Leicestershire
County Council

HEALTH AND WELLBEING BOARD: 23 JANUARY 2020

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

OUTPUTS AND RECOMMENDATIONS ARISING FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION HELD ON DECEMBER 5, 2019

Purpose and Overview of the Development Session

1. The purpose of the session was to jointly consider Leicestershire's place-based priorities for 2020/21, in particular with reference to:

   a. Leicestershire's existing Joint Health and Wellbeing Strategy (JHWBS) and its priority outcomes (http://politics.leics.gov.uk/documents/s124188/JHWS%20App%20A.pdf)
   b. The impact of national policy and other national and local strategic developments in health and care since the current JHWBS was produced in 2017
   c. The approach to population health management currently being developed in LLR and how this can be applied to place based working/priorities at place.

2. There were two initial presentations to support the Board in considering these issues; the first was a reminder and overview of the current priority outcomes in the Leicestershire JHWBS, and the second was an introduction to the emerging approach to population health management (PHM) in Leicester, Leicestershire and Rutland (LLR). The latter also provided an update on existing and new sources of data and insights for the Leicestershire population, in particular for place and neighbourhood working.

3. For reference and completeness, the agenda for the development session is provided at Appendix A1 of this report, a collated PDF of the supporting materials circulated in advance is at Appendix A2. A list the organisations represented at the development session is provided at Appendix B, a copy of the slide set used at the session is provided at Appendix C, and a handout on population health management provided at the session is at Appendix D.

4. The presentations prompted the following points to be raised and discussed by the group:

   a. The role of the new primary care networks and their relationship to the Board and place-based working – the need to align the intelligence packets at neighbourhood and place and have clarity on actions being led at each tier.
   b. There will be an increasing number of the population who are working beyond 65, therefore the local definition of working age adults needs to reflect this change. It is very likely that more of the workforce will need to maintain their wellbeing in the workplace, while dealing with the management of a range of conditions and the overall impact of ageing.
   c. The placed based outcome dashboard should potentially consider the inclusion of a metric on the quality of housing, as poor housing is a key factor in the wider determinants of health and wellbeing.

d. The information provided in the slides was illustrative of social care insight data which is being used for a variety of activities including commissioning of individual services and planning based on population demand. Such data is available for both adults and children.

e. The current JHWBS is due for refresh in 2022, should the Board consider bringing this forward?

f. The current JHWBS is based on a life course approach with outcomes reflecting the life course, is this still the right approach or should the Board move to a set of place-based outcomes?

g. The current JHWBS outcomes may be right ones, but is it the delivery mechanism and actions the Board is taking in support of each outcome at place which need refreshing, working across the partnership to target these more effectively and focus the Board's attention, with place-based metrics linked more clearly to these actions and their impact?

5. Following the presentations, the attendees worked in four groups to consider these questions:

a. Do we have enough insights and analysis about the Leicestershire-wide data already for our existing priorities, or should we undertake any further focused work in addition?

b. Do we have a shared view of these insights - via integrated data and/or establishing one version of the truth? Are there further actions you would recommend to improve this?

c. What should our joint priorities for improving our populations' health and wellbeing across Leicestershire be (using national policy, insights from our placed based data etc.)?

d. Are the ones in our current JHWBS still the right ones?

e. Are there still key gaps?

6. The groups were also given the following examples of prompts and insights about Leicestershire's population, including a reminder of some recent priorities/developments that the Board has been engaged in, to aid their discussion:

a. The Board's continued focus on improving mental health and wellbeing outcomes (per JSNA analysis and inequalities/parity of esteem)

b. Delivering the optimum interventions and outcomes for those with multimorbidity and frailty (per JSNA analysis)

c. Other Leicestershire "outlier outcomes" (breast feeding initiation, hip fractures)

d. Tackling known variations in care/gaps in care pathways across Leicestershire to achieve more consistent delivery and outcomes across the population (involves close working with PCNs)

e. The ongoing integration of health and social care (measuring the outcomes of improved integrated care in the community, via for example Home First, Neighbourhood Teams and social prescribing (NHS Plan)

f. Leicester and Leicestershire's Strategic Growth Plan (housing outcomes, a key part of wider determinants)

g. Adverse Childhood Experiences (early intervention to improve outcomes over the life course)

h. Violence Reduction (new measures and outcomes per National Policy)

i. Actions to reduce health inequalities (e.g. the community based approach in Oadby and Wigston)

7. Summary of Group Discussion Points and Proposed Next Steps

The table below gives a summary of the main points raised which have been themed across the groups, along with a proposed next step/action for the Health and Wellbeing Board to review and consider.

Theme	Key points from group work	Recommended Action(s) & Timescale	Proposed Lead
Place based data and insights	Structure of data, presentation and alignment • Current data sets are not always aligned sufficiently/clearly to the existing JHWBS outcomes. • Where specific targets are not already "SMART" this should be addressed. • There is probably sufficient data, but this needs interpretation to produce better place based insights, e.g. presented with supporting insights narrative at place, linked to the impact on outcomes. Achieving better shared insights • It is likely partners do not have a shared view or similar understanding of all the place-based insights - either across the entire Board membership and/or across each of the outcomes in the current JHWBS, although this is much more evident in the sub groups of the Board which deal with the detail of specific outcomes/ metrics • Are there any remaining barriers to data sharing to achieve effective shared insights across the partnership that the Board should be addressing, or directing others to resolve?	1.Leicestershire's draft place-based dashboard to be updated to a) align data sets and outcomes more clearly to the current JHWBS outcomes b) reflect any further actions/additions in relation to Action 20 below 2.Review each data set and target to assess if SMART and identify any data sharing barriers 3.Ensure the dashboard is structured to provide option for brief narrative. 4.Produce an initial place based insights report for the Board (overview narrative) for March Board meeting. 5. Revised dashboard with insights report to be circulated electronically ahead of March Board meeting.	Actions 1-3 Health and Care Integration Analyst Actions 4-5 Director of Public Health (DPH) and Director of Health and Care Integration

| Place based data, and insights, | Opportunities to improve population insights

• Not all Leicestershire district or neighbourhood level data (e.g. wider determinants data/police data) is sufficiently distilled and may need further work to enable it to be used effectively in Primary Care Networks (PCN) data packets and to generate better PCN insights – see Chapeltown "insights on a page" example (in presentation slides, Appendix C).

• The Board may not have sufficient data and insight about populations who access services across county borders, and to achieve this may require coordination with other HWBs/CCGs outside of LLR.

• There was opportunity to consider the use of other data sets e.g. crime/fear of crime, and overlay with health and wellbeing data sets (examples such as smoking and fire fatalities, how can school food data be used more effectively)
• Are there any other hidden cohorts, perhaps where qualitative data would be the best source of intelligence?

• The analysis of the population in Oadby and Wigston has led to a greater understanding of the reasons behind health inequalities, especially behavioural reasons – e.g. why certain people/ groups/populations don't engage or access what's on offer, can this be replicated in other parts of Leicestershire. | 6. Existing leads from the PCN insights working group to liaise with DPH to identify key wider determinants data sets for inclusion in PCN insight packets and develop a "Neighbourhood insights on a page" product.

7. Advice needed from CCGs and Mids and Lancs CSU as to what cross boundary data is currently included in the place-based dashboard data and how best to address any gaps.

8. Working session to be convened with a sub set of Board members to determine additional opportunities and prioritise actions. Combine this activity with action 6

9. DPH to consider with District Health Leads and PCNs if a focused piece of work in each Neighbourhood can be undertaken, what the order of priority should be and how this can be resourced. | PCN Insights Leads, DPH and Mids/Lancs CSU.

Mids and Lancs CSU & CCG

DPH

DPH, District Health Leads, PCNs |

	• The urgent care usage trends for 18-44 year olds have been examined by the AEDB, and there are significant changes in this cohort and how they are presenting which should be examined further as part of place based working. (large increase in mental health presentations in urgent care for example).	10. CCG and UHL to co- lead further analysis and bring findings and recommendations to the Leicestershire Integrated Delivery Group	Co-led by CCG lead officer and UHL rep
	• Could outcomes data on community-based assets/asset building be developed to help partners and the Board better understand its progress and gaps in this area? (with input from LACs/people zones).	11. Multi-agency community based assets session to be convened to bring together outcome data to inform next steps for the Board, and advise on outcomes data sets for the dashboard.	LCC Communities Lead/Communities Board

Theme	Key points from group work	Recommended Action(s)/Timescale	Proposed Lead
Role of the HWB Board, partnership working and setting direction.	Clarity of Role • The primary aim of the Board should be to drive the work of health partners • The Board's role is not to intervene/set up new initiatives. Its purpose should be to set the ambition, to deliver the Better Care Fund, to co-ordinate activity regarding the wider determinants of health and to find collective solutions. It should be influencing behaviour change. • The Board should avoid being operational, be focused on place-based outcomes, ensure clarity on its collective role vs the role and activities of individual organisations. • The role of the Board should be supported by a simplified outcomes dashboard/dataset, presented and monitored at place, which measures the Board's overall performance as a partnership against the priority outcomes. Improving behaviours, partnership working and maximising assets • The Board needs to focus fully on the priority outcomes and delivery of the JHWBS • The Board should reinforce good practice and behaviours. • The Board should be focused on identifying inequalities and addressing these using an asset-based approach, encouraging the right response and change to happen, across the partnership. • The Board/board members/partnership should focus on taking an asset-based approach in order to generate effective medium-term sustainable progress on outcomes (the whole system needs to avoid a tendency to short term operational fixes) • Improvements are needed in networking and nudging the right behaviours	12. Update the Board TORs to reflect the development session outputs, taking a refreshed place-based focus, include clarifications on relationships with other Boards (including system and neighbourhood tiers of health and care). Engagement on draft TORs across the partnership, including groups that report into the Board between January – April, formal approval at May Board. Addressed in actions 1 – 5 13. Reflect as needed in updated TORs 14. Prepare a supporting values statement for the Board (same approach/ timescale as action 12). 15. Agenda planning to reflect outcomes and asset based focus, as well as identifying/driving both the positives and deficits in partnership working. To be incorporated in	Democratic Services and HWB Board Chair 13-15 Democratic Services and HWB Board Chair

	across partners, enabling joint solutions. • For example if a service is not well enough co-designed, individual partners will (re) invent their own solution/fix, whereas it would have been much more effective and efficient to come to a joint compromise/solution. • Board reports are often not telling us enough about the positives and strengths in our partnership working and the impact this is having on outcomes. (its not all about the deficits, there is a lot of good progress)	actions 13-15 above	
	Providing clearer direction from the Board across the Partnership • Should there be a review of the overall "ask" of partners as a Board?	16.Sub set of HWB Board membership to be convened to create a list of key asks and actions needed by partners and other Boards and groups based on the place-based dashboard outcomes and JHWBS.	co led by Director of Children and Family Services and the Police.
	Current JSNA data and insights are good, see recent insights on mental health, frailty/air quality – The Board should be able to direct collective action more effectively based on these insights and recommendations. Cited that City HWB Board tend to focus on this aspect of their role more effectively.	To incorporate in actions 13,14 and 15 above	
	• The Board can set clearer standards based on population insights, e.g. the number/quality of dementia friendly homes required, and that housing developments, travel plans and communities must be designed to promote physical activity, (e.g. health and wellbeing standards in all policies	17. Health in all policies/list of key standards to be proposed and applied across the partnership	DPH and District Council Chief Executive

	• Thinking about a new data set that will be available shortly – on social prescribing - how is the Board influencing what is being considered for measurement/collection to help us understand the impact of social prescribing on outcomes for Leicestershire's population(s)?	18. Report to May Board meeting on emerging data sets and outcome metrics for social prescribing	Co led by DPH and CCG Lead for Primary Care
	Engagement • Is the Board engaging effectively and with the right people about the placed based insights and actions we are taking? • A conscious effort should be made to obtain feedback from communities on how they view the provision of health and care that they receive.	19.Meeting between Healthwatch, the STP Comms lead, and the Board comms lead to scope/review the comms and engagement plan for the Board for 2020/21	Health and Wellbeing Board Comms Lead
	• Closer alignment with other partnership Boards including other HWBs in LLR	To be incorporated in actions 11,12 and 16	

Theme	Key points from group work	Recommended Action(s) /Timescale	Proposed Lead
What should our joint priorities be?	<u>Inequalities, activation and asset building</u> • Addressing health inequalities should be a key priority for the Board • Asset based approach should be a key priority for the Board • The Board should focus on helping individuals to take control of their own health and wellbeing and encourage the development of communities and community cohesion, include the role of churches in this. • Find additional routes to reach people and gather insights using the expertise and channels each partner can bring. • Develop a good product for the public describing the Leicestershire offer for health and wellbeing (reflecting all the new services and care pathways that have been developed recently) • The right thing to do should also be made the most convenient (nudging for self care or for increased physical activity, by design). • The JHWBS should be about the "how" in terms of activation - e.g. are the health implications of planning development properly articulated and understood in the planning process, activating communities and community cohesion	To be incorporated in actions 13,14 and 15 above. To be incorporated into action 19 above To be scoped as a key element of the Board comms and engagement workplan for 2020/21, e.g. within action 19 above. To be incorporated in action 17 above (health and wellbeing by design/in all policies) Community activation to be considered as a key strand of the comms and engagement workplan - see action 19	

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	Smarter working • Opportunity to align further with other partnership boards and avoid duplication – but set out a clear ask from the HWB Board to the other boards in this regard. Example: Identify shared agenda/outcomes with the SPB (e.g. on mental health) and develop joint action plan with shared outcomes. • The JHWBS should be based on good practice and how partners can replicate or build on this locally.	Health implications of planning developments – incorporated in action 17 above. List of asks to partners, others Board – see action 16 above. To reflect in TORs/values statement as appropriate, per actions 12 and 13 above and in the approach to action 20 below	
	Other individual topics raised as priorities • Personalised care and promoting independence • Concentrate on the top 15% of the population who require the majority of services. • Workforce plans and recruitment • Air quality/carbon neutral/climate change • Housing plans, incl types of housing for ageing populations • Multimorbidity • Resilience building in young people (prevention and support to prevent deterioration in mental health and wellbeing) • Targeted offer to universities (university health and wellbeing "kit"/online tutorial for all students in LLR)	See action 20 below	

Theme	Key points from group work	Recommended Action(s)/Timescale	Proposed Lead
Are the ones in our current JHWBS still the right ones?	• Largely yes – mental health and ageing well clearly need to remain priorities for example….but…Health improvement – is this sufficiently addressed in terms of actions in support of outcomes? • Not necessarily – it is timely to take stock of progress and how performance is being measured and achieved against each of these. • The Board is always going to have a set of broad/overarching outcomes as the key priorities but must also be adaptable to evolve and address gaps – a good example of this is how it examined the Mental Health outcome in light of the JSNA data and have identified and are now addressing the gap/opportunity by focusing on Adverse Childhood Experiences. • The outcomes might remain as is, but the actions ("we will" statements under each one) need updating and reviewing both in terms of current work plans across partners and the opportunities to focus the Board's role more effectively, e.g. based on themes and recommendations from today's discussion/	20. Working session to be convened (Feb 2020) for a sub set of the HWB Board membership Focus of session - review/refresh the JHWBS outcomes: a) confirm if the current outcomes should remain as is b) consider the priorities raised at the development session (bullets above) c) update the "we will" statements under each outcome d) recommend any further changes to the place based dashboard based on the refresh of the JHWBS e) provide a list of specific asks of partners, boards, groups, per action 16, arising from the refresh of the JHWBS	Co-led by Director of Health and Care Integration and CCG Accountable Officer

Theme	Key points from group work	Recommended Action(s)/Timescale	Proposed Lead
Are there still key gaps?	Place based outcomes dashboard/reporting • The place-based dashboard is still developing but can be improved further based on the steer on priorities and overall outputs of the development session today. Prevention • Focused piece of work on obesity linked to this health profile outcome – what's the status of current actions/other best practice to consider/implement in 2020/21? • There may be some low level targeted interventions missing that could make a big difference – e.g. advice/ easy steps to prevent/treat osteoporosis (links to the hip fracture outcome) – something similar to the falls prevention video? Engagement and activation • Developing a Board approach to qualitative analysis – using informal community routes to gain insights • Social movement – (see the Wigan Deal as an example) – are we going to look at the social movement theory and practice locally? • Make the 2020 Health and Wellbeing communications campaign focused on the Leicestershire Offer for health and wellbeing (and tailor content to each neighbourhood). Help the public understand what's on offer in the community/what's different. Workforce • Cultural change of the workforce –a key feature of the LLR STP workforce programme but what is needed in support locally, how to develop the Leicestershire workforce to behave differently, improve key sills such as case management, motivational interviewing, MECC	Incorporating into actions 1, 11, 16, 18 and 20 21. DPH to consider scoping these areas of work and advising on next steps/timescale To be incorporated in action 19 above. 22. Per the recent LLR STP workforce workstream report to the Board, work with LLR STP workforce project lead and all partners to	 DPH Co led by LPT Rep and Director of Adults and Communities

		identify place based asks/ activities .	
	Effective Partnerships • Health representation at district level/influence of health partners on district health and wellbeing boards needs further attention • Same issue raised in terms of the community safety partnerships at district levels	23. CCG/PCN representation and engagement into District Council groups, governance and overall relationship management to be reviewed and strengthened.	CCG AO, PCNs and Districts
	• Opportunity to build further on the links between public health and violence reduction/domestic abuse via the LSCSB	Action to be incorporated in the "asks" work at action 16 above.	

Recommendation

It is recommended that the actions identified within the table at paragraph 7 of the report be approved.

Officer to Contact

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Appendices

Appendix A1 - Development Session Agenda

Appendix A2 - Supplementary information provided to workshop attendees.

Appendix B – List of organisations in attendance

Appendix C - Slide set used during the workshop

Appendix D - Population health management handout.