

HEALTH AND WELLBEING BOARD: 23RD MAY 2024

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 and outline the findings of a 'lessons learnt' exercise recently undertaken.

Recommendation

2. It is recommended that the Health and Wellbeing Board:
 - **NOTE** the progress of the seven Community Health and Wellbeing Plans within Leicestershire County.
 - **NOTE** the outcomes of the lessons learnt exercise and resultant action plan.
 - **NOTE** the escalations and celebrations outlined in the report.
 - **NOTE** that future updates will be provided via the Staying Healthy Partnership update report or directly by exception.

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. Place-based work is being driven through the Joint Health and Wellbeing Strategies (JHWSs) for Leicester, Leicestershire and Rutland. The Leicestershire JHWS sets out the strategic vision and priorities for Health and Wellbeing across Leicestershire over the next 10 years.

5. 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. These plans 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.
6. All plans have followed a robust process to identify appropriate priorities that reflect the needs of the local population and are collaboratively owned by all partners. Each district has a local Partnership Board which has oversight and ownership of the plans and receive quarterly progress reports.
7. In addition to formal reporting to the Staying Healthy Partnership and Leicestershire Health and Wellbeing Board, updated highlight reports are sent to other key committees, to ensure these groups are aware of work taking place at district level and can escalate any concerns around potential duplication of effort.

Current Situation

8. The current status of the seven CHWPs is outlined below:

District/Neighbourhood	Status Update
Blaby	Approved and in delivery,
Charnwood	Approved and in delivery, annual review due April 2024
Harborough	At the prioritisation stage
Hinckley & Bosworth	Approved and in delivery, annual review due April 2024
Melton	Approved and in delivery
North-West Leicestershire	Approved and in delivery
Oadby & Wigston	At the prioritisation stage

9. Since the last update report to the HWB, a final version of the North West Leicestershire CHWP has been adopted by the North West Leicestershire District Council Cabinet on 26th March 2024. The final version of the plan is attached as Appendix 1.

10. The local priorities identified to date are outlined below:

District/Neighbourhood	Priorities Identified
Blaby	<ul style="list-style-type: none"> • Mental Health (including the impact of the cost of living) • Smoking & Vaping (in young people and non-smokers) • Obesity • Alcohol • Early Cancer diagnosis • Falls
Charnwood	<ul style="list-style-type: none"> • Mental Health (including the impact of the cost of living) • Loneliness • Dementia

	<ul style="list-style-type: none"> • Carers • Care Planning for Dying Well • Housing Growth
Harborough	<ul style="list-style-type: none"> • TBC
Hinckley & Bosworth (H&B)	<ul style="list-style-type: none"> • Mental Health (including the impact of the cost of living) • Carers • Learning Disabilities/SEND • Housing
Melton	<ul style="list-style-type: none"> • Mental Health; develop and embed a local Neighbourhood Mental Health offer. • Falls prevention through supporting the frail or those at risk. • Breastfeeding/supporting expectant mothers. • Empower residents to access preventative and self-care approaches including through digital channels. • Integrate the local community support hub model further with health partners/ teams. • Explore options for a 2nd primary care site in Melton.
North-West Leicestershire (NWL)	<ul style="list-style-type: none"> • Mental Health (Year 1) • Cancer Prevention (Year 1) • Hip Fractures (Year 1) • Obesity (Year 1) • Breastfeeding (Year 2) • Dementia (Year 2) • Learning Disabilities (Year 2) • Carers (Year 3) • Diabetes (Year 3) •
Oadby & Wigston (O&W)	<ul style="list-style-type: none"> • TBC

Emerging Themes Identified

11. 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 platform by the ICB will facilitate this. The Joy platform 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.

Lessons Learnt Exercise

12. As some plans have now been in place for 12 months, it was decided that a lessons learnt exercise would be undertaken to evaluate the strengths and weaknesses in the process undertaken, along with identifying best practice across the seven districts.
13. Initially an internal review was undertaken by the ICB Strategy and Planning team, consisting of a detailed SWOT analysis and individual review of each district.
14. To gain valuable insight from all key stakeholders, an online survey was produced and distributed to obtain further feedback. The subsequent responses and information provided then formed an integral part of the overall lessons learnt exercise.
15. An action plan has been developed in response to the internal review, SWOT analysis and stakeholder feedback to ensure identified opportunities are realised, threats mitigated, and improvements made going forwards. Actions were categorised into the following categories:
 - Relationships and Partnership Working
 - Data and Information
 - Governance
 - Capacity/Resources.
16. Some of the key actions include:
 - Producing 'best practice' documents, e.g. terms of reference and agendas for Community Health and Wellbeing Partnerships and Integrated Neighbourhood Teams, guidance for priority leads.
 - Improve clinical engagement and understanding of the purpose and aims of the CHWPs by using clinical peers.
 - Improve senior level ownership and 'buy in' within all partners.
 - Outline expectations around levels of professional behaviour and respect between partners.
 - Streamline reporting and ensure it addresses conflicting priorities and potential duplication across neighbourhoods, place and system.
 - Improve data sharing between partners and set up centralised depositories.
 - Review capacity of staff and resource appropriately.

Areas for Escalation

17. The ownership of the plans varies between partners and neighbourhood, more work is required to ensure buy in and engagement within organisations. There are appropriate mechanisms/processes in place at a local level to deal with any challenges. Further escalation is not needed at this stage; however any persistent barriers will be highlighted to the HWB to help unblock if required in the future.
18. There is a challenge when working between neighbourhood, place and system. More join up and linkage is required to ensure there is no duplication and programmes of work are streamlined.
19. The resource required to deliver the CHWPs in terms of manpower is causing capacity issues.

Areas for Celebration

20. Partnership working has certainly progressed during the process of developing the CHWPs, however the effectiveness of this varies between the neighbourhoods and there is still room for improvement. We are sharing best practice/guidance documents to support improvement.
21. Relationships with the voluntary sector have strengthened massively during this process, bringing with it valuable 'ground level' insights into the wants and needs of local communities.
22. This is the first time a comprehensive set of data from various partners has been collated in one place at a district level. This has increased knowledge around local need and highlighted specific areas and priorities to target.
23. The stakeholder workshops were extremely successful, bringing partners together to share knowledge.
24. A Charnwood celebration event was held on 12th March 2024 at the Beedles Lake Golf Club. The event celebrated the remarkable individuals who put their time and passion into improving the lives of those who work and live in the Charnwood community. Charnwood have embarked on a journey to strengthen their community's foundations, tackling critical areas outlined in the Charnwood Health and Wellbeing Plan with shared passion and dedication: Mental Health, Loneliness, Dementia and Death and Dying. A full write up of the event by the Chair of the Charnwood Community Health and Wellbeing partnership can be found at the following link:

<https://www.linkedin.com/pulse/celebrating-vibrant-pulse-charnwood-community-health-leslie-borrill-iw4ae/?trackingId=qcbnzWogRpuK%2FEZjtn3UmA%3D%3D>

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

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

Crime and Disorder Implications

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

Environmental Implications

27. 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

28. 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

29. 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.