

HEALTH AND WELLBEING BOARD: 24th JANUARY 2019

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

OUTCOMES FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT
SESSION HELD ON 30 NOVEMBER 2018

Introduction

1. The development session focused on the Joint strategic Needs Assessment (JSNA) and commissioning intentions for 2019/20.

Part 1: Leicestershire's JSNA Findings and Mental Health Commissioning

2. In part one of the session attendees received a detailed presentation on the needs analysis relating to Mental Health, one of the first sections of the Leicestershire JSNA to be updated in the new style of rolling chapter updates. (see presentation attached as Appendix A to this report).
3. Attendees discussed the findings from this analysis on their group tables, and considered:
 - How the JSNA could be used and promoted as the key evidence base in commissioning and strategic planning within the health and care system.
 - Whether current service provision and commissioning intentions in Leicestershire were adequate in light of the evidence and themes presented in the Mental Health analysis and where the HWB Board partnership should focus its attention in order to address the priorities and gaps arising from this.
 - Sharing any other examples of good practice where JSNA evidence has been used to inform commissioning intentions across the health and care system.
4. A summary of key themes arising from the JSNA discussion is given below, along with a suggested set of recommendations in response.

Parity of Esteem and the Mental Health (MH) Investment Standard.

5. It was noted that additional investment was being mandated by NHSE, via CCGs, into MH services, however final allocations and requirements for 2019/20 were not yet known but are expected via CCG planning guidance, expected in December 2018/January 2019..
6. Medium term investment requirements and funding flows linked to the 5 year additional NHS funding would be set out in the NHS plan. At the time of

writing this report the publication of this document has been delayed into January 2019.

7. Presentation at crisis services and Core 24 were raised as key pressure points, especially by blue light services. We clearly are only reaching some of the population at the point of crisis, for many it would have been possible to know and recognise this sooner and channel people into early intervention and prevention. Will the investment plans for mental health address this issue sufficiently?

Recommendations for the HWB Board to Consider

8. It is recommended that the HWB Board receives a report on the MH standards and local investment plans from 2019/20 onwards demonstrating how the investment Leicestershire is receiving from the national allocation will deliver against the national requirements, and how its prioritisation responds to the evidence presented in the JSNA.
9. This report should cover investment in services across all ages, use benchmarking information comparing service/investment levels and outcomes in Leicestershire with other peer counties, and show the relative proportions being invested in prevention, crisis support, community services and secondary care.

Prevention and Self Care

10. The Mental Health Partnership and First Contact were seen as very beneficial to supporting the prevention offer, but there is variability across district and borough areas in terms of the overall emphasis on mental wellbeing, prevention and self care, and therefore opportunities to promote more learning between areas, and provide a greater level of consistency across the county.
11. This includes for example how prominent the “5 ways to wellbeing” approach is, how we are promoting and embedding mental wellbeing in the front line of health and care, e.g. making every contact count in terms of mental wellbeing, and including within this key messages on specific topic areas, e.g. loneliness (work already in progress), men’s mental health and wellbeing, the needs of rural communities, suicide prevention (work already in progress) or bereavement support.
12. The dual beneficial impact of physical activity on both physical and mental health was also discussed and it was felt the mental health benefits of physical activity should be given a higher priority in messages to the public.
13. The knowledge of “ACE’s” was also highlighted– these are our future cohort of adults and where we can identify these more effectively across the

partnership we should then be able to ensure they benefit from a more targeted MH offer as part of any suite of interventions.

Recommendation for the HWB Board to Consider

14. The Health and Wellbeing Board should endorse and support a unified social prescribing approach across the system (which includes the offer for mental health and wellbeing), to be implemented coherently in all settings of care (e.g. whether accessed via secondary, primary, or social care).
15. The Unified Prevention Board be asked to work with with District/Borough Health Leads to consider and address the reasons for the variability in the prominence of the mental health and wellbeing, to strengthen this within the existing social prescribing developments,
16. The Health and Wellbeing Board's communication and engagement plan for 2019/20 should focus heavily on promoting mental health and wellbeing.
17. The Health and Wellbeing Board should consider designating a number of Mental Health Champions, and whether the Board is supported sufficiently in terms of mental health expertise in order to drive this campaign.
18. The Unified Prevention Board and the Mental Health Partnership should be engaged actively in developing the content and approach to the campaign.
19. The existing, well established, joint arrangements across communications teams in the partnership organisations covering LLR should be used to collaborate on the content and dissemination of the campaign, across all channels/ organisations/ populations/communities.
20. The HWB Board should receive the proposed campaign materials for discussion and approval prior to the launch.
21. The Childrens' Partnership should be asked to develop an approach to ACEs and bring a report on this to a future HWB board meeting and should be consulted on the analysis indicated at para 8 to ensure this includes sufficient focus on the mental health needs of children and young people and how investment is being targeted to these age groups.

Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)

22. The JSNA analysis pointed to the need for further promotion of IAPT generally within the population, especially the ability to self refer.
23. There is also a need address the lower level of referrals from older adults in the Leicestershire population. The JSNA analysis noted that older people have the best reported outcomes from the IAPT service, so our current low level of referrals from this age group means we are currently missing

opportunities to intervene positively regarding the mental health and wellbeing of older people in Leicestershire's communities.

24. The Integrated Locality Teams are well placed to target IAPT to the 3 cohorts of people they are proactively identifying and case managing.
25. IAPT can significantly improve physical health outcomes in people with LTCs and medically unexplained symptoms.
26. As a broader approach to population health management is developed (in response to the NHS plan, from 2019/20 onwards), the model of population health management across LLR will need to ensure that targeted mental health interventions to receive as much priority as physical and medical interventions.
27. The preparatory work for the re-procurement of IAPT services from 2020 onwards may present additional opportunities to address how the service functions and is targeted.

Recommendations for the HWB Board to Consider

28. Clinicians should be encouraged to raise the issue of Mental Health and Wellbeing at the point of diagnosis, for example at the point of an initial diagnosis for a Long Term Condition, as this presents a key opportunity to intervene early and signpost to available support.
29. In primary care this can be done very easily through First Contact, using the existing very simple GP referral mechanism or via self referral, it might be helpful for the HWB Board to understand how this could be approached more systematically across other settings such as outpatient clinics, and have this matter considered as part of overall outpatient redesign activities.
30. Locality teams should ensure all members of the multidisciplinary team (including care coordinators/navigators/Local Area Coordinators) have adequate skills in discussing mental wellbeing (making every contact count) and a good working knowledge of
 - The likely impact of frailty and multi morbidity on MH health and wellbeing
 - The MH wellbeing and support offer available in Leicestershire.
31. The outcomes framework for measuring the impact of locality teams should include evaluating
 - How the team has actively signposted and supported people to the IAPT offer, and other mental wellbeing activities/low level support in community settings

- Whether taking a more targeted approach via the ILTs increases the number of IAPT referrals for older people.
- Evidence, in MDT case conferencing and documented care plans, that MH and Wellbeing is routinely being raised and addressed as part of holistic assessments and interventions.
- In the patient evaluation element of the framework, assessing the impact of ILT interventions on patient reported outcomes for mental health and wellbeing

32. The Health and Wellbeing Board should receive a report on the future commissioning intentions for IAPT during 2019, and be actively engaged in the preparatory work for the re-procurement.

Measuring the Impact and Effectiveness of Mental Health Interventions

33. The HWB Board should be provided with a greater insight into the approach being taken to measure the impact of additional investments in MH and the outcomes being achieved from that investment.

34. The definitions of settled and unsettled accommodation were raised as a potential area of concern and that greater clarity was needed across the partnership about this definition.

Recommendations for the HWB Board to Consider

35. It may be possible to include some initial detail on the approach to measurement in the report proposed at paragraph 8.

36. Work has started on implementing a new integrated data warehouse and reporting tool, one of the first priorities from the LLR Business Intelligence Strategy.

37. Once the tool is up and running, it should be used to prioritise the development of dashboards that assist in measuring the impact of various interventions, including MH.

38. The Board is asked to note that the definition of settled accommodation is set out by the Department of Health and Social Care.

39. Per the following extract from the NHS data dictionary, is defined as follows:

Settled ACCOMMODATION refers to secure, medium to long term ACCOMMODATION. The principle characteristic is that the occupier has security of tenure/residence in their usual accommodation in the medium to long term, or is part of a household whose head holds such security or tenure/residence.

Non-settled ACCOMMODATION refers to ACCOMMODATION arrangements that are precarious, or where the PERSON has no or low security of tenure/residence in their usual ACCOMMODATION and so may be required to leave at very short notice.

40. The indicator is included in the Adult Social Care Outcome Framework (ASCOF 1H: Mental Health, Independent Living). Data is collected against this indicator locally via Leicestershire Partnership Trust as part of the overall Mental Health Services data set.

Development Session, Part 2

Overview of Commissioning Intentions for 2019/20 Across the Partnership

Introduction

1. Part two of the development session provided participants with an overview of commissioning intentions by partner for the forthcoming financial year, presented by each partner agency.
2. This development session was programmed to take place during the planning period for setting the budget setting and operating plans for 2019/20.
3. Following the presentations, working as before on group tables, participants were asked to consider key themes, risks and issues from the materials presented and any actions needed to strengthen commissioning priorities, along with any other implications for financial planning and risk management.

Key Points

4. The presentations illustrated a number of common themes and demands on the system across agencies, particularly in terms of childrens' services, mental health and housing matters, including housing for vulnerable groups.
5. Commissioning intentions are still in some cases short term (1-2 years), due partly to differences in planning requirements nationally for different agencies, but there is general support for a more medium term approach across the partnership.
6. The strategic growth plan for Leicestershire (addresses overall economic development and housing developments) looks at the position up to 2050. There should be a presentation and further discussion at the HWB Board about this plan during 2019/20 to inform our medium term commissioning response.
7. Workforce planning is a concern to all partners, a feeling of lack of visibility/understanding of how this is being coordinated at system level and some concerns that we are still taking a traditional approach to training and professional development.
8. The procurement of the probation service will provide an opportunity for greater partnership working on this area of service than has been achieved in the past.
9. The transition of packages of care between children and adult services and in particular the discussion with the public about their expectations in this regard need more prominence and joint planning/delivery across agencies.

10. The system level financial model and savings assumptions were flagged as needing more engagement across the 3 HWB Boards in LLR.
11. The new housing developments across Leicestershire need to be mapped in terms of their impact on public services generally including health and care (see note above on strategic growth plan).
12. The lack of affordable rental accommodation for vulnerable and low income individuals and families is a recurring issue highlighted in several of the presentations. Groups such as looked after children who need to transition into their own accommodation, those who are homeless/at risk of being homeless (the police do a risk assessment on each homeless person which could be used to support this process), those facing social/family breakdown, other complex needs, including drug and alcohol issues.
13. Mental health patients also cited as needing access to better housing options. The move on accommodation we have in place has demonstrated this, but is insufficient for demand, and there is then a need for settled accommodation beyond this.
14. Can the housing investments already being planned by Districts and LCC be considered in terms of the units of accommodation that could be targeted to vulnerable groups?
15. The impact of Brexit on delivery in 2019/20, and taking a more joined up view of this across partners was highlighted as a potential gap in current risk analysis.
16. The analysis of ACEs, with reference to the 6 key triggers that indicate this, could be used collectively by the HWB Board to target early interventions, crisis support, with a view to preventing the need for longer term services into adulthood. Good example in Wales of how this is being approached with shared data across agencies cited.
17. The approach to community and social cohesion at place level needs to be brought together strategically, (ILTs, people zones, LACs etc), lack of one overall joint plan of what we are aiming for in communities and how to build the most effective and cost effective approach across the partnership?

Recommendations for the HWB Board to Consider

18. The HWB Board should receive a presentation on the strategic growth plan, early in 2019.
19. The HWB Board should receive (in Q2 2019) a comprehensive report on the housing developments across Leicestershire over the 10 years, with analysis on the following key points:
 - a. Assessment of the current gaps in provision for vulnerable groups and proposals as to how these groups can be better supported to access

- existing and new accommodation, (to include looked after children, the homeless, those with MH, drug, alcohol problems etc.)
- b. The scale and mapping of new housing stock planned, including the locations of those units being planned by LCC (supported living/extra care), shown by District/locality
 - c. An assessment of the implications for health and care services/other public services, including reference to where s106 monies is already being applied/planned for in support of these developments.
 - d. If any of the housing stock is already being specified with respect to built in health and wellbeing enablers (dementia friendly/smart homes etc)
 - e. Recommendations for HWB Board partners with respect to the above matters.
20. The Board should note that a recommendation has already been made on the analysis of ACEs in the Part One/JSNA section of this report, hence not duplicated here.
21. The Board should request a stock take of work in progress relating to community and social cohesion across partners.
22. Subject to the outcome of this, potentially plan a multiagency workshop on this topic during 2019/20 with a view to consolidating the strategy and setting a clearer joint strategic direction/set of commissioning intentions.
23. The Leicestershire Resilience Forum be asked to review the Brexit preparations and risk register entries associated with this, across partner agencies in Q4 2018/19 and provide advice to the HWB Board and individual organisations, as needed.
24. The LLR Better Care Together senior leadership team be asked to consider if the workforce programme across LLR should be revitalised and greater engagement made with the 3 HWB Boards on this topic as well as the medium term system level financial plan for LLR (the latter should be timed in relation to local analysis of the requirements of the new NHS 10 year plan).

Development Session Attendees

Cllr Pam Posnett (Board Chair)
 Sian Walls (Superintendent – Leicestershire Police)
 Simon Down (Office of the Police and Crime Commissioner)
 Caroline Trevithick (Interim Accountable Officer - WLCCG)
 Tamsin Hooton (Director, Community Services Redesign - WLCCG)
 Sarah Warmington (Lead for Learning Disabilities Commissioning - ELRCCG)
 Simon Pizzey (Strategic Planning Lead - ELRCCG)
 Rachna Vyas (Strategic Planning Lead- UHL)
 Jules Gallbraith (Head of Service - LPT)

Mala Razak (LCC – Children and Family Services)
Adrian Allen (LCC- Service Manager, Public Health)
Mike McHugh (LCC – Consultant in Public Health)
Caroline Boucher (LCC – Business Intelligence & Economic Growth)
Lorna Dellow (LCC – Communications)
Gurjinder Bane (LCC – Public Health Analyst)
Sandy McMillan (LCC – Head of Commissioning - Adult Social Care)
Cheryl Davenport (Director - Health and Care Integration)
Matt Hand (Democratic Services)

Observing (personal development)
Lauren Walton (LCC)
Gemma Whysall (LCC)

Apologies

Cllr Ivan Ould
Cllr Richard Blunt
Natalee Wignall, (Superintendent, Leicestershire Police)
Professor Mayur Lakhani, (Clinical Chair, WLCCG)
Dr Andy Ker, (Clinical Vice Chair, ELRCCG)
John Adler, (Chief Executive, UHL)

Officer to Contact

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Appendix

JSNA/MH Presentation