Agenda Item 11

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 5 JANUARY 2017

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UNIFED PREVENTION BOARD UPDATE AND TERMS OF REFERENCE

Purpose of report

1. The purpose of this report is to update the Health and Wellbeing Board on the progress of Unified Prevention Board (UPB) schemes and propose a change to the terms of reference of the UPB to widen its scope and become an initial mechanism to integrate services within the sphere of prevention.

Link to the local Health and Care System

2. The UPB is a subgroup of the Health and Wellbeing Board accountable for ensuring the delivery of the existing jointly funded prevention programmes outlined in the Better Care Fund (BCF), approving the scope and overseeing the development and delivery of the key new prevention projects within the BCF.

3. It also provides a mechanism to ensure delivery against Sustainability Transformation Plan strategic priorities relating to early intervention and prevention and facilitates bringing together prevention activity across partners to develop a single vision for community based prevention through cross-partnership working.

Recommendation

4. That the terms of reference for the Unified Prevention be approved.

Policy Framework and Previous Decisions

5. In May 2016 the Health and Wellbeing Board agreed that the Unified Prevention Board would report directly to the Health and Wellbeing Board recognising that specific elements of work associated with Better Care Fund deliverables/metrics will also be subject to monthly assurance via the Integration Executive.

Background

6. The Unified Prevention Board is co-chaired by the Director of Public Health and by the District Council lead chief executive for health.

Current Situation

Operational Delivery

7. The UPB currently concentrates on the progress of the schemes funded through the BCF and oversees the development and delivery of the key new BCF projects. The current situation with regard to the BCF funded schemes is as follows:-

8. Assistive Technology

(a) The aim of Assistive Technology is to provide Support to the prevention agenda allowing people to remain at home with assistive equipment including standalone and telecare equipment linked to monitoring centres (Lifelines). Assistive Technology supports carers, hospital discharges and prevents hospital admissions including an emergency duty service which can fit equipment on the day of discharge if required.

(b) The Assistive Technology team is currently undergoing a management restructure within Adults and Communities with an informal consultation currently taking place on the current Development of Equipment, Adaptations & AT Strategy 2016-20.

(c) Leicestershire County Council's Assistive Technology Contract is under regular monitoring with review meetings taking place with contracts and compliance. Currently county and districts have separate offers regarding the "Lifeline" telecare equipment with work now being conducted to unify the offer.

9. Falls Pathway

(a) The Falls Programme is a piece of work to develop a consistent approach to the prevention and treatment of falls in residents over the age of 65 in Leicester, Leicestershire and Rutland. The programme aims to bring together both prevention and treatment to ensure that residents are supported to stay independent and injury free for as long as possible, with treatment aimed at restoring them to their previously enjoyed level of independence rather than becoming reliant on care.

(b) Work undertaken so far includes:

- Trialling postural stability exercise programmes for patients identified as being at risk of falling
- Implementing an app-based Falls Risk Assessment Tool (known as the eFRAT) to support paramedics when making a decision not to convey, and ensuring sufficient information is passed to other services for further support. Following a successful trial, the eFRAT tool is now live on all paramedic smartphones, with use being reviewed during clinical supervision. The second phase, which includes an auditable database to monitor usage and action, goes live in January 2017.
- Installing a dedicated telephone line into LPT Single Point of Access to allow swift handover of non-acute patients.
- Trialling a triage and assessment process to review all referrals for falls prior to an outpatients appointment being made. The initial trial for this has demonstrated a 63% reduction in the number of outpatient falls clinics required, and it is planned to extend the trial to further evaluate the outcomes. This trial

has now been funded to the end of the financial year for more in-depth analysis of benefits and impact on improving patient outcomes.

- Proposals to accelerate work identified within the Business Case have been put forward to IFPG to enable some of this work to be accelerated

10. First Contact Plus:

(a) First Contact Plus aims to facilitate early help via information, advice or onward referral to a broad range of preventative services. A new web-based referral system has been developed which will facilitate efficient clinical referral and also self-referral and "self-help" via public facing options. Referrals include an initial 'triage' conversation with follow up calls at weeks six and twelve.

(b) The new web based referral and web page is going through final testing and minor development with partner reference groups being involved in the inbound/outbound system testing. This went live in general practice on 31st October 2016 and usage is increasing. This will be followed by a roll out to the public in January allowing self-referral into the system.

(c) During September 19 partner training sessions on new web-based system where conducted with 209 'admin-users' attending across the partnership, with further 'mop-up' sessions conducted in October 2016. Positive feedback received from attendees on both new system & website.

(d) Referrals to First Contact remain constant whilst referrals for Health Improvement have steadily increased. New opportunities are being developed with UHL via discharge process and re-launch of Make Every Contact Count (MECC). Demonstrations of the system are being given to wider partners to increase recognition of the service for greater integration.

11. Lightbulb

(a) The lightbulb pilot integrates practical housing support into a single service that will provide support shaped around an individual's needs. Keeping people independent in their homes; helping to prevent, delay or reduce care home placements or demand for other social care services, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge.

(b) The business case has been signed off by the Lightbulb Programme Board and the County Council's Cabinet and is now going through formal sign off through District Council governance.

(c) A communications plan is in place to support implementation of Lightbulb.

(d) Additional workstreams have been scoped out to support implementation (listed below) and will be started over the next three months:

- Financial modelling work with County and District Councils
- Deliverability across partner organisations
- Operational processes
- Lightbulb job roles
- Business model.

12. Local Area Co-ordination

(a) Local Area Co-ordinators (LACs) are embedded within the community to identify vulnerable or isolated people and resolve issues before they escalate to require more expensive intrusive services. The pilot scheme is currently in place across eight areas within Leicestershire.

(b) A Business Case has been developed with options appraisal for a part county or full county roll-out, to a maximum of 20 LACs. The date for completion has slipped due to Early Health and Prevention and potential funding issues, however this is now progressing for approval and a decision is expected in January 2017.

(c) The second evaluation report has been completed this will be reviewed at the next Board meeting, and findings will feed into the Business Case.

(d) The commissioned social return on investment report will be available once the full business case has been submitted for approval. This will identifies the social value that Local Area Co-ordination has had and any potential savings to the broader system.

13. Support for Carers

(a) The priorities for the Leicestershire, Leicester City and Rutland health and social care economy are to support carers to care effectively and safely; to look after their own health and well-being; to fulfil their education and employment potential; and to have a life of their own alongside caring responsibilities.

(b) The national strategy for carers has been delayed, and should now be released between December and January. Forward planning has taken place to pre-empt release of the strategy in the meantime.

(c) The Better Care Together (Frail Older People & Dementia) Carers Delivery Group has developed an action plan with several targets including:

- Increasing the number of Carers Leads/ Champions in GP practices (50% coverage as target across LLR).
- The exploration of the role of pharmacies in the identification of carers is being undertaken.
- Regarding the carers survey an extra question has been included by all three local authorities to determine how well supported carers feel specifically in relation to local authority support.
- Staff awareness raising is being undertaken in line with Carers Rights Day in November and further work is being planned to ensure resources within the department are available to support carers assessments.
- A specific focus on young carers and parent carers is undertaken on a quarterly basis.

Strategic Development

14. Following a social prescribing workshop held on 3rd November, a small Task and Finish working group was formed to establish an agreed Leicestershire definition for social prescribing, and design a proposed mechanism through which it could be offered. This reported to UPB in December, and a follow up session is being held

early in the New Year with UPB members to agree how this mechanism can be applied across all partners.

15. With the impending delivery of the social prescribing model there is requirement to ensure that the model develops in conjunction with the wider prevention intentions of all the partners (for example the Early Help and Prevention Strategy for Leicestershire County Council) and also the overarching Sustainability Transformation Plan for LLR. For this reason the Terms of Reference of the UPB have been revised to reflect its role in shaping and delivering the strategic direction for prevention across partners (attached as Appendix A).

Resource Implications

16. There are no specific increased financial/budget or other resource implications relevant to this report.

Background papers

Report to the Health and Wellbeing Board in May 2016, Outputs of the Development Session http://ow.ly/SG8g307nbPy

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

Appendix – Revised Terms of Reference for the Unified Prevention Board.

Relevant Impact Assessments

Equality and Human Rights Implications

17. The Unified Prevention Board supports the Health and Wellbeing Board to collectively tackle health inequalities and to make sure that all people can access health and care when they need to.

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