Leicestershire County Council

HEALTH AND WELLBEING BOARD: 8 JULY 2021

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

OUTPUTS AND RECOMMENDATIONS ARISING FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION HELD ON 25 MARCH 2021

Purpose of report

1. The purpose of this report is to present to the Health and Wellbeing Board a summary of the outputs arising from the Board's Development Session held on the 25 March 2021. The Board is also asked to support the actions arising from the session.

Recommendation

2. The Health and Wellbeing Board is asked to support the actions arising from the Health and Wellbeing Board Development Session as detailed in paragraph 8 of the report.

Background

Purpose and Overview of the Development Session

3. The focus of the session was to consider wider determinants of health in Leicestershire along with the draft partnership LLR Health Inequalities Framework that will be a key driving force in the COVID recovery landscape, and will shape the shortly to be refreshed Joint Health and Wellbeing Board Strategy.

4. The Public Health Consultant lead offered attendees an introduction to the concept of the wider determinants of health, describing the diverse social, economic and environmental factors which impact on an indidual's health, and helped partners understand what makes communities or individuals susceptible to poor health. The presentation explored the significant impact these factors have on healthy life expectancy, health inequalities and outcomes and how these can be interrelated and compound impact. The current picture around health inequalities within Leicestershire was explored using data grouped together into four themes, that were then explored further throughout the session.

5. A presentation on the draft LLR Health Inequalities Framework and translation to place, gave attendees an introduction into the partnership process

undertaken so far, the golden thread from system to place and an outline of how health inequalities fit into place-based plans.

6. The agenda for the development session is provided at Appendix A along with a list of the organisations represented at the development session at Appendix B and pledges partners made at Appendix C.

Breakout Sessions

7. Following the presentations, attendees were split into four focussed breakout groups in order to further discuss the wider determinants of health in Leicestershire. Initial discussion was based on data that had been circulated to attendees which attendees were asked to review, identify priorities within and discuss any missing areas for future focus. The chosen topic areas were housing and homelessness, communities, skills and work and the natural and built environment. The breakout sessions allowed attendees broader discussion supported by expert facilitators and business intelligence led data. Discussion during each breakout session is summarised below:

Housing and Homelessness

- There was recognition that there is currently a lack of qualitative data with regards to poor housing and its impact on health. Therefore, it was felt that there was an opportunity to develop as a system to increase understanding and involve communities and the patient voice.

- It was seen as essential that existing strategic channels were used to ensure new housing developments were accompanied by the necessary infrastructure in order for residents to feel part of a community and have access to services. The County Council's Strategic Growth Plan was identified as an important document to progress such an approach.

- There was also a need to look at existing housing within Leicestershire and consider the necessary steps to ensure that all housing was of a good standard and those living there had access to the appropriate level of local health services and felt part of a cohesive community.

- The 'Everyone In' campaign had enabled partners to engage with rough sleepers, a cohort which had previously been difficult to engage with. It was hoped these communication channels would continue moving forward. This engagement also provides an opportunity for the health needs of the homeless the be addressed.

Communities

- The pandemic was seen to have provided partners with the opportunity to reconsider how they engage with communities, particularly children and young people. The system had a responsibility to provide the mechanisms to enable people to be actively involved in discussions about health and feel their voice is being heard.

- It was noted that whilst a system and placed based approach was important, neighbourhoods played a key role in finding real solutions to health issues and good examples of this could be found throughout Leicestershire.

- It was important that the system embraced digitisation in order to improve the provision of health and social care across Leicestershire. However, there was a responsibility on providers to ensure the use of technology did not have a detrimental effect on cohorts who were not digitally literate.

- It was recognised that those who lived in a deprived area were more likely to be impacted by cuts to services and often experienced increased barriers to access. Partners should ask themselves whether resources (financial, physical etc) were going to where they were most needed. The system would have to consider whether its current approach was promoting health ahead of the economy. Consideration to how we embed an effective 'health in all policies' approach across all organisations represented on the health and wellbeing board.

- The 'make every contact count' ethos shared by partners is important and it was crucial all partners continued to support the approach

- The responsibility of patients to take a certain amount of responsibility for their own health was also discussed.

Skills and Work

- The link between investment in good health and economic prosperity and productivity was seen as particularly evident and it is hoped that the Board should continue to use its influence to encourage continued investment in health and social care.

- The significant impact of the coronavirus pandemic beyond the nation's physical health was discussed, an example being the effect on children and young adults who had missed out on significant periods of education. Consideration was given around how this could be mitigated through promotion of the programmes such as Kickstart and the workplace health offer for employees. Key partnership working opportunities, such as with the LLEP (Leicestershire Enterprise Partnership), are seen as pivotal to engagement with local programmes and workplaces and identifying gaps in provision and need.

- Understanding is increasing around the impact on an individual's long-term development as a result of Adverse Childhood Experiences, and limited life chances at an early age. The latter was discussed as likely to have been exacerbated by the pandemic. A Trauma Aware System Change Model to manage ACEs had been adopted by partners.

- When developing economic strategies, it was discussed how partners would need to ensure the views of communities were heard. They must also align with other previously agreed strategies.

- Partners acknowledged the value of sharing health and wellbeing messages with local employers which could be disseminated to their staff. This could lead to significant amounts of the local population having a greater understanding of good health and the knowledge available to access various forms of health care on and off site. Support for and need within smaller employers and micro businesses was also discussed as requiring further exploration, particularly post-pandemic.

Natural and Built Environment

- There appeared to be a lack of accessible health data available when forming an approach to healthy design. It was important the design of built environments was undertaken strategically with key agencies deciding and agreeing on what they should look like.

- New housing estates would benefit from being designed in a way which encouraged physical activity and have access to the necessary health and wellbeing infrastructure. The pandemic had highlighted the importance of access to green space and inequalities within this access.

- The two-tier planning system in Leicestershire has historically caused difficulties. It was seen as essential that a strategic approach was taken to health in planning, aligned to the Strategic Growth Plan with commitment from all associated parties.

- Health partners had the ability to influence local plans as part of the consultation exercise undertaken during the development of district local place- based plans. Work is underway looking at how health impact assessments could be used at the Local Plan stage and then the local development stage to strategically embed health within the planning process.

Summary and Actions

8. Following the breakout sessions, attendees reconvened as a group in order for the discussions to be summarised and any action points highlighted. The following was noted:

- It would be necessary for the local NHS and partners to look at health inequalities at place level, driven by senior leadership who has an understanding of a system-based approach. There would also need to be consideration as to how this would be delivered via the current population health management and place-based approach.

- Work to address wider determinants and health inequalities would benefit from a whole system approach, collated by a formal Wider Determinants Plan and feeding into the Joint Health and Wellbeing Strategy.

- Work to address wider determinants would benefit from the strengthening of existing links between partners. Similarly, improved engagement with PCN's which could provide further neighbourhood level insight, would be beneficial.

- A formal 'Health in All Polices' approach could be explored across the wider Health and Social Care partnership and Health and Wellbeing Board members. This would help drive outcomes and ensure health and wellbeing was an important element of future policy making.

- Health and Social Care and health inequalities should be a primary consideration within the delivery of the Strategic Growth Plan.

Actions

- That a revised Health Inequalities Framework would be presented to the Health and Wellbeing Board at a future meeting.

- That a Wider Determinants Plan, driven by discussions on need from this session would be developed and presented to the Health and Wellbeing Board at a future meeting.

- That further work be undertaken to explore how the Health and Wellbeing Board could engage with other boards to progress the health inequalities work.

- That further work be undertaken to explore how the Board could engage with PCNs.

- That a 'Health in All Polices' be explored across the wider Health and Social Care partnership.

Pledges

9. Attendees were invited to make a pledge to reduce health inequalities. These commitments included:

- I will talk to colleagues around refreshing the health workstream within the Strategic Growth Plan.
- I will work more closely with a range of Local Authority partners on aligning actions with the NHS on health inequalities and the wider determinants of health.
- I recognise the need for training and upskilling of healthcare professionals around these areas and how to increase GP access for those most in need.
- I will follow up on conversations around the links between health and GDP.

- I will be mindful around how long-term growth affects health and work with stakeholders around this.
- I will work to improve the life chances of those who are disadvantaged or excluded within our communities.

For completeness Appendix C details the pledges received in full.

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Appendices

Appendix A - Development Session Agenda

Appendix B – List of organisations in attendance

Appendix C – Pledges received