

## **HEALTH AND WELLBEING BOARD: 26 MAY 2022**

### **REPORT OF THE EXECUTIVE DIRECTOR, STRATEGY AND PLANNING, LEICESTER, LEICESTERSHIRE AND RUTLAND CCGS**

#### **COMMUNITY HEALTH AND WELLBEING PLANS**

##### **Purpose of report**

1. The purpose of this report is to present to the Health and Wellbeing Board the intended approach for the development of the Community Health and Wellbeing Plans (CHWP's) across Leicestershire.
2. The report also provides an update concerning neighbourhood working and the complexities regarding governance and footprints of the CHWP's.

##### **Recommendation**

3. It is recommended that:
  - a) The purpose of the Community Health and Wellbeing Plans (CHWP) and the development of seven plans across Leicestershire be noted;
  - b) The proposed approaches to governance and footprints of the CHWPs be noted;
  - c) The links to the Joint Health and Wellbeing Strategy (JHWS) and other place-based plans and work including the CHWPs be noted.

##### **Background**

4. In January 2021, the Department for Health and Social Care (DHSC) published proposals through the White Paper: Integration and Innovation: Working together to improve health and social care for all, to develop the NHS long term plan and bring forward measures for statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was approved in April 2021 in shadow form, coming into full existence in July 2022.
5. Partnership working has been established across the system (LLR collectively), place (Leicester, Leicestershire, and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working, and the White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration and address health,

public health and social care need with a key responsibility being to support place based joint work.

6. Place based work is being driven through the new Joint Health and Wellbeing Strategy which also serves as the Place Led Plan for Leicestershire. A similar planning approach is proposed on a neighbourhood footprint to support the ICS in identifying variance in health needs and outcomes across different areas of the County.

### **The purpose and content of CHWP's**

7. The purpose of CHWP's are:

- a. To identify solutions to the Primary and Community care infrastructure/services when impacted by housing growth
- b. To understand the local needs in relation to health and wellbeing
- c. To ensure we have plans to drive improvement to the health and wellbeing of local populations
- d. To ensure the NHS is maximising opportunities to bring care closer to home
- e. To both inform the JHWS (through identification of local need) and respond to JHWS priorities at a neighbourhood level where appropriate

8. To do this, partners will:

- Look at local healthcare services to understand the patterns of access to community hospital, outpatient, elective and day-case procedures
- Consider housing growth planned for the local area and ensure there are plans in place to support Primary and Community care services to meet rising demand
- Gather information to help us understand local need, inequity, and outcomes
- Engage with local communities where appropriate to understand local wants/needs

9. The plans are being developed on a district footprint due to the availability of lower tier local authority data and alignment with lower tier local authority partnerships that focus on health and wellbeing. It is intended that these plans form the strategic picture for health and wellbeing for the neighbourhood area and that other initiatives at neighbourhood level are co-ordinated through these plans.

### **The fit with other local plans and strategies**

10. Many individual organisations have their own plans relating to health and wellbeing for their staff, resources and priorities and some local partnerships have developed their own plans or strategies. This includes examples such as:

- Local plans developed by district councils to plan to meet physical need in the area (e.g., housing growth)
- PCN plans to address need or areas of improvement in Primary Care (GP) provision in the area

- Sustainable community strategies and health and wellbeing strategies developed by local partners to oversee improvement, often led by district councils

11. The CHWP's will form an umbrella plan across all of these. Whilst they will not contain the same level of detail, they will reference them and their importance in local health and wellbeing.
12. Some of the linked plans may have a footprint that is at system or place rather than neighbourhood. If these system or place plans relate to a local need, there will be a discussion with the system or place led to see whether neighbourhood work is also required. These discussions are likely to result in one of three outcomes:
  1. Actions will continue to be delivered at system or place with input from neighbourhood partners
  2. Actions will be delivered at both system/place and neighbourhood footprints with partners agreeing who is doing what and what footprint their action relates to
  3. Actions will be best delivered at neighbourhood with some oversight at system/place
13. The CHWPs will adopt a 'Do, Sponsor, Watch' approach to prioritising the work of the plans in line with the JHWB Strategy. This is to ensure clarity upon system, place and neighbourhood accountability.
14. This co-ordination across system, place and neighbourhood will be key in ensuring a 'golden thread' approach to delivering improved outcomes and will avoid duplication or contradictory action.

### **Timescales for delivery**

15. Of the seven plans proposed, three are nearing the prioritisation stage which should be completed by the end of the summer. Three plans are at needs assessment stage whilst development of the other remaining plan will commence in early Autumn 2022.
16. Once agreed, a Delivery Plan will be developed to identify the necessary actions required to impact on the priorities and a dashboard will support the on-going review of progress alongside this.
17. It is anticipated that all of the CHWP's will be in place and approved by the end of 2022/early 2023 with delivery plans in place within 6 months of each plan being approved.

### **Governance**

18. The plans are being developed through local partnerships, often the Integrated Neighbourhood Team (Includes representatives from the GP practices, Adult Social Care, Leicestershire Partnership Trust, Local Authority, VCSE etc) where this is co-terminus with the CHWP footprint or through a task and finish group established specifically to develop the plan.

19. The Governance arrangements for the plans have not been finalised but the proposed structure as set out in the Appendix, provides the basis for discussion with each locality upon the potential governance architecture.
20. It is envisaged that the 'Integrated neighbourhood teams (INT)' will be the delivery arm of the plans noting that specific priorities e.g., health will need to be led by the CCGs/ICB as the decision-maker/commissioner of those services. Each district has a Local Partnership Board, and the proposal is that these boards will have oversight of the plans with regular reporting into the district health leads meeting as well as the Integrated Delivery Group e.g., the Charnwood Partnership Board is changing its name to the 'Charnwood Community Health and Well-being Board and are updating their Terms of reference to reflect oversight of the plan and regular reporting into both the Integrated Delivery Group (IDG) and the Health and Well-Being board. There will also be a requirement for all plans to report into the Leicestershire Health and Wellbeing Board and IDG to ensure that there is synergy and alignment with the JHWBP.
21. There are complexities with 'neighbourhood working' as footprints for INTs and PCNs are not always co-terminus with the CHWP footprints. Where this is not the case discussions will take place with those INTs/PCNs to request that they are able to drive forward the priorities within the relevant CHWP e.g., the Melton, Syston and Vale INT have agreed that they will provide the delivery arm for the Melton CHWP.

## **Appendix**

Proposed Governance arrangements

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

22. The CHWP's will aim to identify and reduce health inequalities and will link with the wider LLR Health inequalities framework.

#### **Crime and Disorder Implications**

23. A partnership approach and links to wider strategies such as local sustainable communities strategies will be developed as part of these CHWP's.

#### **Environmental Implications**

24. Local needs assessments will form the basis of the plans and will take into account information (where available) such as air quality, access to green space, active transport and having healthy places.

#### **Partnership Working and associated issues**

25. CHWP's will take a partnership approach to assessing need, defining and agreeing priorities and agreeing actions to address these. Partnership working is at the core of these plans.

### Risk Assessment

26. The key risk the JHWS and HWB development will face is maintaining the ongoing stakeholder support and buy in through the development and implementation of the plans. Partners investment of resource and time may be impacted on by a number of factors including the Covid-19 pandemic, winter pressures and national, local or organisational changing priorities.

### **Officers to Contact**

Sarah Prema  
Executive Director, Strategy and Planning  
Leicester, Leicestershire and Rutland CCG's  
[Sarah.prema@nhs.net](mailto:Sarah.prema@nhs.net)

Jo Clinton  
Head of Strategy and Planning  
Leicester, Leicestershire and Rutland CCG's  
[Joanna.Clinton@nhs.net](mailto:Joanna.Clinton@nhs.net)

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