



## **HEALTH AND WELLBEING BOARD: 25<sup>TH</sup> MAY 2023**

### **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) across Leicestershire.

#### **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).

#### **Background**

4. Partnership working has been established across the system (Leicester, Leicestershire and Rutland collectively), place (Leicester, Leicestershire, and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working. 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 (JHWSs) which also serve as the Place Led Plans for Leicester, Leicestershire and Rutland.

6. Community Health and Wellbeing Plans (CHWPs) seek to understand and improve the health and wellbeing needs of local populations by identifying and addressing key priorities and issues. The CHWPs need to both inform the Leicestershire JHWS (through identification of local need) and respond to the JHWS priorities at a neighbourhood level.

### **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 ensuring 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. The CHWPs 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.
9. 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:
  - 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.
10. 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.
11. CHWPs will be accompanied by robust delivery plans which, once approved, will be monitored on a monthly basis to ensure agreed actions are progressing as planned. Progress will be reported via the governance arrangements outlined below.
12. The CHWPs and their accompanying delivery plans will provide an effective vehicle to support delivery of the Integrated Care Board's (ICB's) transformation vision and the Integrated Care System (ICS) priorities, ensuring accountability via monthly

monitoring and reporting on progress. A key element of the transformation vision is the vertical integration of health and social care services and teams in each locality which will be reflected in the CHWPs.

### **Development of the Community Health and Wellbeing Plans**

13. All plans have followed/will follow a robust process to identify appropriate priorities that reflect the needs of the local population and are collaboratively owned by all partners. The main stages are outlined below:

#### **14. Establishment of a CHWP Working Group**

Key partners are identified and brought together to form a working group to oversee and progress the development of the CHWPs. Key partners include:

- Local District Councils
- Voluntary Sector Organisations
- Public Health
- Leicestershire County Council
- Primary Care Networks/Integrated Neighbourhood Teams
- Integration & Transformation ICB colleagues
- Leicestershire Partnership NHS Trust
- University Hospitals of Leicester.

15. Some areas already have existing Community Health and Wellbeing Partnerships within their districts, while others have decided to evolve these working groups into Community Health and Wellbeing Partnerships. These Partnerships will continue to oversee the development of action plans to support the delivery of the final CHWPs and monitor progress on a monthly basis.

#### **16. Information Gathering**

Robust needs assessments are completed in all areas using a variety of information sources such as Fingertips, Projecting Older People Population Information (POPPI), Projecting Adult Needs and Service Information (PANSI), SHAPE Atlas, Local Plans, Office of National Statistics (ONS) and other local intelligence. Information is collated into the following categories to align with the Leicestershire Joint Health and Wellbeing Strategy:

- Population and Growth
- Wider Determinants
- Best Start for Life
- Staying Healthy and Well
- Living and Supported Well
- Dying Well.

17. In addition to the needs assessment, analysis is also carried out in relation to the following:

- Secondary care activity

- The impact of local housing developments
- Local insights from previous consultations with the public
- Local intelligence from information sessions held at working group meetings.

#### 18. Stakeholder Workshops

Once an appropriate level of information has been collated, face to face workshops are held with a wide range of stakeholders from across the District.

19. At these workshops, the information provided is reviewed and facilitated group sessions undertaken to answer the following questions:

- Does the information resonate?
- Is any important information missing?
- What are the emerging themes and issues?
- Are there examples of good practice which can be shared?

20. The outcome of these workshops is collated and distributed to all stakeholders for review and comment. This results in a 'long list' of priorities that have been identified as issues within that local area.

#### 21. Prioritisation Exercise

These priorities are then ranked to identify those areas that Partner organisations feel should be tackled first. These will then form the first year of the CHWP action plans, i.e., the 'Do' priorities.

22. To enable this, districts can use whatever methodology they deem appropriate. To date, online surveys and development of a prioritisation tool have been utilised by different areas.

23. This process results in a manageable number of 'key' priorities that each district feels are reasonable to focus on during the first year of delivery. These priorities are developed into workstreams for collective action.

#### 24. Final Documentation

A robust narrative CHWB plan is produced and approved by each District with the accompanying delivery action plans developed by individual workstreams. These documents are taken through the appropriate governance routes as outlined below.

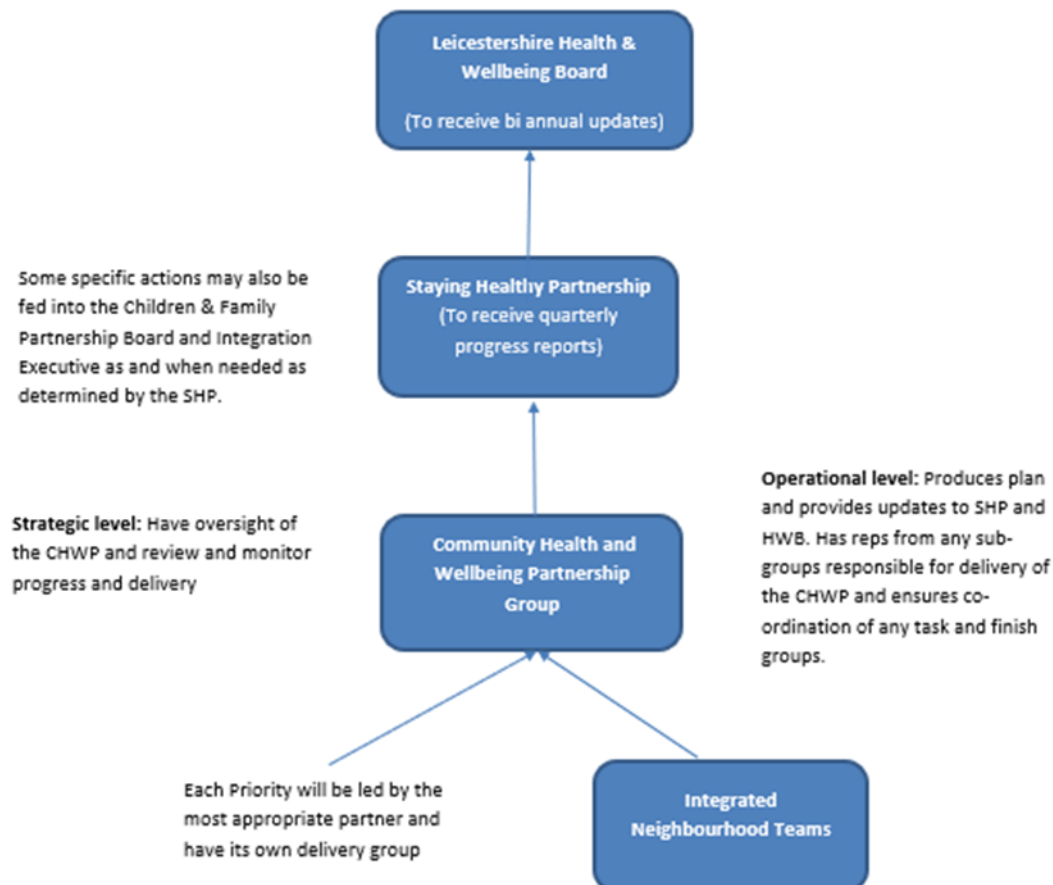
### **Governance**

25. The governance arrangements for the plans are outlined in figure 1 below. Each district has a local Partnership Board which will have oversight and ownership of the plans with regular progress reporting into the Staying Healthy Partnership (SHP) Board. Some areas have decided to form a Community Health and Wellbeing Partnership which will have oversight and ownership of the Plans with

regular progress reporting into the SHP. These Partnerships will receive monthly progress reports against the delivery action plans.

26. The Partnerships will not have any formal strategic decision-making authority but will make recommendations to their respective organisations, the SHP and the Leicestershire Health and Wellbeing Board to inform decision making.

**Figure 1: Governance Structure for CHWPs**



## **Progress of Community Health and Wellbeing Plans**

### **Blaby**

27. Work commenced on the CHWP for Blaby in June 2022. A working group was established in July 2022 and meets every 6 weeks.
28. Governance arrangements for the development and monitoring of the CHWP have been discussed in detail over the last few months. A final governance structure and terms of reference for a Blaby Community Health & Wellbeing Partnership was approved at the working group on 24th April 2023. It is anticipated that the Partnership will meet for the first time in June 2023.

29. An initial needs assessment and mapping of services has been completed and reviewed by the working group. A number of 'information gathering' sessions have also taken place to gain insights into the current services and issues within Blaby. The information from these formed the basis of a workshop held on 12<sup>th</sup> December 2022 to determine the priorities to be fed into the CHWP for Blaby. The outcomes from the workshop were collated and shared with stakeholders for review and feedback. This resulted in a 'long list' of 19 priorities.
30. A prioritisation tool was developed by the partners in order to provide a more scientific and objective approach to the process. A prioritisation exercise was then undertaken using this agreed tool by a number of partners, resulting in a short list of priorities which has been shared with the wider working group for review and discussion at the meeting on 24<sup>th</sup> April 2023.
31. Next steps will be to agree and confirm the final short list of priorities, map existing work being undertaken in relation to them, produce the written CHWP narrative and agree working groups to develop supporting action delivery plans. It is hoped that the CHWP will be in a position to go live in the summer of 2023.

### **Charnwood**

32. The Charnwood working group was established in October 2021 and has since developed into the Charnwood Community Health & Wellbeing Partnership with the aim of identifying and agreeing priority outcomes for health and wellbeing in Charnwood.
33. A robust needs assessment and mapping of services has been completed and reviewed by the partnership. Two stakeholder workshops were held in June/July 2022 to review this information, identify any gaps and agree an initial list of priorities.
34. A prioritisation exercise was undertaken in September 2022 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. This was undertaken by using an online survey distributed to a wide range of stakeholders. The priorities identified were:

<b>Life Stage</b>	<b>Identified Priority</b>
<b>Best Start in Life</b>	Improve Mental Health in teenagers
<b>Staying Healthy &amp; Well</b>	Loneliness: Reduce the incidence & impact of loneliness
<b>Living &amp; Supported Well</b>	Dementia: Improve access to services and support provided to people in Charnwood suffering from dementia as well as their family & carers
<b>Dying Well</b>	Improve Care Planning for dying well

<b>Cross Cutting Themes</b>	<ul style="list-style-type: none"> <li>• Improve support for Carers</li> <li>• Improve Mental Health for all (including the impact of the cost-of-living crisis on mental health)</li> <li>• Housing Developments</li> </ul>
<b>National/System Asks</b>	<ul style="list-style-type: none"> <li>• Health &amp; Social Care Integration</li> </ul>

35. A service mapping workshop was held to determine which services/plans/resources were already in place to address those priorities identified. Initial mapping to the Leicestershire JHWS delivery plan was undertaken to identify actions in place at system and place level.

36. Work is underway to identify appropriate leads for each priority area with a view to establishing delivery groups to work up robust delivery plans. A Mental Health working group has already been established and developed a detailed action plan, (see Appendix 1). A Loneliness working group had a 'kick off' meeting on 25<sup>th</sup> April 2023 and work is ongoing to set up additional working groups for Dementia, Care Planning and supporting Carers.

37. A draft CHWP narrative has been produced, distributed and reviewed by a wide range of stakeholders. This feedback has been incorporated into the document and a final version was approved by the Charnwood Community Health and Wellbeing Partnership on 11<sup>th</sup> April 2023, (Appendix 2). A copy was taken to the System Executive for information on 28<sup>th</sup> April 2023.

38. Work will continue to develop action delivery plans for all priority areas.

### **Hinckley & Bosworth**

39. The Hinckley and Bosworth working group was established in June 2021 and meets bi-monthly. A mental health working group has also been established to address the mental health needs of the population.

40. 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.

41. A face-to-face priorities workshop was held with stakeholders on 29<sup>th</sup> June 2022 to review the long list of priorities that had been identified, as well as highlighting gaps that need further exploration. Wider engagement on the workshop outputs was undertaken in September and October 2022 and a final review completed in early November 2022.

42. A prioritisation exercise was undertaken in November 2022 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. This was undertaken

by using an online survey distributed to a wide range of stakeholders. The priorities identified were:

Life Stage	Identified Priority
<b>Best Start in Life</b>	<ul style="list-style-type: none"> <li>• Mental Health (including Children)</li> <li>• Learning Disabilities/SEND</li> </ul>
<b>Staying Healthy &amp; Well</b>	<ul style="list-style-type: none"> <li>• Mental Health (including Children)</li> <li>• Learning Disabilities/SEND</li> <li>• Carers/young carers</li> <li>• Cost of Living</li> <li>• Housing</li> </ul>
<b>Living &amp; Supported Well</b>	<ul style="list-style-type: none"> <li>• Mental Health (including Children)</li> <li>• Learning Disabilities/SEND</li> <li>• Carers/young carers</li> <li>• Cost of Living</li> <li>• Housing</li> </ul>
<b>Dying Well</b>	<ul style="list-style-type: none"> <li>• Mental Health (including Children)</li> <li>• Housing</li> <li>• Carers/young carers</li> </ul>
<b>Cross Cutting Themes</b>	<ul style="list-style-type: none"> <li>• Mental Health (including Children)</li> <li>• Learning Disabilities/SEND</li> <li>• Carers/young carers</li> <li>• Cost of Living</li> <li>• Housing</li> </ul>

43. Members of delivery groups are currently being confirmed for each of the 5 priority areas. Once finalised, the first meetings will be arranged by the leads to start developing supporting action plans. It is expected that these will take place during April and May 2023.

44. A draft CHWP narrative has been produced, distributed and reviewed by a wide range of stakeholders. A final version was approved by the Hinckley and Bosworth Health and Wellbeing Partnership on 10<sup>th</sup> March 2023, (Appendix 3). A copy was taken to the System Executive for information on 28<sup>th</sup> April 2023.

### **Melton**

45. The Melton working group was formed in April 2021 and meets on a monthly basis.



46. A robust needs assessment of the local population has been undertaken which was shared and reviewed at a workshop held on 16<sup>th</sup> May 2022 to identify emerging themes and proposed priorities.

47. Due to a change in staffing personnel, a review was undertaken in September 2022 on progress to date and proposed priorities. Some gaps were identified which were shared with the working group and further work undertaken to review and agree priorities.

48. A prioritisation exercise was undertaken in November 2022 to identify those priorities that partner organisations in the core group feel should be tackled first and therefore form the first year of the CHWP action plan, i.e. the 'Do' priorities. This was undertaken by using an online survey distributed to a wide range of stakeholders. The priorities identified were:

Life Stage	Identified Priority
<b>Best Start in Life</b>	Support expectant mothers (breastfeeding initiative & prevalence)
<b>Staying Healthy &amp; Well</b>	Develop a local Neighbourhood Mental Health offer
<b>Living &amp; Supported Well</b>	<ul style="list-style-type: none"> <li>• Develop local community support hub model through opportunities to further integrate with health partners/ teams</li> <li>• Support Digital Inclusion for digital services and self-care</li> <li>• Target support for people with 5 or more complex health issues</li> <li>• Prevent falls through supporting the frail or those at risk</li> </ul>
<b>Dying Well</b>	N/A
<b>Fit for the Future Community</b>	<ul style="list-style-type: none"> <li>• Develop co-location options for future Primary Care infrastructure</li> <li>• Enhance Digital infrastructure e.g. through superfast Broadband programme</li> </ul>
<b>Healthy Lifestyle (Cross Cutting)</b>	<ul style="list-style-type: none"> <li>• Promote and support healthy eating in children</li> <li>• Reduce smoking prevalence in adults</li> <li>• Support adults to be physically active</li> </ul>

49. A workshop was undertaken at the Helping People Partnership Board in January 2023 to refresh the local governance and move towards the development of a Community Health and Wellbeing Partnership. The priorities identified will inform the terms of reference/ remit of this group.

50. Initial leads have been identified for delivery groups and a review has commenced to understand current work that is being undertaken in the priority areas. Delivery groups are expected to be up and running by the end of June 2023.

51. A CHWP narrative is being developed and will be circulated for review and comments by the end of April/early May, with final approval anticipated by the end of May 2023.

### **North West Leicestershire (NWL)**

52. The District Council had 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.

53. A needs assessment had previously been produced and shared with the Integrated Neighbourhood Team (INT) Health lead at NWL district council 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.

54. Information has been reviewed and shared at INT meetings. A face-to-face priorities workshop was held in December, the output of which was sent to the NWL Health and Wellbeing Lead and shared with the Health and Wellbeing (HWB) Partnership and INT, where it was agreed to undertake a prioritisation survey.

55. A survey was carried out over a 4-week period and closed on 17<sup>th</sup> March 2023. The output was shared with the INT on 28<sup>th</sup> March 2023 for review and comment. An additional meeting was then held with public health colleagues, where it was proposed to phase the priorities over 3 years:

- Year 1: Cancer prevention, Hip Fracture prevention, Obesity/Overweight and Mental health
- Year 2: Breast Feeding, Dementia, Learning Disabilities
- Year 3: Carers, Diabetes

56. This proposal was taken to the INT and the HWB partnership on 25<sup>th</sup> and 27<sup>th</sup> April 2023 respectively for review and approval. The INT agreed in principle with the phasing however it was agreed that the next INT meeting will be a workshop to review and provide assurance that there is enough capacity across stakeholders to carry out the work in the order proposed.

57. Following the elections there will be a light touch public engagement on the proposed priorities to provide the opportunity for public input.

### **Harborough**

58. Work has begun on refreshing the needs assessment, service mapping and housing analysis for Harborough. Initial meetings have taken place with the ICB

Integration & Transformation (I&T) lead and Harborough District Council Health and Wellbeing Manager to kick start the process.

59. Next steps will be to identify key stakeholders and a meeting structure to progress this work.

### **Oadby & Wigston**

60. Work has started on developing a needs assessment and meetings have taken place with the ICB Integration & Transformation lead, Public Health and Local Authority Community Safety Partnership lead. Service mapping and other analysis is underway, and meetings booked for the coming weeks with Local Authority leads. I&T are assisting with the identification of an appropriate Primary Care Network (PCN) representative.

61. Next steps will be to identify key stakeholders and a meeting structure to progress this work. Service mapping will also be undertaken.

### **Emerging Themes**

62. Several common themes have emerged from the discussions and workshops held in the five areas outlined above and are reflected in the priorities identified to date. These include:

- A need for improved access and support for people of all ages living with a mental illness or mental health issue.
- The impact of the cost of living on local populations, (links to mental health).
- More support required for Carers of all ages.
- A lack of understanding between partners of the range of services available and the required referral processes. This is even more evident in terms of public understanding of available services and how to access them.

63. The CHWPs will also consider and address national and system commitments including:

- Implementation of recommendations made in the Fuller Report:
  - Develop Integrated Neighbourhood Teams
  - Provide proactive, personalised support
  - Help people stay well for longer
  - Streamline access
- Implement Health & Social Care Integration
- Deliver the Home First step up and step-down approach
- Covid Recovery
- Better use of the voluntary sector and local communities

### **Officers to contact**

Sarah Prema

Chief Strategy Officer

Leicester, Leicestershire and Rutland Integrated Care Board

[Sarah.prema@nhs.net](mailto:Sarah.prema@nhs.net)

Jo Clinton  
Head of Strategy and Planning  
Leicester, Leicestershire and Rutland Integrated Care Board  
[Joanna.Clinton@nhs.net](mailto:Joanna.Clinton@nhs.net)

### **Relevant Impact Assessments**

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

64. The CHWPs will aim to identify and reduce health inequalities and will link with the wider LLR Health inequalities framework.

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

65. A partnership approach and links to wider strategies such as local sustainable communities strategies will be developed as part of these CHWPs.

#### **Environmental Implications**

66. 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**

67. CHWPs 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**

68. The key risk the development of the Community Health and Wellbeing Plans 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.