

HEALTH AND WELLBEING BOARD: 1ST DECEMBER 2022

**REPORT OF THE CHIEF STRATEGY OFFICER, LEICESTER,
LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD**

**PROGRESS REPORT ON COMMUNITY HEALTH AND WELLBEING
PLANS**

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress of the seven Community Health and Wellbeing Plans (CHWPs) within Leicestershire County.

Recommendation

2. It is recommended that the progress of the seven Community Health and Wellbeing Plans within Leicestershire County be noted.

Policy Framework and Previous Decision

3. 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.

Background

4. 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.
5. Place based work is being driven through the new Joint Health and Wellbeing Strategies which also serve as the Place Led Plans for Leicester, Leicestershire and Rutland.
6. Community Health and Wellbeing Plans (CHWPs) are also being developed on a neighbourhood footprint to reflect the variance in health needs and outcomes across different areas of Leicestershire County.

Community Health and Wellbeing Plans

7. These 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.
8. 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
9. 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.
10. 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 lead to see whether neighbourhood work is also required. These discussions are likely to result in one of three outcomes:
 - Actions will continue to be delivered at system or place with input from neighbourhood partners.
 - 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.
 - Actions will be best delivered at neighbourhood with some oversight at system/place.
11. 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.
12. 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.
13. The governance arrangements for the plans are currently being discussed within each locality. It is envisaged that the 'Integrated Neighbourhood Teams'

(INTs) will drive delivery 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 (IDG). There will also be a requirement for all plans to report into the Leicestershire Health and Wellbeing Board to ensure that there is synergy and alignment with the JHWS.

14. 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.
15. The Fuller Report published earlier this year signalled that Primary Care Networks (PCNs) should 'evolve' into Integrated Neighbourhood Teams (INTs). This evolution is to happen quickly, aiming 'to move to universal coverage (of INTs) throughout 2023 and by 2024 at the latest. A steering group has been established in LLR which will oversee the implementation of all the Fuller 'Asks'.

Progress of Community Health and Wellbeing Plans

Blaby

16. Work commenced on the CHWP for Blaby in the summer. A working group was established in July 2022 and meets every 6 weeks. Members of the group attend from several partner organisations including the ICB, Blaby District Council, Leicestershire County Council, Primary Care Networks (PCNs) and Leicestershire Partnership Trust (LPT).
17. An initial Needs Assessment and mapping of services has been completed and reviewed by the group. Several 'information gathering' sessions have also been held for the group to gain insights into the current services and issues within Blaby. These included:
 - PCN updates
 - Blaby District Council services– including Hospital Enabler Teams and Lightbulb
 - Home First Initiatives
 - Mental Health – including Admiral nurses and dementia
 - Enderby Urgent Care Centre
18. The outcomes of these sessions, along with the needs assessment will form the basis of a workshop to determine the priorities to be fed into the CHWP for Blaby. It is hoped that the workshop will be held before Christmas.

Charnwood

19. The Charnwood working group was established in October 2021 and has since developed into the Charnwood Community Health & Wellbeing Partnership with the aim to identify and agree priority outcomes for health and wellbeing in Charnwood.
20. The partnership has developed a robust needs assessment which includes health and public health information as well as information around the wider determinants of health such as housing developments, deprivation, crime, employment, costs of living and environmental factors.
21. Two stakeholder workshops have been held in June (face to face) and July (virtual) to review the needs assessment, identify any gaps and agree an initial list of priorities. An analysis of patient/resident feedback from a number of previous consultations has also been completed to determine priorities from a user perspective. The outcome of this analysis supported the priorities identified by the working group at the stakeholder workshops.
22. A prioritisation exercise has been undertaken to identify those priorities that partner organisations feel should be tackled first and therefore form the first year of the CHWP action plan, i.e. the 'Do' priorities.
23. The results of the prioritisation exercise are currently being reviewed and mapped to current services, with a view to producing a draft CHWP by the end of the calendar year. It is envisaged that this plan will also commence in April 2023.

Hinckley & Bosworth

24. The Hinckley and Bosworth working group was established in June 2021. The group meets on an eight-weekly basis and is attended by ICB members, H&B District Council, Leicestershire Public Health, Local MP, members of the PPG and links into the INT with attendance from UHL, LPT and GPs. A mental health working group has also been established to address the MH needs of the population.
25. The CHWP working group has produced and reviewed a robust needs assessment of the local population which included the impact of housing developments. This review resulted in a 'long' list of priorities.
26. A face-to-face priorities workshop was held with stakeholders on 29th June to review the long list of priorities that had been identified, as well as highlighting gaps that need further exploration. The output from the workshop was discussed at the working group in August 2022. Areas were identified which require further review and agreement made on how to identify those priorities that partner organisations feel should be tackled first. The following timeline was agreed:

- Wider engagement on workshop outputs to take place during September and October 2022.
- Review of feedback from above engagement to be reviewed during November 2022.
- CHWP to be redrafted to reflect the wider engagement and feedback during December 2022 and January 2023.
- Final CHWP to be approved by the ICB, HWB and Cabinet in February 2023.
- Final plan to go live in March 2023.

Melton

27. The Melton working group was formed in April 2021 and meets on a monthly basis. The group is attended by members of the ICB, Melton District Council, Leicestershire Public Health and links into the INT with attendance from PCN members.
28. A robust needs assessment of the local population has been undertaken for the local population. This was shared and reviewed at a workshop held on 16th May which identified emerging themes and proposed priorities.
29. Due to a change in staffing personnel, a review is currently being undertaken on progress to date and proposed priorities. Some gaps have been identified which have been shared with the working group and further work will be undertaken to review and agree priorities.
30. It is anticipated that the final plan will be agreed early next year and will go live from April 2023.

North West Leicestershire (NWL)

31. This plan is at an early stage of development as the District Council has recently refreshed their Health and Wellbeing Strategy and it was agreed that the development of the CHWP for NWL would wait until this had been completed.
32. A needs assessment had previously been produced and shared with the INT/ Health lead at NWL DC in December 2021. In June 2022 it was agreed that the existing INT would be used as the forum to discuss the CHWP priorities and that its membership would be amended to ensure that all appropriate partners were well represented.
33. Information will be reviewed and shared at future INT meetings including NHS activity, social prescribing, health inequalities/Core20plus5, housing growth, impact of ARRs roles and Coalville Hospital services.
34. A face-to-face session will then be arranged to discuss priorities for the area.

Harborough and Oadby & Wigston

35. Work has not yet commenced on the CHWPs for these areas.

Relevant Impact Assessments

Equality and Human Rights Implications

36. 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

37. 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

38. 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

39. 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

40. The key risk the 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.

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