

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

<u>Topic Area</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Comments</u>
Parity of Esteem and the Mental Health (MH) Investment Standard.	That the HWB Board receives a report on the MH standards and local investment plans from 2019/20 onwards demonstrating how the investment Leicestershire is receiving from the national allocation will deliver against the national requirements, and how its prioritisation responds to the evidence presented in the JSNA. Report to include investment in services across all ages (including children and young people), use benchmarking information comparing service/investment levels and outcomes in Leicestershire with other peer counties, and show the relative proportions being invested in prevention, crisis support, community services and secondary care.	Mike McHugh/Sarah Warmington	Report to be considered by the Board in September.
Prevention and Self Care	That the Unified Prevention Board be asked to work with District/Borough Health Leads to consider and address the reasons for the variability in the prominence of promoting mental health and wellbeing across Leicestershire, to strengthen this within the existing social prescribing developments	Jane Toman and Mike Sandys	This is being considered by the next meeting of the district health leads. The Unified Prevention Board is also considering the action plan of the Health and Wellbeing Board development session at its meeting on the 12th March.

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

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Prevention and Self Care	That the Unified Prevention Board and the Mental Health Partnership be engaged actively in developing the content and approach to the campaign.	Lorna Dellow/Lisa Carter	Update to be considered by the Health and Wellbeing Board in July
	That the existing, well established, joint arrangements across communications teams in the partnership organisations covering LLR should be used to collaborate on the content and dissemination of the campaign, across all channels/ organisations/ populations/communities.	Lorna Dellow	Update to be considered by the Health and Wellbeing Board in July
	That the HWB Board receives the proposed campaign materials for discussion and approval prior to the launch.	Lorna Dellow	Update to be considered by the Health and Wellbeing Board in July
	That the Children's Partnership be asked to develop an approach to ACEs and bring a report on this to a future HWB board meeting.	Mala Razak/Jane Moore	A report was considered by the Children and Families Partnership in June and an update be provided to a future H&W Board

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Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)	<p>That Clinicians be encouraged to raise the issue of Mental Health and Wellbeing at the point of diagnosis, for example at the point of an initial diagnosis for a Long Term Condition, as this presents a key opportunity to intervene early and signpost to available support.</p>	<p>Prof Mayur Lakhani and Dr Andy Ker</p>	<p>Already in place – part of the holistic assessment of patients with LTC and Frailty (QOF and QIPP standard).</p>
	<p>That as part of the Board's consideration of overall outpatient redesign activities, it consider how the approach could be more systematic across other settings such as outpatient clinics</p>	<p>Mark Wightman</p>	<p>Designing a more 'systematic' (standardised) approach to Outpatients is central to the OPs improvement work. The current OP model has evolved over the last 70+ years part by design and part by individual custom and practice in each of our many and distinct services. The approach we are taking is to redesign by key services (ENT / Dermatology / Cardiology etc), anticipating that as we gather momentum we learn and increase pace.</p>

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<p>Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)</p>	<p>That Locality teams be asked to ensure all members of the multidisciplinary team (including care coordinators/navigators/Local Area Coordinators) have adequate skills in discussing mental wellbeing (making every contact count) and a good working knowledge of</p> <ul style="list-style-type: none"> • The likely impact of frailty and multi morbidity on MH health and wellbeing • The MH wellbeing and support offer available in Leicestershire. 	<p>Louise Young</p>	<p>Following Recommendations made to LLR Integrated communities board, as part of a developing LLR implementation plan:</p> <ol style="list-style-type: none"> 1. for a review of primary care/community mental health provision across LLR to ensure primary care mental health works are part of the integrated neighbourhood teams. 2. People awaiting their first IAPT appointment will be reviewed and offered local mental health and well-being services (e.g. Mental Health Matters) where appropriate

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	<p>That the outcomes framework for measuring the impact of locality teams should include evaluating</p> <ul style="list-style-type: none"> • How the team has actively signposted and supported people to the IAPT offer, and other mental wellbeing activities/low level support in community settings • Whether taking a more targeted approach via the ILTs increases the number of IAPT referrals for older people. • Evidence, in MDT case conferencing and documented care plans, that MH and • Wellbeing is routinely being raised and addressed as part of holistic assessments and interventions. • In the patient evaluation element of the framework, assessing the impact of ILT interventions on patient reported outcomes for mental health and wellbeing 	Louise Young	Outcomes framework drafted and to be further developed as part of the neighbourhood teams implementation plan - specific outcomes and process measures will include these elements.

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	That the Health and Wellbeing Board receive a report on the future commissioning intentions for IAPT during 2019, and be actively engaged in the preparatory work for the re-procurement	Sarah Warmington	There is ongoing Public Health representation within the IAPT re-procurement project. A report providing a Procurement update will be presented to the Board in September.
Measuring the Impact and Effectiveness of Mental Health Interventions	That once the new integrated data warehouse and reporting tool is up and running, it should be used to prioritise the development of dashboards that assist in measuring the impact of various interventions, including MH.	Cheryl Davenport	Will co-design integrated data dashboards with the STP Mental Health Partnership Board during 2019/20
Other commissioning Intentions for 2019/20 Across the Partnership	That the HWB Board receives a presentation on the strategic growth plan, early in 2019.	Tom Purnell	A Presentation was provided to the Health and Wellbeing Board in March
	That the HWB Board receive (in Q2 2019) a comprehensive report on the housing developments across Leicestershire over the 10	Tom Purnell	A presentation will be provided to the Health and Wellbeing Board in September

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Other commissioning Intentions for 2019/20 Across the Partnership	years,		
	That a stock take of work in progress relating to community and social cohesion across partners be undertaken, and subject to the outcome of this, a multiagency workshop on this topic be arranged during 2019/20 with a view to consolidating the strategy and setting a clearer joint strategic direction/set of commissioning intentions.	Mike Sandys	To be taken forward as part of the Loneliness Project within LCC.
	That the Leicestershire Resilience Forum be asked to review the Brexit preparations and risk register entries associated with this, across partner agencies in Q4 2018/19 and provide advice to the HWB Board and individual organisations, as needed.	Zafar Saleem	Multi-agency arrangements for command, control & communication have been established. Several workshops have been held, risk assessments undertaken and business continuity plans put in place. Regular dialogue is ongoing with MHCLG & its specialist Resilience & Emergency Department. The main risk areas are disruption at East Midlands Airport as it is a major freight port, & highways infrastructure issues. There are

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			<p>additional risks to food & medicine supplies, potential cohesion issues, & workforce availability with consequential impact on sectors reliant on EU labour (distribution, care sector, HNS food processing, and hospitality). All partner agencies will have received national guidance from Central Government on preparedness & to support this a small amount of additional funding has been provided to the LRF & all unitary, district & county councils. 24/7 and additional cover arrangements have been put in place for Brexit weekend with strategic & tactical coordinating groups.</p>
<p>Other commissioning Intentions for 2019/20 Across the Partnership</p>	<p>That the LLR Better Care Together senior leadership team be asked to consider if the workforce programme across LLR should be revitalised and greater engagement made with the 3 HWB Boards on this topic as well as the medium term system level financial plan for LLR (the latter should be timed in relation to local analysis of the requirements of the new NHS 10 year plan).</p>	<p>Peter Miller</p>	

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