

HEALTH AND WELLBEING BOARD: 31ST OCTOBER 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 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.

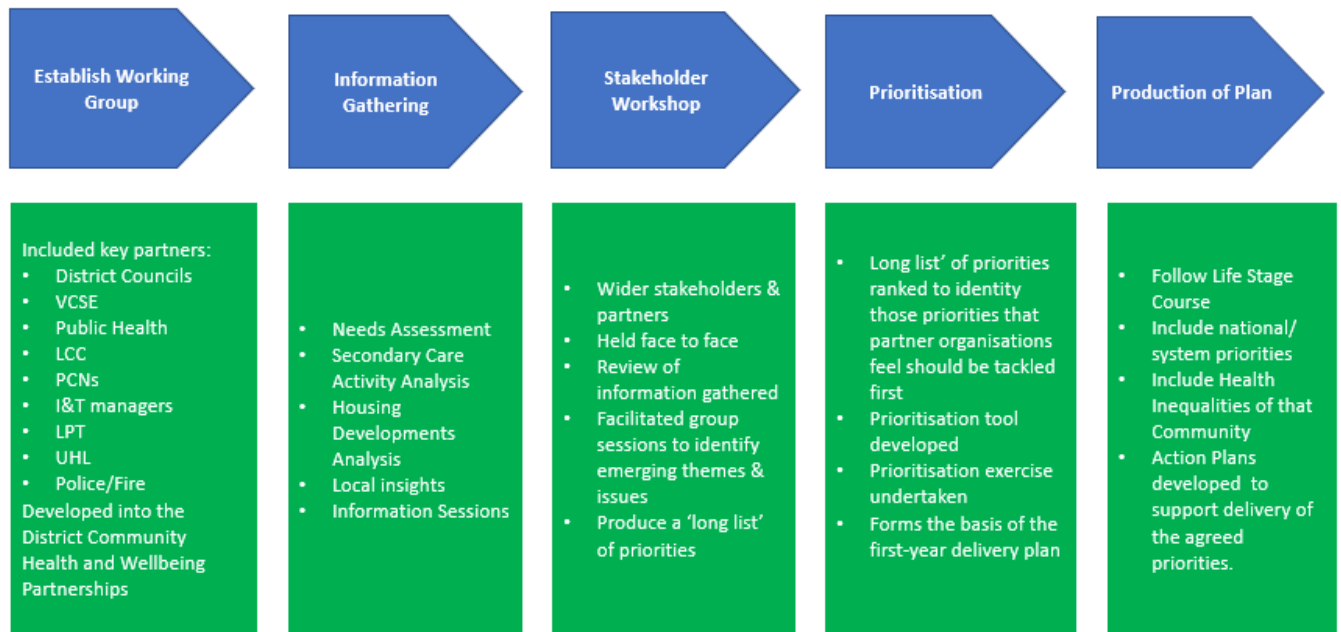
Community Health and Wellbeing Plans

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 in figure 1 below:

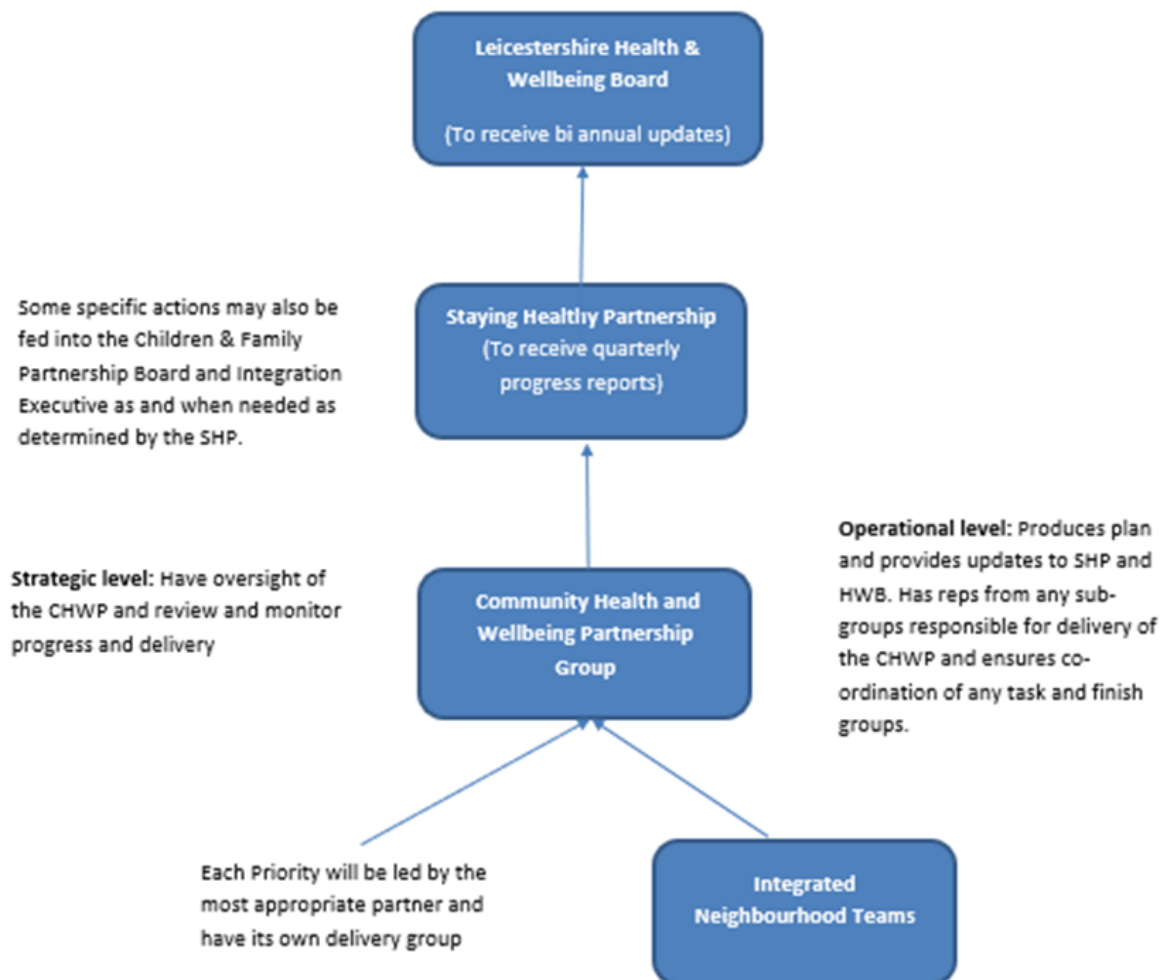
Figure 1: Stages of the development of Community Health and Wellbeing Plans:



Governance

14. The governance arrangements for the plans are outlined in figure 2 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. These Partnerships will receive monthly progress reports against the delivery action plans.

Figure 2: Governance Structure for Community Health and Wellbeing Plans:



In addition to the formal reporting structure outlined above, it has been agreed that updates on delivery action plans will be sent to other key committees as appropriate to ensure they are aware of work taking place at district level and can escalate any concerns around potential duplication of effort. A mapping schedule has been produced outlining the committees that will be sent relevant action plans and highlight reports once available and is attached as Appendix 1.

Progress of Community Health and Wellbeing Plans

Blaby District

15. Work commenced on the CHWP for Blaby in June 2022. A working group was established in July 2022 which met every 6 weeks.
16. Governance arrangements for the development and monitoring of the CHWP were discussed and agreed. A final governance structure and terms of reference for the Blaby District Community Health & Wellbeing Partnership (BCHWP) was approved at the working group on 24th April 2023. The Partnership met for the first time in June 2023.

17. An initial needs assessment and mapping of services was completed and reviewed by the working group. A number of 'information gathering' sessions also took place to gain insights into the current services and issues within Blaby District. The information from these formed the basis of a workshop held on 12th December 2022 which resulted in a 'long list' of 19 priorities.
18. 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 was shared with the wider working group for review and discussion. During May 2023, working group members shared the proposed priorities with wider stakeholders to ensure agreement and ownership across the district. A briefing note was produced for distribution to stakeholders and a presentation undertaken at the Blaby Integrated Neighbourhood Team (INT) meeting in May 2023.
19. The final list of priorities was agreed at the BCHWP meeting in June 2023. It was also agreed to undertake an 'all age' approach. The priorities identified were:

Life Stage	Identified Priority
All Age Approach	Reduce levels of smoking and vaping (in young people & non-smokers)
	Reduce the level and impact of alcohol consumption
	Reduce obesity levels
	Improve mental health (including the impact of the cost of living crisis)
	Reduce the number of Falls and Hip Fractures (link with place/system work)
	Improve Cancer Diagnosis Rates (link with place/system work)
Cross Cutting Themes	Housing Growth

20. It was acknowledged that a great deal of work was already being undertaken at place/system level in relation to the priorities concerning falls and cancer diagnosis rates. The Partnership felt reassured that there was no requirement for further local actions in relation to these areas, however it was agreed to still include them as priorities to ensure the district had close links with, and regular updates on the work being completed at place/system level.
21. A draft CHWP narrative was produced and distributed to the BCHWP for review and feedback during July 2023. Feedback was incorporated into the document

and a final version taken to the BCHWP on 14th August 2023 where it was approved.

22. A copy of the approved plan is attached as Appendix 2 for information.
23. Service mapping has commenced to determine which services/plans/resources are already in place to address those priorities identified. Initial mapping to the Leicestershire County JHWS delivery plan has been undertaken to identify actions in place at system and place level.
24. Leads have been identified for each priority area who have started to develop delivery action plans. Verbal updates on progress to date was provided by priority leads at the BCHWP meeting on 9th October 2023. As action plans are finalised, they will be shared for information with the appropriate committees as outline above.

Charnwood

25. The Charnwood working group was established in October 2021 and has since developed into the Charnwood Community Health & Wellbeing Partnership (CCHWP) with the aim of identifying and agreeing priority outcomes for health and wellbeing in Charnwood.
26. A robust needs assessment and mapping of services was 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.
27. A prioritisation exercise was undertaken in September 2022 to identify those priorities that partner organisations felt 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
Best Start in Life	<ul style="list-style-type: none"> • Improve Mental Health in teenagers
Staying Healthy & Well	<ul style="list-style-type: none"> • Loneliness: Reduce the incidence & impact of loneliness
Living & Supported Well	<ul style="list-style-type: none"> • Dementia: Improve access to services and support provided to people in Charnwood suffering from dementia as well as their family & carers
Dying Well	<ul style="list-style-type: none"> • Improve Care Planning for dying well
Cross Cutting Themes	<ul style="list-style-type: none"> • Improve support for Carers • Improve Mental Health for all (including the impact of the cost-of-living crisis on mental health) • Housing Growth

28. The final version of the CHWP narrative was approved by the CCHWP in April 2023 and taken to the System Executive, Staying Healthy Partnership (SHP) and Leicestershire Health and Wellbeing Board (HWB) for information.
29. 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 County JHWS delivery plan was undertaken to identify actions in place at system and place level.
30. Leads have been identified for each priority area and delivery groups established which have produced robust delivery action plans. Quarterly highlight reports were taken to the CCHWP meeting in October 2023 to provide further updates on progress made in each of the priority areas over the last few months. Action plans are also being shared for information with the appropriate committees as outline above.
31. Good progress is being made in all priority areas and some notable successes have been outlined in the table below:

Priority	Successes
Mental Health	<ul style="list-style-type: none"> • Syston Neighbourhood Mental Health café is now open and has been very well received by the local residents. • The number of 'Active accredited' GP practices within Charnwood has increased from 0 to 6. • Loughborough Wellbeing Centre piloted a 'De stress' club over the summer holidays for 11-14 year olds which received very positive feedback.
Loneliness	<ul style="list-style-type: none"> • Targeted text messages sent to identified cohorts of patients to promote 1st Contact Plus. • The 'Walk & Talk' project is now running weekly men and women walking groups in Loughborough & Shepshed. Increased the number of trained walk leaders who can set up more groups as required.
Dementia	<ul style="list-style-type: none"> • Clinical lead connected with ICB lead and involved in system level work re: roll out of the DiaDem tool in care homes. • Charnwood may be one of the first to be involved in a Care Technology pilot to support people affected by Dementia.
Care Planning	<ul style="list-style-type: none"> • Improved links between new palliative care nurses and GPs in Charnwood, understanding and agreeing roles and responsibilities and (re)establishment of/attendance at multi-disciplinary team meetings.
Cross Cutting	<ul style="list-style-type: none"> • Mapping of current service provision within priority areas. • Charnwood now confirmed as being the first for the roll out of the Joy System. Hope to 'go live' in October 23. • Strong partnership working established – looking to provide collaborative bids for funding which may become available.

Hinckley & Bosworth

32. The Hinckley and Bosworth working group was established in June 2021 and met bi-monthly. A mental health working group was also established to address the mental health needs of the population.
33. The CHWP working group 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.
34. A face-to-face priorities workshop was held with stakeholders in 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.
35. A prioritisation exercise was undertaken in November 2022 to identify those priorities that partner organisations felt 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
All Age Approach	<ul style="list-style-type: none"> • Mental Health (including Children) • Learning Disabilities/SEND • Carers/young carers • Cost of Living • Housing

36. A final version of the CHWP narrative was approved by the Hinckley and Bosworth Health and Wellbeing Partnership in March 2023 and taken to the System Executive, Staying Healthy Partnership (SHP) and Leicestershire Health and Wellbeing Board (HWB) for information.
37. Appropriate representatives have been identified for each of the 5 priority areas with delivery groups established and initial meetings held. The mental health, cost of living and housing delivery groups have met jointly to ensure there is no duplication of work.
38. Draft action plans for all 5 priorities have been developed and have been shared internally with Hinckley & Bosworth groups for review. It is anticipated that once finalised, these will be distributed more widely in early 2024.

Melton

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

40. A robust needs assessment of the local population was undertaken which was shared and reviewed at a workshop held on 16th May 2022 to identify emerging themes and proposed priorities.
41. 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.
42. A prioritisation exercise was undertaken in November 2022 to identify those priorities that partner organisations in the core group felt 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 and resulted in the identification of 11 priorities.
43. At the Melton working group meeting in July 2023, it was felt that the 11 priorities identified initially would be too many to try and deliver within the timescales of the plan. It was agreed that a further review was required to agree the top 5-6 priorities which would then form the first year of the plan. Following this review and having considered feedback from the Melton Borough Council (MBC) Scrutiny Committee, the priorities within the table below, were agreed:

Life Stage	Identified Priority
Best Start in Life	<ul style="list-style-type: none"> Support expectant mothers (Breastfeeding initiative & prevalence)
Staying Healthy & Well	<ul style="list-style-type: none"> Develop and embed a local Neighbourhood Mental Health offer
Living & Supported Well	<ul style="list-style-type: none"> Empower residents to access preventative and self-care approaches including through digital channels Prevent falls through supporting the frail or those at risk of hip fractures
Fit for the Future Community	<ul style="list-style-type: none"> Develop local community support hub model through opportunities to further integrate with health partners/ teams Explore options for a 2nd primary care site in Melton

44. A draft CHWP narrative was developed and circulated for review and feedback by the end of June 2023. Following this, an updated version was taken to the MBC Scrutiny Committee in July and a final version approved by the MBC Cabinet on 23rd August 2023.
45. A copy of the approved plan is attached as Appendix 3 for information.
46. In September 2023, it was agreed that the monthly working group would transition to an Integrated Neighbourhood Working Group to focus on delivery. This group will report into the Melton Community Health and Wellbeing Partnership which will meet quarterly. Updated terms of references for the

Partnership have been developed and shared with the working group and MBC Chief Executive Officer.

47. The two priority areas relating to the development of a neighbourhood mental health offer and options for a 2nd primary care site within Melton are already progressing. Names have been identified of those involved in local delivery with partner organisations reviewing resources to support delivery.
48. Next steps will be to identify leads for the other delivery groups and map current work being undertaken in the priority areas. Further discussions will be undertaken to ensure all delivery groups are up and running by late autumn.

North West Leicestershire (NWL)

49. 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.
50. 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.
51. Information has been reviewed and shared at INT meetings. A face-to-face priorities workshop was held in December 2022, 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.
52. A survey was conducted over a 4-week period and the output was shared with the INT on in March 2023 for review and comments. The priorities identified were:

Life Stage	Identified Priority
Best Start in Life	<ul style="list-style-type: none"> • Breastfeeding
Staying Healthy & Well	<ul style="list-style-type: none"> • Cancer prevention • Hip fracture prevention • Obesity/Overweight
Living & Supported Well	<ul style="list-style-type: none"> • Dementia • Learning Disabilities • Diabetes
Cross Cutting Themes	<ul style="list-style-type: none"> • Mental Health • Carers

53. A workshop was held in May 2023 with a group of representatives from NWL to confirm the phasing of the priorities over 3 years to ensure there would be enough capacity across stakeholders. The phasing of the priorities agreed was:
- Year 1: Cancer prevention, hip fracture prevention, obesity/overweight and mental health
 - Year 2: Breastfeeding, dementia, learning disabilities
 - Year 3: Carers, diabetes
54. At the workshop, initial leads and representatives for the delivery groups were identified which were then confirmed at the INT meeting in June 2023.
55. It was agreed to undertake a light touch public engagement on the proposed priorities following the elections and this was undertaken over a 4 week period, ending on 18th July 2023. The results from this survey of local residents were analysed and showed the following:
- 54.5% of respondents agreed with the 9 priorities identified stating that they included areas that would impact a large proportion of the population.
 - Those who disagreed, made suggestions of areas for inclusion.
56. The output of this engagement exercise has been reflected in the CHWP narrative which has now been drafted and is with INT members for comments and feedback.
57. The INT have requested that the four 'Year 1' priority leads arrange initial 'kick off' meetings by the end of October 2023 in order to start progressing this work. The NWL Health and Wellbeing Partnership remain in support of progress to date.

Harborough

58. The Harborough Community Health & Wellbeing Plan working group has now been established and had its first meeting on 6th July 2023 where a refreshed needs assessment and service mapping was taken for review and comments.
59. A number of 'information gathering' sessions have been held with the working group to gain insights into the current services and issues within Harborough. To date the following areas have been presented and discussed by the group:
- August 2023: Population health management and risk stratification.
 - September 2023: Secondary Healthcare, St Luke's Hospital, Feilding Palmer hospital business case.
 - October 2023: Mental Health, loneliness/isolation, voluntary sector services
60. The November meeting will focus on primary care and the work of the Integrated Neighbourhood Team (INT).
61. The information from these sessions plus the needs assessment, service mapping and housing analysis will then form the basis of a stakeholder workshop

which will be held on 28th November 2023 at Harborough Leisure Centre to identify an initial 'long list' of priorities.

Oadby & Wigston

62. The Oadby & Wigston Community Health & Wellbeing Plan working group has now been established and had its first meeting on 29th June 2023. At this meeting, the first version of the needs assessment, service mapping and housing analysis was shared for review and comment.

63. A number of 'information gathering' sessions have been held to gain insights into the current services and issues within Oadby & Wigston. To date the following areas have been presented and discussed by the group:

- September 2023: Local access, INTs and Bell Street hub.
- October 2023: Health Inequalities, primary care, local area co-ordinators

64. The November meeting will focus on other local services including physical activity food poverty, community safety and mental health.

65. The information from these sessions plus the needs assessment, service mapping and housing analysis will then form the basis of a stakeholder workshop which will be held on 23rd November 2023 at Brocks Hill Council offices to identify an initial 'long list' of priorities.

Emerging Themes

66. 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 recent cost of living crisis has also had a major impact on the mental health of local populations, resulting in an increase in the numbers and acuity of people presenting who require mental health support and treatment.
- The importance of unpaid carers within the local populations and the level of reliance that is placed upon them. More support is required for carers of all ages to enable them to continue to care for their loved ones, while ensuring their own health and wellbeing is prioritised.
- 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. It is anticipated that the recent procurement and imminent implementation of the Joy app by the ICB will facilitate this. The Joy app is a social prescribing software platform which enables easier referrals, provides an updated directory of services and captures useful intelligence about patient numbers and outcomes.

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Relevant Impact Assessments**Equality and Human Rights Implications**

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

Crime and Disorder Implications

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

Environmental Implications

69. 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

70. 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

71. 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.

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