

HEALTH AND WELLBEING BOARD: 30 MAY 2019**REPORT OF THE UNIFIED PREVENTION BOARD****UNIFIED PREVENTION BOARD ANNUAL REPORT 2018/19****Purpose of the report**

1. The purpose of this report is to update the Board on the work of the Unified Prevention Board (UPB) in delivering the prevention offer in conjunction with partners across Leicestershire during the 2018/19 financial year. It includes plans for 2019/20 and an updated communications plan for the next financial year.

Link to the local Health and Care System

2. The Unified Prevention Board (UPB) is a sub-group of the Leicestershire Health and Wellbeing Board. It oversees the development and delivery of prevention activities underpinning the health and wellbeing strategy for Leicestershire and ensuring that this aligns with the prevention workstream of the STP.

Recommendation

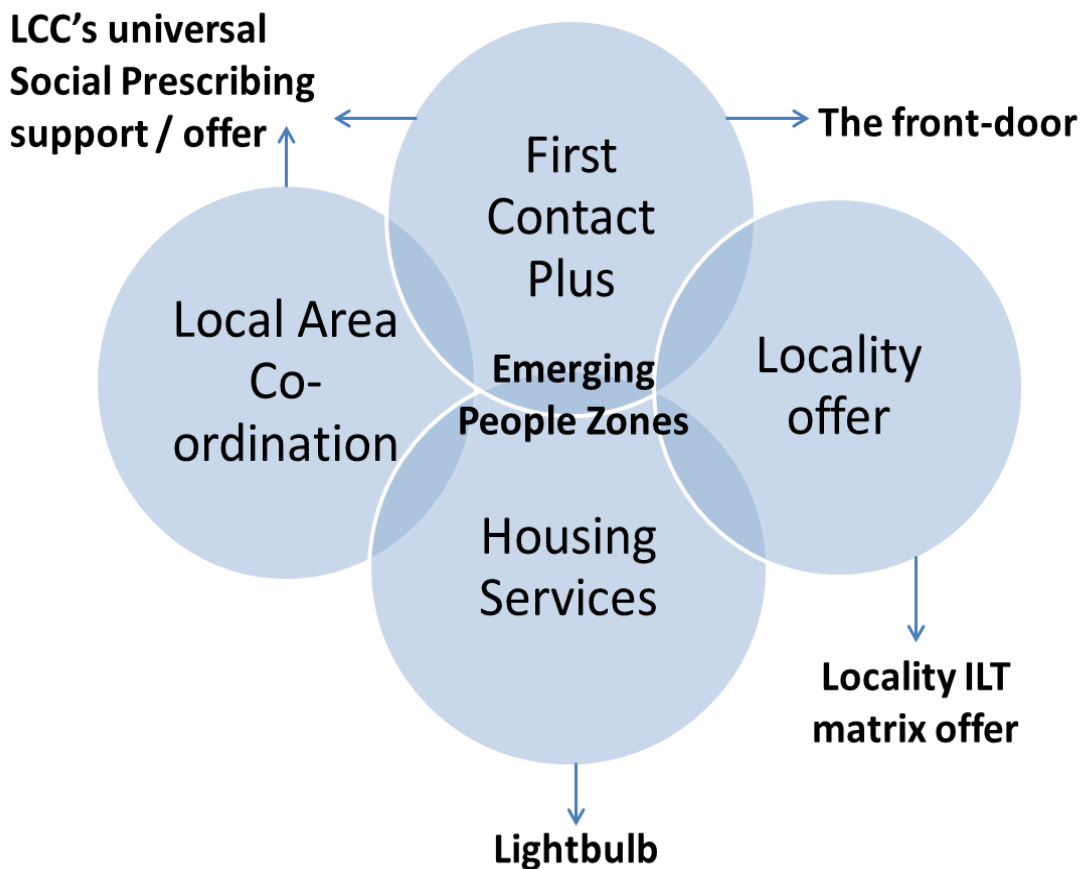
3. The Health and Wellbeing Board is asked to note the contents of the report.

Background

4. This report is for information to advise the board of the work of the Unified Prevention Board (UPB) over the last financial year and to inform on the future work programme of the UPB. It details the priorities for the next six months and partnership plans to deliver against these to create a fully developed prevention offer. The board has developed a clear plan to deliver the prevention offer with a work programme for 2019/20.
5. The Unified Prevention Board (UPB) was created as a sub-group of the Leicestershire Health and Wellbeing Board. It oversees the development and delivery of prevention activities underpinning the Health and Wellbeing Strategy for Leicestershire.
6. In 2017, the UPB discussed and agreed four key outcome pillars that it was felt all partners contributed to in helping residents maintain their own health and wellbeing. These were:
 - Keep Well;
 - Keep Safe;
 - Stay Independent
 - Enjoy life



7. From this the UPB partners developed the following prevention offer for Leicestershire:



8. Three cross-cutting programmes of work were identified as the focus in developing the unified prevention offer:
 - Joined up comms
 - Healthy workforce
 - Lessons learned from key integration programmes

9. In addition to the above, the UPB has also focused on the following areas throughout 2018/19:
 - Delivering the Local Government Association's (LGA) funded projects – Prevention at Scale (PAS) and Local Investment Programme (LIP)
 - Linking the UPB's Social Prescribing offer to support the emerging national model for PCNs
 - Working with district health leads to develop partnership approaches to delivering the Making Every Contact Count (MECC) methodology and supporting the reduction in locality health inequalities detailed in the Health Profiles of each area.
 - Collaborating with the Blue Light Services on the developments of the Falls prevention services and People Zones
 - Building on the current prevention offer to support the Integrated Locality Teams pilot.

2018/19 Achievements

Joined Up Communications

10. A key principle of the Health and Wellbeing Board is 'Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.'

11. The core objectives of the Self-Care Communications campaign for Leicestershire through the UPB are:
 - To re-enforce key approved national and local public health messages that encompass a focus on agreed self-care themes throughout the calendar year.
 - To drive support and participation in self-care and self-care promotion amongst primary and secondary audiences as well as partners and stakeholders.
 - To encourage behaviour change and perception through self-care actions and increase awareness and understanding of healthcare navigation – reducing the impact on resources at a local and regional level.

12. Activity levels during the winter campaign were positive with a total 2,990 Twitter impressions and 31 engagements through the Health and Wellbeing Board account (@leicsHWB).

13. The top tweet during the winter campaign was published on 12 March, with a focus on preventing loneliness and isolation and generated a total 538 impressions and 8 engagements. Traffic to the campaign page was also encouraging with data showing the page within the top 10 visited on the site and an increase in unique visitors spending at least three minutes on the page itself.

14. The current campaign will focus on lifestyle and wellbeing improvement through the core theme of raising awareness of diabetes in Leicestershire. These messages will build upon and continue the diabetes awareness campaign introduced in autumn 2017.
15. Seasonally relevant messages will seek to increase activity levels and encourage healthier eating and drink awareness. A campaign e-toolkit containing posters and social media messages and images has been distributed to partners and stakeholders and we would ask partners to support us in sharing these messages

Healthy Workforce = Healthy Leicestershire

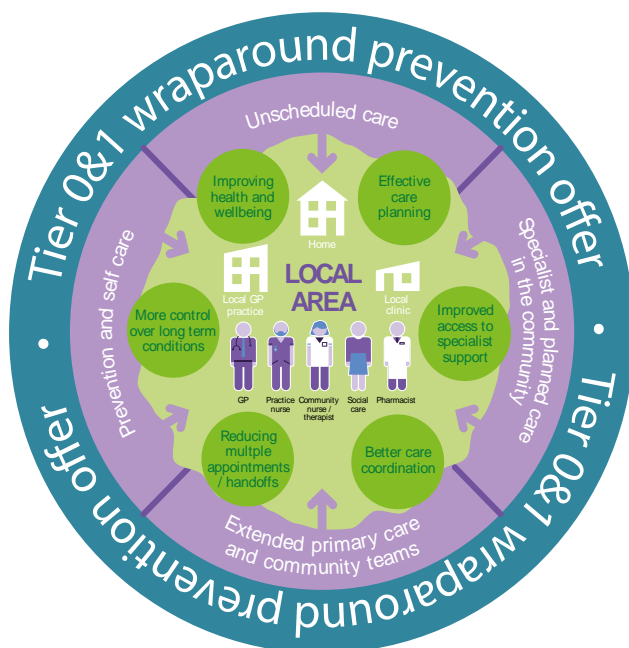
16. Funding for the Healthy Workforce programme is supported by six district councils (Hinckley and Bosworth, North West Leicestershire, Charnwood, Melton, Harborough and Blaby) and the County Council's Public Health Department. LRS has been supporting the Workplace Health agenda through delivery of the Workplace Challenge and on behalf of UPB through the development of the Workplace Health Needs Mapping exercise.
17. Recently it has focused on the development of a web based Health Needs Assessment tool with a short version of the national Workplace Health Needs Assessment has been developed to support organisations to identify areas of concern within the health and wellbeing of their staff.
18. Due to the success and high levels of interest, LRS currently have a waiting list of 15 workplaces wanting to conduct the workplace health needs assessment. UPB is working on a delivery model to pilot a new Leicestershire Workplace Health Offer. This involves the development and delivery of three Workplace Health strands, all of which interlink and complement each other as the Leicestershire Workplace Health offer:
 - Workplace Health Needs Assessment
 - Workplace Wellbeing Charter
 - Action Plan and Interventions
19. To date, LRS have provided in kind capacity to support this programme through:
 - Sports Development Officer Time - Development of the Workplace Health Needs Assessment, production of the Workplace Health Needs Assessment Analysis Reports and relationship management with organisations.
 - Performance, Research and Insight Officer - Development of the online function of the Workplace Health Needs Assessment and support with production of the Analysis Reports
 - IT Platform to host the Workplace Health Needs Assessment
 - Sports Development Manager /LRS Director; Programme oversight of the Workplace Health Agenda
20. In order to continue to deliver the Workplace Health Needs Assessment, develop the Workplace Charter and provide a bespoke offer to organisations (where required), additional capacity is required. The intention is to appoint an Assistant Development Offer to add additional capacity to the team, part funded by Leicestershire County Council Public Health and part funded through district council support.

Development of the Social Prescribing offer for Leicestershire

21. From January – May 2019, the Board has worked on requirements to support the social prescribing model for Leicestershire. The local definition for social prescribing was agreed in April 2017 as:

“A mechanism for empowering people to help themselves and link individuals that need it, with non-medical sources of support within the community. It will ensure that the response given is appropriate to the individual and allows them choice and influence over their wellbeing”.

22. In 2018 further work began to develop the social prescribing model as the wrap-around prevention offer to support Integrated Locality Teams (ILT). This initially focussed around pockets of need e.g. people with multiple long-term conditions.



- Tier 0 focuses on building community capacity enabling to support themselves; building skills and infrastructure enabling them to rely less on specific services.
- Tier 1 focuses on supporting people to remain independent, supporting good health and wellbeing and offering information and advice services to support self-help.

Integrated Locality Teams (ILT)

23. The UPB has continued to develop links between the prevention/social prescribing offer in Leicestershire and Integrated Locality Teams. Work has focussed on strengthening the engagement between UPB partners and Integrated Locality Teams (ILTs) in each locality. District council and Public Health representatives are now part of each integrated locality team board helping shape the prevention focus of ILTs and build local join up.

24. The recent ILT Organisation Design (OD) workshop with Leicester, Leicestershire and Rutland partners provided further opportunity for ILT's to be aware of the prevention offer in Leicestershire and consider further actions on prevention for ILT's particular cohort of patients.

25. Hinckley and Bosworth, along with North East Leicester and Rutland were chosen as early implementer sites to test integrated multi-disciplinary team working at a neighbourhood level (defined as a population of around 30,000-50,000). The intention is

to build on previous work within the Integrated Locality Teams programme, and move towards testing models for the delivery of integrated community, primary and social care services, and to evaluate how this integrated approach can support better care for the cohort of patients with complex care needs

26. Previous key integration programmes have helped to shape the development of the prevention offer to support ILT's. This programme of work will support the Hinckley pilot particularly in the first three months of delivery. For example, learning on developing the outcomes framework for Lightbulb is helping to influence the data collation and user experience measures for ILT Care Co-ordinators.
27. Local Area Co-ordinators are working as Care Co-ordinators within the Hinckley pilot. They support the delivery of the prevention offer for Leicestershire for patients in the ILT cohorts, using the social prescribing model detailed above.
28. Testing of this model began in January 2019. Early indications show that around 80% of the patients identified required non-clinical interventions which the LACs as care co-ordinators have been ideally placed to deliver. The most common kinds of interventions are around loneliness, isolation and housing adaptations.

Preventions at Scale (PAS) and Local Improvement Partnership (LIP)

29. The LGA have funded two areas of development of prevention activity throughout Leicestershire. The first, PAS aims to look at the reasons why patients visit GP's for non-medical interventions. The project collates and analyses qualitative information from patients directly and uses this to determine what improvements could be made to ensure that people can access the right information from the right sources at the right time.
30. Learning from the project will help to develop prevention activity to ensure it is marketed appropriately and that in-depth, qualitative understanding of personas is used to build appropriate pathways into prevention service. This methodology will be used as part of the qualitative information gathering from patients using the prevention offer within ILT's with the programme training LAC's to carry out this type of qualitative research.
31. Initial findings from the first round of interviews found that:
 - People respond to find solutions when support is from a trusted source – GP, friends or family
 - All participants had mental health problems
 - People want a tangible output from the GP or service visit
 - A holistic understanding to address peoples needs was
 - Services that were fragmented in many different layers and access criteria which differs geographically
 - Risk not assessed from a holistic perspective – eg social care only accessed at the point of crisis
 - People were left with nothing when funding for short term community support projects finished, exacerbating issues
32. Next steps for the project include, completing up to 17 further interviews and picking out the common themes and using the findings to understand key areas for improvement and how the research links into other initiatives and to add to the evidence base for

those initiatives. The findings will then be communicated across partners and different organisations

33. The LIP project is supporting the application for partners to share NHS data to prove where prevention services may have reduced the usage of more costly health services. New mechanisms for measuring this are being developed again, building on the learning of the Lightbulb project that successfully showed the reduction housing interventions could have on the usage of hospital and social care services.

Delivery of the Mental Health Action plan

34. The actions from the Health and Wellbeing Board workshop on Mental Health were discussed at the March 2019 meeting of the Board and will be further considered at the Board's meeting in July. The actions will be fed into the current UPB workstreams such as joined up comms and workplace health. The mental health offer within localities will also be used as part of the wrap-around prevention offer that will link to the Social Prescribing model that is emerging.

Future work programme

35. The draft Communications plan up until March 2020 has been produced and will be coordinated with partners to ensure join up with subjects and timings; creating a coordinated approach across areas of prevention. Some of the main themes in the plan include the self-care campaign, reducing loneliness and social isolation, volunteering activity and Better Care Together activity.
36. The top priorities/issues for the workplace health programme include poor sleep management, low physical activity levels and poor fruit and vegetable consumption. As the work continues into 2019, the programme will aim to address these priorities with organisations to achieve better outcomes for the Leicestershire workforce with a workplace health tool being developed for use by partners and staff within their organisation and the workplace charter.
37. The UPB partners will be focusing on a joined up social prescribing model across Leicestershire that will either support or be part of the new emerging framework for social prescribing outlined in the NHS 10 year plan.
38. This will support the development of Primary Care Network (PCN's) Social Prescribing Link Worker roles and ensure that the existing model for Leicestershire is positioned to provide access to the services available in local communities. The board has forged excellent working relationships with the Clinical Commissioning Groups over the previous 12 months and will be further supporting the CCG's in development of future prevention services for patients across Leicestershire.
39. Continuing the development of the wrap-around prevention offer for ILT's will be one of the core activities of the UPB for the next six months. Further utilising LAC's as Care Co-ordinators and creating a framework for access to services specific to the three cohorts of patients within ILT's.
40. The board will be working with the Police to look at the developments around People Zones and building on the learning from previous initiatives such as Braunstone Blues. This will be the focus of the July 2019 meeting. The emerging People's Zones initiative

through the Strategic Partnership Board has provided opportunity for discussion at UPB on how the lower levels of prevention detailed in the Leicestershire model could complement the People's Zones model.

41. Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change and to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals.

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Relevant Impact Assessments

Equality and Human Rights Implications

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

Partnership Working and associated issues

43. This report focuses on actions across agencies that will improve the population's health. The basis of the report is improving population health in partnership with other key agencies.