



**HEALTH AND WELLBEING BOARD: 5<sup>TH</sup> DECEMBER 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 highlight recent improvements to working practice to ensure alignment between system, place and neighbourhood level work.
2. Regular updates on the progress of the CHWPs are provided to the Staying Healthy Partnership (SHP), however the SHP was keen to highlight the recent changes to working practice to improve alignment across system, place and neighbourhood to the Health and Wellbeing Board.

**Recommendation**

3. It is recommended that the Health and Wellbeing Board:
  - **NOTE** the progress of the seven Community Health and Wellbeing Plans within Leicestershire County.
  - **NOTE** areas of concern 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**

4. 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**

5. 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.
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. 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.
7. 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. (See Appendix 1 for updates on the current status and identified priorities). Each district has a local Partnership Board which has oversight and ownership of the plans and receive quarterly progress reports.
8. 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.

## **Emerging Themes Identified**

9. Several common themes have emerged from the discussions and workshops held in the 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 pandemic and cost of living crisis have 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.
  - 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 hoped that the recent procurement and implementation of the Joy platform by the Integrate Care Board (ICB) will facilitate this. Effective communication is a cross-cutting theme across all priority areas and work is being undertaken alongside system colleagues to determine how to enhance this locally.

## **Changes and Improvements to Working Practice**

10. There has been concern around the possibility of duplication with work already being undertaken across both place and system. In order to address this the following methodology has been proposed for certain priority areas:

### **a) 'Light Touch' Priority Areas:**

This applies to those priority areas where system/place level groups and work is already well established.

#### ***Suggested approach:***

- Identification of a district level priority lead.
- Determine which districts have this area as a priority.
- District lead(s) to meet with the appropriate LLR lead to gain an understanding of work already in place and discuss any specific actions that are appropriate for the districts to take forward in a co-ordinated way. The ICB Strategy & Planning team have already facilitated this process.
- Agree whether regular meetings are required between system and district leads; suggest quarterly meetings to ensure both parties remain updated and linked in. Consider district level attendance at LLR meetings where appropriate.
- District leads to determine whether a working group is needed or whether local actions can be coordinated on a one-to-one basis.
- 'Light Touch' highlight reports produced on a quarterly basis. The same report can be used for each district if the priority area has been identified within more than one district.

#### ***This should enable the following benefits:***

- Enables a joined-up approach which avoids duplication.
- Actions can be completed at the most appropriate level to ensure maximum impact.
- System leads have clear district level contacts to lead on local directed actions where appropriate e.g. communications/promotion of services to local residents etc.
- Streamlined approach for system leads by enabling them to meet with all relevant district leads once on a quarterly basis rather than several times.

#### ***Priority Areas impacted:***

Priority Area	Districts
Cancer	Blaby North West Leicestershire Oadby & Wigston

Carers	Charnwood Hinckley & Bosworth
Diabetes	Harborough
Dementia	Charnwood Harborough Oadby & Wigston
Dying Well	Charnwood Harborough
Falls	Blaby Melton North West Leicestershire
LD/SEND	Hinckley & Bosworth
Obesity	Blaby North West Leicestershire

b) **Mental Health:**

Work already has an effective structure in place with Mental Health Neighbourhood leads leading and co-ordinating work across the districts.

As requested, the chair of the Leicestershire Mental Health Place Group has been added to the distribution lists for the district level mental health bulletins.

c) **Linked Priority areas across districts:**

There are other linked priority areas with no clear system leads which can start to work in a more coordinated way to enable shared learning. These need to take an appropriate approach depending on the specific priority area as outlined below:

Priority Area	Districts	Suggested Approach
Housing Quality	Hinckley & Bosworth Oadby & Wigston	District leads to meet to share information. Link with H&B Council who are leading on a unified response to damp & mould issues and escalation.
Housing Growth	Charnwood Blaby	District level specific work is appropriate in this area.

### Areas of Concern

11. There is still 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. The proposed methodologies outlined above in paragraph 12 will hopefully help address this and so no escalation is required at this stage.
12. The CHWPs are partnership plans. Therefore, there is a need for all partners to take accountability and responsibility for interacting with and delivering the CHWPs as appropriate. Members of the SHP were asked to consider how they could take this message back to their own organisations to encourage this and determine how best to work with each other. Progress on this will be monitored and any concerns escalated to the HWB as appropriate.

### Areas for Celebration

13. Good news stories and case studies are now being produced and collated to demonstrate the beneficial impact the CHWPs are having locally. Some recent examples are shown below and attached as **Appendices 2 to 5**.

- **Charnwood: Mental Health and Loneliness priorities:** Improving access to mental health support for asylum seekers and refugees living in Charnwood (Appendix 2).
- **Hinckley & Bosworth: Mental Health priority:** Ratby Gas Outage/Mental Health Support (Appendix 3)
- **Hinckley & Bosworth: Mental Health and Carers priorities:** Wellbeing Connect: Menopause and Long Covid (Appendix 4)
- **North West Leicestershire: Obesity priority:** Overweight & Obesity (Appendix 5)

### Officer to contact

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### Relevant Impact Assessments

Equality and Human Rights Implications

14. 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

15. 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

16. 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

17. 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

18. 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.