



## **HEALTH AND WELLBEING BOARD: 8 JULY 2021**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **JOINT HEALTH AND WELLBEING STRATEGY REFRESH**

##### **Purpose of report**

1. The purpose of this report is to present to the Health and Wellbeing Board a proposed approach to the development of a revised Joint Health and Wellbeing Strategy (JHWS).

##### **Recommendation**

2. The Health and Wellbeing Board is recommended to:
  - a) Approve the proposed development of a revised Joint Health and Wellbeing Strategy (JHWS);
  - b) Note the establishment of a JHWS Partnership Project Board which will lead on the development and associated engagement with Leicestershire residents in order to produce the revised JHWS;
  - c) Note the intended review of the governance structure of the Health and Wellbeing Board, including its Terms of Reference and subgroups, the outcome of which will be presented to the Board for approval at its meeting on 25 November;
  - d) Note the development of a Health and Wellbeing Board Communication and Engagement Strategy Plan to support the delivery of the revised JHWS and the creation of a visual identity for the Board to support partnership work across the County;
  - e) Note that a draft revised JHWS will be presented to the Health and Wellbeing Board for approval to consult at its meeting on the 25 November.

##### **Background**

3. In February 2021, the Department of 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) from April 2022<sup>1</sup>. The NHS long term plan highlights the importance of joint working and 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 supporting place based joint work.

4. Although flexible in its approach, locally the ICS footprint covers Leicestershire, Leicester and Rutland and will be designed and delivered at system, place and neighbourhood with the development of a place-based plan across Leicestershire, which will include chapters and draw from information in the plans being developed across localities during 2021.
5. There is recognition regarding the opportunities of bringing together ICSs and place-based HWBs to align and compliment supporting workstreams and priorities. The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is due for renewal in 2022 and this provides a timely opportunity for Leicestershire to align the new strategy and place-based plan to create one clear strategic vision for place. This will be supported by chapters, which will be tailored and operationalised to reflect varying locality needs and fed up to shape the wider Leicester, Leicestershire and Rutland ICS vision. This report summarises the proposed changes in terms of governance and approach to the HWB and JHWS, to capitalise on this timely opportunity and ensure Leicestershire place, vision and implementation is fit for purpose.

#### **Integrated Care System and definition of a place-based plan**

6. The Integrated Care System (ICS) has now been approved, consisting of the NHS bodies of the Leicester, Leicestershire, and Rutland (LLR) Clinical Commissioning Groups (CCG's) which merge into an ICS body from April 2022, Leicester Partnership Trust (LPT), the University Hospitals Leicester (UHL) along with East Midlands Ambulance Service (EMAS) and Derbyshire Healthcare United (DHU). The ICS brings together these NHS partners with the three local authorities: Leicester City Council, Leicestershire County Council, and Rutland Council, and wider partners such as the voluntary and community sector. Place-based plans are a key driver for the new ICS, with plans being developed for Leicester City, Leicestershire County and Rutland. The objectives for these plans are being developed with each place but will broadly reflect the following:
  - Taking a collaborative approach to health and wellbeing, bringing together a range of partners and people to plan together.
  - Making a shift to prevention to tackle the causes of poor health and wellbeing as well as treating the symptoms.
  - Ensuring there is alignment between national targets and local delivery across the system.
  - Making the best use of community assets and people's own skills; promoting independence
  - Planning for changes in population to ensure our health and wellbeing services are ready and able to respond.

With strong overlap between the functions of a JHWS and Place Led Plans, a common approach to developing a plan is a sensible way forward.

## **Proposals**

### **Review of the Health and Wellbeing Board's Governance Arrangements**

7. HWBs were established as statutory committees under the Health and Social Care Act 2012. The statutory functions fulfilled by the Board are to prepare Joint Strategic Needs Assessments (JSNA) and a JHWS which is a duty of both the Local Authority and Clinical Commissioning Groups. The HWB is a key forum established with collaborative decision makers, and commissioning leads from across the County Council, Borough and District Councils and the NHS, informed by the views of patients, people who use services and other partners who bring expert knowledge of the local community to enhance the JSNAs and JHWSs. The JHWS sets out the vision, priorities and action agreed at the HWB and identified in the JSNAs to improve the health, care and wellbeing of local communities and reduce health inequalities for all ages. The 2019 Annual Report can be accessed at this link: <http://politics.leics.gov.uk/documents/s154307/Health%20and%20Wellbeing%20Board%20Annual%20Report%202019.pdf> and the 2020/2021 report reflecting on progress made during a difficult year is being presented at this meeting, seeking its approval for publication.
8. A governance structure can be found in appendix A highlighting the current governance and sub-groups reporting into the HWB.
9. The Leicestershire HWB has delivered and supported a change of transformational health and care programmes over the years. However recent feedback from the Board has suggested that partners are unsure of their role and purpose at the Board and have highlighted that continual Board development is vital to ensure it remains at the forefront of changes across the system and remains relevant for partners to add value and to take value. A collaborative approach is a key element of the Board with development sessions receiving positive feedback, and there is motivation to continue building an alliance across the partnership whilst reducing overlap and duplication with other Boards. Measuring outcomes, linking updates to strategy performance and ensuring clarity are also key messages Board members have fed back to evolve the HWB
10. The JHWS refresh provides a timely opportunity to refresh and revive the Board with further clarity on mandate and purpose than before. It is therefore suggested that the following work commence;
  - a. **A Review of the current HWB terms of reference and membership** - It is acknowledged that the HWB must evolve to become the place-based Board for health and care including agreeing and overseeing JHWS priorities around health and care integration, health protection, prevention and health inequalities (including the wider determinants of health). The role of the HWB will be to collectively create conditions for communities to flourish, with all residents having equal opportunities to have healthier, happier, safer and more prosperous lives. Partners will therefore need to provide appropriate representation to allow for strategic leadership, accountability and decision making across Leicestershire. Further partners will need to be considered as new organisations are developed including primary care network and local voluntary sector and community representation.

**b. Review the current place-based governance structure including subgroups-**

The HWB will be the place-based Board that oversees all key health and care priorities across Leicestershire. However, it is acknowledged that more detailed discussions will be needed to support implementation of these priorities and regularly feed these back up to the HWB. It is proposed that the JHWS is framed using the LLR ICS life course transformational priorities (best start in life, staying healthy and well, living and supported well and dying well). However, it is acknowledged that the narrative will need to be right for Leicestershire, with key cross cutting enablers, taking a wider determinant of health and place-based approach (i.e. considering communities, families and provider collaboratives etc.). To allow this to happen, it is proposed that the HWB subgroups will be redefined to encompass these key life course stages. It is proposed that a sponsor from the HWB chairs each subgroup and is accountable for a quarterly report in terms of progress and escalation to the HWB, this will be further outlined at the next meeting of the Health and Wellbeing Board when the Draft JHWS will be presented.

- c. Figure 1 below summarises the ICS transformational life course priorities and how they are aligned with the proposed HWB structure. This includes redefining the Unified Prevention Board into a wider staying Healthy Partnership to ensure it addresses primary prevention and the wider determinants of health across Leicestershire. However, all subgroups will need to ensure reducing health inequalities and prevention are key themes of all workstreams. Translating the priorities into delivery is likely to be delivered through further delivery groups for example the Integrated Delivery Group, Joint Commissioning Meeting, local Integrated Neighbourhood Teams, provider collaboratives and district health leads/ Staying Healthy meetings. The roles of some of these groups may evolve as the wider HWB develops.

**Figure 1** Summary of LLR ICS proposed priorities (as of 21st May 21) aligned with HWB sub-groups:

ICS Transformational Priority	HWB Subgroup	Chair/ HWB Sponsor
<b>Best Start in Life-</b> We will focus on the first 1001 days of life as we know this is critical to a child's life chances	<b>Children and Families Partnership Board</b>  Provides strategic leadership, direction and assurance on behalf of the HWB to ensure that Children and Young People in Leicestershire are safe, living in families where they can achieve their full potential and have good health and wellbeing	<b>Chair – Mrs Taylor CC:</b> Lead Member for Children and Young People
<b>Staying Healthy and Well</b> -We will support our citizens to live a healthy	<b>Staying Healthy Partnership</b>	<b>Chair - Mike Sandys:</b> Director of Public Health, Leicestershire County

life and make healthy choices to prevent illness and support their care	The district health leads meeting will feed into this group to progress specific District and Borough council work. Local Integrated Neighbourhood Teams (INTs) will also be key to drive delivery of some of this work.	Council
<b>Living and Supported Well</b> -We will focus on supporting those with multiple illnesses and who are frail to manage their health and care needs and live independently.	<b>Integration Executive</b> – It will be further outlined at the next HWB when the Draft JHWS is presented, however the proposal is to expand terms of reference to include both primary and secondary health and social care integration work including accountability for the Better Care Fund.	<b>Chair – Dr Andy Ahyow</b>
<b>Dying Well</b> - We will ensure patients have a personalised, comfortable, and supported end of life with personalised support for carers and families	The key subgroup for this meeting will be the Integration Delivery Group to operationalise plans and Joint Commissioning Group for any joint commissioning of services. Delivery is likely to be linked to local INTs.	

Any changes arising from the above, which will be further developed through the work of the JHWS Partnership Project Board (detailed in paragraph 12 below), will be presented to the Health and Wellbeing Board at its next meeting in November for approval.

*Revised approach to HWB engagement and delivery*

11. In addition to the above, work will also be undertaken to consider how the Board will engage with the local population and how partners will work together in order to deliver the revised Strategy. This includes:

- a. **A Review active engagement with local residents.** The JHWS refresh provides an opportunity to reopen the conversation with local residents to understand what their health and care needs and priorities are, however partners are keen to ensure a sustainable programme of active engagement is continued through the

Board's work. Therefore, a long term communication and engagement strategy plan will be developed alongside the JHWS implementation.

- b. The Develop a consistent look and feel for Leicestershire.** The JHWS and HWB will aim to provide a platform to develop a 'Leicestershire alliance' with a shared culture and language to reduce organisation boundaries and ensure all partners support each other through the good and bad. To help support this it is proposed that a new Leicestershire HWB visual identity will be developed and used for all multiagency integration and partnership work across Leicestershire.
- c. A HWB proposed approach-** The HWB acknowledges that partners across the system make a significant contribution to improving the health and wellbeing of the Leicestershire population both individually and collectively. Therefore, the HWB will adopt a 'do, sponsor, and watch' approach to the JHWS priorities and place led workplan. This will allow the board to proactively set the agenda around key integration and partnership priority areas, whilst allowing partners to continue to deliver and drive change through their subgroups and organisations without blockages across the system. The approach is summarised below:
- **'Do':** The JHWS will identify 1-2 key priorities for action in each of the ICS life course priorities. The HWB will ensure there is the appropriate spotlight on these areas to ensure effective and efficient multiagency delivery and accountability for progress on these priorities. Therefore, each priority will have a named Senior Responsible Officer, the appropriate metrics/ dashboard will be developed and there will be an expectation of regular quarterly reporting/discussion. The HWB agenda will ensure adequate, dedicated time is allocated throughout the priorities development and implementation to ensure all HWB partners are clear about their role and accountability in progressing the specific priority.
  - **'Sponsor':** These are additional key work streams that contribute to the wider health and care integration, reduction of health inequalities and/or promote prevention. They are likely to be areas where work has already started, however they may need a renewed focus. The workstream would be supported by a sponsor from the HWB who is accountable to ensure they are delivered, however they would not be routinely discussed by the board unless the sponsor highlights the need for this to happen (i.e. escalation of risk/ delays in delivery, wider impacts on the system). For each workstream clear SMART objectives will be developed and sponsors identified. A highlight report will be submitted to the board on an annual basis. Potential areas may include specific workstreams from the LLR ICS design groups and HWB subgroups that show the breadth of work being completed (including the wider determinants of health) for example air quality, education, obesity, inclusive growth, place based housing strategy, development of integrated neighbourhood teams, population health management etc. The list of 'sponsor' workstreams will be reviewed on an annual basis and published on the LCR online for partners to see who the sponsor and progress is for each workstream.

- **‘Watch’:** These are workstreams that are still important to the prevention and reducing health inequalities but are more aligned to a single organisation (rather than multiagency/ partnership approach), already feature as ‘business and usual’ or already have an established infrastructure to support implementation. Therefore, although the work is acknowledged, they will not be specifically brought to the H&WB unless further action is requested at Board level. Areas may include specific health pathways, organisational service review/ strategies, special educational needs and disabilities, support for carers and dementia etc. Again the ‘watch’ list will be published and reviewed on an annual basis and each workstream will have a board link to ensure escalation to the board is made as needed.

### **Development of a revised JHWS - Proposed Approach**

12. To ensure effective delivery and impact of the strategy, all HWB partners must own and support its implementation. It is therefore important that a true partnership approach is used to codesign the JHWS, priorities, and outcomes framework to make it right for Leicestershire. A JHWS Partnership Project Board has been established with representation from across the wider Health and Wellbeing Partnership and an initial partnership meeting held on the 17<sup>th</sup> June 2021 - Appendix B outlines a list of organisations who were represented at the session, which discussed and supported the following proposed approach:
- To establish a monthly JHWS Project Board with active representation from across the wider Health and Wellbeing partnership to progress the JHWS development. Specific subgroups will be established to progress the needs assessment, engagement and communication and development session components specifically. Further stakeholder engagement will also be included via regular updates at the HWB and its subgroups (as discussed in Figure 1.)
  - As outlined in figure 1, the Project Board has agreed to consider framing the Strategy on the ICS life course transformational priorities. However, it is acknowledged that the narrative will need to be right for Leicestershire, with key cross cutting enablers, taking a wider determinant of health and place-based approach (i.e. considering links to communities, families, provider collaboratives etc.)
  - A balance of overall Leicestershire with locality priority development will be needed with significant local engagement to ensure priorities reflect those that matter to local residents. This will take into account priorities of Leicestershire as a whole, and those determined through the locality plans/ health and wellbeing strategies, health plans etc.
  - The Strategy will acknowledge the system, place and neighbourhood function mapping and respect that services to be delivered at the geography that best meet the needs of the local populations. This may mean some flexibility on the definition of neighbourhood across Leicestershire and acknowledgment that different services may be delivered at slightly different geographical patches including, Leicestershire Partnership Trust (LPT) localities, Primary Care Networks (PCNs), Integrated Neighbour Teams (INTs) etc. It is acknowledged

that the multiagency health and social care delivery arm will be through provider collaboratives and at neighbourhood level, INTs.

## Timescales

13. The proposed timeline for developing and implementing the JHWS is shown in figure 2 below. This is an ambitious programme of work that aims to balance the need determine a vision for Leicestershire as soon as possible, but ensures an evidence based and engagement approach, to ensure the right priorities are collaboratively agreed for Leicestershire.

**Figure 2:**

## Joint Health and Wellbeing Strategy - JHWS



14. It is acknowledged that the JHWS strategy will take time to develop and is still key transformation and integration pieces of work that will need to happen as a result of the pandemic, in preparation for the winter and as the strategy develops. It is therefore acknowledged that these key workstreams including reviewing primary care delivery and specifically meeting the long-term condition backlog will continue and feed into the JHWS.

## Engagement and Consultation

15. It is critical that the voice of the local population is heard and used to inform the JHWS. The partnership JHWS Project Board will therefore lead and direct the consultation and engagement with stakeholders and work with Healthwatch and the wider partnership to ensure a patient and service user voices are heard and used to co-produce the JHWS. More information concerning the formal consultation exercise will be provided to the Board at its meeting in November.

**Officers to Contact**

Mike Sandys  
 Director Public Health  
 Leicestershire County Council  
 0116 3054239  
[Mike.sandys@leics.gov.uk](mailto:Mike.sandys@leics.gov.uk)

Vivienne Robbins  
 Public Health Consultant  
 Leicestershire County Council  
 0116 3055384  
[Vivienne.robbins@leics.gov.uk](mailto:Vivienne.robbins@leics.gov.uk)

**List of Appendices**

Appendix A – Current Governance Structure  
 Appendix B – List of Representatives on the JHWS Project Board

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

16. Equality and Human rights will be a key theme in embedding an equitable approach the JHWS engagement, development and implementation. The draft JHWS strategy will also include a full Equality and Human Right Impact assessment when presented to the Board.

**Crime and Disorder Implications**

17. 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 the attendance at the JHWS Project Board and subgroups.

**Environmental Implications**

18. 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 subgroups.

**Partnership Working and associated issues**

19. Success of the JHWS and HWB development is dependent on high quality, trusted partnership working and ownership. Through developing an alliance approach to the JHWS and HWB, 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 to develop a JHWS that is developed and owned across the partnership with the multiagency JHWS Project Board as a key enabler in ensuring this happens.

### Risk Assessment

20. The key risk the JHWS and HWB development will be the impact of the Covid pandemic on resources, tight timescales and potential lack of engagement from partners. Feedback has been positive from partners from the initial JHWS meeting, and a full risk and issues log will be developed as part of the project management of the programme of work.

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<sup>i</sup> DHSC (2021) Working together to improve health and social care for all, Department of Health and Social Care, England. [Available online at <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>] [Accessed on 07/06/21].