

HEALTH AND WELLBEING BOARD: 1 DECEMBER 2022**REPORT OF THE DIRECTOR OF PUBLIC HEALTH****LEICESTERSHIRE JOINT HEALTH AND WELLBEING STRATEGY
2022-32 UPDATE REPORT****Purpose of report**

1. The purpose of this report is to provide members of the Health and Wellbeing Board (HWB) with an update on the progress of the Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022-32 since its approval in February 2022.

Recommendation

2. It is recommended that:
 - a) The progress made by the Health and Wellbeing Board's subgroups to deliver upon the priorities and commitments set out in the Joint Health and Wellbeing Strategy be noted;
 - b) The proposal to move to annual reporting of the Performance Indicators be approved;
 - c) The Board note and comment on work being undertaken to evolve the Health and Wellbeing Board.

Background

3. The Joint Health and Wellbeing Strategy is based on a life course approach, framed using the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) life course transformational priorities.
4. The Best Start for Life element of the approach will be captured through the work of the Children and Family Partnership Board; the Staying Healthy Safe and Well elements through the Staying Healthy Partnership and the Living and Supported Well and Dying well elements are picked up through a revised approach from the Integration Executive. All are subgroups of the Health and Wellbeing Board.
5. The JHWS contains a set of priorities and commitments under each life stage. A high-level action plan was also shared with the HWB at the same time as the Strategy was approved. This provides an outline of some of the actions required but is not exhaustive and will need to evolve as the Strategy develops.

Current Progress

6. Since the May 2022 Board, separate development sessions have been held over the summer for each of the three sub-groups: Children and Families Partnership; Staying Healthy Partnership; and Integration Executive.

7. The purpose of the sessions was for members to collectively go through the relevant commitments within the JHWS delivery plan and jointly highlight several key priorities that will become the 'Do' spotlight areas. Particular attention was given to priorities where members could make the most impact and add value over and above what is already being delivered. Focus was also given to the cross-cutting themes: Mental Health and Health Equity, in relation to how these agendas could be supported and vice versa, as well as consideration for the impact of the 'cost of living' crisis.
8. It was evident from these initial sessions that further discussions were needed to review the JHWS priorities within each life course and to understand how these would be taken forward. Establishing good relationships and strong partnership working was highlighted as being equally as important as ensuring a person-centred approach for delivery. It was widely acknowledged that a change in culture and behaviour to develop an alliance approach across the partnership was key if the JHWS was going to make the difference it was set out to do.
9. While significant progress has been made, the three sub-groups are at varying stages of development in terms of delivery against the JHWS priorities:

A) Children and Families Partnership

- i. A development session was held on 4th July with the Children and Families Partnership (CFP) to progress the development of the Children and Families Partnership Plan as the delivery plan for the Best Start for Life section of the JHWS delivery plan. Work had been carried out prior to the meeting to map the Partnership Plan to the JHWS Delivery Plan, to consider alignment and to highlight any gaps. The session was well received and a strong alignment between the two plans was identified. It was noted that the CFP Plan includes some actions not in JHWS Delivery Plan, reflecting areas of work deemed important by the CFP. It was also noted that a small number of actions would need to be added to the CFP Plan. The CFP made suggestions for cross-cutting themes across the three sub-groups, including emotional wellbeing and mental health, trauma informed practice, supporting Covid 19 pandemic recovery, health inequalities and the voice of children and families.
- ii. Further work was undertaken with the five CFP Plan priority leads to identify potential 'Do', 'Sponsor', 'Watch' actions, and a second development session was held with the CFP in November to discuss these proposals and processes for reporting progress to the HWB. The CFP are eager that the profile of children's issues at the HWB is raised but highlighted the challenge of aligning the existing CFP Plan to the new 'Do', 'Sponsor', 'Watch' model as it was felt this was not a good fit.

- iii. The CFP expressed a preference to present six-monthly progress reports to the HWB against the whole CFP Plan, with a focus on specific priorities as requested by the HWB.
- iv. The CFP also requested further clarity on the role of the HWB in supporting the delivery of the Partnership Plan and in addressing children's issues.

B) Staying Healthy Partnership (SHP)

- i. An initial development session was held in July and contributions by partners was both valuable and productive. Time was allocated to enable insightful discussions and the presentations on Health Equity and Mental Health sparked some interesting debates and reflection. The importance of partnership working featured quite heavily; along with the impact of the 'cost of living'; working with communities to build resilience, ensuring services reflected needs; and building in a population health management approach. As a result, a number of emerging themes were highlighted as potential 'Do' areas of work. These were collated along with a set of draft principles and a common purpose statement and circulated to attendees for feedback and comment.
- ii. Following feedback, it was recognised that reframing the JHWS SHP commitments through a 'cost of living', health equity lens enabled a more targeted approach. As a result, the development session on 7th October 2022 focussed primarily on the 'cost of living' and what this looks like from a SHP perspective in relation to the JHWS. Presentations on both the Place-based and Neighbourhood offer were given and further work continues to join these up.
- iii. Understanding the impact of the 'cost of living' on businesses and business owners, and on those with mental health needs or other vulnerabilities, as well as the impact of the cost of living on mental health more widely, was also highlighted.
- iv. Public Health are currently leading on a piece of work around health inequalities which the SHP will be able to feed into. It is anticipated that this project will inform the Core20PLUS5 (an approach to reducing health inequalities) work.
- v. The SHP met formally on 10th November to finalise the JHWS priority areas and agree actions. Updates on progress against the JHWS were given by each of the thematic groups and while there continues to be a lot of great work going on, it was agreed that the SHP will focus primarily on:
 - 'Cost of living' and health inequalities - (both in the short and long term), as cross-cutting themes to target resources more

effectively. Work is already underway to ensure alignment across System, Place and Neighbourhood.

- Prevention – to include scoping exercise to identify opportunities, highlight any gaps and improve understanding of prevention in the context of other organisations
- Communications – ensuring accurate and consistent messaging is provided to the public

C) Integration Executive

- i. The Integration Executive (IE) was the first sub-group to go through the JHWS delivery plan commitments at their development session on 7th June. The development session was held over Microsoft Teams and attendees were split into break-out 'rooms' to go through and discuss the delivery plan.
 - ii. The group reviewed the purpose of the IE and the existing commitments under the Living and Supporting Well and Dying Well life stages of the JHWS. Proposals were put forward to identify the 'Do, Sponsor, Watch' areas and to highlight some priority areas for IE to work on initially.
 - iii. Work to map JHWS commitments to the existing work plans for the two IE subgroups, Integration Delivery Group (IDG) and Joint Commissioning Group (JCG), has been carried out. Whilst most commitments match well to existing actions, there are a couple of commitments for further discussion where new actions may be required.
 - iv. A number of priority 'Do' areas of work have been agreed by IE with much of the work already underway.
10. Each sub-group acknowledges the need, and importance in getting this right for the long-term. Being able to adapt and flex to changing national and local priorities, such as Covid-19 in recent times or the cost of living now, is vital if the partnership is going to improve the health outcomes of Leicestershire residents.
 11. It is worth highlighting, that proposals to establish a fourth sub-group, specifically focussing on mental health, will be included in the Governance paper listed as one of the items on the agenda.

Performance Reporting Proposals

Outcomes Report

12. To enable the Board to monitor progress against the outcomes, approval was given by the HWB for the development of a delivery plan with quarterly progress reports framed by the agreed indicators. The most recent outcome summary report is attached at Appendix A.

13. The outcomes report presents indicators across each life course stage, allowing Board members to gauge progress during these initial stages of the JHWS implementation.
14. It is worth noting that the majority of the indicators presented are taken from Fingertips; a large public health data collection organised into themed profiles. The public health indicators are updated on an annual basis with groups of indicators updated at different times of the year.
15. For the majority of indicators, it is unlikely that we would see a significant change over a short period of time. An example of this are indicators relating to excess weight or life expectancy, therefore presenting a quarterly dashboard that shows minimal change could be seen as an inefficient way of working.
16. It is therefore proposed that we change the frequency of outcomes reporting from quarterly to annually with an accompanying report that would allow for a deep dive into the indicators that have shown significant change. Work to scope out the possibility of introducing additional indicators that are reliant on other partner data sources, to provide a richer evidence-based landscape, will be explored in the New Year.
17. Quarterly monitoring of the indicators would still continue in the background and any significant changes reported to the Board by exception.

Sub-groups

18. The HWB subgroups will support delivery of the specific life course areas through the 'Do', 'Sponsor' 'Watch' approach and are currently required to provide the Board with an update on progress every quarter. Similarly, to the Performance Indicators, it is recognised that once the priorities have been agreed and are established, it is unlikely that significant progress, in terms of impact, will be made from quarter to quarter. This could mean that the reporting becomes monotonous and stagnant, with little benefit or progression seen from quarter to quarter, resulting in further inefficiencies.
19. An alternative proposal is to move the sub-group updates to a yearly cycle; with a minimum requirement of an annual update and each sub-group defining the frequency to suit their area of work. Each quarter, one of the sub-groups will provide a deep dive analysis of their priorities in relation to the JHWS, using the relevant indicators to support progress. This would provide the HWB with continued quarterly updates but enable enough time for the sub-groups to make headway in delivering their priority objectives. A suggested timetable of how this may look is shown below:

(Fig.1)

HWB Meeting	JHWS Life Course	Update Lead
February	Better Start for Life	C&FP
May	Living Well & Dying Well	IE
September	Staying Safe, Healthy & Well	SHP
December	Performance Indicators – deep dive	BI

It will be necessary to take guidance from Business Intelligence (BI) regarding the best approach before a final timetable is developed.

20. An annual review of progress against the JHWS and delivery plan will be carried out, including a more in depth review every three years. Building in public and stakeholder engagement and consultation will enable it to stay relevant and will support the Board in its aim to complement and contribute to the wider health and care system across LLR.
21. Members of the Board are asked to consider the rationale for an alternative reporting process and approve the proposals to:
 - a) Move the performance indicators outcomes report from a quarterly to an annual basis to allow for more meaningful reporting. The outcomes report contains all the JHWS indicators that the commitment objectives are based on. This will allow BI to carry out a deep dive on areas that have seen significant change.
 - b) Sub-groups to continue providing quarterly progress updates, with a look to move this to an annual cycle (similar to that shown in Fig.1) once priorities have been agreed and established. BI to provide each sub-group with an outcomes report containing indicators relating to their priorities to help evidence progress. It should be noted, monitoring progress against actions needs to be considered equally as important, as opposed to just focussing on the data, given the infrequency of the indicators being updated.

Communication and Engagement

22. The Board approved the development of a Communication and Engagement Strategy at the meeting on 24th February 2022. The Strategy will support the delivery of the JHWS along with the Health and Wellbeing Board's objectives, to regularly communicate with residents and communities and ensure that the JHWS is reflective of their experiences.
23. Discussions between relevant Communication leads from across the partnership are ongoing, including linking in with the ICS Communication and Engagement leads to identify opportunities for collaboration.
24. The JHWS design document has been completed by our Design Team along with the creation of a Plan-on-a-Page version of the strategy, which can be found at Appendix B and C respectively. Further work to scope out the re-design of the HWB website as part of the communication and engagement plan will begin in the new year. This will include the promotion of the JHWS and an Easy Read document. A Communication Plan has been produced specifically to promote the JHWS.
25. A short video, to promote the work of the HWB, including providing a brief outline of the JHWS objectives, is currently being developed for the general

public. The aim of the video will not only provide insight into the work of the Board and wider partnership, but it is hoped will be the 'ice breaker' needed to encourage greater opportunities for dialogue between the public and the HWB.

Next Steps/ Future Development

26. An evaluation of the JHWS will be carried out as part of the yearly annual report that will be presented to the Board in 2023. This will highlight progress made to date, any challenges and the main priority areas of focus.
27. Part of the evaluation will look specifically at the culture and effectiveness of the Board and how this can be developed as part of the ongoing evolution of the HWB through adopting a system's thinking style approach. As a potential suggestion, members will be invited to answer survey questions to anonymously seek their views and perspective on how they think the HWB is developing and what challenges still need to be overcome.
28. It is intended that development sessions will then be tailored to meet any gaps or areas that require attention in order to further build relations and strong partnership working. Development of the HWB will be aligned to the wider System development work that is currently underway.

Resource Implications

29. Delivery of the JHWS and the establishment of the Staying Healthy Partnership is being undertaken using existing budgets and resources. To support the evolution of the Health and Wellbeing Board and deliver the communication and engagement plan, a HWB Project Officer is being recruited within the Public Health Department at Leicestershire County Council to work with partners across Leicestershire. It is anticipated that the successful candidate will commence this post in December.

Relevant Impact Assessments

Equality and Human Rights Implications

35. The JHWS has a cross cutting theme to reduce health inequalities and is linked into the wider LLR Health inequalities framework. A full Equality and Human Rights Impact Assessment (EHRIA) has been undertaken and the results from this impact assessment have been incorporated into the final version of the Strategy. A review of the EHRIA will be completed on an annual basis to align with the annual review of the Delivery Plan.

Crime and Disorder Implications

36. To ensure crime and disorder implications are considered, links to the Leicestershire Safer Communities Strategy Board and wider Office of the Police and Crime Commissioner have been made through attendance at the JHWS Project Board and working groups established to progress the JHWS. The Staying Healthy, Safe and Well priority will ensure the health considerations of

the Communities Safety Strategy Board are linked into the HWB and colleagues are also represented at the Children and Families Partnership Board.

Environmental Implications

37. The JHWS uses the Dahlgren and Whitehead (2006) social model of health to recognise the importance of the wider determinants on health on our health and wellbeing. This includes the importance of the impact of the environment in which we are born, live and grow. To ensure environmental implications are considered, links to the County Council Environment and Transport department and Public Health department have been made through attendance at the JHWS Project Board and working groups. There will also be Environment and Transport attendance at future Staying Healthy Partnership sub-group. Key priorities have been identified such as air quality, access to green space, active transport and having healthy places.

Partnership Working and associated issues

38. Success of the JHWS and delivery of strategy commitments, is dependent on high quality, trusted partnership working and ownership. Through developing an alliance approach, it is hoped that further progress can be made across multiagency boundaries to improve the health and wellbeing of the Leicestershire population. The aim is for a JHWS that is developed and owned across the partnership.

Officers to contact

Mike Sandys, Director of Public Health

Email: Mike.Sandys@leics.gov.uk

Joshna Mavji, Consultant in Public Health

Email: Joshna.Mavji@leics.gov.uk

Victoria Charlton, Health and Wellbeing Board Manager

Email: Victoria.charlton@leics.gov.uk

Background papers

Report to the Health and Wellbeing Board – 24 February 2022: [Joint Health and Wellbeing Strategy 2022-32](#)

Report to the Health and Wellbeing Board – 26 May 2022: [Joint Health and Wellbeing Strategy 2022-32: Progress Update Paper](#)

Appendices

Appendix A – JHWS Leicestershire Outcomes Report Nov2022

Appendix B – HWB JHWS Design FINAL Nov2022

Appendix C – HWB JHWS Plan-on-a-Page FINAL Nov2022