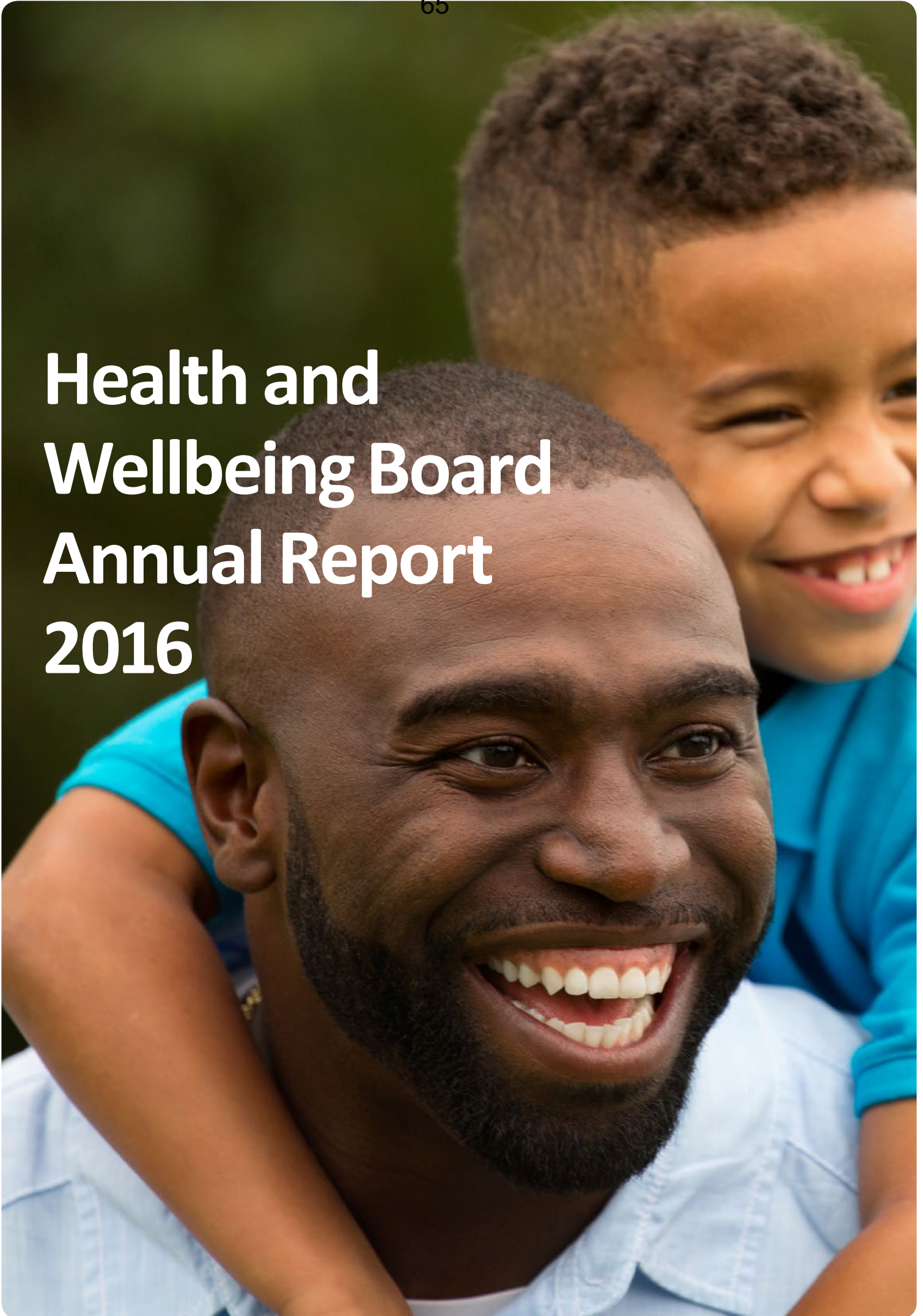


# Health and Wellbeing Board Annual Report 2016



# Foreword



**Cllr Ernie White**

*Lead Member for Health Leicestershire County Council  
and Chair of Leicestershire Health and Wellbeing Board*

At a time of major change and significant financial pressures, I am delighted to be able to say that partnership working across the health and social care system is in the strongest position I've known it to be.

Top of our agenda this year has been the refresh of the Joint Health and Wellbeing Strategy. We know that joined up working across the system is the only way that we can respond to the challenges we face and have a positive impact on the health and wellbeing of the people of Leicestershire. I have really welcomed the inclusion of five principles to govern the way in which all partners on the Board will work, and I commend them to you as a model for effective partnership working. Our principles are:-

- Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, employment, housing, environment, planning and transport.
- Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.
- Working together in partnership to deliver a positive, seamless experience of care which is focussed on the individual to ensure they receive the right support, in the right place, at the right time.
- Listening to our population, building on the strengths in our communities and using place based solutions.
- Having a clear strategic understanding of the roles and responsibilities of all partner organisations and how innovation and collaboration can improve health and wellbeing through support and challenge.

We started the year with some challenging discussions about the role of the health and wellbeing board and where leadership came from in the local system. We have ended the year with the publication of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan and a clear role for the Health and Wellbeing Board to confirm and challenge the development of integrated locality teams and the reconfiguration of Community Hospitals in Leicestershire. This is a new area of responsibility for the Board and it means that we can use our partnership approach and principles for working together to add real value to the delivery of the Sustainability and Transformation Plan.

## Section A: Introduction

The purpose of this report is to look back at the past year (2016) for the Health and Wellbeing Board and to reflect on the progress that has been made. The focus throughout the report is the progress that has been made across the partnership to improve the health and wellbeing of the population of Leicestershire.

The report includes the following sections:-

- An overview of some of the achievements and outcomes that have been delivered by the Health and Wellbeing Board in 2016, including those supported by the Better Care Fund pooled budget.
- An update from Healthwatch Leicestershire on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of the Health and Wellbeing Board during 2016.
- A look ahead to 2017 which will involve the refresh of the Leicestershire Better Care Fund, delivery of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan and the commencement of work to refresh the Pharmaceutical Needs Assessment.

## Section B: Health and Wellbeing Board Progress in 2016

# 1. Joint Health and Wellbeing Strategy 2017-2022

One of the Board's legal duties is to produce a Health and Wellbeing Strategy for Leicestershire. The strategy is a partnership document, which means that all of the partners on the Health and Wellbeing Board will work together to deliver the outcomes. Our previous strategy ended in 2016 so we have spent a lot of time this year producing a new strategy for the next five years ensuring alignment with the emerging Sustainability and Transformation Plan.

Evidence from the Joint Strategic Needs Assessment was used to identify what the main health issues are in Leicestershire. We then met with partners to discuss where they thought the Board could make the biggest impact, and which of the issues identified in the evidence would require partners to work together to improve.

A short consultation was held, aimed at finding out what other Stakeholders thought about the ideas for what should be in the strategy. Generally, the response was positive and those who contributed were in favour of the priorities and the Vision. We took on board the comments received and made some changes to the strategy as a result.

Our Vision is that "We will improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources"

In order to achieve this vision, we have set out 5 outcomes:

1. The people of Leicestershire are enabled to take control of their own health and wellbeing.
2. The Gap between health outcomes for different people and places has reduced
3. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing
4. People plan ahead to stay healthy and age well and older people feel they have a good quality of life

"we have spent a lot of time this year producing a new strategy for the next five years"

5. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course.

The Board will now work together to establish a delivery plan, which will set out how the strategy can be delivered and a performance framework to measure and demonstrate progress, which will also show how our local delivery in Leicestershire supports the overall delivery of the Sustainability and Transformation Plan across Leicester, Leicestershire and Rutland.

Our Joint Health and Wellbeing Strategy can be viewed via

<http://politics.leics.gov.uk/documents/s124188/JHWS%20App%20A.pdf>

## 2. Health and Wellbeing Board Achievements and Outcomes

### Approach to the Wider Determinants of Health

This year we have been keen to make sure we have a focus on the wider determinants of health; where people work, live and play and the social and economic conditions around them. We recognise the impact that these factors can have on people's health and wellbeing. We particularly welcomed the Health in All Policies (HIAP) approach described in the report. This is a collaborative approach which emphasises the connections and interactions which work in both directions between health and policies from other sectors. Central to HIAP is the concept of addressing the social determinants of health which are key drivers of health and health inequalities. We made sure that this approach formed part of the Joint Health and Wellbeing Strategy.

### Leicester, Leicestershire and Rutland Discharge Workstream

We have been concerned this year with the deterioration in our previously good performance in terms of delayed transfers of care from hospital. As a result, the target in the Better Care Fund Plan has been missed for the first two quarters of 2016/17. We are pleased that the Department of Health's eight high impact interventions for discharge checklist has been

completed as an aid to the local action plan, and noted that “lack of focus on providing information to support patient choice” was identified as an area of additional work needed. The Leicester, Leicestershire and Rutland wide Discharge Steering Group is challenging partners to respond to this specifically, this group is also responsible for coordinating all actions associated with improving discharge performance and ensuring that the five new streamlined discharge pathways are implemented and work effectively as part of the overall work on urgent care redesign and system flow in Leicester, Leicestershire and Rutland. The reasons for Delayed Transfers of Care are complex, ranging from delays to Continuing Healthcare assessments for NHS funding of ongoing care, the impact of the changes in the domiciliary care services in Leicestershire during the autumn period, and problems with internal systems and flow within the acute trust itself (such as delays with medication).

## Safeguarding Boards Annual Report

Every year, we consider the Annual Report of the Leicestershire and Rutland Safeguarding Children’s Board and Safeguarding Adults Board. We have a protocol in place which ensures that we consider the health and wellbeing implications of these reports. This year, the Chair of the Safeguarding Boards asked to ensure that the transformation and change being brought about through the Sustainability and Transformation Plan would also improve safeguarding outcomes, recognising that there are synergies between areas of safeguarding risk and the Better Care Together workstreams. We have now asked the lead officers for the Sustainability and Transformation Plan to embed safeguarding in all its delivery workstreams.



# 3. The work of our Subgroups

## a. Integration and the Better Care Fund

The Better Care Fund (BCF) is a pooled budget of £39.1 million between the Clinical Commissioning Groups (CCGs) and the County Council targeted improving the integration of health and care. The Health and Wellbeing Board has responsibility for approving the Better Care Fund for submission to NHS England and plans arising from its use.

The Better Care Fund 2016/17 has four themes, as follows:-



“The Better Care Fund (BCF) is a pooled budget of £39.1 million between the Clinical Commissioning Groups”

The Integration Executive is the subgroup of the Health and Wellbeing Board with responsibility for overseeing delivery of the BCF Plan on behalf of the Health and Wellbeing Board. The Unified Prevention Offer (Theme 1) reports directly to the Health and Wellbeing Board.

Our performance and achievements in relation to the BCF, as overseen by the two subgroups, is set out below:-

The **emergency admissions reduction** target for Leicestershire BCF plan for 2016/17 is for all schemes to collectively avoid 1,517 admissions (in line with CCG operating plan). By October 2016, the total number of avoided admissions across the different BCF schemes was 1,756, meaning that the target for the BCF schemes has been met.

As part of the work done by the Leicester, Leicestershire and Rutland (LLR) Falls Steering Group, a draft **falls pathway** has been designed. Each of the stages within this pathway are being developed into an agreed level of service that will form part of the LLR Falls Prevention and Treatment

Strategy, which will go live in April 2017. A business case for this proposal will be developed by the end of December.

We have developed a **Falls Risk Assessment Tool (eFRAT) app** in conjunction with the De Montfort University Hackathon team and EMAS (East Midlands Ambulance Service), based on the previously developed paper version. The new app was launched on the 31st October with 23 paramedics across LLR trialling the tool. Initial feedback has been positive and full roll-out to all paramedics will start in the middle of November. Interest from Derbyshire has been received to also use the tool in their region.

During 2016, a new domiciliary care service called **Help to Live at Home** has been procured in Leicestershire. This has involved a new specification and contract which has been co-produced between county CCGs and Leicestershire County Council. The service has been designed to support the revised discharge pathways which are now in place in LLR. It promotes reablement in the home and integrating domiciliary care providers more effectively with other health and care services, including primary care and prevention services in each locality. The new service went live on 7th November, however there have been some initial operational problems due to one provider exiting the process just before go live.

Building on the learning from the integrated commissioning for Help to Live at Home programme, and practice elsewhere in the country, the Leicestershire Integration workplan for 2016/17 includes developing an outcome based commissioning framework for **integrated commissioning** across Local Authority and NHS partners. This will have an emphasis on seeking further savings and value for money for commissioning, as well as assuring quality. Scoping work on the initial area of focus, care and nursing homes placements is underway.

During autumn 2016, proposals have been scoped for **redesigning discharge support service** to University Hospital Leicester as part of local plans to improve delayed transfers of care.

Since October 2015, the Leicestershire Integration Programme has been leading work to scope opportunities to integrate the various **points of customer access across** the health and care economy in LLR. Design work is currently in progress across all partners to agree the operational model. It is anticipated that between January and June 2017, that the existing points of access will transition to a new consistent operating model and some options for co-location are already being explored.

Review has been completed of the **Health and Social Care Protocol**. The review considered what a more flexible health and care workforce would look like, how this would fit in with regulations, and how this flexible approach would work across the three commissioners (self-funders,

“The new app was launched on the 31st October with 23 paramedics across LLR trialling the tool”



social care and health). Recommendations from the review are now being considered by commissioners including how the training system for workers using the health and social care protocol could be improved/streamlined.

We are currently developing a model for **Social Prescribing** and a core menu of prevention services that sit behind the social prescribing “front door”.

During 2016, First Contact has developed into **First Contact Plus**, our ‘one-stop shop’ with one simple referral form, so that partners can quickly and effectively access Leicestershire’s prevention offer. The enhanced service offers signposting, information and targeted referrals to a broad range of preventative services. A new web based referral system, which will facilitate efficient clinical referral (e.g. from GPs) and also self-referral and “self-help” via public facing options. The clinical referrals system went live at the beginning of October.

### **First Contact Plus Case Study**

A 74 year-old lady who lived in the Blaby area of Leicestershire was referred to the First Contact Plus team by a Community Advice Worker.

Once she was under the team’s care a number of needs were identified, and the patient was quickly referred to several services. The service user was put in touch with the NHS Falls Clinic where she was assessed to attend the falls programme. She was then contacted by Hearing Services and given a TV loop, a personal listening device, a flashing doorbell and an adapted smoke alarm to make her home life safer and more comfortable.

In addition to these, the First Contact Plus team liaised with Age UK who provided information about their domestic services, and the patient was also sent information regarding the Community Action Partnership and local group contacts.

The Papworth Trust also carried out a check of the lady’s home, which resulted in a new central heating programmer and a room thermostat being installed as there were no curtains in the main bedroom of her property.

All of these measures, which collectively made the service user’s life more comfortable, were put in place as the result of integrated working between services, and will allow the patient to remain living independently for a longer period of time.

The **Lightbulb Housing Offer** is a joined up support service across housing, health and social care to keep people safe, well, warm and independent at home for as long as possible. To date, the service has been piloted in three localities. The business case for full roll-out was signed off by the Lightbulb Programme Board in September, and is currently going through formal approval through the District and Borough Councils and the County Council with a view to implementing the service across Leicestershire between April and October 2017.

A year-long evaluation was completed in September for the **Local Area Coordination** pilot. A Business Case is being developed by December 2016, with options appraisal for a part or full county roll-out.

### **Local Area Coordination Case Study**

#### ***Contributing to the community***

MK is a 28 year old lady who introduced herself to her Local Area Coordinator (LAC) after she had seen a poster in her local chemist. When she first met her LAC she had not coped well with a relationship breakdown and had recently been discharged from a mental health unit.

MK is a talented young woman, with interests in art, numerology, astrology, music and street dance. She is also a beauty therapist but was not sure if she wants to go back into this but would like to explore other things one step at a time. MK said she liked to keep busy as this stops her mind from wandering and if she is tired she sleeps better at night.

Together with her LAC she was able to explore ideas, information and options. The LAC supported her to: get a concessionary bus pass as part of her enablement plan after her stay in hospital; volunteer at a local charity shop and to support Seniors Day; enrol on an art course and complete a DIY course. She also volunteered at the LAC celebration event by facilitating a pampering session which resulted in a queue of ladies waiting at the nail painting table.

MK is now running a Saturday children's group at the library. Since her involvement with Local Area Coordination she has not had any crisis, and her family relationships (especially with her mum) have been stable. MK is now thinking of the future and talking about going back to work. Her LAC has signposted her to get support with her CV and help finding employment opportunities.

In September, we hosted an event to showcase our progress with implementing the **PI Care and Health data** integration tool. Participants from across the LLR health and care economy attended a workshop which demonstrated how the tool has been used to undertake analysis in support of system wide change in LLR. The second half of the session involved participants from across the country, who also use the PI Care and Health tool to share knowledge. Leicestershire gave the key note address at the national session where we showcased how the PI care and health tool has been used in service redesign and reconfiguration over the last 12 months.

**SIMTEGR8 evaluation** programme – the second phase of the evaluation programme is underway via a research partnership with Loughborough University, Healthwatch and SIMUL8. Integration care pathways are analysed using simulation modelling, stakeholder workshops and patient experience focus.

## **b. Supporting Leicestershire Families Executive/ Children and Families Partnership**

In March, the governance of the Supporting Leicestershire Families programme moved to the Health and Wellbeing Board. We agreed to establish a subgroup with responsibility for taking this area of work forward and signed off its terms of reference in July.

The Supporting Leicestershire Families Executive met for the first time in September. By this time, the refresh of the Joint Health and Wellbeing Strategy was well underway and we had identified that there was no appropriate body to oversee delivery of the priorities relating to children and young people set out in the Strategy. We therefore took the decision in November to expand the remit and membership of the Supporting Leicestershire Families Executive and December saw the first meeting of the new Children and Families Partnership. Its first task will be to produce a Children and Young People's Plan for Leicestershire, drawing on the findings of the Joint Strategic Needs Assessment and aligned to the Joint Health and Wellbeing Strategy priorities. This work will be completed during the early part of 2017.

The subgroup has received reports on performance of the Supporting Leicestershire Families Programme and is pleased to note that during 2015/16, it worked with 797 families, of which two-thirds of these (542) were new cases opening during the year. The families contained 3,460 individuals of which 2,048 (54%) were children, 387 of whom were under 5 years old. to tackle a range of issues including drugs, truancy, domestic

“In 2015/16 the Supporting Leicestershire Families Programme worked with 797 families”

violence, health issues and anti-social behaviour, reducing the need for them to deal with several different agencies. Fifty-two percent of these family cases were closed during the year.

The Supporting Leicestershire Families Programme brings together the county and district councils, police, NHS and other agencies. 63% of the families worked with have made significant progress. The service is making a difference to families in Leicestershire and on track to support 3,000 families over five years. Feedback from families shows the scheme is having a real impact.

### Case study

One of the families SLF has supported is that of mum-of-five Megan. She had experienced historic domestic abuse and was having difficulties with her teenage son Tom, who had shown offending behaviour, was using alcohol and cannabis and had been excluded from school.

Megan felt overwhelmed by the high number of agencies and professionals that were working with the family, making her anxious and feeling unable to make progress.

The SLF worker took the lead with the case, advocating on Megan's behalf to agencies and coordinating the case work. This meant that Megan now only had one professional working directly with the family and liaising with other professionals as needed.

Megan said that having only one worker who was able to provide greater support for the family enabled them to have a more personal relationship. She said the SLF worker was the first person she felt listened to what she wanted.

Megan said: "It allowed me to think about what I really wanted for my family."

Megan is now able to provide the support she feels is right for her family and they are due to go on their first family holiday for five years. Tom is back in education, receiving support for his substance misuse and attending boxing to help with his anger. Megan is looking into courses to train as a psychiatric nurse.

"63% of the families worked with have made significant progress"

# 4. Health and Wellbeing Board Development

## Development Session

In February we held a development session for members of the Health and Wellbeing Board, facilitated by two programme managers from the Local Government Association. We had the following aims:-

- (i) To reflect on our improvement journey so far;
- (ii) To discuss how the Board will shape responses to the challenges facing the health and care system locally;
- (iii) To bring clarity to how things are joined up between the Leicestershire “place” and LLR “place” and how improved joint working can be effected across Leicester, Leicestershire and Rutland (LLR);
- (iv) To develop key themes for Board improvement.

Discussion at the development session focused on making improvements in the following areas:-

- System leadership;
- Joint Health and Wellbeing Strategy, including key priorities for 2016 onwards;
- Making the Health and Wellbeing Board more effective.

This section of the report focuses on making the Board more effective, as the other two areas are dealt with elsewhere in the report. The actions we have taken are as follows:-

- Revising the terms of reference to give the wellbeing, prevention and wider determinants components more prominence, co-ordination and drive and to recognise that the Board will lead communication and engagement on a specific and limited number of focused matters but will continue to work with other partners in the system on more routine general communications and engagement.
- To address concerns that the work of the Integration Executive had a lack of visibility at the Board, we have agreed that items which form a significant part of the integration programme should be considered by the Board rather than the Integration Executive. In 2016, this has meant that the Board has considered reports on social prescribing, the joint commissioning work plan and the Lightbulb Business Case.

- Reviewing the Board substructure so that the Unified Prevention Board reports directly to the Health and Wellbeing Board, thus raising the profile of early intervention and prevention as mechanisms to improve health and wellbeing.
- Amending the template for Board reports to ensure that discussion and decision making at meetings is focussed.
- Creating an ‘information pack’ of reports where no decision is needed to make the agenda for meetings more streamlined and effective.

## Our website

During 2016 we developed a Leicestershire Health and Care Integration microsite (<http://www.healthandcareleicestershire.co.uk/>). The purpose of the website is to showcase work being undertaken as part of the Leicester Health and Care Integration Programme. This is where partners are working together to join up care, particularly for frail older people with long term conditions and other vulnerable groups, including carers.

Since the launch of the website, there has been a steadily increasing amount of users accessing it. Nearly 6000 pages have been visited so far and around 900 different users have accessed the site. 59 percent of visits are from new users.

The average time people spend looking at information on the website is nearly four minutes and the most popular pages are the landing page and home page, with reducing loneliness and the newsletters pages also in the top five.

The most visited pages are as follows:-

| <input type="checkbox"/> | Landing Page   | Sessions                             | Sessions                             | Contribution to total: |
|--------------------------|--|--------------------------------------|--------------------------------------|------------------------|
|                          |  | 1,513<br>% of Total: 100.00% (1,513) | 1,513<br>% of Total: 100.00% (1,513) |                        |
| <input type="checkbox"/> | 1. /   | 794                                  | 52.48%                               |                        |
| <input type="checkbox"/> | 2. /health-and-care-integration/reducing-loneliness/                             | 164                                  | 10.84%                               |                        |
| <input type="checkbox"/> | 3. /home/  | 159                                  | 10.51%                               |                        |
| <input type="checkbox"/> | 4. /health-and-care-integration/   | 94                                   | 6.21%                                |                        |
| <input type="checkbox"/> | 5. /sharebutton.to   | 81                                   | 5.35%                                |                        |
| <input type="checkbox"/> | 6. /health-and-care-integration/health-and-care-integration-newsletters/         | 29                                   | 1.92%                                |                        |
| <input type="checkbox"/> | 7. /about-us/our-team/   | 26                                   | 1.72%                                |                        |
| <input type="checkbox"/> | 8. /health-and-care-integration/monitoring-and-evaluation/picarehealthevent2016/ | 21                                   | 1.39%                                |                        |
| <input type="checkbox"/> | 9. /health-and-wellbeing-board/  | 19                                   | 1.26%                                |                        |
| <input type="checkbox"/> | 10. /health-and-wellbeing-board/health-and-wellbeing-board-members/              | 16                                   | 1.06%                                |                        |

“Nearly 6000 pages have been visited so far and around 900 different users have accessed the site”

## 5. Working in Partnership with Healthwatch

Healthwatch Leicestershire's (HWL) representation on the Health and Wellbeing Board provides a platform for sharing formal patient, user and public insights, evidence and intelligence to both inform the process of strategic commissioning and improve services for the benefit of the local population.

Below are some examples of how HWL and the Health and Wellbeing Board have worked together as partners to improve outcomes for local people living in Leicestershire:-

### **Enter and View visit to Child and Adolescent Mental Health Services (CAMHS)**

The HWL Enter and View team visited the CAMHS Unit at Coalville Community Hospital on 23 February 2016 with the aim of observing the delivery of care and support given to young people, and capturing the experience of young people and staff at the unit. This visit was part of HWL's Children and Young People workstream.

At the time of the visit, the evidence was that the CAMHS Unit provides a very good standard of care, with young people confirming that they have a positive relationship with staff.

The responses from the service provider Leicestershire Partnership Trust (LPT) were included in the report, launched in 19 May 2016. On the 23 May, LPT responded to the recommendations listed in the report and issued a media release containing feedback on the report findings and recommendations.

The report was presented at the Leicestershire's Health and Wellbeing Board on 7 July 2016 and West Leicestershire Clinical Commissioning Group (WLCCG) Quality & Performance Committee on 19 July 2016.

The full report is available at: <http://alturl.com/kk6nv>

### **Young Voices Matter – Listen to Me**

Healthwatch Leicestershire launched the results of the recent survey to find out young people's attitudes and experiences of local mental health and sexual health services. The 'Listen to me' #YoungVoicesMatter report reflects the views and experiences of 429 young people from the city and the county aged between 13- 25 years.

The report was presented to the Health and Wellbeing Board on 7 July 2016 meeting and highlights how young people feel about services, for example:

- The School Nurse is seen as the most trusted professional from whom young people would seek information about mental and sexual health.
- Almost half of the young people surveyed would not know or were unsure who to talk to about their mental health concerns.
- Accessibility, stigma and confidentiality are the main barriers to accessing sexual health services. The report was an opportunity for young people to talk to Healthwatch on the services that directly affect them. The report highlights that there is a need for young people to be able to better manage their own health and care.

HWL have published and presented seven recommendations to the Health and Wellbeing Board to help influence awareness and access to mental and sexual health services for young people.

The Board had some concerns about the reported issues around self esteem and anxieties relating to personal appearance. For example, many young people (both male and female) worried constantly about their personal appearance. We followed this up with Leicestershire Partnership Trust and are currently planning a joint campaign promoting good mental health and wellbeing in children and young people which will take place in the new year.

Read the report at: <http://alturl.com/2zfd6>

HWL has also presented the findings of the Listen to me: Young Voices Matter report to the Quality and Safety group at LPT. The presentation was well received and during the discussion linkages between the report findings, the work of LPT and the work of LCC were identified, especially around joint campaigns.

## The Health and Social Care Signposting Directory

HWL in partnership with Health Care Publications produced two Health and Social Care Signposting Directory's one for residents in East Leicestershire and the other for residents in West Leicestershire.

The Health and Wellbeing Board found the directories to be very useful and asked that they be circulated across Leicestershire. Twelve thousand copies of the directories were dispatched to elected members, GP surgeries, pharmacies, hospitals, domiciliary care providers, residential/ nursing homes, various local authority departments, Meals on Wheels and other health care providers.

The directories can be accessed at:

[https://issuu.com/healthwatch/docs/leicestershire\\_\\_east\\_\\_brochure\\_\\_for\\_\\_w](https://issuu.com/healthwatch/docs/leicestershire__east__brochure__for__w)

[https://issuu.com/healthwatch/docs/leicestershire\\_\\_west\\_\\_brochure\\_\\_for\\_\\_w](https://issuu.com/healthwatch/docs/leicestershire__west__brochure__for__w)



## 6. Sustainability and Transformation Plan

The draft Leicester, Leicestershire and Rutland Sustainability and Transformation Plan (STP) was published in November 2016. We have made sure that the refresh of the Joint Health and Wellbeing Strategy has been aligned to the development of the STP and there is a good read-across between the two documents. We have formally received the draft STP and, in commenting on the document, we emphasised the importance of listening to the outcome of public engagement and consultation. We also suggested that engagement with the public should focus on the positive health offer that would be made for each locality.

To view the draft STP, please visit <http://www.bettercareleicester.nhs.uk/>



## STP and the Role of the Health and Wellbeing Board

# 1. STP and the Role of the Health and Wellbeing Board

Across the local health and care system there is recognition that additional governance arrangements for the STP are needed to deliver improved clarity and connection between the local place and the Leicester, Leicestershire and Rutland tier with more visibility, shaping and recognition of the wider determinants of health in all aspects of strategic planning. It has been proposed that the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland take on this role.

The Health and Wellbeing Boards will provide a 'confirm and challenge' function, ensuring that the STP is aligned with the priorities set out within both the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The Health and Wellbeing Board will also apply this confirm and challenge approach to the implementation of the STP, particularly with regard to the pace and readiness of the individual programmes of work within it.

As part of these proposals, each Health and Wellbeing Board provide an open and transparent forum in which to:

- I. Take responsibility for ensuring that the STP priorities address the key place based health and care needs of each Health and Wellbeing Board area for adults and children
- II. Assure itself that partners on the Health and Wellbeing Board have adequate plans in place to deliver their required local contribution to implementing the STP
- III. Assure itself, where specific proposals exist for service reconfiguration within their geographic area, that the case for change in terms of clinical model and patient benefit is clear and processes for securing patient and public involvement are robust.
- IV. Take a lead role for one of the agreed STP new model of care transformation priorities. This would be on behalf of the whole of Leicester, Leicestershire and Rutland, not just the specific Health and Wellbeing Board, and would involve more frequent review, testing and leadership for the implementation plans for that specific aspect of the STP.

V. Agree any concerns or issues which the Health and Wellbeing Board wishes to escalate to the STP System Leadership Team or refer to or inform the executive of the relevant NHS body or local authority

This 'division of labour' is not intended to constitute a formal delegation of accountability or statutory responsibilities from one body to another, but rather ensure that there is consistent challenge being applied across the system in a way which avoids duplication and creates the time and space for more detailed consideration.

In terms of what this would practically mean, under these arrangements in addition to taking an overall interest in the whole of the STP, each Health and Wellbeing Board will have the following specific areas of focus:

|                         | Leicester City           | Leicestershire                                   | Rutland                  |
|-------------------------|--------------------------|--|--------------------------|
| New models of care      | Primary care             | Integrated teams                                 | Community rehabilitation |
| Service reconfiguration | UHL acute hospital sites | Community hospitals (excluding Rutland Memorial) | Rutland Memorial         |

## 2. BCF Refresh

Leicestershire's Better Care Fund plan is due to be refreshed in early 2017, in line with national policy. It will be subject to assurance via NHS England and Local Government structures regionally and nationally. Work is already underway on the refresh at the time of writing this report, and national planning guidance is expected in December 2016.

The refresh process will include:

- using a range of evaluation findings to inform models of care and commissioning intentions for 2017/18;
- assessing the Leicestershire plan against the national Better Care Fund self-assessment tool;
- reviewing the existing schemes within the Better Care Fund, and aligning them to the Sustainability and Transformation Plan;
- engaging with Clinical Commissioning Groups, the Integration Executive, Leicestershire County Council and the Health and Wellbeing Board in the development and approval of a refreshed plan.

The key metrics are expected to be reduced in 2017/18, with a focus to:

- reduce the total number of emergency admissions;
- reduce the number of permanent admissions to residential and nursing homes;
- increase the number of service users still at home 91 days after discharge;
- reduce the number of delayed transfers of care.

Each scheme funded by the Better Care Fund will be described in detail, along with trajectories for activity and a full assessment of how they meet the Better Care Fund criteria:

- building capacity for integration;
- delivering outcomes alongside value for money;
- improving patient/service user satisfaction;
- utilising a 'system thinking' approach;
- supported by all stakeholders, including the workforce; and
- supporting the Sustainability and Transformation Plans.

## 3. Health and Wellbeing Board Priorities for 2017

Delivery of the STP and our integration programme are likely to be our main priorities during 2017. There are also significant issues related to mental health which we have identified and area keen to see progress on next year. These are:-

- The refresh of the 'Future in Mind' Plan to transform Child and Adolescent Mental Health Services;
- The development and delivery of a plan to ensure parity of esteem, that is, that mental health is given equal priority to physical health;
- Progress with the development and delivery of the Leicester, Leicestershire and Rutland Suicide Prevention Strategy.

## 4. Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) will be refreshed in 2017 in order to be published by April 2018. It will include refreshed data, based on the 2015 Joint Strategic Needs Assessment and public engagement.

It is intended that the PNA will be refreshed either jointly or in alignment with Leicester City and Rutland.



