance, changes to national funding allocations and changes in the level of demand for services. Further data is required to understand the full impact of the Discharge to Assess funding, however it is estimated that in Leicestershire £15m may be required in 2021. In addition, loss of income is estimated to be in the region of £8m and PPE costs could be £0.5m.
47. From the 1 September 2020, the Continuing Healthcare assessments have been reinstated. The risk of increased health and social care long-term funding, if not carefully managed with joint agreement, is significant. Weekly planning meetings with partners have been set up to oversee this process and ensure that the back log is completed by 31 March 2021.

Officers to Contact

Mike Sandys, Director of Public Health
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Jon Wilson, Director of Adults and Communities
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Rachna Vyas, Executive Director for Integration and Innovation, Leicester City CCG
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Simon Pizzey, Head Of Strategy & Planning, UHL
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Equalities and Human Rights Implications

48. There are no equalities or human rights implications arising directly from the recommendations in this report.
49. The pandemic of the covid-19 virus has required the Council and other partners to be flexible and responsive in the way in which it delivers its services and performs its functions. The Council's Corporate Equalities Board, together with Departmental Equality Groups will play a key role in monitoring the impact of any changes.

A partnership between:

East Leicestershire and Rutland CCG

West Leicestershire CCG

HEALTH AND WELLBEING BOARD – 26 NOVEMBER 2020**REPORT OF EAST LEICESTERSHIRE AND RUTLAND CCG AND WEST
LEICESTERSHIRE CCG****PRIMARY CARE NETWORK ACROSS
LEICESTER, LEICESTERSHIRE AND RUTLAND****Purpose of report**

1. The purpose of this report and accompanying presentation is to provide the Health and Wellbeing Board with an update concerning the progress of Primary Care Network (PCN) across Leicester, Leicestershire and Rutland (LLR) since their implementation in the summer of 2019.

Recommendation

2. The Health and Wellbeing Board is asked to note the update concerning Primary Care Networks across Leicester, Leicestershire and Rutland.

Policy Framework and Previous Decisions

3. PCNs form a key building block of the NHS long-term plan with general practices being a part of a network, typically covering 30,000-50,000 patients.
4. The Health and Wellbeing Board most recently considered an update on the developments of the networks at its meeting on the 28 November 2019.

Background

5. A PCN is a group of GP practices that agree to work together with other practices in their local area to provide the care patients need. By working together, it is expected they will be able to make resources go further and care for patients more creatively.
6. GP practices will work with other health, social care and voluntary sector professionals to plan and join up patients' care. These wider teams will include pharmacists, nurses and specialists who care for certain types of conditions or groups of patients with particular needs.
7. GP practices remain independent and patients continue to be registered at their existing GP practice; the main point of contact for their care.

8. PCNs launched on 1 July 2019 and over time are expected to bring a number of benefits for patients including:

- Joined up services
- Access to a wider range of professionals and diagnostics in the community
- Different ways of getting advice and treatment, including digital, telephone based and physical services, matched to their individual needs
- Shorter waiting times and convenient appointments
- Greater patient involvement in decisions about their care
- Increased focus on prevention and personalised care

Presentation

9. The appended presentation details the Leicestershire PCNs aligned at District Council level along with an overview of some of their priorities for delivery.

Background papers

Presentation to the Health and Wellbeing Board – 28 November 2019 – Primary Care Network Development in LLR

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=5743&Ver=4>

Officer to Contact

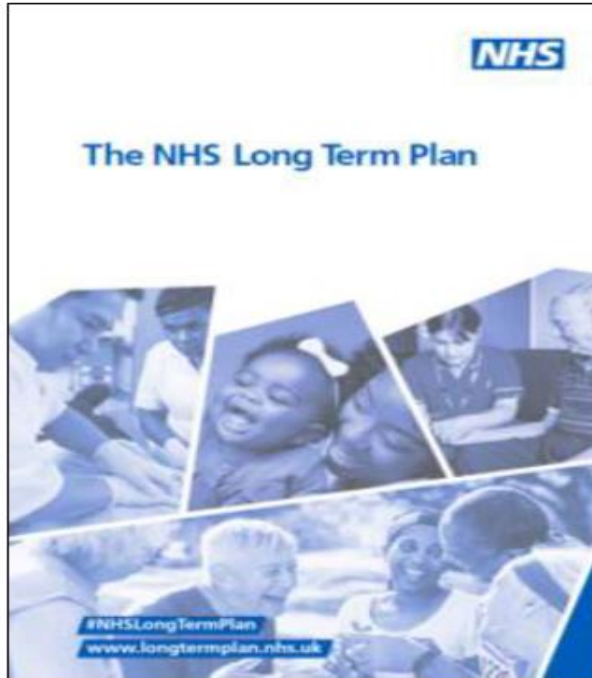
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Primary Care Network Development in LLR

Leicestershire Health and Wellbeing Board

26th November 2020

National Context



Aims:

- Everyone gets the best start in life
- World class care for major health problems
- Supporting people to age well

How:

- **Primary care networks as the foundation for Integrated Care Systems**
- Preventing ill health and tackling health inequalities
- Supporting the workforce
- Maximising opportunities presented by data and technology
- Continued focus on efficiency

Investment and Evolution

Translates commitments in The NHS Long Term Plan into a Five Year Framework for General Practice

- Key points:
 - Secures and guarantees investment
 - Practical changes to solve challenges such as workforce and workload
 - Delivers expansion of services and improvements in care quality and outcomes
 - Ensures value for money



PCNs key to the future

And PCNs are key to the future

- Primary care networks are small enough to give a sense of **local ownership**, but big enough to have **impact** across a 30-50K population.
- They will comprise groupings of clinicians and wider staff **sharing a vision** for how to improve the care of their population and will serve as **service delivery units** and a **unifying platform** across the country.

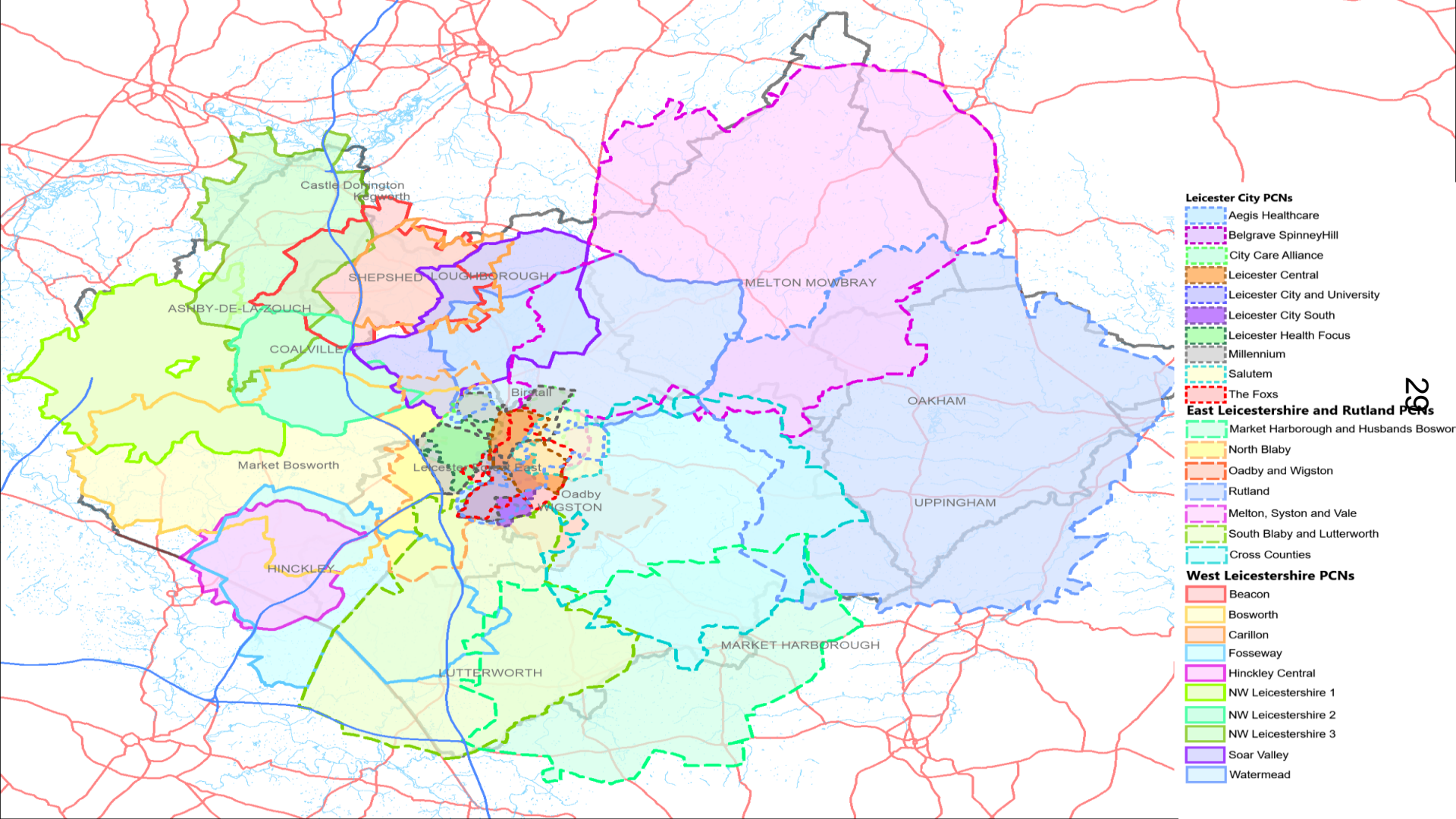


Benefits of PCNs

- **More coordinated services** where they do not have to repeat their story multiple times
- **Access to a wider range of professionals** in the community, so they can get access to the people and services they need in a single appointment
- **Appointments that work around their lives**, with shorter waiting times and different ways to get treatment and advice including digital, telephone-based and face-to-face
- **More influence** when they want it, giving more power over how their health and care are planned and managed
- **Personalisation** and a focus on prevention and living healthily, recognising what matters to them and their individual strengths, needs and preferences

LLR PCNs

- 25 PCNs across LLR
- Leicester City – 10
- East Leicestershire and Rutland – 7
- West Leicestershire – 8



- Leicester City PCNs**
- Aegis Healthcare
 - Belgrave SpinneyHill
 - City Care Alliance
 - Leicester Central
 - Leicester City and University
 - Leicester City South
 - Leicester Health Focus
 - Millennium
 - Salutem
 - The Foxs
- East Leicestershire and Rutland PCNs**
- Market Harborough and Husbands Bosworth
 - North Blaby
 - Oadby and Wigston
 - Rutland
 - Melton, Syston and Vale
 - South Blaby and Lutterworth
 - Cross Counties
- West Leicestershire PCNs**
- Beacon
 - Bosworth
 - Carillon
 - Fosseyway
 - Hinckley Central
 - NW Leicestershire 1
 - NW Leicestershire 2
 - NW Leicestershire 3
 - Soar Valley
 - Watermead

East Leicestershire & Rutland PCNs and District Councils

PCN Name: ELR	Clinical Director	LA
Oadby & Wigston	Dr Richard Palin	Oadby & Wigston Council
North Blaby	Dr Simon Vincent	Blaby DC & Harborough DC
Cross Counties	Dr Anuj Chahal	Oadby & Wigston/ Harborough DC
South Blaby & Lutterworth	Dr Danny Jones	Blaby DC & Harborough DC
Market H & Husbands B	Dr Hamant Mistry	Harborough DC
Melton, Syston & Vale	Dr Fahreen Dhanji	Charnwood BC & Melton BC
Rutland Healthcare	Dr Hilary Fox	Rutland County Council

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West Leicestershire PCNs and District Councils

PCN Name: WL	Clinical Director	LA
Bosworth	Dr James Ogle	H&B BC
Hinckley Central	Dr R Dockrell	H&B BC
Fosseway	Dr V Bolarum &	H&B BC
	Dr A Khalid	
North West Leicestershire	Dr Kirk Moore	NWL DC
Watermead	Dr Anu Rao	Charnwood BC
Soar Valley	Dr Nick Simpson	Charnwood BC
CH3 – Carillon	Dr Leslie Borrill	Charnwood BC
CH4 – Beacon	Dr Rebecca Dempsey	Charnwood BC

The 'To Do List' for PCNs

- Agree form
- Formal PCN agreement
- Appoint an ACD
- Align care homes to a single PCN
- Appoint to additional roles
- PCN Development based on maturity matrix
- Deliver 2020/21 service specifications
- Business resilience (COVID-19)



PCN / Clinical Director Support

- **PCN CD Development** – The Clinical Directors' Leadership Development Programme, delivered through South, Central and West Clinical Support Unit, is an opportunity for CDs to not only develop core leadership competencies but will additionally focus on:
 - What leaders need to pay attention to when working in complex systems
 - How leaders develop the relationships and networks to support effective systems working
- The programme consists of 4 cohorts attending 6 x 3hr events, run virtually, and includes a series of action learning sets which provides a safe space for participants to reflect on how they apply their learning within their PCN and the wider system. The first of the sessions took place on 29th September 2020 with a focus on population health management and the final session, for cohort 4, is scheduled 13th July 2021. There are places still available for Clinical Directors and/or deputies. To book onto a cohort, or confirm a place is secured, colleagues are encouraged to contact: abi.gray1@nhs.net

Business Resilience through COVID 19

- Urgent priority during the pandemic
- Initial challenges around PPE/testing
- Workforce challenges; existing gaps confounded by self isolation/shielding

Mitigations:

- All PCNs have developed a BCP which includes 'buddying' arrangements
- Implementing 10 system expectations including: safety first; virtual by default
- Hot hubs set up to enable safe cohorting of patients
- Impact on delivery of PCN requirements

Additional Role Reimbursement (ARRs)

- Under the Primary Care Network DES, networks are able to recruit new roles to expand their care team
- NHSE&I forecast of 26,000 additional staff working in general practice by 2024
- Great progress has been made in LLR with PCNs recruiting to a range of new roles in line with the national guidance. The 4 most popular roles have been:
 - Clinical Pharmacists
 - Social Prescribing Link Workers
 - First Contact Physios
 - Physician Associates
- To date nearly 200 roles have been recruited to with more planned for 2021/22 including mental health workers and emergency care practitioners

Enhanced Health in Care Homes (EHCH)

- EHCH aims to achieve proactive care that is centred on the needs of individual residents, their families and care home staff.
- Planned pre-covid, and following the COVID-19 care home support service, which implemented core elements including:
 - Weekly ward rounds
 - MDT meetings
 - Structured Medication Reviews
- Progress to date:
 - 100% alignment (LLR wide) of a lead PCN per home
 - Comprehensive survey of support needs of homes
 - 89% of LLR Care Homes with NHS email
- Next steps
 - Firming of processes to deliver and measure outcomes
 - Consensual movement of patients

Structured Medication Reviews (SMRs)

PCNs to identify and prioritise PCN patients who will benefit from SMR

Benefits to patients:

- Better care for patients by identifying medicines that can be stopped, dosages and/or frequency changed or where new medicines are needed
- Could avoid admission to hospital through unnecessary medicines related harm
- Reduces overprescribing of medicines and waste
- Integration of pharmacy within wider multi-disciplinary healthcare teams (including community and hospital pharmacy) and improved access to healthcare and outcomes for patients
- All PCNs should implement the programme in a way that maximises its potential to reduce health inequalities

Supporting Early Cancer Diagnosis

Linked to ambitions set out in the Long Term Plan, primary care has a vital role to play in delivering this ambition, working closely with wider system partners including Cancer Alliances, secondary care, local Public Health Commissioning Teams and the voluntary sector.

Through the requirements in the Network Contract DES, primary care networks will:

- Review quality of referrals
- Contribute to improving local uptake of the national cancer screening programmes
- Establish a community of practice between practice clinical staff

Next Steps

- Continued focus on practice / PCN resilience
- Developing PCN team to support patient care
- Delivery of national service specifications
- Delivery of services to support COVID-19
 - Hot Hubs
 - Vaccination delivery

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HEALTH AND WELLBEING BOARD: 26 NOVEMBER 2020

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

**DEVELOPMENT OF A HEALTHY WEIGHT STRATEGY FOR
LEICESTERSHIRE**

Purpose of report

1. The purpose of this report is to seek the views of the Health and Wellbeing Board on the new proposed healthy weight strategy for Leicestershire as part of the consultation process.

Link to the local Health and Care System

2. This Healthy Weight strategy adopts a 'Whole Systems' approach, which is consistent with the Health and Wellbeing Board's principles of influencing a wide range of agendas (e.g. economy, planning and transport), supporting people to avoid ill-health, working in partnership to deliver positive support for people, being clear about role and responsibilities across partner organisations and listening to the population.
3. The Healthy Weight Strategy supports the Council's Strategic Plan 2018-2022 'Working Together for the Benefit of Everyone' regarding Wellbeing Opportunities. It will help Leicestershire's population lead healthier lives, reduce inequalities associated with health and increase healthy life expectancy.
4. The strategy is a response to a recommendation in the 2019 Joint Strategic Needs Assessment chapter on Obesity: Physical Activity, Healthy Weight and Nutrition and forms part of Leicestershire's prevention programme.
5. The strategy also supports the ambitions of the Leicester, Leicestershire and Rutland Better Care Together Sustainability and Transformation Plan, regarding improving lifestyles and reducing obesity as part of the prevention of ill-health.

Recommendation

6. The Health and Wellbeing Board is asked to comment on the draft Healthy Weight Strategy for Leicestershire.

Policy Framework and Previous Decisions

7. The Leicestershire Joint Strategic Needs Assessment chapter on Obesity: Physical Activity, Healthy Weight and Nutrition was published in September 2019. One of the recommendations was to develop a Healthy Weight Strategy for Leicestershire that adopts a whole systems approach across the life-course.
8. The Healthy Weight Strategy also forms part of the Leicestershire Food Plan which was endorsed by Leicestershire County Council's Cabinet on the 18 December 2018.
9. This draft Healthy Weight Strategy was approved for consultation by Leicestershire County Council's Cabinet on the 20th October 2020.

Background

10. Nearly two thirds (65%) of adults and a third (30%) of year 6 primary school children living in Leicestershire are overweight or obese. Overweight and obesity is more common in socio-economically disadvantaged communities and is associated with many long-term conditions. There is emerging evidence that people with a high body mass index are more at risk of developing complications of Covid-19.
11. The economic burden of overweight/obesity is significant across England. The NHS spends £6.1bn per year on obesity-related ill health, local government spends and estimated £0.35bn in social care costs and the cost to the wider UK economy is around £27bn.
12. There is considerable evidence that obesity is a complex issue that requires a complex system response, where all sectors work together, with the public, to address it. The draft strategy outlines an approach that brings together responsibilities of the private and public sectors and the general public, to tackle obesity and help people maintain a healthy weight. This is Leicestershire's 'whole systems approach'.

The draft Strategy

13. The Leicestershire-wide Strategy is divided into three themes and 5 objectives and will run over a 5-year period.
14. Theme 1 addresses action that tackles the obesogenic environment that we live in

Strategic Objective 1: to improve the awareness and the availability of healthy and sustainable food and drink in all sectors. For example, promoting the accreditation of food and catering business through 'Food For Life Served Here';

Strategic Objective 2: to support settings to prevent obesity and increase healthy weight in adults, children and families. For example, through the Leicestershire Healthy Schools programme;

15. Theme 2 addresses action that focuses on providing individuals with the information and support needed to manage their own weight and that of their families

Strategic Objective 3: to co-ordinate a healthy weight pathway which includes prevention, self-management and weight management support. For

example, increasing uptake of the Leicestershire Weight Management Service;

16. Theme 3 addresses leadership by partner organisations (e.g. NHS, districts) to ensure that the wider workforce is equipped to promote healthy weight and that policies are conducive to healthy weight

Strategic Objective 4: develop workforces that are confident and competent talking about and promoting healthy weight. For example training more professionals in Making Every Contact Count;

Strategic Objective 5: Working with partners and stakeholders to support the development of a whole systems approach to healthy weight, using for example the Leicestershire Food Plan Partnership work.

Consultation/Patient and Public Involvement

17. An 8-week public consultation is currently being undertaken which will include a series of targeted online focus groups with weight management service users and members of the equalities challenge group combined with an online public questionnaire-based consultation. The consultation will end on the 27 December 2020.
18. Findings from the consultation, including comments made by the Health and Wellbeing Board, will be used to inform the final Strategy which will be presented to Leicestershire County Council's Cabinet in Spring 2021.

Resource Implications

19. There are no additional resource implications arising from the recommendations in this report. Delivery of actions arising from the Strategy will be met by existing budgets and action taken by partner organisations. Minor costs associated with the delivery of the consultation exercise will be met using existing budgets.

Timetable for Decisions

20. A report presenting the final draft for approval will be submitted to the Leicestershire County Council Cabinet in Spring 2021. Subject to approval, the Strategy will be launched in April 2021.

Background papers

21. Report to the Cabinet - 20th October 2020
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5998&Ver=4>
22. Leicestershire County Council Strategic Plan 2018-22
<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>
23. Joint Strategic Needs Assessment 2018:21 Obesity: physical activity, healthy weight and nutrition.

<https://www.lsr-online.org/uploads/obesity-physical-activity-healthy-weight-and-nutrition.pdf?v=1568369427>

24. Leicestershire Good Food Plan and Good Food Leicestershire Charter
<http://politics.leics.gov.uk/documents/s143186/LCC%20Cabinet%20report%20Leicestershire%20Food%20Charter.pdf>
25. Leicester, Leicestershire and Rutland Better Care Together Sustainability and Transformation plan
<https://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=46236>

Circulation under the Local Issues Alert Procedure

None

Officer to Contact

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Appendix

28. Appendix - Draft Healthy Weight Strategy for Leicestershire

Relevant Impact Assessments

Equality and Human Rights Implications

29. An Equality and Human Rights Impact Assessment Group has been established and will run alongside the development of the Strategy. An Equality and Human Rights Impact Assessment (EHRIA) screening was undertaken and concluded that there are several positive impacts on protected characteristic groups including age, pregnancy and maternity, community cohesion and deprived communities.
30. However, the following protected characteristics groups were identified as having possible barriers to benefits from the Strategy:
 - i. Disability: people with disabilities (including those with learning disabilities, dementia and cognitive impairment) may have additional communication needs. Adaptations may be needed to enable these groups to access services outlined in this strategy. This is particularly relevant given the high levels of obesity in those with learning disabilities. Physical disabilities may also limit people engaging in active travel.
 - ii. Race and also religion or belief: people will be supported in this strategy regardless of race and religion or belief. However, culture/ethnicity-specific diets

need to be considered. Barriers to accessing support and services may include language/communication difficulties and cultural acceptability. Some groups e.g. South Asian communities have a higher risk of diabetes and these additional needs require consideration. Additional interventions and considerations may be needed when engaging with some of our communities.

31. These are key areas of development for the Strategy and consultation will enable a better understanding of any potential barriers/disadvantages in these groups, help to identify ways to mitigate these, and strengthen support for these groups in the Strategy. A full EHRIA will also be completed during the development of the final Strategy.

Partnership Working and associated issues

32. The overarching themes and strategic objectives set out in the draft strategy require partners across the system, including the private and voluntary sector organisations and the public, to work together to tackle obesity. Examples include working with food and drink outlets and retailers to ensure that the public has healthy options available to choose from, working with settings such as schools, care home and NHS providers to ensure that everyone in those settings has access to healthy nutritious food, enabling professionals to feel confident to talk about weight with their patients/clients, working with NHS and Public Health commissioners to ensure that weight management and specialised bariatric services meet the needs of people and ensuring that all policies are health-promoting.

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Draft Healthy Weight Strategy for Leicestershire



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Introduction

The 2021-2026 Healthy Weight Strategy sets our partnership priorities and approach to promote a healthy weight and tackle obesity in Leicestershire.

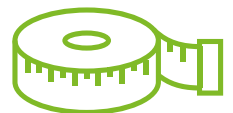
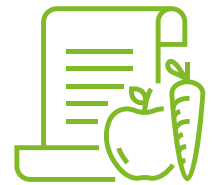
Obesity is a complex and multifaceted problem that requires coordinated, effective action to change the food, physical activity and social environments from 'obesogenic' to ones which promote a healthy weight. If we are going to take effective action to reverse obesity at population level, we need to work together with partners in a 'whole systems'¹ approach to create an environment that facilitates healthy choices and supports individuals to achieve and maintain a healthy weight.

This strategy builds on the Recommendations within the Leicestershire Joint Strategic Needs Assessment 2018-2021 Chapter on Obesity: Physical Activity, Healthy Weight & Nutrition.

The main focus will be on Healthy Weight and Nutrition whilst making the links to the Leicester-Shire & Rutland (LRS) Physical Activity and Sport Strategy 2017-2021, which sets out a long-term vision for **physical activity and sport** across Leicester, Leicestershire and Rutland and encompasses everything from supporting the least active residents to build **activity** into their everyday lives, through to the development of future Olympians, Paralympians and World Champions.

Maintaining a healthy weight has many benefits, including improved health related quality of life and reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease, and some cancers. However, most adults are above a healthy weight; it has become the social norm. Of significant concern is that 1 in 5 children start school above a healthy weight and this proportion rises to 1 in 3 at year 6 of Primary School. There are marked and growing health inequalities, with the prevalence of obesity in children in the most deprived parts of the country more than twice that in the least deprived. This has implications not just for health for employers and social care needs: each year, obesity and its related ill health costs the UK NHS £6.1bn: it also costs local government in England £0.35bn in social care costs and the wider UK economy £27bn.

This Strategy document is a commitment to working together with a range of sectors, including food, health, education, planning, transport, sport and leisure, and economic development to support our communities to start, live and age well, and develop in a way which facilitates healthy behaviours and a healthy weight.



¹ <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

Why do we need a healthy weight strategy?

The prevalence of overweight and obesity in the UK has risen dramatically since 1993, and whilst the increase has slowed down since 2001, the trend is still upwards.



Nearly two-thirds of adults (62%) in England were classed as being overweight (a body mass index (BMI) of over 25) or obese (a BMI of over 30) in 2017/18.

In Leicestershire 60.6% of adults were either overweight or obese in 2017/18.



The prevalence of children in reception year who were either overweight or obese in 2018/19 was 22.6% for England and 19.6% for Leicestershire.



The figures for Year 6 pupils in 2018/19 was 34.3% for England and 30.0% for Leicestershire².

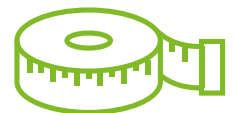
As deprivation increases the number of children at a healthy weight decreases, and the number of children measured as overweight or obese increases.

Physical inactivity and a sedentary lifestyle are also a primary contributor to an increase in prevalence of overweight and obesity in the UK.

The physical activity data for both adults and children and young people in Leicestershire can be found in Appendix A.

Why is it an issue?

- Poor diet contributes to nearly half of Coronary Heart Disease³.
- Poor diet contributes to a third of all cancer deaths⁴.
- Being overweight increases the risk of high blood pressure, high cholesterol and pre-diabetes⁵.
- Severe obesity reduces life expectancy by 8-10 years⁶.



2 https://fingertips.phe.org.uk/search/Obese%20Adults#page/0/gid/1/pat/6/par/E12000004_ati/102/are/E06000015

3 Yusuf,S.et al (2004) Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. Lancet; 364: 937-52

4 Doll, R. Peto, R (1981) The causes of cancer: quantitative estimates of avoidable risks in cancer in the United States today. Journal of the National Cancer Institute; 66:1191-208

5 <http://webarchive.nationalarchives.gov.uk/20170110171057/> https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child [accessed on 04/04/2018]

6 Dent M, Swanston D (2010) Briefing Note: Obesity and life expectancy



Our vision

“Our vision is a future where everyone in Leicestershire can eat well, be physically active and develop in a way which facilitates a healthy weight”.

We will work together with a range of sectors to make lasting changes to the food, physical activity and social environment to promote a healthy weight. Our aim is to increase the number of adults, children and families who are a healthy weight in Leicestershire by 2026.

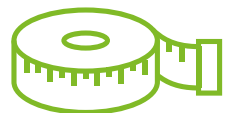
The local context

This strategy is closely aligned with the LRS Physical Activity & Sport Strategy 2017- 2021 for LLR⁷, the Leicestershire Food Plan⁸ the Leicestershire Corporate Strategy ‘Working together for the benefit of Everyone’, Leicestershire County Council’s Strategic Plan 2018- 2022⁹, the Leicester and Leicestershire Local Industrial Strategy¹⁰ and the Wellbeing@workprogramme, with integrated action plans to achieve our shared objectives.

Through a strong evidence base this strategy will tailor its approach to address the needs of the population and key stages where people are more at risk of obesity across the life course. Whilst recognising that there are people in all population groups who are not a healthy weight, this strategy will focus on areas in Leicestershire with the highest prevalence of childhood and adult obesity.

The LRS Physical Activity Strategy 2017-2021 vision is for LLR ‘to be the most physically active and sporting place in England, with 4 ambitions to ‘Get Active, Stay Active, Active Places and Active Economy’. It is also based on 4 foundations:

1. Well lead.
2. Insight driven.
3. Skilled and representative workforce.
4. Effective marketing and communications.



7 <https://www.lrsport.org/uploads/lrs-physical-activity-sport-strategy-2017-2021.pdf>

8 <https://www.leicestershire.gov.uk/news/food-plan-firmly-on-the-table>

9 <https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2019/6/27/LCC-Strategic-Plan-2018-22.pdf>

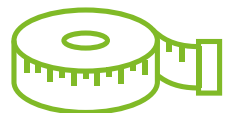
10 <https://www.llep.org.uk/strategies-and-plans/our-local-industrial-strategy/>

The Leicestershire Food Plan (see Appendix B) is part of the national Sustainable Food Cities (SFC) framework. It links to the Leicestershire Corporate Strategy – ‘Working together for the benefit of Everyone’ with areas of commonality across all five strategic outcomes.

- Correct infrastructure enabling a healthy population for a Strong Economy
- Opportunities for children to get the best start in life, and reducing health inequalities through enhanced community Wellbeing and Opportunity associated with healthier environments and support to gain a healthy weight.
- Families more able to maintain a healthy lifestyle in a self-sufficient way – keeping people safe.
- Communities are more able to plan the future of their ‘healthy place’, taking greater control of the place of health within Great Communities including recognising the impact of obesogenic environments and seeking to change them.
- ‘Health in all policies’ and ‘Healthy Partners, Healthy Place’ enable environments that encourage healthier habits in Affordable and Quality Homes through creating spaces where people can lead active lifestyles and participate in community food activities.

This strategy links to the *Leicester and Leicestershire Local Industrial Strategy – A Healthy Climate for Growth* by linking mainly to the core theme of Healthy People – improving the quality of life and wellbeing of the population and supporting the need for improved public transport, promotion of cycling and walking (and associated infrastructure) and the need for more green space to encourage greater levels of activity. There is also the recognition that Healthy Businesses need a healthy workforce.

It also links to LLR wellbeing@workprogramme – which essentially is a workplace health needs assessment (sourced from *Public Health England & Healthy Working Futures (2017) ‘Workplace Health Needs Assessment’*) to identify key priority areas of employee health including healthy eating and physical activity. The results can be used to shape the development of a health and wellbeing action plan that employees’ value and feel is reflective of their needs.



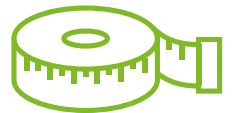
Outcomes

Monitoring of the prevalence of healthy weight in children and adults is a requirement of the national public health outcomes framework. The key performance indicators relevant to a healthy weight are:

- 2.02i – Breastfeeding initiation.
- 2.02ii – Breastfeeding at 6-8 weeks.
- 2.06i – Child excess weight in 4-5-year olds.
- 2.06ii – Child excess weight in 10-11-year olds.
- 2.11i – Proportion of the population meeting the recommended '5-a-day' on a 'usual' day.
- 2.11ii – Average number of portions of fruit consumed daily at aged 15 years.
- 2.11iii – Average number of portions of vegetables consumed daily (adults).
- 2.11iv – Proportion of the population meeting the recommended '5-a-day' at age 15.
- 2.11v – Average number of portions of fruit consumed daily at age 15.
- 2.11vi – Average number of portions of vegetables consumed daily at age 15.
- 2.12 – percentage of adults (aged 18+) classed as overweight or obese - current method.
- 2.12 – percentage of adults (aged 16+) classed as overweight or obese.
-

Other information available to help form an overall picture of trends in the Leicestershire/UK population are:

- **Food Insecurity:** From 2019 the annual national Family Resources Survey (An annual report that provides facts and figures about the incomes and living circumstances of households and families in the UK) included 10 questions on Food Insecurity. These questions are detailed in Appendix C.
- **Physical Activity datasets from the Active Lives Survey:** Sport England run two surveys: Active Lives Adult, which is published twice a year and replaced the Active People Survey, and the world-leading Active Lives Children and Young People, which is published annually. Both give a unique and comprehensive view of how people are getting active. We have local Sport and Physical Activity datasets for adults and children across LLR taken from Sport England's Active Lives Survey, the most recent is from May 2018 - May 2019.

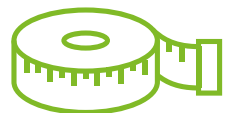
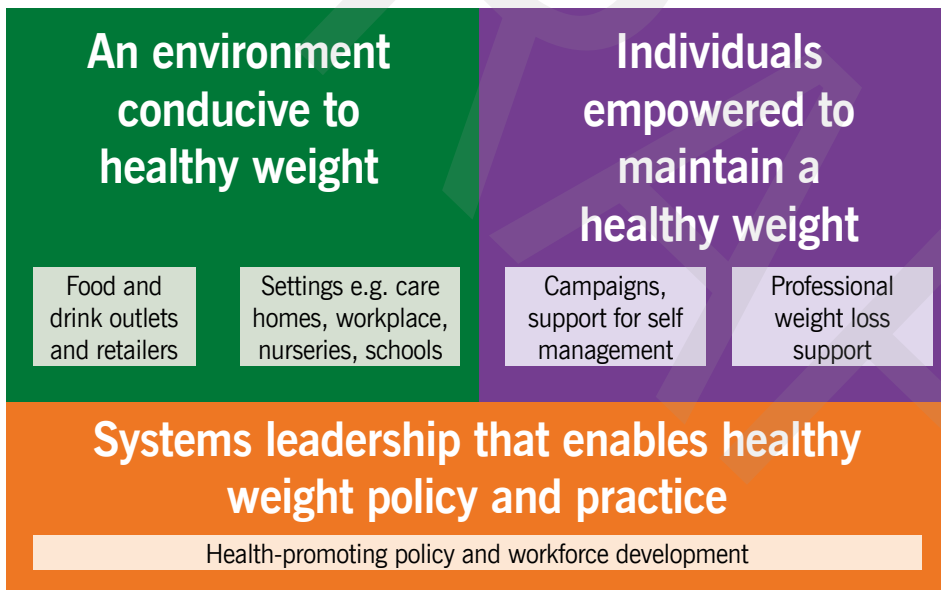


Delivery themes and strategic objectives

The Leicestershire healthy weight strategy is structured around 3 delivery themes. Each theme identifies objectives needed to achieve our vision.

Healthy weight delivery themes

- **Promoting a healthy weight environment**
Population approaches to improve the wider health environment to promote healthy weight (this is aligned to the Active Places strand of the LRS Physical Activity & Sport Strategy).
- **Support for people to achieve and maintain a healthy weight**
Provision of weight management services across the life course to increase the number of people who are a healthy weight.
- **Prioritising healthy weight through systems leadership**
Develop a workforce that is competent and confident to talk about and promoting healthy weight and working with partners to develop healthy weight policy.



Delivery Theme 1

Promoting a Healthy Weight Environment

Why is it important for Leicestershire?

Obesogenic environment

We are living in an obesogenic environment, with an abundance of energy dense food, motorised transport and sedentary lifestyles¹¹.

Out of home food outlets

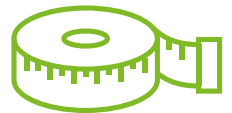
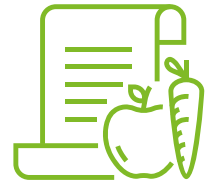
More than one quarter (27.1%) of adults and one fifth of children eat food from out of-home food outlets at least once a week. Meals consumed out of the home tend to be associated with bigger portion sizes and higher intakes of fat, sugar and salt¹².

Active Environments

As part of our drive to create an active environment, Active Design brings together the planning and considerations that should be made when designing the places and spaces we live in. It's about designing and adapting where we live to encourage activity in our everyday lives, making the active choice the easy choice¹³.

In 2018 there were 473 Fast Food Outlets in Leicestershire (from Food Standards Agency (FSA) Food Hygiene Rating Scheme (FHRS) data (31/12/2017 Snapshot and 02/07/2018 snapshot for Bury data).

There is a known association between the exposure to fast food outlets and food consumption, BMI and obesity. Obesity is also associated with decayed missing or filled teeth in children with links to poor diet and food poverty is associated with low consumption of fruit and vegetables and deficiencies in certain nutrients¹⁴.



11 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

12 <https://publichealthmatters.blog.gov.uk/2017/03/31/healthmatters-obesity-and-the-food-environment/>

13 <https://www.sportengland.org/how-we-can-help/facilities-and-planning/design-and-cost-guidance/active-design>

14 Sustain (2016) Measuring household insecurity in the UK <https://www.sustainweb.org/resources/files/reports/MeasuringHouseholdFoodInsecurityintheUK.pdf>



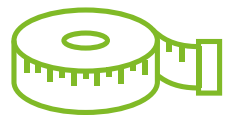
The healthy weight environment is a complex area of development work – it flows throughout many of the issues of Sustainable Food Cities and therefore the Leicestershire Food Plan. It encompasses many areas of work including:

- Enabling active travel.
- Local planning – including advertising (amount of junk food advertising along with where the adverts appear), numbers of fast food outlets and lack of availability of healthy/fresh food (with commonly used terms Food Deserts and Food Swamps).
- Affordability of ‘good food’ as a viable and available alternative.
- Information available to the public and campaigns (e.g. Sugar Smart).
- Encouraging food outlets to offer and promote healthier options.
- Work with employers to encourage payment of the Living Wage (as determined by the Living Wage Foundation at £9.30/£10.75 in London, not the Government ‘National Living Wage’ at £8.72).
- Work with specific groups and backbone services e.g. schools, care homes and holiday clubs.
- Skills and resources to help families to cook and eat healthily.

Ultimately, many of the environmental aspects focus on how we can ‘manipulate’ a locality to try to stimulate behaviour change - an example being the ‘Refill’ movement – aiming to install free water refill stations in places where people visit so that they can keep hydrated, but also reduce their intake of sugary drinks (with the added benefit of reduced single use plastic bottles).

Some elements of this theme cross over with the work with partners in Strategic Objective 5 and will be delivered with them as part of designing and developing a healthier environment.

This theme also links to ‘Active Design’ which is a combination of 10 principles that promote activity, health and stronger communities through the way we design and build our towns and cities. Sport England, in partnership with Public Health England, have produced the Active Design Guidance which works as a step-by-step guide to implementing an active environment. This guidance builds on the original objectives of improving accessibility, enhancing amenity and increasing awareness, and sets out the 10 principles of Active Design, these are: activity for all neighbourhoods, walkable communities, connected walking & cycling routes, co-location of community facilities, network of multi-functional open space, high quality streets & spaces, appropriate infrastructure, active buildings, management maintenance and monitoring and evaluation, activity promotion and local champions.



Strategic Objective 1

Improve the awareness and availability of healthy and sustainable food and drink in all sectors

What are we doing now?

- Local organisations and key stakeholders are working together through the Leicestershire Food Plan to develop multiple food hubs to tackle food poverty including access to affordable (surplus) food, training and resources as well as developing volunteer opportunities.
- In 2019 Leicestershire was successful in obtaining funding for a Holiday Activity and Food Programme – this programme enabled children qualifying for free school meals to access free places in summer holiday clubs including a nutritious meal helping with food insecurity.
- Food for Life is commissioned in Leicestershire and works to increase the uptake of school meals – this has seen an increase in the number of children eating meals that conform to the national school food standard.
- Leicestershire Traded Services distribute 35,000 meals a day to schools in the areas, they have recently been awarded Gold Food for Life Served Here for their menu meaning that school children are eating food with a greater nutritional content that comply with the Food Based & Nutrition based standards.

What else will we do?

Food retail and outlets

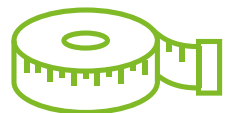
- Government Buying Standards – promotion for local food & catering businesses / increase number of establishments accredited through ‘Food for Life Served Here’.
- Regulation and licensing of fast food outlets, especially those close to schools and early year settings, in conjunction with district and borough councils. We will also look at supporting outlets to offer/promote healthier choices through healthier options merit schemes.

Social and community food projects

- Promoting the production and availability of quality food you can trust: more fresh, local, seasonal, sustainable food, with low climate impact and high welfare standards – we will find ways of increasing availability to communities.
- Eating together: more opportunities for social contact through food, building families, tackling loneliness, and bringing communities together.

Links with other plans and workstreams

- Continue to support the development of The Leicestershire Food Plan and playing an active role as part of our membership of the Sustainable Food Cities Network.
- Work with our colleagues in the Transport team and across Leicester City Council to explore how we might limit junk food advertising.



Strategic Objective 2

Support settings to prevent obesity and increase healthy weight in adults, children and families

What are we doing now?

- UNICEF Baby Friendly Initiative¹⁵: Stage 3 standards achieved: for Health Visiting Services (Leicestershire Partnership NHS Trust) University Hospitals of Leicester Maternity Services (Leicester General Hospital) and Baby Friendly University Programme at De Montfort University (Midwifery course).
- Food for Life Award¹⁶ – over 50% of schools in Leicestershire are participating in this whole school food and nutrition programme.
- Leicestershire Healthy Schools Programme¹⁷– over 90% of schools are engaged with this programme and have achieved healthy school status by fulfilling the criteria for the 4 core themes including healthy eating/ food in schools and physical activity.
- Leicestershire Healthy Tots Programme¹⁸ – Many early year settings are participating in the healthy tots' programme and have achieved Healthy Tots status by fulfilling the criteria for the 3 core themes including healthy eating and physical activity.
- Workplace Health Award¹⁹ LRS Wellbeing at Work- supporting workplaces to improve health and wellbeing at work.
- Public Health England Clinical Champion Training: Upskilling health professionals such as midwives to increase their confidence of delivering physical activity messages.
- Targeted physical activity campaigns and programmes.
- Whole School approach to physical activity.
- Leicestershire Weight Management Service.
- Inviting parents and grandparents to join pupils for school meals, raising awareness of pupil's food choices in school to replicate within the home.
- Older people living in care homes joining children in for school meals, reducing isolation for the older generation and role modelling social dining for the children.
- Parental support provided through education programme such as PEASS (Portion size, e numbers and additives, sugar and salt) that also includes Food for Life (FFL) Served Here and school food standards, this programme, (currently in development, led by FFL) will aid parents understanding of the level of food quality provided by Leicestershire Traded Services and the benefits of this on health and the environment.

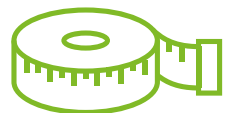
¹⁵ <https://www.unicef.org.uk/babyfriendly/accreditation/>

¹⁶ <https://www.foodforlife.org.uk/>

¹⁷ <https://www.leicestershirehealthyschools.org.uk/>

¹⁸ <https://www.leicestershirehealthytots.org.uk/>

¹⁹ <https://www.lrspport.org/wellbeingatwork>



What else we will do?

Maternity, children and young people settings

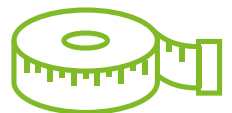
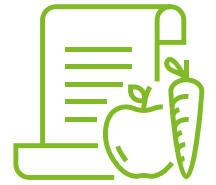
- Continue to promote accreditation to UNICEF's Baby Friendly Initiative.
 - Gold Level for Health Visiting, Leicester General Hospital's Maternity Unit and De Montfort University – Midwifery course.
 - Support- Children & family Wellbeing Centres, UHL's Maternity Hospital and Neonatal Unit at Leicester Royal Infirmary site and De Montfort University Health Visiting course achieve stage 1,2, 3 standards.
 - Undertake an Infant Feeding Health Needs Assessment and use this to inform the refresh of the LLR Infant Feeding Strategy and action plan.
- Continue to support schools to renew their healthy school status and to achieve healthy schools plus by achieving meaningful outcomes regarding healthy weight.
- Continue to support and recruit early year settings to renew and achieve Healthy Tots status.
- Continue to recruit and support to the Food for Life Programme – to achieve bronze, silver and gold level awards.
- Support schools to prepare and implement the healthy eating and physical activity component of the statutory Relationships Sex and Health Education commencing in September 2020.

Workplace setting

- See also recommendations from the JSNA and the [Leicester-shire and Rutland sport strategy](#).

Other settings

- Increase uptake of healthy start vouchers and explore coordinated mechanisms for using vouchers to access fruit and veg.
- Social Prescribing - Fruit and Veg on prescription and other mechanisms for increasing access to Fruit and Veg.
- Piloting approaches for community projects looking at access and support for people to use fresh healthy food.
- Ensure that all health & care professionals are aware of the healthy weight initiatives are signposting and referring to services.
- Identify actions needed within the adult social care sector to help with later life healthy weight.



Delivery Theme 2

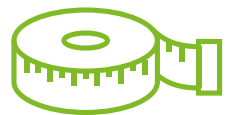
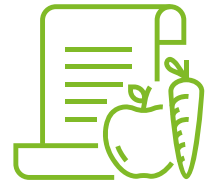
Support for people to achieve and maintain a healthy weight

Why is it important for Leicestershire?

Statistics for Leicestershire show that 61% of adults and 30% of year 6 primary school children are overweight or obese. Supporting people to achieve and maintain a healthy weight is an important part of the system approach and needs to support people who are underweight, overweight or obese. Different services are needed to support people in these different weight categories and need to be joined up between Public Health and CCG-commissioned programmes and pathways.

Indicators of importance to this theme include:

- % of pregnant women in Leicestershire who were classified as obese (Maternity HNA data).
- % of babies that are initially breastfed in Leicestershire.
- % of babies in Leicestershire that are being breastfed at 6-8 weeks.
- The prevalence of children in reception class in 2018/19 overweight/ obese.
- The prevalence of children in year 6 in 2018/19 who were overweight or obese.
- The % of adults in Leicestershire who are overweight or obese in 2018/19.



Strategic Objective 3

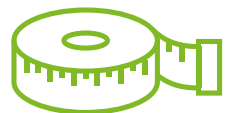
Co-ordinate a healthy weight pathway which includes prevention, self-management and weight management support

What are we doing now?

- Universal services – ante-natal programme – Bumps to Babies, advice on infant feeding (breast feeding/ formula feeding) advice on weaning/ introduction of solids/ portion sizes for very young children. Purposeful physical play. Cook & Eat/ Health for Under 5s/ Health for Kids/ Health for Teens.
- Leicestershire weight management services- child and adult weight management services.
- The Standard Operating Guidance for the 0-19 Healthy Child Programme includes a healthy weight care pathway.
- Healthy Weight care pathway for adults and children.
- Review of the current Healthy Weight Management service – JSNA chapter and recommendations.
- Alignment to the new Physical Activity pathway – ensuring that everyone has access to physical activity at a place and appropriate level for them.

What more do we need to do?

- Work with CCGs to commission a specialist weight management service for adults.
- Promotion of the Sugar Smart campaign²⁰ Sugar Smart is a campaign by food charity Sustain working with councils, businesses, institutions and other sectors to help reduce overconsumption of sugar in their local areas.
- Campaign for Real Food – to reduce the consumption of ultra-processed food and drinks. A healthy sustainable diet: less processed food high in fat, sugar/ salt, less but better-quality meat, and more fruit and vegetables, whole grain and sustainable fish.
- Start 4 Life Change 4 Life.
- Communications Plan-for the Leicestershire Healthy Weight Strategy – increase self-referral.
- Link into Good Food Leicestershire communications plan and events.



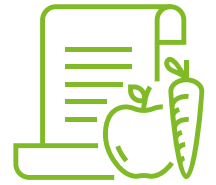
²⁰ <http://sustainablefoodcities.org/campaigns/2017sugarsmartuk.html>

Delivery theme 3

Prioritise healthy weight through systems leadership

Why is it important for Leicestershire?

Health & Care Professionals are in a unique position to talk to patients about their weight and evidence has shown that people respond well to professionals in relation to taking action around their weight. However if not done sensitively it can result in people feeling stigmatised or confused about where to access support. Leadership and professional support is an important part of the system strategy.



Strategic objective 4

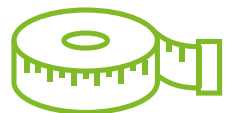
Develop workforces that are confident and competent talking about and promoting healthy weight

What are we doing now?

- PHE Physical activity champions in UHL Maternity Services.
- Making Every contact Count (MECC) – MECC lite and Healthy Conversations (MECC Plus) and Getting it Right First Time.
- Face to face and e learning module for UHL Maternity Services staff/ 0-19 Healthy Child Programme staff on healthy weight before/during and post pregnancy.
- NHS Health Checks.
- Early years, Care workers physical activity training, upskilling of the community to lead physical activity sessions.
- Work across care homes re nutrition guidance and training.
- Link to workforce element of LRS Physical Activity & Sport Strategy.

What else will we do?

- Expand MECC Lite / Healthy Conversations MECC Plus training on healthy weight.
- Develop MECC E Learning modules on healthy weight (E-Learning MECC Plus module being developed for healthy weight before/ during/post pregnancy).
- Assess knowledge and practice gaps for planning officers – obesogenic environment/ Health impact assessments – new housing developments (access opportunity for active travel, healthy affordable food).
- Review, develop and evaluate healthy weight training for staff.



Strategic Objective 5

Working with partners and stakeholders to support the development of a whole systems approach to healthy weight

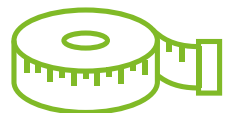
What are we doing now?

- Leicestershire Food Plan – the food plan is working on several different areas of the food system and with multiple partners. Our main areas of collaboration are within the Food and Drink Sector where we are developing with alongside Leicester City Council, the Leicester and Leicestershire Enterprise Partnership and the Food and Drink Forum; and on food production (particularly agriculture) alongside the GWCT and Brooksby Melton College. We are also working with specific community groups on several project areas, Melton and Harborough are supporting us to translate our food plan within communities. These areas of work aren't all related to Healthy Weight, but there are many cross-overs.
- LRS Physical Activity and Sport Strategy- vision is for LLR 'to be the most physically active and sporting place in England, with 4 ambitions to 'Get Active, Stay Active, Active Places and Active Economy'. It is also based on 4 foundations:
 - Well lead.
 - Skilled and representative workforce.
 - Insight driven.
 - Effective marketing and communications.

What else can we do?

- Develop a 'health in all policies' approach to review how healthy weight can be incorporated into existing strategies and policies, commissioning specifications and work areas to support and promote healthier weight environment.
- Use a 'health equity' approach in developing healthy weight approaches, whereby support and services are proportionate to unmet need, and pathways and services are carefully considered to avoid inadvertently increasing health inequalities.
- Work with partners to develop a 'healthy partners, healthy place' approach to incorporate health considerations in planning decision making, considerations for economic growth and provision of green infrastructure.
- Work with partners to encourage paying of the Living Wage including investigating designation of Leicestershire as a Living Wage County (<https://www.livingwage.org.uk/living-wage-places>).
- Investigate the potential to work alongside Leicester City Council and the Leicester and Leicestershire Enterprise Partnership to align to the B Corp accreditation for companies in the area – this evaluates impact on workers, community, environment and customers.
- Food plan examples of best practice.

Case study examples of how a whole systems approach to obesity has worked in other areas can be found in Appendix D.



Appendix A

Sport & Physical Activity levels for adults across LLR taken from Sport England's Active Lives Survey (May- 2018-May 2019)

May 2018-19	Active (150+ mins per week)	Fairly active (30-149 mins per week)	Inactive (> 30 mins per week)
Blaby	64.5%	13.1%	22.4%
Charnwood	63.1%	14.0%	22.9%
Harborough	64.7%	12.6%	22.7%
Hinckley and Bosworth	61.5%	13.5%	25.0%
Melton	66.4%	12.8%	20.8%
NW Leics	61.6%	13.2%	25.1%
Oadby and Wigston	59.2%	11.1%	29.7%
Leicester	61.7%	12.7%	25.6%
Rutland	65.1%	13.9%	21.0%
Leicestershire	63.0%	13.2%	23.9%
LLR	62.6%	13.1%	24.3%
England	63.2%	12.0%	24.8%

Sport & Physical Activity levels for Children & Young People in school years 1-11 across LLR Taken from Sport England's Active Lives Survey (May 2018- 2019)

May 2018-19	Active (average 60+ mins per day)	Fairly active (average 30-59 mins per day)	Inactive (average > 30 mins per day)
Blaby	*	*	*
Charnwood	48.7%	31.3%	20.1%
Harborough	56.9%	24.0%	19.1%
Hinckley and Bosworth	47.5%	27.0%	25.4%
Melton	52.4%	20.6%	27.0%
NW Leics	47.5%	22.5%	29.9%
Oadby and Wigston	*	*	*
Leicester	47.1%	22.5%	30.5%
Rutland	56.3%	23.7%	20.1%
Leicestershire	51.5%	24.2%	24.4%
LLR	51.0%	23.8%	25.2%
England	46.8%	24.2%	29.0%

*indicates numbers have been suppressed due to the small number of schools surveyed

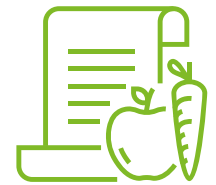


PHE Fingertips data on Physically Active and Physically Inactive adults and physically active children & Young People in Leicestershire (including district/ Borough Council Percentages)

	Percentage of physically active adults	Percentage of physically inactive adults	Percentage of physically active children and young people
Period	2017/18	2017/18	2017/18
Blaby	62.5	23.9	*
Charnwood	64.2	22.9	48.7
Harborough	68.7	19.7	56.9
Hinckley and Bosworth	64.7	26.0	47.5
Melton	69.7	18.2	52.4
NW Leics	61.1	25.3	47.5
Oadby and Wigston	60.7	25.4	*
Leicestershire	64.3	23.3	51.5
England	66.3	22.2	46.8

Note: PHE do not include data for “fairly active” adults or for “fairly active/inactive” children and young people

*indicates numbers have been suppressed due to the small number of schools surveyed



Appendix B

Sustainable Food Cities Framework

Sustainable Food Cities is a framework managed by three national charities – Sustain, The Soil Association and Food Matters – Leicestershire is a member along with 56 other places.

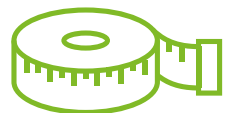
Sustainability is a very broad concept and is about direction of travel rather than reaching a specific destination. The Sustainable Food Cities framework is structured across six areas or key issues:

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

Appendix C

National Family Resources Survey

1. “We worried whether our food would run out before we got money to buy more.” Was that often, sometimes, or never true for you in the last 30 days?
2. “The food that we bought just didn’t last and we didn’t have money to get more.” Was that often, sometimes, or never true for you in the last 30 days?
3. “We couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 30 days?
4. In the last 30 days, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food? (Yes/No)
5. (If yes to question 4) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?
6. In the last 30 days, did you ever eat less than you felt you should because there wasn’t enough money for food? (Yes/No)
7. In the last 30 days, were you ever hungry, but didn’t eat, because there wasn’t enough money for food? (Yes/No)
8. In the last 30 days, did you lose weight because there wasn’t enough money for food? (Yes/No)
9. In the last 30 days did you or other adults in your household ever not eat for a whole day because there wasn’t enough money for food? (Yes/No)
10. (If yes to question 9) How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?



Appendix D

Case studies

Case Studies with examples of whole systems projects working towards reduction and prevention of obesity.

All these examples show working across multiple issues as well as multiple stakeholders and key with these is also leadership at various levels be it Sadiq Kahn (Major of London) or a GP in a practice.

Social Prescribing – Measham and Kindling Trust

A doctor's surgery in Measham has land available and is developing plans to incorporate fruit/vegetable planting on that land. It would be used as a social prescribing resourced managed through TCV (funding is currently being sought). This is a perfect combination of growing food (and therefore more likely to take pride in and eat the produce) and physical activity on land in a familiar setting. There will also be the opportunity to work with the audience to support with cooking skills.

In Greater Manchester the Kindling Trust works to support people with growing and accessing fresh fruit and veg. This funded project saw people receiving fruit and veg on prescription, along with support to grow and cook. https://kindling.org.uk/more_than_medicine_film

Transport for London Advertising ban on junk food

TFL recently banned junk food advertising on its assets – this was a big decision as TFL has one of the largest advertising assets in the world.

Campaigns

Healthy start vouchers, campaign to include measure of food poverty in national statistics, coca cola Christmas tour ban, refill water campaign.

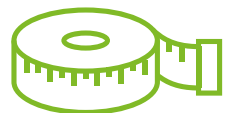
Various campaigns revolve around SFC and its partners including:

Healthy Start voucher campaign – supporting places to increase uptake in vouchers so that people in food poverty can access support.

A recent campaign called for national statistics to include asking people about food security – the government has committed to measuring household food insecurity following pressure from charities involved with SFC.

A campaign as part of Sugar Smart (an SFC campaign) which saw some places refusing permission to stop the coke truck on public land, and letters and protests at supermarkets allowing the truck to stop. There was also a spotlight shone on the fact that the truck was visiting areas with worse than average health problems relating to diet-related disease and some locations where 30% of the children have experienced tooth decay.

Linked to this, **Sugar Smart** has also looked at raising the profile of water as opposed to sugary drinks, and the need to offer free water in public places. Leicester are looking at this as part of their new Food Plan.



Vegpower in Leicestershire

Supporting schools with Veg Power packs. We will be providing finance for 50 schools in Leicestershire to have free resources to participate in the 202 Veg Power campaign. This will be coordinated with Food for Life and Leicestershire Traded Services so that national advertising (ITV, channel 4 and supermarket product advertising) links with vegetables used in school meals and this is then capitalised upon in school with use of resources.

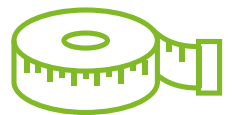
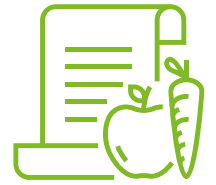
Blackburn & Darwin: training staff to help tackle weight issues in the early year settings, using 8 e-learning modules including: behaviour change techniques, unhealthy weight in early year settings, nutrition, physical activity and sedentary behaviour and culture.

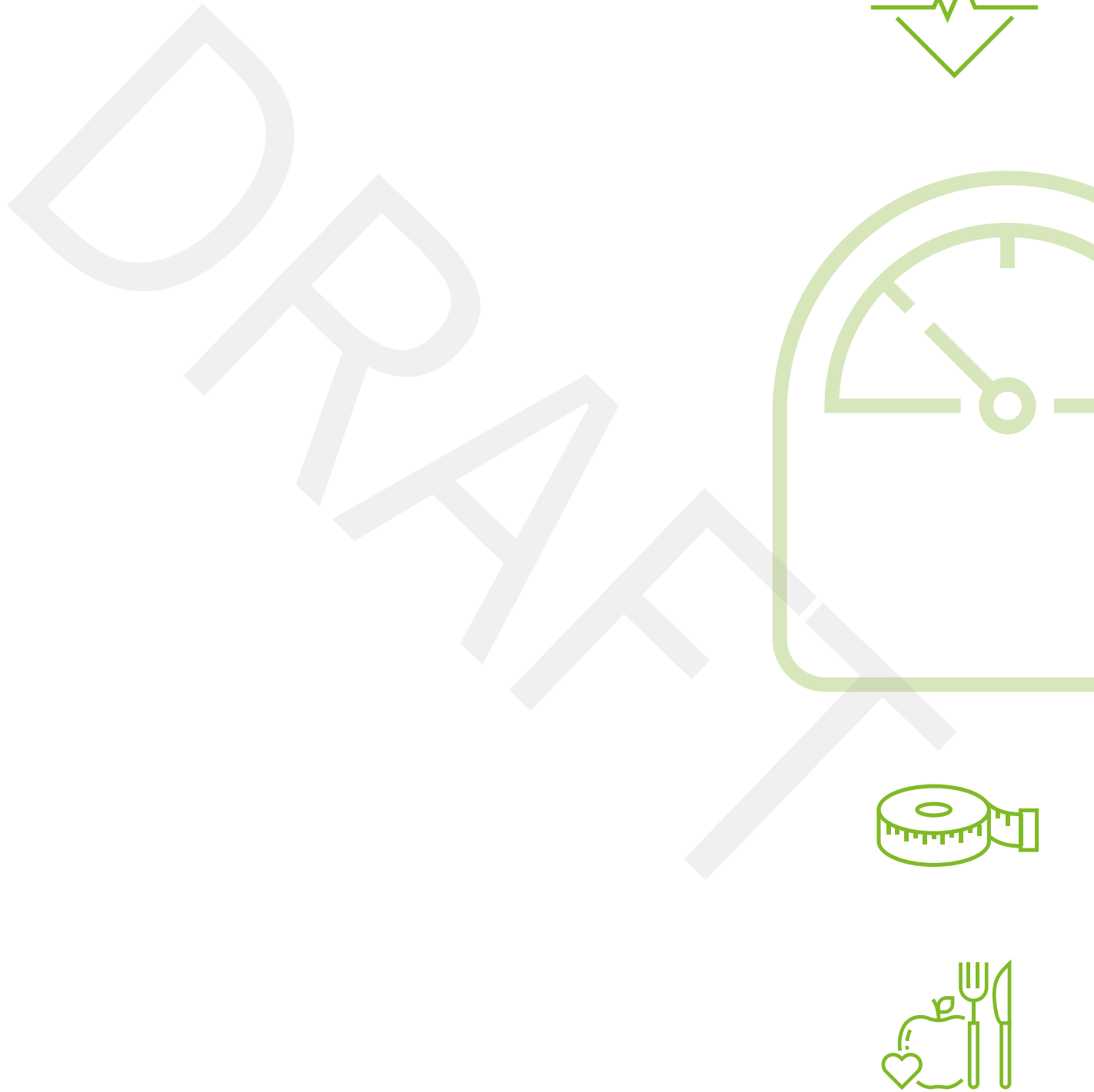
Blackpool: Healthy food awards for local take away and restaurants, family-based weight management services, 'Giving Up Loving Pop' (GULP) campaign in secondary schools.

Soil Association's Out to Lunch campaign ranks children's food in 28 of the UKs most popular restaurants and supermarket cafés.

Carlisle: Fruit & Veg snack van for communities (as an alternative to an ice-cream van).

Essex: School activities including Daily Mile, Let's Get Cooking, Active Heart lessons in schools.







HEALTH AND WELLBEING BOARD: 26th NOVEMBER 2020

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

LEICESTERSHIRE CHILDREN AND FAMILIES PARTNERSHIP PLAN 2018 – 2021: PROGRESS UPDATE

Purpose of the report

1. The purpose of this report is to present to the Board a progress update on the Children and Families Partnership Plan 2018-21 and revised Terms of Reference for the Children and Families Partnership Board.

Link to the local Health and Care System

2. The Children and Families Partnership Plan is aligned to the Leicestershire County Council Strategic Plan and focuses on the added value of approaching strategic priorities across the partnership to ensure consistent communication and service delivery to children and families.

Recommendation

3. The Health and Wellbeing Board is recommended to:
 - a) Note the progress in delivery of the Children and Families Partnership Plan 2018-2021;
 - b) Approve the Children and Families Partnership Board's revised Terms of Reference.

Policy Framework and Previous Decisions

4. In November 2016 the Health and Wellbeing Board approved the Terms of Reference for a Children and Families Partnership to replace the Supporting Leicestershire Families Executive as a subgroup of the Health and Wellbeing Board. The expanded remit included oversight of how the priorities for children and families as set out in the Joint Health and Wellbeing Strategy, are delivered.
5. In May 2018, the Health and Wellbeing Board approved the Children and Families Partnership Plan for 2018 – 21 and requested that it received regular progress updates.

Background

6. The Children and Families Partnership Plan is a strategic document which sets out the shared vision for children, young people and their families and the priority outcomes that need to be improved. The Plan is not intended to be a detailed

description of the individual work of each partner, but rather a summary of key areas of work that are best delivered together to have the biggest impact on the lives of children and young people.

7. The Partnership have 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. The five priorities are:
 - 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;

Progress to date

8. Mrs D. Taylor CC was appointed as the Chair of the Children and Families Partnership in July following Mr I. D. Ould CC retirement as Lead Member for Children and Families. Mrs Taylor met with priority leads in September to request a review of current action plans in readiness for the refresh of the Partnership Plan, due in March 2021. Priority leads were asked to consider any action required in response to the Covid-19 pandemic as part of their updates. The Partnership agreed that the current five priority areas and key actions were still relevant for 2021-23, and the focus of actions should remain on identifying where improved partnership working would add value. The draft action plans (Appendix A) will be shared with the Partnership Board at its meeting on the 18 November 2020 for approval.
9. Priority leads have continued to work with partners and other key stakeholders to deliver the current action plans. It is important to note that the pace of delivery and progress of actions has been affected by Covid-19 due to resources being re-focussed on responding to the pandemic. Key progress from November 2019 includes;

Priority 1 - *Ensure the best start in life*

- The successful implementation of the “Graduated Approach” to assist children at risk of delay being identified early and referred to appropriate services for support,

including an Advice Line, support visits from Area SENCOs, half-termly drop-ins for providers to talk through concerns with a range of professionals and an online toolkit for schools and preschools. Face to face meetings have been paused due to the pandemic and advice is currently being provided remotely;

- Support to 35 children from Inclusion Practitioners to maintain their school place in reception classes. Support has increased children's attendance as well as staff confidence;
- Delivery of a 1001 critical days leaflet and poster campaign in December with 3000 leaflets sent to schools, surgeries and public-facing/community buildings around the county, public events and a social media campaign to promote the key messages. A campaign webpage was also established, which serves as a one-stop shop for information for new parents.

Priority 2 - Keep children safe and free from harm

- Implementation of a partnership delivery plan for Child Criminal Exploitation (CCE) is in place. The plan contains 89 actions set to the 5P's – pursue, prevent, prepare, protect and partnership and is being monitored by the Child Vulnerability Ops group;
- The launch of LLR CCE Standards in November 2019;
- The update of the Terms of Reference and Strategy for the CCE hub;
- The compilation of a joint data set including all LLR authorities, Police and health data;
- Securing Violent Crime Surge monies to fund CCE co-ordinator, referral assistant and analyst posts to support the delivery of CCE work;
- The launch of a short video briefing to all GP's across LLR in October.

Priority 3 - Support children and families to be resilient

- Closure of the existing action plan in November 2019 due to all actions being completed or ended;
- Induction of Julia Smith, Chief Officer, Communities and Wellbeing, Harborough District Council as the new the lead for this priority;
- Work with the Early Help Partnership to develop a refreshed action plan, focussed on the effective partnership delivery of early help services. A workshop was held in July to begin discussions and a further workshop is planned for December to finalise governance processes and confirm shared priorities for action.

Priority 4 - Ensure vulnerable families receive personalised, integrated care and support

- Development of an LLR SEND Joint Commissioning Strategy due to go for consultation in December 2020;

- Development of the Inclusions Pathway and launch of the Inclusion Service website <https://www.leicestershire.gov.uk/education-and-children/schools-colleges-and-academies/inclusion-service> ;
- Development of the new Assessment and Resource Team (ART) service due to be launched in January to provide therapeutic services that support step-downs from residential care;

Priority 5 - Enable children to have good physical and mental health

- Completion of maternal healthy weight Making Every Contact Count (MECC) training materials;
- Launch of the Make Your Move for a Healthy Pregnancy leaflet.
- In relation to ACEs/Trauma-Informed Practice workforce development:
 - i. Delivery of virtual workshops on 'An Introduction to ACEs and Trauma-Informed Practice' commissioned by the Violence Reduction Network (VRN) to 681 attendees from five different sectors. Post-training surveys are now being analysed and will be shared with the Partnership;
 - ii. Completion of the design of the Safeguarding Children Partnership's half-day training session. 12 colleagues from across the partnership have attended the train-the-trainers and delivery is being scheduled for 2020/21 and beyond;
 - iii. Delivery of the Childhood Adversity (ACEs) Project training offer by Leicestershire Partnership Trust (LPTs) to Early Help teams in local authorities;
 - iv. Three screenings of the Resilience film to Leicestershire County's Education team, Rutland School's Designated Safeguarding Leads and LPT Family, Young People and Children Service;
 - v. Development of a suite of supporting resources, available to all partners on the VRN website.

Youth Campaign Group

- In response to knife crime having been identified as the key issue in the 2019-20 national 'Make Your Mark' youth ballot, a script has been written by young people for a video to raise awareness of the impact of knife crime. Filming was due to take place in the spring but has been delayed due to the pandemic. The group are therefore working with the Council's communications team to produce the film in an animation format instead;
- The Youth Campaign Group have contributed to the consultation on the County Council's Environment Strategy and continues to work with officers to develop ideas for the 2020-21 campaign on the key issue affecting the environment.

Future Developments

10. Work over the next six months will include:
- The launch of the refreshed Partnership Plan for 2021-23;
 - Communications campaign to promote the benefits of early years provision for all children but especially those who are more vulnerable, including the launch of a school readiness video for parents of 3 and 4 year olds;
 - The introduction of an appointment system for virtual meetings to enable early years providers to receive multi-professional advice to support vulnerable children;
 - The development of a protocol for extending the CAMHS offer to aged 25 for care leavers;
 - The launch of the new Assessment and Resource Team (ART) service;
 - Approval and launch of the SEND Joint Commissioning Strategy;
 - Development of a trauma-informed strategy and workforce development plan to progress work around ACEs;
 - Roll out of the maternal healthy weight Making Every Contact Count (MECC) training.

Revised Terms of Reference

11. The Children and Families Partnership identified that an updated Terms of Reference was required in order to reflect the decision to strategically align the Leicestershire Education Excellence Partnership, SEND and Inclusion Board, Youth and Justice Partnership Board and the Early Help Partnership to the Children and Families Partnership. The draft terms of reference and governance diagram are included as Appendix B and will be presented to the Children and Families Partnership Board on the 18 November for approval prior to their consideration by the Health and Wellbeing Board.

Background papers

Report to the Health and Wellbeing Board – 24 May 2020 – Leicestershire Children and Families Partnership Plan 2018-2021

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=5298&Ver=4>

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List of Appendices

Appendix A – Draft Action Plans

Appendix B - Draft Terms of Reference

Relevant Impact Assessments

Equality and Human Rights Implications

12. The Partnership has an interest in ensuring that there are effective arrangements in place so that the services provided meet the identified needs of local people. An EHIRA assessment has been carried out in relation to the impacts of the Plan.

Priority 1: Ensure the best start in life				
Priority Lead: Jane Moore, Director Children and Family Services				
Action plan 2020-21 (updated Oct 2020)	Action ref no	What do we need to do?	Strategic Leads	SMART actions
1.1 To develop an integrated Early Years Pathway to ensure the needs of vulnerable children are identified	1.1.3	Staff development/resources to increase confidence and competence in making early identifications	Sue Wilson (LCC)	Introduce an appointment model for virtual meetings to enable providers to receive professional advice to support vulnerable children – leading to increase in providers accessing multi-professional drop-ins
	1.1.4	Identify children at risk of delay through 2 year check information	Sue Wilson (LCC)	Inclusion practitioners provide support for children to maintain their school place in reception classes – leading to a reduction in children coming to early years panel
				Publish pathway of support across partnership
				Utilise 2 year check data to contact and support families to access appropriate provision (when checks are resumed)
1.2 To develop a shared understanding of the importance of the first 1001 Critical Days and school readiness	1.2.2	To deliver a communications campaign to share key messages and resources on 1001 Critical Days with professionals and parents	Rebecca Woollock (LCC)	Training sessions to be delivered to staff across CFS and partners (when COVID alert level is reduced) Training sessions to be delivered to schools/early years settings (when COVID alert level is reduced)
	1.2.6	To deliver a communications campaign to share key messages and resources around school readiness with professionals and parents	Sue Wilson (LCC)	Comms campaign to promote home learning tools / resources (eg Happy Tiny People and Hungry Little Minds websites)
				New video link to be launched in October
				Letter sent to parents of children starting school updated to promote benefits of attending pre-school
				30 practitioners from schools and PVI to be trained to support children at risk of delay with early language skills
				Early Talk Boost intervention project (when COVID alert level is reduced)
				ELKLAN language accreditation support being used on line supporting 10 providers in Hinckley and Bosworth
	1.2.7	To develop practical support for parents around school readiness key messages	Rebecca Woollock (LCC) Sue Wilson (LCC)	Children and Family Wellbeing Service and Initial Mentor Practitioner (IMP) settings in Oadby to pilot “2 to School” programme
				Develop Mobile Movers top tips
	1.2.8	To review local early years system for speech, language and communication support	Health lead TBC	Partners to self-evaluate strengths of current delivery to support improved outcomes for children and families and identify areas for development such as training and future commissioning across the partnership
1.2.9	To deliver a campaign to promote the importance of early education and access to early years provision	Sue Wilson (LCC)	Comms Campaign to promote the benefits of early years provision for all children but especially those who are more vulnerable: -Facebook, twitter campaign -Launch school readiness video for parents of 3 and 4 year olds (school readiness webpage and within letter sent to all children due to start school) -Health to promote benefits of universal entitlement with younger children TBC Develop a regional approach with East Midlands early years leads to influence DfE with developing a national campaign to highlight benefits of early education	
1.2.10	Understand impact of Covid 19 on Early Years into Foundation Stage	all	actions TBC	
Monitoring log - Priority 1 actions now moved into business as usual				
Action ref	Activity moved into BAU		Strategic Lead	Progress
1.1	All providers have named Area SENCO - minimum of 4 visits per year		Sue Wilson (LCC)	
	Cohort receiving specialist teacher support receiving intensive support then moved to monitoring		Sue Wilson (LCC)	
1.2	1001 critical days campaign to promote key messages to parents/carers		Rebecca Woollock	
	1001 days key messages included across CFWS programmes and midwifery/health clinics		Rebecca Woollock	
	School Readiness Toolkit and resources for providers and schools		Sue Wilson (LCC)	
	FSM portal		Sue Wilson (LCC)	

Priority 2: Safe and free from harm				
Priority Lead: Detective Superintendent Matt Ditcher, Public Protection Lead, Leicestershire Police				
Action plan 2020-21 (updated Oct 2020)	Action ref no	What do we need to do?	Strategic Leads	SMART actions
2.1 To develop and embed an integrated model of services to prevent harm to children and young people	2.1.1	Identify, implement and align operational responses to Child Criminal Exploitation (CCE) across LLR -which will include the analysis, collection, sharing of intelligence	Child Vulnerability Ops Group	Partnership delivery plan is in place. Plan has 89 actions set to the 5P's – pursue, prevent, prepare, protect and partnership and is being monitored by the Vulnerability Ops group.
2.2 To make children safe by raising awareness of universal safety messages	2.2.1	Develop a comms strategy, training plan and resources to support professionals in the delivery of safety messages (real and virtual world).	Child Vulnerability Ops Group	Deliver actions as per CCE comms and training plan
Monitoring log - Priority 2 actions now moved into business as usual				
Action ref.	Activity moved into BAU		Strategic lead	Progress

Priority 3: Support Families to be Self Sufficient and Resilient (draft Early Help Partnership workplan)				
Priority Lead: Julia Smith, Chief Officer, Communities and Wellbeing, Harborough District Council				
Action plan 2020-21	Action ref no	What do we need to do?	Strategic Leads	SMART actions
3.1 To review Ealy Help Partnership governance and leadership	3.1.1	To agree the governance structure for the partnership with clear lines of reporting and accountability.	Early Help Partnership	To hold partnership workshops to discuss and agree the way forward (July and Nov 20)
		To develop a set of outcomes to be delivered by the Partnership Group on behalf of the Children and Families Partnership Board		
3.2 To develop early help data sets	3.2.1	To identify data sets from across the partnership which could: i. Support work with individual families ii. Support work to identify families likely to need support – proactive use of data iii. Identify trends – both in terms of Covid-19 and more generally, and this will incorporate both a local and county-wide perspective iv. Contribute to needs assessment and resource allocation v. Support the evaluation of early help / performance data across the partnership	TBC	TBC
		3.2.2		
3.3 To develop shared systems and process for early help	3.3.1	Consider a range of options for developing shared systems and processes, scoping out the possibilities and developing an options appraisal. This may include: i. Considering a shared early help assessment which could be used by all partners ii. Identifying a system which all partners could access to input the assessment iii. Identifying an appropriate support mechanism to enable partners to participate and engage without placing too much burden on front line staff, particularly supporting the VCS iv. Providing a mechanism for families to tell their story and be clear on what their plan is and who is working with them v. Consideration of the use of multi-agency meetings or forum to discuss children/young people/families who are of concern vi. Identifying possibility/potential to work collaboratively across LLR	TBC	TBC
		3.3.2		
3.4 To develop the early help workforce	3.4.1	Consider the core competencies of an early help workforce drawing on learning from other local authority areas to make best use of time and resources.	TBC	TBC
	3.4.2	Develop a partnership understanding of the underpinning culture needed to create an operational early help partnership to enable co-operative working and best outcomes for families	TBC	TBC
	3.4.3	Identify a mechanism for sharing training and learning across the early help partnership	TBC	TBC
	3.4.4	Build on learning from Covid to ensure the best of our innovations go forward with us	TBC	TBC
3.5 To engage communities in early help	3.5.1	Identify effective means of engaging the voluntary and community sector in the partnership and ensuring they are enabled to participate and able to influence developments	TBC	TBC
	3.5.2	Consider how we create resilience in communities and support the capacity of communities to 'help themselves', learning where possible from other local authority areas to identify tried and tested approaches.	TBC	TBC
	3.5.3	Harness existing community engagement and develop localised plans to build early help capacity in local communities – the Partnership needs to be in touch with communities.	TBC	TBC
	3.5.4	Act as an information sharing and learning hub to bring together examples of what works, pilot projects, etc from around the county	TBC	TBC
Monitoring log - Priority 5 actions now moved into business as usual				
Action ref	Activity moved in BAU	Strategic Leads	Progress	

Priority 4: Ensure vulnerable families receive personalised, integrated care and support				
Priority Lead: Sharon Cooke, Assistant Director for Targeted Early Help and Children's Social Care				
Action plan 2020-21 (updated Oct 2020)	action ref no	What do we need to do?	Strategic Leads	SMART actions
4.1 To provide integrated, outcome-based, high quality, cost effective provision	4.1.1b	Review the current Complex Care Panel pathway/ protocol and develop an approach that considers complex needs and solution focused responses	Tom Common - LCC	Review of joint funding arrangements Complex Care pathway requires further review to ensure appropriate information sharing and representation from Local Authority Review of EHCs to identify where CYP may be eligible for joint funding from LCC and Health
	4.1.3	Develop a wraparound therapeutic services model to support step-downs from residential care	Sharon Cooke - LCC	Embed new ART Service and monitor impact on children being able to return home
4.2 To develop a post 16 multi-agency delivery model	4.2.1a	Develop a multi-agency protocol for 16- and 17-year olds at risk of homelessness	Kay Fletcher – LCC	The current Joint Housing and Social Care protocol for 17/17 homelessness will be updated and signed off by end of December 2020.
	4.2.1b	Development of the care leaver offer	Kelda Clare -LCC	Relaunch of care leaver apprenticeship schemes and mentoring/work experience offers created through LLEP
				Relaunch of parent-child support group for care leavers, considering contribution that CFWS can make
				Implementation of 3-4 wellbeing support groups for care leavers, considering contribution that CFWS could make
4.2.2	Review integrated pathways to adulthood for children with SEN and disabilities	Tom Common/Peter Davis – LCC	UASC – review of support services to improve community integration, feeling part of LCC, voice e.g. SYPAC, CIC Council, being part of interviews. Agree protocol for extension of CAMHS offer to care leavers until they are 25 Further work needed to embed 'Whole Life Disability' approach, with clearly mapped pathways (from age of 14yrs and earlier)	
Monitoring log - Priority 4 actions now moved into business as usual				
Action ref	Activity moved into BAU		Strategic lead	Progress
4.1	CETR/ROAR processes		Tom Common - LCC	
	Review of SEIPS agreement Inclusion Forums Inclusion Pathway		Alison Bradley - LCC	
4.2	Dynamic purchasing system for the procurement of accommodation to flexibly meet the needs of 16/7 year olds		Ian Mellor - LCC	

Priority 5: Ensure good physical and mental health				
Priority Leads: Kelly-Marie Evans, Consultant, Public Health/Mel Thwaites, Assistant Director, Leicester City CCG				
Action plan 2020-21 (updated Oct 2020)	Action ref no	What do we need to do?	Strategic Leads	SMART actions
5.2 Develop a partnership approach to emotional and mental wellbeing	5.2.1	Develop a shared understanding of the Adverse Childhood Experiences (ACE) evidence base	TBC	Partnership have signed up to using the Trauma Aware System Change (TASC) model which identifies 6 workstreams: community engagement and empowerment, workforce development, commissioning, prevention, prevention, increased access to intervention and governance: -EFP Board to act as governance. -WRN leading on workforce development and are in process of developing an ACES workforce development framework. -Need to identify leads and develop action plans for remaining workstreams.
Monitoring log - Priority 5 actions now moved into business as usual				
Action ref	Activity moved in BAU	Strategic Leads	Progress	
5.1 To develop a whole system approach to obesity based on "Making obesity everyone's business"	Maternal Obesity embedded into Better Births, LLR Healthy Pregnancy & Babies Strategy and action plans	Maternity Services Liaison Committee		
	Development of face to face & online MECC PLUS training module as part of the Unified Prevention Boards MECC	Maternity Services Liaison Committee		
	Schools Active Travel Action Plan/ Choose How You Move	LeicesterShire and Rutland Sport/LCC Active Travel Team		
	Active Families Project funded by Sport England	Active Families Steering Group		

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CHILDREN AND FAMILIES PARTNERSHIP

TERMS OF REFERENCE - DRAFT

NOVEMBER 2020

Vision

The vision of the Children and Families Partnership is for children and young people in Leicestershire to be safe and living in families where they can achieve their full potential and have good health and wellbeing.

Purpose of the Children and Families Partnership

The purpose of the Children and Families Partnership is to champion effective partnership working on shared outcomes and priorities that make a real difference to the lives of children and young people. By working together, the Partnership can also maximise resources and expertise, be more co-ordinated in the services provided and avoid duplication of effort.

It will achieve this purpose by providing leadership, direction and assurance on behalf of the Health and Wellbeing Board:

(i) To a Children and Families Partnership Plan delivering the following outcomes of the Joint Health and Wellbeing Strategy which relate to children and young people:

- a. To ensure the best start in life for children and their families
- b. To work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation
- c. To support those families identified as most troubled to become self-sufficient and resilient
- d. To enable children with special educational needs and/or disabilities and their families to become increasingly independent through personalised, integrated care and support
- e. To enable children in care to experience good physical and mental health throughout their lives

(ii) To related boards and sub-groups contributing to the delivery of the above outcomes including:

- a. Leicestershire Education Excellence Partnership
- b. SEND and Inclusion Board

- c. Youth and Justice Partnership Board (six-monthly reports)
- d. Early Help Partnership
- e. Youth Campaign Group (six-monthly reports)

Terms of Reference

In order to deliver the vision set out above, the Children and Families Partnership will have the following role and duties:

- (a) To oversee the delivery of the Joint Health and Wellbeing Strategy priorities which relate to children through a Children and Families Partnership Plan for Leicestershire including:
 - i. The development of a Children and Families Partnership Plan, identifying key areas of partnership work that will have the biggest impact on the lives of children and young people;
 - ii. Overseeing its implementation against agreed milestones and ensuring the plan is delivered effectively and in line with national policy and local priorities;
 - iii. Developing a risk register for the Partnership Plan and implementing the necessary risk mitigation plans across the programme, with connectivity to the corporate governance systems in partner agencies;
 - iv. Agreeing a SMART performance framework for the Partnership Plan, and monitoring performance against this framework;
 - v. Making recommendations as appropriate to the Health and Wellbeing Board on the allocation of resources;
 - vi. Developing pooled budget arrangements where appropriate;
 - vii. Directing a communication plan targeted to a wide range of stakeholders across the partnership, with particular emphasis on the needs of the public and local councillors.
- (b) To ensure that the voice of children and families is represented in all the work of the Children and Families Partnership and that of partner organisations
- (c) To consider and address any barriers to achieving the vision of the partnership, to ensure that children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing
- (d) To oversee the activity of sub-groups to ensure that they are delivering the required outcomes and meeting agreed milestones, and recommending action where delivery is not satisfactory

- (e) To identify opportunities for integrated commissioning and/or delivery of services with other place/partner initiatives (Leicestershire and wider) where there are identified benefits for doing so, and to ensure that this is planned and delivered to agreed outcomes
- (f) To set delegated limits for approval of variation of expenditure within any pooled budgets developed by the Partnership and review these on an annual basis

Membership of the Children and Families Partnership

- Cabinet Lead Member for Children and Families
- Department of Work and Pensions
- Director of Children and Families Services, LCC
- Director of Public Health representative
- Director representative from Leicester, Leicestershire and Rutland CCGs
- Director representative from LPT
- Director representative from UHL
- Education representatives
- National Probation Service representative
- Officer representative from District Councils
- Representative from Leicestershire Police
- Representative of Adults and Communities Department, LCC
- Representative of the Office of the Police and Crime Commissioner
- Voluntary Sector representatives

Membership will be regularly reviewed to ensure the effective operation of the Partnership

Meeting Frequency

Meetings will take place a minimum of quarterly

Chair

Cabinet Lead Member for Children and Families at Leicestershire County Council

Meeting Administration

Meetings will be administered by Democratic Services at Leicestershire County Council

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

Location of Meetings

Leicestershire County Council Committee Rooms

Quoracy

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

- 1 must be a health representative
- 1 must be a representative from Leicestershire County Council
- 4 must be from partner organisations not named in the previous 2 bullet points.

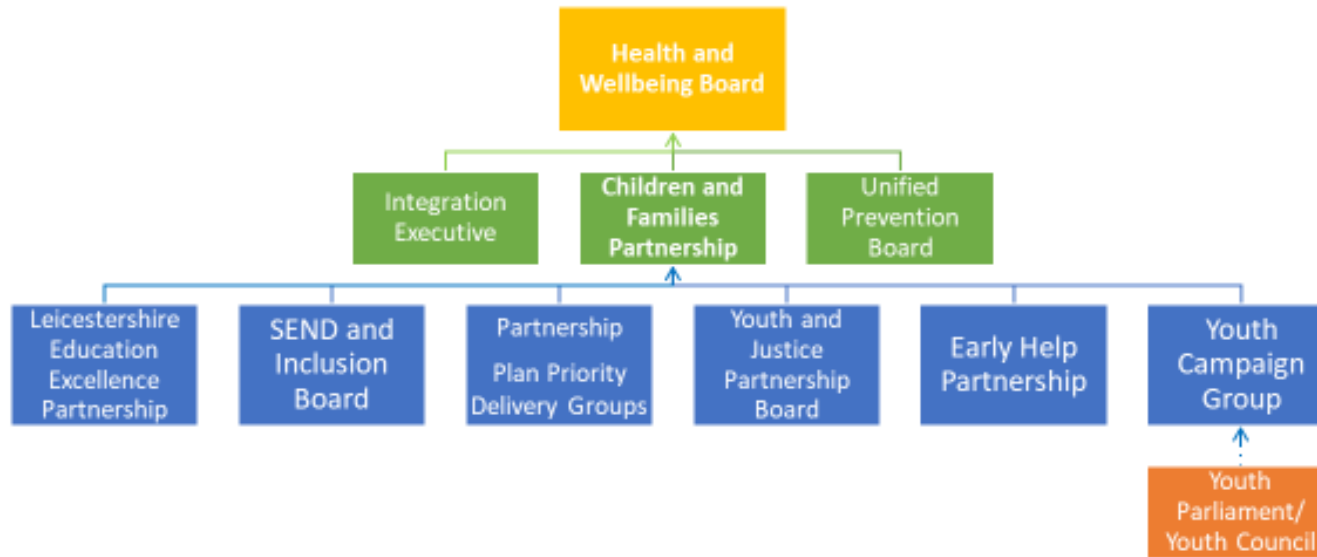
Reporting Arrangements

The Children and Families Partnership will submit:

- Six-monthly reports on performance against the Children and Families Partnership Plan to the Health and Wellbeing Board
- At least annual reports on performance against the Children and Families Partnership Plan to Leicestershire County Council's Cabinet and Children's Scrutiny Committee

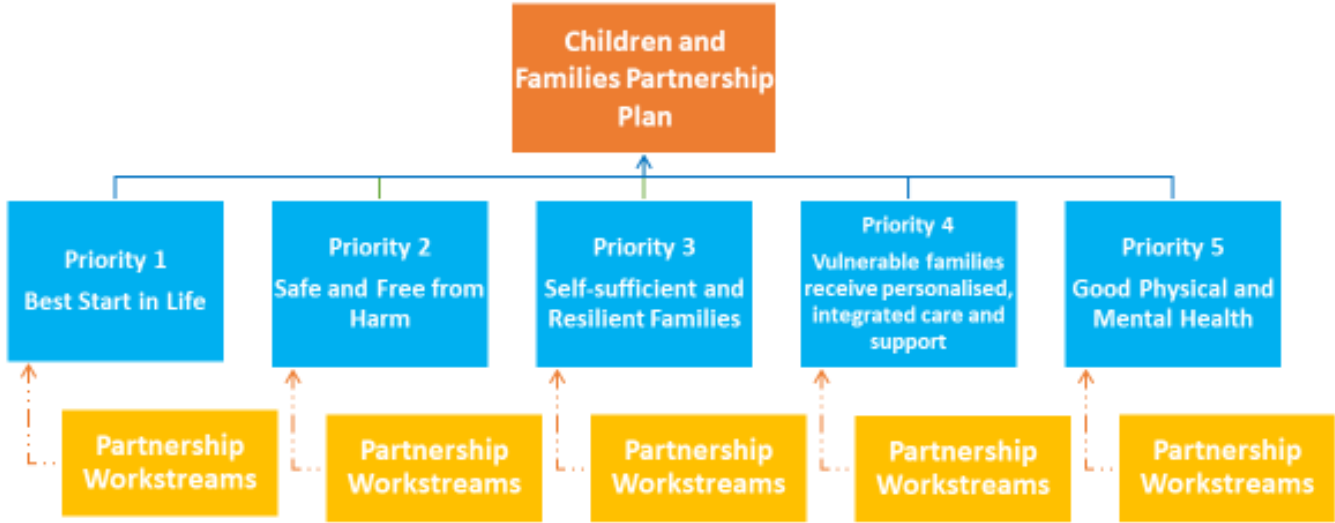
The Children and Families Partnership will ensure that risk is escalated as appropriate to the relevant partners, subject to the appropriate reporting mechanisms to the Health and Wellbeing Board and will satisfy any internal or external audit requirements of relevant partners.

Children and Families Partnership Board Governance



Key
 Reports to →
 Information shared with - - ->

Children and Families Partnership Plan Priority Delivery Groups



Key
Reports to →
Information shared with - - ->



HEALTH AND WELLBEING BOARD: 26 NOVEMBER 2020

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

REVISED TERMS OF REFERENCE FOR THE INTEGRATION EXECUTIVE

Purpose of report

1. The purpose of this report is to present the revised Terms of Reference for the Integration Executive for approval.

Link to the local Health and Care System

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

Recommendation

3. The Health and Wellbeing Board is recommended to approve the revised Terms of Reference for the Integration Executive.

Policy Framework and Previous Decisions

4. The Terms of Reference for the Integration Executive were initially approved by the Health and Wellbeing Board on 13 March 2014. Revisions were subsequently approved on 22 January 2015, 19 November 2015 and 12 July 2018.

Background

Integration Executive

5. Since February 2014 the Integration Programme has been governed by the Health and Wellbeing Board, with day to day oversight provided by the Integration Executive.
6. At its meeting on the 5 November 2020, the Integration Executive considered and approved the revised Terms of Reference which are set out in Appendix A to this report.
7. The key changes centre on the role of the Executive in the delivery of the integration programme namely to;

- Oversee the Leicestershire placed based asks delivered through the Joint Commissioning Group, Integrated Delivery Group and Integrated Finance and Performance Group.
 - Ensure all deliverables are aligned to the needs and strategic vision for Leicestershire and the work of the system level design groups.
 - Ensure financial plans are subject to appropriate scrutiny to ensure affordability, viability of the delivery plans and the realisation of stated benefits.
 - Apply robust challenge to the delivery groups, ensure delivery plans are viable, have appropriate performance management controls and risk management plans in place
 - Provide viable leadership and commitment to the programme plan and facilitate the resolution of any risks and issues that threaten the success of the programme.
8. The Integration Executive will continue to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, so that the vision for integrated health and care is delivered in line with national policy and local priorities. The work of the Integration Programme is carried out by a number of workstreams directly managed through the sub-groups of the Integration Executive, which are summarised at paragraph 11.
9. The Integration Executive remains accountable for day to day delivery of the Leicestershire BCF plan and continues to lead on some large elements of Leicestershire-specific work which will require strategic oversight and decisions.
10. Minor changes have been made to the membership of the Integration Executive to reflect organisational change since the last revisions in 2018. In response to comments by the Integration Executive during its consideration of the draft document on the 5 November, a Clinical Director representative of the East/West Primary Care Networks' has been added.
11. The work of the Integration Executive is supported by three operational groups, comprised of representatives from across the partner agencies.
- Joint Commissioning Group - To lead the programme of joint commissioning across the County CCG(s) and Leicestershire County Council.
 - Integrated Delivery Group- To oversee the development and implementation of an operational model of integrated health, care and housing for Leicestershire, in line with the vision of the Leicestershire Integration Executive.
 - Integrated Finance and Performance Group – To provide oversight of the pooled budgets supporting the integration programme, including setting strategy for contingencies and risk pools, and the overall financial management and performance of the section 75 for the BCF.

12. The Terms of References for each subgroup have been updated in order to better align with each other. Whilst fundamentally not changing within themselves, the aim of the revisions is to ensure each group applies the same principles as the Integration Executive, in overseeing their respective deliverables and to increase the effectiveness of each group by reducing potential for duplication with each other and ensuring a seamless transfer of activities between them.
13. The updated Terms of Reference for the three groups have been provided as Appendix B, C and D for information.

Resource Implications

14. None arising from this report.

Background papers

Report to the Health and Wellbeing Board on 12 July 2018 – Integration Programme Governance

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MID=5299#AI56168>

Circulation under the Local Issues Alert Procedure

None

Relevant Impact Assessments

Equality and Human Rights Implications

15. None arising from this report.

List of Appendices

Appendix A – Integration Executive Terms of Reference
Appendix B – Joint Commissioning Group Terms of Reference
Appendix C - Integrated Delivery Group Terms of Reference
Appendix D - Integrated Finance and Performance Group Terms of Reference

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TERMS OF REFERENCE
FOR THE LEICESTERSHIRE INTEGRATION EXECUTIVE

Updated October 2020

Purpose of the Integration Executive

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

Terms of Reference

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

General

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

Better Care Fund

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

Needs Assessments

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

Delivery Plan

The Integration Executive will;

20. Oversee the Leicestershire placed based asks, delivered through the;
 - a. Joint Commissioning Group which will meet bi-monthly and have oversight of the joint commissioning workplan
 - b. Integrated Delivery Group which will meet monthly and will oversee the overall delivery of integrated models of care spanning health, care, prevention and housing across the county.
 - c. The Integration Finance and Performance Group will meet on a quarterly basis as part of the Joint Commissioning Group agenda and will oversee the pooled budgets and Section 75 agreements.
21. Ensure that all deliverables are aligned to the needs and strategic vision for Leicestershire and the work of the system level design groups.

22. Ensure financial plans are subject to appropriate scrutiny to ensure affordability, viability of the delivery plans and the realisation of stated benefits.
23. Apply robust challenge to the delivery groups, ensure delivery plans are viable, have appropriate performance management controls and risk management plans in place.
24. Provide viable leadership and commitment to the programme plan and facilitate the resolution of any risks and issues that threaten the success of the programme.

Membership of the Integration Executive

- Director of Adults and Communities, LCC
- Director of Public Health, LCC
- Director of Children and Families Services, LCC
- Associate Director for Integration (Adults and Communities), LCC
- Clinical Chairs (or their designates) LLR CCG's
- Clinical Director representative of the East/West Leicestershire Primary Care Networks
- Executive Director of Nursing Quality and Performance and Deputy CEO, LLR CCGs
- Executive Director, Finance, Contracting and Governance LLR CCG's
- Executive Director of Integration & Transformation LLR CCG's
- Deputy Director of Integration & Transformation LLR CCG's
- Chief Executive LLR CCG's
- Director representative from EMAS
- Director representative from UHL
- Director representative from LPT
- Representative of Local Healthwatch
- Officer representative from District Councils
- Director of Resources (or their designate) from LCC

Meeting Frequency

Meetings will take place bi-monthly

Chair

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

Meeting Administration

Meetings will be administered by Democratic Services at Leicestershire County Council

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

Location of Meetings

Leicestershire County Council Committee Rooms or agreed alternative, including online options.

Quoracy

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

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

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

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

Reporting Arrangements

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

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

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

TERMS OF REFERENCE: OCTOBER 2020 DRAFT v.1**LEICESTERSHIRE JOINT COMMISSIONING GROUP****1. Purpose**

The purpose of the Joint Commissioning Group (JCG) is to lead the programme of joint commissioning across the County CCG(s) and Leicestershire County Council.

This will be achieved by directing and delivering a targeted programme of work, as set out in the “joint commissioning workplan,” a document which is co-produced and reviewed at least annually.

2. Objectives

The objectives of the joint commissioning programme are as follows:

- a) Demonstrate distributed leadership and take joint accountability as system leaders.
- b) Improve outcomes for the citizens of Leicestershire through collaborative working.
- c) Develop and deliver a place based, joint strategic commissioning plan for Leicestershire, which underpins the sustainability of the health and care economy.
- d) For services in the scope of the workplan this will involve:
 - Achieving, at a minimum, greater alignment between the commissioning strategies and commissioning intentions of the County CCG(s) and Leicestershire County Council (the 10 System Expectations) and, where applicable, implementing formalised joint commissioning arrangements.
 - Supporting the delivery of commissioning plans at the system and neighbourhood tiers of the LLR Integrated Care System
- e) Ensure commissioning is both personalised and person centred, and that shaping and delivering the integrated commissioning workplan is supported by good levels of service user engagement and involvement.
- f) Further develop joint commissioning tools and infrastructure in support of the programme, such as:
 - Market development strategies
 - Pooled budgets (for example Better Care Fund),
 - Population health analysis at the tier of Place
 - Place-based joint commissioning outcomes framework
 - Risk sharing policies
 - Operating procedures
 - Joint/matrix teams
 - Joint comms and engagement activities
 - Horizon scanning, and the adoption of best practice and innovation.

- g) Plan and prioritise commissioning resource allocation, and maximise the efficiency of health and care expenditure, within the scope of the joint commissioning workplan
- h) Receive regular performance, quality assurance, and financial information pertaining to the delivery and monitoring of services in the scope of the joint commissioning workplan.

3. Relationship with other Groups

The Leicestershire Joint Commissioning Group will be supported by sub groups and tasks groups leading specific elements of the workplan (e.g. existing task groups overseeing domiciliary care or the development of personal health budgets, and any new task groups linked to the work plan).

These will be comprised of commissioning lead officers, other subject matter experts and technical experts from across partner organisations, including clinicians, service users, and other advisers as needed.

Some of these sub or task groups may operate on a wider footprint than the Leicestershire County boundary, for example where work is being organised and delivered within the wider Integrated Care System (ICS) of LLR, called “Better Care Together”.

As such, the Leicestershire Joint Commissioning Group will be seeking assurance that the LLR wide approach has been developed in collaboration with Leicestershire partners, the solutions are deliverable and affordable for County Commissioners, and will address outcomes for our populations/priorities.

The work of the Joint Commissioning Group will be supported by and operate in conjunction with:

- The Integrated Delivery Group for Leicestershire (an operational group concerned with coordinated service design and service integration across health, care, housing, and prevention), and
- The Integrated Finance and Performance Group which will meet quarterly (as part of a corresponding JCG meeting) to oversee existing s75 agreements and will be responsible for updating and developing any new s75 agreements or other similar joint commissioning legal instruments.

4. Governance and Decision Making

The Joint Commissioning Group will formally report via the Leicestershire Integration Executive into the Leicestershire Health and Wellbeing Board.

Reporting into the corporate governance systems of the individual NHS and LA partner organisations and into workstreams operating within the LLR ICS will also be required.

These will include for example:

- Routine sharing of Joint Commissioning Group minutes
- Highlight reports on the progress of the Joint Commissioning workplan and its outcomes, in particular into the Place governance reporting, (via the Leicestershire Integration Executive and Health and Wellbeing Board), and within system and neighbourhood tiers of the LLR ICS as appropriate)
- Individual matters for communication, escalation or resolution, as required.

The Joint Commissioning Group will seek to streamline its routine reports to meet multiple purposes and routes within the health and care economy.

Specific proposals and recommendations (e.g. concerning consultations, policy, business cases, resource allocations/approvals) will usually require governance approvals through the designated routes via each organisation

In some scenarios, decisions may be able to be made by the Group or a sub set of its membership, in line with the delegated authority/limits of Group members.

A clear decision log will be recorded within the minutes, and the Joint Commissioning Group will ensure a forward planner of governance activities is developed in support of the work plan, seeking the appropriate advice and support from each organisation in developing and delivering this effectively.

The governance planner will therefore ensure the appropriate involvement of the following bodies in line with established procedures:

- CCG Board(s)
- Cabinet
- Other councillors and stakeholders, (for example via the Health and Wellbeing Board, Health Scrutiny, LLR Integrated Community Board governance arrangements)

Where activities are undertaken using different documentation in respective organisations, (e.g. equality impact assessment tools) the Joint Commissioning Group will agree, wherever possible, one format that will be acceptable to all partners.

5. Membership

Membership will be drawn from Director and Assistant Director (or equivalent) tiers of respective organisations and their wider teams. Membership may vary dependent on the workplan, but will generally comprise:

- Those lead officers whose portfolios comprise leadership and accountability for the commissioning activities within the scope of the work plan, plus finance representation (operational) from each of the organisations, and a public health representative.
- The Group will co-opt as needed other subject matter experts (e.g. clinicians, professionals, quality assurance, performance, BI/analytical and procurement specialists).

6. Programme Management and Administrative Support

This will be provided from the Health and Social Care Integration team, from within existing resources. This resource will be responsible for the planning and administration of meetings, circulation of agendas and papers, production of minutes, editorial control of the workplan, and other programme coordination activities as required.

7. Chair

The Chair will rotate between the LA and the CCG(s) every six months.

Deputising, in the case of absence of the designated Chair, can be provided from either organisation.

8. Frequency of Meetings

Meetings will take place bi-monthly.

9. Quoracy

This shall comprise the Chair plus at least one commissioning lead from each organisation and one finance representative from each organisation.

Terms of Reference: Integration Delivery Group (Leicestershire)

<p>Purpose and Scope</p>	<p>1. Oversee the development and implementation of an operational model of integrated health, care and housing for Leicestershire, in line with the vision of the Leicestershire Integration Executive and, where applicable, the LLR Better Care Together Partnership, so that the agreed vision, service models and outcomes are delivered for the benefit of the residents of Leicestershire.</p>
<p>Duties</p>	<p>The aims of the Integration Delivery Group (Leicestershire) are to:</p> <p>2. Make a measurable, positive impact on:</p> <ul style="list-style-type: none"> • Residents' experience of integrated service delivery across health, care and housing; • Improving people's independence and wellbeing; • The Leicestershire population's health and wellbeing outcomes; • The outcomes framework for integrated health, care and housing, (including Better Care Fund Metrics and those for integrated commissioning). <p><u>Service Design and Implementation</u></p> <p>3. Oversee the development and implementation of the Leicestershire model of integration, across health, care and housing for:</p> <ul style="list-style-type: none"> • Integrated Community Services¹ • Housing Services; • Accommodation; • Digital Solutions e.g. Assistive Technology (Telehealth/Care for specific pathways e.g. falls). • Operational elements of the Unified Prevention Offer and Community Safety, as required. <p>4. Measure the effectiveness of the model using the agreed integration outcomes framework across health, care and housing.</p> <p><u>Alignment</u></p> <p>5. Ensure that the model of integration and the integration outcomes framework is aligned to relevant programmes and strategies at system place and neighbourhood level, including:</p> <ul style="list-style-type: none"> • Leicester, Leicestershire and Rutland's (LLR's) System Plans • Leicestershire County Council's target operating model for adult social care, accommodation strategy, and assistive technology strategy.

¹ The scope of the Integrated Community Services workstream is currently Home First (discharge and reablement), Community Services Redesign (Community Nursing, Therapies and Community Hospitals) and Integrated Teams.

	<ul style="list-style-type: none"> • Leicestershire’s Housing Services Partnership and Integrated Housing Offer (Lightbulb). • Leicestershire’s Unified Prevention Offer. • Community Safety Strategy and Partnerships. • The LLR Digital Roadmap <p>6. Provide two-way feedback from a place-based perspective on the above programme and strategies as appropriate.</p> <p><u>Resources and Risk Management</u></p> <p>7. Advise the Integration Executive, Integration Finance and Performance Group (IFPG), the CCGs, Primary Care Networks and LCC on the prioritisation of resources to deliver innovative, efficient and effective integrated models of health, care and housing.</p> <p>8. Manage a risk register for the delivery of integrated models of care in Leicestershire, and escalate risks, as appropriate, into the Integration Executive and the governance and risk registers of partner agencies, including into LLR-wide programmes as appropriate.</p> <p><u>Measuring Outcomes</u></p> <p>9. Co-design and monitor the place level outcomes framework based on system level and locally agreed indicators.</p> <p>10. Provide performance/outcomes data on the delivery of the system of care at place level, with assurance reporting into place, system and neighbourhood tiers of governance in LLR and into regional and national performance systems as needed (e.g. BCF/High Impact Change Model).</p>
<p>Governance and Accountability</p>	<p>The Integration Delivery Group (Leicestershire):</p> <ul style="list-style-type: none"> • is a subgroup of the Integration Executive and as such, its work programme will be directed by the Integration Executive. It will also escalate any matters of concern to the Integration Executive to address. • will not be a formal decision-making body and as such will need to seek approval for the use of resources from the IFPG and/or via the appropriate partner governance arrangements. • will, through the Integration Executive, report to the Health and Wellbeing Board, and be accountable to the Health and Wellbeing Board with respect to delivery against the outcomes framework. • will provide routine reporting into the governance arrangements of Better Care Together (LLR), e.g. into Programme Boards for specific BCT LLR Workstreams. • will establish task groups as it sees fit to enable it to deliver its purpose.

	<ul style="list-style-type: none"> • is responsible for establishing these groups, agreeing terms of reference, receiving reports from them and reviewing them as needed. • will maintain a close working relationship with the established Unified Prevention Board, which has been tasked with designing the Leicestershire prevention offer (at place and neighbourhood level).
Meetings	<ul style="list-style-type: none"> • The Chair of the Integration Delivery Group (Leicestershire) is the Director of Health and Care Integration (Joint appointment – LCC and CCGs). • The meetings will take place monthly. • Meetings will be administered by the Integration Programme Team based at Leicestershire County Council. • The agenda and papers will be issued no later than four working days in advance of the meeting unless later circulation has been authorised by the Chair (exceptional circumstances). • Quorum will be a minimum of XXX (<i>to be agreed when membership confirmed</i>). • The group will co-opt other support as needed for specific areas of expertise.
Membership	<p>Chair – Deputy Director of Integration and Transformation (LLR CCGs)</p> <p>UHL representative</p> <p>LPT representatives (Community Health Services and Adult Mental Health Services)</p> <p>LCC Adult Social Care representative</p> <p>LCC Children and Families Services representative</p> <p>Public Health representative</p> <p>PCN Accountable Director (WLCCG)</p> <p>LLR CCGs representative</p> <p><i>Rep from Housing Services Partnership (who can also represent Lightbulb)</i></p> <p>1x Patient Engagement Lead</p> <p>Community Safety representative</p> <p>Health and Care Integration Project Manager (representing Unified Prevention Board)</p> <p>Programme Management – Health and Care Integration Team</p>

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INTEGRATION FINANCE AND PERFORMANCE GROUP

REVISED TERMS OF REFERENCE – MAY 2018

Partnership Board

The membership of the Partnership Board will be as follows:

the Chief Finance Officer for the time being of NHS East Leicestershire and Rutland Clinical Commissioning Group;

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

the Chief Commissioning and Performance Officer (or equivalent) of NHS East Leicestershire and Rutland Clinical Commissioning Group:

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

the Chief Finance Officer for the time being of NHS West Leicestershire Clinical Commissioning Group;

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

the Head of Service Integration and Delivery (or equivalent) of NHS West Leicestershire Clinical Commissioning Group;

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

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

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

the Assistant Director for Strategy and Commissioning (adults and communities) of Leicestershire County Council;

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

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

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

Role of Partnership Board

The Partnership Board shall:

Receive financial and activity information regarding the performance of the Individual Schemes in the Better Care Fund Plan on a quarterly basis or at a frequency otherwise agreed between the Partners, and shall take decisions on the delivery of the Individual Schemes based on that information, provided that, no decision shall be taken or acted

upon without prior consultation with the Integration Executive where such decision could have an impact on the delivery of the health and care integration programme as set out in the Better Care Fund Plan.

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

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

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

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

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

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

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

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

Accountability

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

Partnership Board Support

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

Meetings

The Partnership Board will meet eight times each year at a time to be agreed by the Partners.

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

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

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

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

Delegated Authority

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

Information and Reports

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

Post-termination

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

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HEALTH AND WELLBEING BOARD: 26 NOVEMBER 2020

REPORT OF LEICESTERSHIRE COUNTY COUNCIL CHIEF EXECUTIVE

BOARD GOVERNANCE

Purpose of report

1. The purpose of this report is to present the revised Terms of Reference for the Health and Wellbeing Board for approval.

Link to the Local Health and Care System

2. The Health and Wellbeing Board leads and directs work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services

Recommendation

3. The Health and Wellbeing Board is recommended to approve the revised Terms of Reference for the Board.

Policy Framework and Previous Decisions

4. The current Terms of Reference for the Board were approved by the Health and Wellbeing Board at its meeting on 5 May 2016, with a further update to its membership agreed at its meeting on 15 September 2016.

Background

5. In December 2019 the Health and Wellbeing Board held a development session to consider Leicestershire's place-based priorities for 2020/21.
6. One of the actions arising from the session was to update the Board's Terms of Reference to ensure they emphasised the importance of place-based outcomes. It was also agreed that the Board should be supported by a simplified outcomes dashboard/dataset, presented and monitored at place, which measured the Board's overall performance as a partnership against the priority outcomes.
7. As a result, the wording within the Terms of Reference has been altered to emphasise the Board's focus on place-based outcomes and delivery against the Joint Health and Wellbeing Board Strategy. Reference to an Outcomes Framework, which will measure performance against the priority outcomes set out in the Strategy, has also been included. The Board will consider the Outcomes Framework in the new year.
8. The revised Terms of Reference also includes an additional non-clinical representative of the Clinical Commissioning Groups.

Resource Implications

9. None.

Equality and Human Rights Implications

10. None arising from this report.

Background papers

Report to the Health and Wellbeing Board - 5 May 2016 – Outputs from the Health and Wellbeing Board Development Session

<http://cexmodgov1/documents/s118753/12%20Outputs%20from%20the%20Board%20Development%20Session.pdf>

Report to the Health and Wellbeing Board – 15 September 2016 -

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=4634&Ver=4>

Circulation under the Local Issues Alert Procedure

None

Appendix

Revised Health and Wellbeing Board Terms of Reference

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Leicestershire Health and Wellbeing Board

Terms of Reference

Introduction

The Health and Wellbeing Board has been appointed by the County Council as a subcommittee of the Executive to:-

- (a) Discharge directly the functions conferred on the County Council by Section 194 of the Health and Social Care Act 2012 or such other legislation as may be in force for the time being;
- (b) Carry out such other functions as the County Council's Executive may permit.

[Note: The County Council's executive function of approving the Better Care Fund and Plans arising from its use has been delegated to the Health and Wellbeing Board.]

Terms of Reference

The Health and Wellbeing Board shall have the following general role and function:-

To lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services by:-

1. Identifying needs and priorities across Leicestershire (the Place), and publishing and refreshing the Leicestershire Joint Strategic Needs Assessment (JSNA) and PNA so that future commissioning/policy decisions and priorities are based on evidence.
2. Preparing and publishing a Joint Health and Wellbeing Strategy and Plan on behalf of the County Council and its partner clinical commissioning group(s) so that work is done across the Place to meet the needs identified in the JSNA in a co-ordinated, planned and measurable way.
3. In conjunction with all partners, communicating and engaging with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
4. Approving the Better Care Fund Plan including a pooled budget used to transform local services so people are provided with better integrated care and support together with proposals for its implementation.
5. Having oversight of the use of relevant public sector resources to identify opportunities for the further integration of health and social care services within the Place.

The Work of the Board in Practice

Identifying Needs and Priorities

The Health and Wellbeing Board will take a key role in identifying future needs and priorities in Leicestershire to ensure that future work is based on evidence of needs. The Board will:-

- Ensure that the JSNA is refreshed, using a variety of tools, evidence and data, including user experience, to support this process.
- Ensure that the Pharmaceutical Needs Assessment is refreshed, using a variety of tools, evidence and data, including user experience, to support this process.
- Reach a shared understanding of the health needs, inequalities and risk factors in local populations, based on the JSNA and other evidence, and demonstrate how this evidence has been applied to our decisions and strategic priorities.
- Reach a shared understanding of how improvements in outcomes will be monitored and measured, including the benefits of improving integration.
- Ensure that all partners collaborate to use the JSNA and other appropriate evidence to support the delivery of improved outcomes.
- Provide high-level guidance on the achievement of Leicestershire's strategic health and wellbeing outcomes across the Place.

Strategy

The Health and Wellbeing Board will develop, publish and review a Joint Health and Wellbeing Strategy which is supported by all partners and sets out priority Health and Wellbeing outcomes for the Place. In doing so, the Board will:-

- Have oversight of delivery to achieve the outcomes in the Strategy, including via the Health and Wellbeing Board's delivery groups.
- Monitor the impact of the Strategy through an outcomes framework and challenge progress and performance, taking action as necessary.
- Take account of the JSNA and the recommendations of the Director of Public Health's Annual Report.
- Focus collective efforts and resources on the agreed set of strategic priorities for health and wellbeing, recognising the contributions of the wider determinants of health.
- Ensure the work of the Board develops in tandem with other local and national policy developments, dependencies and legislation.
- Ensure that all partners that commission services demonstrate how the Joint Health and Wellbeing Strategy has been used to set and measure

achievement against a framework for integrated outcome based commissioning across the partnership.

- Receive reports from other strategic groups and partners responsible for delivery.
- Take joint ownership of activities and issues affecting the health and wellbeing of the people of Leicestershire.

Integrated Working

The Health and Wellbeing Board will approve and implement plans which will set out how health, care, housing services and prevention will be transformed to provide the people of Leicestershire with better integrated care and support. In addition the Board will:-

- Ensure the Better Care Fund pooled budget and plan are developed in accordance with national guidelines and local priorities.
- Ensure that appropriate partnership agreements, financial protocols, monitoring and risk management arrangements are in place to facilitate the use of the Better Care Fund and other areas of integrated commissioning.
- Ensure that an integrated approach is taken to improving wellbeing, including through the wider determinants of health, preventative services and developing asset-based approaches.
- Identify other service areas where place-based and/or pooled budgets would support improvement in outcomes and financial sustainability.
- Where there are realisable efficiencies in relevant public sector services, encourage partners to share or integrate services.
- Make recommendations on the priority of projects and allocation of resources to service providers and/or localities as appropriate, in order to achieve jointly agreed objectives.
- Advise on a place based response to service redesign and transformation which may involve services across Leicester, Leicestershire and Rutland.

Communication and Engagement

The Health and Wellbeing Board will, in conjunction with partners, communicate and engage with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. In support of this, the Board will:-

- Develop and implement a Communications and Engagement strategy for the work of the Board, including how the work of the Board will be influenced by partners and the public, including seldom heard groups, and how the Board will support the specific duties with respect to consultation and engagement on service changes, for example within the Better Care Together Programme.

- In line with the Joint Health and Wellbeing Strategy and its key priorities, lead communications and engagement activities based on an annual work plan.

Standing Orders

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by the County Council will apply with any necessary modifications including the following:-

The Chairman will be an elected member of Leicestershire County Council's Cabinet.

The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the Clinical Commissioning Groups.

Membership

The Board will keep its membership under review and make such changes as it feels necessary in accordance with Regulations.

County Council Lead Member for Health
 County Council Lead Member for Adult Social Care
 County Council Lead Member for Children & Young People
 County Council Chief Executive
 County Council Director of Public Health
 County Council Director of Adults & Communities
 County Council Director of Children & Family Services
 Two Clinical representatives from the Clinical Commissioning Groups in the Leicestershire County Council area
 Three non- clinical representatives from the Clinical Commissioning Groups in the Leicestershire County Council area
 Two representatives of the Local Healthwatch
 Two elected representatives of the District Councils
 The Lead District Officer for Health and Housing
 One representative from Regional NHSEI
 One representative of the Leicestershire Police
 One representative of the Office of the Police and Crime Commissioner
 One representative of the Leicestershire Partnership NHS Trust
 One representative of the University Hospitals of Leicester NHS Trust