

# **LEICESTERSHIRE HEALTH AND WELLBEING BOARD ANNUAL REPORT**

**MAY 2014**

## FOREWORD



### **Cllr Ernie White, Chair, Leicestershire Health and Wellbeing Board**

Over the last twelve months the national policy context affecting health and care has developed significantly, including:

- A refreshed NHS Mandate, setting out what the NHS and its partners are expected to deliver for citizens over the next two to five years.
- Much greater levels of ambition with respect to achieving integration between health and care, ensuring services from multiple agencies are coordinated around the needs and expectations of individuals.
- Quality assurance challenges facing the delivery of NHS services following the Francis, Keogh and Berwick reports, and a changing regulatory landscape for providers.
- Unprecedented financial challenges affecting the entire health and care system.
- Significant changes proposed in the configuration, provision and access for urgent and emergency care services, via a national review.
- The introduction of the Care Bill.

Health and Wellbeing Boards have a crucial role to play as the system leaders for health and care in their local authority area, and are responsible for ensuring these changes come to fruition locally, using the collective expertise, influence and resources of the partners at the Board table.

As we reflect on our achievements to date and the challenges ahead I am pleased to report good initial progress. We have firm foundations in our partnership, and a joint recognition that the Board now needs to change gear to provide even broader

and deeper leadership to the task ahead as we:

- Continue to address the health and wellbeing priorities identified in our Joint Health and Wellbeing Strategy.
- Embark on a five year strategy to transform health and care, alongside our colleagues from neighbouring authorities in Leicester City and Rutland.
- Support the delivery of savings across the health and care sector by shifting care from acute settings into the community.
- Begin our initial two year “Better Care Fund” programme to integrate health care more effectively within Leicestershire.
- Connect with local people about their health and wellbeing more effectively, and how services are developing to put them firmly at the centre of service design.

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## INTRODUCTION

### 1. Background

The purpose of the Health and Wellbeing Board is to lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and care services.<sup>1</sup>

The Leicestershire Health and Wellbeing Board was established in shadow form in April 2011, becoming a statutory Board and committee of the Council in April 2013.

During this period, the work of the Board has been focused on:

- the production of the Joint Strategic Needs Assessment (JSNA);
- the development and implementation of a Joint Health and Wellbeing Strategy (JHWS), based on JSNA findings; and
- the development of a local vision for integration and the Better Care Fund (BCF) plan for Leicestershire.

The Board has also dealt with a wide range of issues, for example emergency care performance, the quality of local adult mental health services, Winterbourne View, The Francis report, and gaining a greater understanding of the housing agenda, culminating in the development of a local housing offer for health and wellbeing.

The aim of this annual report is to:

- provide an update on the progress that the Board has made in the first 12 months since taking statutory status, in terms of the improvements in health and wellbeing that have been delivered for the population of Leicestershire;
- look ahead to the next phase of the Board's work plan and its future development as a system leader.

#### 1.1. Board membership and key responsibilities

The Board's membership has evolved since April 2011 and now includes members from Leicestershire County Council (LCC), Clinical Commissioning Groups (CCG), Healthwatch, NHS England, Leicestershire District Councils (DC), Leicestershire Constabulary, University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT). The full membership is listed in Appendix 1.

The key responsibilities of the Board are as follows:

To lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and

social care services by:

1. Identifying needs and priorities across Leicestershire, and publishing and refreshing the Leicestershire Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions and priorities are based on evidence.
2. Preparing and publishing a Joint Health and Wellbeing Strategy and Plan on behalf of the County Council and its partner clinical commissioning groups so that work is done to meet the needs identified in the JSNA in a co-ordinated, planned and measurable way.
3. Communicating and engaging with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
4. Approving and implementing plans for the use of the Better Care Fund, a pooled budget used to transform local services so people are provided with better integrated care and support.
5. Having oversight of the use of other relevant public sector resources to identify opportunities for the further integration of health and social care services.

The terms of reference and a full list of board members and their biographies are available on the Health and Wellbeing Board webpages.<sup>1 2</sup>

## **2. Leicestershire's Joint Strategic Needs Assessment**

Leicestershire's Joint Strategic Needs Assessment (JSNA) was published in 2012.<sup>3</sup> Since the publication of the JSNA, additional reports have been published alongside the JSNA to further enrich the evidence base for the health and wellbeing of the population. These include:

- the Director of Public Health's Annual Reports for 2011, 2012 and 2013 which focussed on health through the life cycle with reports on children, older people and working age adults;
- needs assessments on healthy weight, physical activity and substance misuse;
- Public Health Outcomes Framework (PHOF) tool published for Leicestershire County Council and the Districts.

These reports are all available from [www.lsr-online.gov.uk](http://www.lsr-online.gov.uk)

The public health team have been running training sessions with the districts and Healthwatch members on accessing and using data and tools that have been developed by the JSNA Steering Board and other partners such as Public Health

England. These are aimed to support key stakeholders in accessing and interpreting health needs data for themselves. This training will be further developed in 2014/15.

The JSNA is due to be refreshed in 2015, with work starting on that refresh in summer 2014. The findings from the JSNA refresh will be used to underpin a full refresh of the JHWS, which will incorporate the Better Care Fund and integration plan developed in 2014. .

In addition to the JSNA, the Health and Wellbeing Board has a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA) to support the commissioning of community pharmacies. The PNA is currently under development and will be published by the 31<sup>st</sup> March 2015.

### **3. Leicestershire's Joint Health and Wellbeing Strategy**

The Joint Health and Wellbeing Strategy was published in January 2013.<sup>4</sup> The strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.<sup>3</sup> It sets out the key priorities that partners need to address in order to improve the needs of the population. The 2013-16 strategy identified the following key outcomes (see Figure 1):

- Outcome 1: Getting it right from childhood
- Outcome 2: Managing the shift to early intervention and prevention
- Outcome 3: Supporting the ageing population
- Outcome 4: Improving mental health and wellbeing
- Cross cutting theme: Tackling the wider determinants of health by influencing other Boards

The priorities have all been further developed in 2013/14, with sub-committees of the HWB taking these work streams forwards. The respective action plans are summarised in Appendices 2-5.

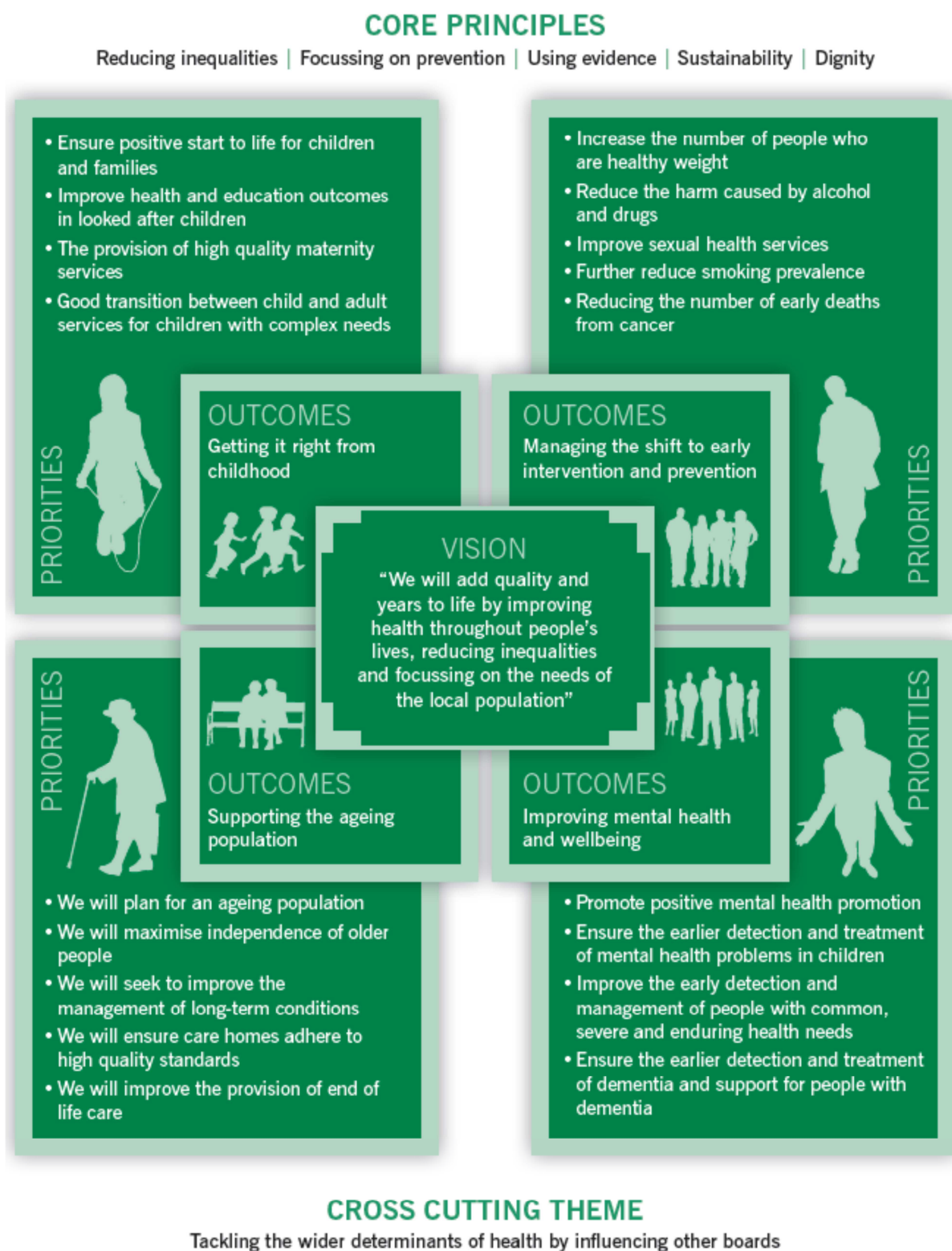
The action plans show the key performance indicators that are used to measure progress in delivery of the strategy and its outcomes. Performance reports are presented routinely to the Health and Wellbeing Board and to Health Overview and Scrutiny and published via the Health and Wellbeing Board web pages. A full performance report will also be included in Leicestershire County Council's Annual Performance Report.

To date, the overall performance against the strategy is good. The following

sections provide a summary of progress against each outcome of the strategy.



Figure 1: Leicestershire's Joint Health and Wellbeing Strategy



### **3.1. Outcome 1: Getting it right from childhood**

The JHWS action plan will be reviewed next year and aligned to the Children's and Young People's Service strategic objectives.

#### **'We will support a positive start for children and families through early years support and early intervention / prevention'**

The Government's vision is to ensure that children and families are able to access high quality early education and childcare. Leicestershire's take up of the Free Early Education (FEE) for eligible 2 year olds is in line with the national average. There are plans to increase this uptake, by working in partnership with children centres, health professionals, nurseries, child-minders, pre-schools, schools and other agencies. The percentage of child-minders receiving a good or better Ofsted rating continues to increase. The percentage of pre-school and nursery providers rated as good or better is above the national average. This is a requirement for the provision of 2 year old FEE.

Outcomes for children and families accessing children's centres have been rated 'good' by Ofsted. Effective partnerships, including with parents, have ensured that there is a good understanding of local issues which are addressed through both commissioned and in-house provision.

Plans for 2014-15 include preparing for the transition of the responsibility for the commissioning of health visiting services and the delivery of the Healthy Child Programme for 0-5 year olds from NHS England to Leicestershire County Council's Public Health Directorate from October 2015. This includes the setting up a health visiting assurance and transition board.

Supporting Leicestershire Families began in April 2013. It is a new service supporting the Government's 'Troubled Families' programme. There has been an identified improvement for families against most issues identified at the initial assessment. Future work will strengthen the current arrangements and develop a more targeted approach in light of a growing number of referrals to the service.

#### **'We will improve health and educational outcomes in looked after children through high quality health and social care support.'**

There is an improving level of take up of the 2, 3 and 4 year old FEE for children who are looked after by the local authority and plans to increase this further by targeting children who have not taken up the offer.

Leicestershire Education Excellence Partnership (LEEP) has been established to ensure the best learning experience for all young people (including those looked after). A key priority for LEEP is to narrow the gap which exists between those pupils who are eligible for free school meals and those who are not eligible. The partnership supports a system where schools collaborate, providing peer to peer professional learning and leadership development opportunities by sharing effective practice and expertise.

Educational outcomes for Looked After Children (LAC) are improving over time and are given greater priority in schools through the liaison of the virtual school head teacher network. This is supported by the Education of Children in Care Service.

‘Prospects’ is commissioned to provide support to young people up to age 19 (including those looked after) and a specialist advisor works with some young people to age 20/21. There are early signs of successful impact through the maintenance of employment, education and training for young people.

Young people at the age of 19, 20 and 21 continue to be tracked in terms of their education, employment and training destinations. We also look at where they are living to ensure young people are in suitable and sustainable accommodation.

Leicestershire continues to develop the apprenticeship scheme within the authority with plans to offer five apprenticeship opportunities to LAC or care leavers.

Health partners have a dedicated LAC team, with a named specialist LAC nurse for each child/young person and carer. This supports tracking of health assessments over time, ensuring health plans are in place, supporting independence skills and providing confidential advice on specific risk areas, for example, drugs and alcohol, sexual health and relationships, domestic abuse.

**‘We will enable children to start well through provision of high quality maternity services including pre and post-natal support’**

Improved partnerships have been established between children’s centres and the midwifery services who are instrumental in the registration and engagement of families with children’s centres. This enables the children’s centres to risk assess families for any early help that they may need.

Public Health are currently running a series of workshops across the 7 districts in Leicestershire to reduce infant mortality and improve health in pregnancy and infancy. These:

- outline key modifiable risk factors affecting infant mortality (smoking, healthy weight, immunisation and screening, sudden infant deaths, teenage pregnancy);
- describe the range of current services available to address these issues and discuss plans to improve access to existing services for communities in Leicestershire;
- enable the localities/districts to plan their own work programmes based on needs of their local areas; and
- support localities to nominate a 'Health and Wellbeing Champion' to promote this work and develop an associated locality action plan.

Breastfeeding prevalence at 6-8 weeks after birth is significantly lower than the England average with only 44% of babies breastfed at this stage.<sup>5</sup> Peer support schemes have been targeted in the areas of North West Leicestershire and Hinckley and Bosworth providing a coordinator to increase breastfeeding rates.

**'We will ensure a good transition between child and adult services for children with complex physical and mental health needs'**

Disabled children entitled to leaving care services are identified at an early stage and transition plans are prepared in advance to identify any potential need for adult services.

In response to the Special Educational Needs and Disability (SEND) Green Paper 2011<sup>6</sup> and the Children and Families Bill 2013<sup>7</sup> which introduces a new single system from birth to 25 years for all children with SEND, Leicestershire is developing a project during 2014/15 to bring in the required changes required by the legislation. This will improve educational, health and wellbeing outcomes for all Leicestershire children and young people with SEND through integrated assessment and care plans. The project will also ensure other changes required in the Children and Families Act are delivered effectively, through better integrated assessment and joint commissioning of services to deliver single education, health and social care plans.

A Young Carers Multi-agency Sub Group has been established. A recent development has been the launch of the Young Carers ID card, which ensures healthcare professionals share information with the young carer on the cared-for person in pre-agreed areas.

### **3.2. Outcome 2: Managing the shift to early intervention and prevention**

On the 1<sup>st</sup> April 2013, public health responsibilities formally transferred to Leicestershire County Council. This gives the council new responsibilities for supporting people to be healthier.

The key challenges for this priority in 2014/15 include:

- Embedding public health in the wider determinants of health.
- Developing the unified prevention offer across LCC and partners – this is a clear priority for the LLR wide Better Care Together strategy and Leicestershire's local integration agenda. Plans will be developed as the strategy becomes further developed.

#### **We will maintain or increase the number of children and adults who are a healthy weight**

Leicestershire's new Food for Life Partnership is at the forefront of national activity to develop a sustainable healthy food culture within primary schools. The county is a pilot for the Government's new "School Food Plan" and over the next 3 years will be supporting schools to improve school meals uptake and school catering, reinstate cooking on the curriculum, introduce food growing programmes and farm visits for pupils. The county council will also work alongside the School Food Support Service to help to raise awareness of Universal Infant Free school meal provision from September 2014.

Leicestershire's sport and physical activity commissioning programme has brought together a coalition of partners to develop and implement a systematic, joined up strategy to promote physical activity across all age groups and physical abilities. The latest plans in 2013-14 include purposeful physical play for 0-5 year olds, training for the early years workforce, a fundamental movement skills programmes for primary aged children to be delivered in selected primary schools in each district, and specialist and community based physical activity programmes for the over 50s.

#### **We will reduce the harm caused by alcohol and drugs.**

In 2013/14, substance misuse services from the main provider Swanswell have seen a major improvement in treatment outcomes, with more people successfully completing their treatments. The arrangements that allow the specialist service to share the care of service users with GPs have been strengthened and the service has been rebalanced to improve access to alcohol treatment.

Through a number of programmes in hospital and community settings, frontline staff have been trained and equipped to identify and provide brief advice to people with alcohol problems. Specialist clinicians from across the area are being brought together to share learning and tackle issues such as emerging drug trends. The new recovery forum is starting to shape a recovery-orientated treatment system and to build communities that can help people move on from substance misuse.

In 2014/15, the focus will be on improving the performance of criminal justice substance misuse services and undertaking a review of the capacity of services to continue to deliver good outcomes.

**We will improve sexual health services for the Leicestershire population.**

The 1<sup>st</sup> January 2014 saw the successful implementation of a new sexual health service for Leicester, Leicestershire and Rutland, provided by Staffordshire and Stoke on Trent NHS Partnership Trust. The integrated service delivers services from a single access point, in one appointment where possible, to minimise the number of separate appointments/contacts which need to be made. It is anticipated that the new service will deliver improved sexual health outcomes across all tiers of the service, including reducing teenage conception rates, reduced rates of sexually transmitted infections and improvements in the uptake of the national chlamydia screening programme.

**We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking.**

In Leicestershire, the tobacco free young person programme – The Tobacco Trap – continues to change attitudes and opinions of young people and reduce the number of young people who take up smoking.

Leicestershire Trading Standards have recently launched a campaign to tackle sales of illegal tobacco. Early indications are that the campaign is having some success.

More smokers in Leicestershire are stepping right out and smoking outside when they smoke. Step Right Out is a smoke free homes programme that encourages smokers not to smoke in their home or car.

In 2014 the council will re-procure the stop smoking services. The challenge is to ensure the newly commissioned service is able to reflect the current market and help smokers to cut down and quit, as appropriate

## **We will reduce early deaths from cancer.**

Following a report to the Health and Wellbeing Board on cancer mortality it was agreed that the biggest issue in Leicestershire was early diagnosis of symptomatic cancer and this is reflected in the action plan in Appendix 3. Screening performance in Leicestershire is good and it appears that treatment outcomes are also good once cancers are diagnosed. The key lifestyle factors that contribute to cancers: smoking, obesity and alcohol are all priority actions in the JHWS.

### **3.3. Outcome 3: Supporting the ageing population**

Over the past two years, the Integrated Commissioning Board (ICB) have identified opportunities to develop and commission integrated services between health and social care, to deliver better health outcomes for adults in Leicestershire, whilst achieving service efficiencies. The ICB have funded a number of projects and services and highlights from the some of the Board's work are noted below.

## **We will plan for an ageing population, particularly an increase in the frail elderly population, by providing appropriate housing and adaptations to enable the frail elderly to live longer in their own homes.**

Housing professionals and the Health and Wellbeing Board recognise the potential that housing services have to deliver better health and social care outcomes. Everyone is fully engaged in shaping and delivering different ways of working in Leicestershire to achieve this, including a range of housing providers who have been actively engaged in our work to date.

In 2013, the Board worked with the Chartered Institute of Housing to identify the "Housing Offer to Health." As a result, Leicestershire's approach to prevention will include implementing an integrated offer of housing support targeted to improve health and wellbeing in our communities.

Using the current First Contact scheme and Local Area Coordination will effectively signpost people to practical housing advice and interventions across multiple agencies, using one referral form. This will pick up important interventions such as Keeping Warm and Well at Home, and providing a range of practical support to older and vulnerable people.

## **We will maximise independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions.**

The ICB commissioned and piloted a new social care crisis response service pilot which started in September 2013. The Integrated Crisis Response Service is a new approach which involves adult social care services working to support the citizens of Leicestershire who are experiencing a health or social care crisis within their own home and without which they may be admitted to hospital or a care home.

The current service is available seven days a week and responds within 4 hours helping people to remain independent and living at home. It is a short-term service providing support for three days, allowing time for longer term care plans to be adjusted if needed.

The key findings from the pilot are:

1. The first six months of the pilot has evidenced a demand for a social care crises response, with a total of 395 referrals generated across the evaluation period.
2. A responsive, flexible short-term service, working in conjunction with a range of Health and Social care providers, offers an effective Step-up resource which may prevent avoidable admissions to Hospital and Residential settings.
3. Demand has principally been generated from health referrals with the greatest proportion coming through A&E.
4. There is sufficient evidence to demonstrate that the Crisis Response Service is delivering successful outcomes for service users, informal carers, operational staff and commissioners. In most cases, Service users were either referred on for a Reablement episode (30%), ongoing social care (22%) or had no further needs (25%).

Plans are now being finalised to integrate the health components of the service through the Better Care Fund.

### **We will seek to improve the management of long term conditions.**

Both local Clinical Commissioning Groups have developed effective models of care to support people with long term conditions to maintain the maximum level of independence and self care that they can. (Proactive Care delivered by West Leicestershire CCG and Integrated Care Teams delivered by East Leicestershire and Rutland CCG). This involves risk stratification and care planning, with primary and community based support planned around the patient, carer and family. Care plans “step up” care when needed to support through period of crisis or increased need and “step down” care when the person stabilises or needs decrease. These



projects have made a significant contribution to the reduction in hospital admissions for ambulatory care sensitive conditions. This success has created the blue-print for the Better Care Fund, with plans to reduce avoidable emergency admissions by 15% by 2018/19 across the two CCGs in Leicestershire and Rutland.

There is a focus on ensuring that elements of the social care and health systems are working collaboratively wherever possible to ensure that individuals receive a joined-up and seamless service. An example of this is the joint approach to reablement / rehabilitation, for example following hospital discharge, where the council's Homecare Assessment and Reablement Team (HART) is co-ordinated with the intermediate care services provided by the NHS. There are now plans in place to develop an integrated model for community-based crisis response services which will be rolled out in 2014.

**We will ensure care homes adhere to the highest standards of dignity and quality and ensure carer training in organisations is improved**

Leicestershire is committed to the delivery of quality and dignified services. One of the initiatives is the Dignity Award. The award is available to all providers of care, including care homes. The scheme encompasses the 10 Dignity Challenges set out by the Department of Health with providers also pledging to adhere to:

- provide quality services which respect peoples' right to dignity at all times;
- review policies, procedures and ways of working to make sure this happens;
- encourage staff to become registered dignity champions and to positively influence practice both inside and outside of the care home;
- ensure that staff receive training and supervision that support them to focus on dignity of care; and
- communicate with residents, their families and friends in such a way that encourage honest feedback and to act on their comments to make continual improvements.

The council's quality improvement team continues to work with health and other allied partners to improve the standard of care in residential care and nursing homes. Recent work has included support around tissue viability and the management of behaviours that challenge. The team also supports providers to effectively plan and manage care, resulting in a reduction of safeguarding referrals.

**We will improve the provision of end of life care and support for people who wish to die at home and support for their carers.**

West Leicestershire CCG has identified the following priorities: increasing recorded prevalence, advanced care planning and workforce training, establishment of an electronic system to enable information sharing and the development of a performance dashboard.

East Leicestershire and Rutland CCG are in the process of implementing an EOLC initiative across all 34 GP practices. This includes supporting GP practices around: initiating palliative care registers; advanced care planning and bereavement support for carers, along with general education and support around EOLC for practices.

### **3.4. Outcome 4: Improving mental health and wellbeing**

The Health and Wellbeing Board have agreed to establish a Mental Health Strategy Board to drive this work programme forward, and at the time of writing this report the board is being established. In the meantime there has been significant progress in mental health and highlights from the work to date are noted below.

One of the most significant mental health challenges in this area is the need to improve access and referral routes to specialist child and adolescent mental health services (CAMHS). As part of the Healthy Schools Programme a number of work activities aimed at improving children's mental health and wellbeing have been developed. Ultimately this will make children and young people less susceptible to developing mental illness and therefore less reliant on specialist services.

#### **We will promote positive mental health promotion.**

In 2013/14 a number of programmes have been developed that target emotional health, wellbeing and resilience across all ages, such as:

- emotional resilience work in schools;
- anti-stigma campaigns;
- development of workplace mental health initiatives;
- reading groups in libraries; and
- numerous culture related mental health and wellbeing initiatives.

The council has also worked closely with partners across Leicester, Leicestershire and Rutland (LLR) to implement the 2013-16 LLR Suicide Prevention Strategy. This has included commissioning suicide awareness training and a suicide awareness film, which will be released to coincide with National Suicide Awareness Day.

#### **We will ensure the earlier detection and treatment of mental health problems in children.**

A menu of training opportunities has been developed, for mental health promotion and early detection in schools for all staff working with children and young people across the seven districts. This is aimed at improving awareness, knowledge and skills to respond appropriately to children and young people's mental health issues.

**We will continue to improve the early detection and management of people with common and severe and enduring mental health needs.**

Mental health awareness training has been commissioned for non-medical front line staff e.g. police, housing officers, probation health trainers to help them identify early signs of mental illness and to increase skills and knowledge to facilitate appropriate onward referral of those who are struggling.

Public health continue to work with CCGs to help procure high quality mental health services through direct involvement in commissioning and quality and assurance processes covering the full spectrum of mental health services.

The adults and communities team have re-commissioned social drop-in provision. The aims of the Service are to support people aged 18 and over who are recovering from or living with mental health problems to maintain maximum independence and wellbeing through the provision of:

- advice, information, signposting;
- support to people to take part in social and community activities;
- support to people to identify and use strategies to enable them to cope on a day-to-day basis;
- in reach into marginalised groups;
- peer support.

**We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers.**

The Memory Coordination Service is a short-term one to one support service for people with dementia and their carers to assist them to identify and access opportunities in their local or chosen communities. One to one support is available to assist people with planning for the future. Emotional support is available to individuals and their carers. The service includes a range of support groups including memory cafes, carers and peer support groups where people can access information and advice on coping strategies, and share their experiences and learn from each other. The service will be in place from October 2014 and replaces the existing services provided by the memory advisor services and voluntary services.

### **3.5. Cross cutting theme: tackling the wider determinants of health by influencing other Boards**

Leicestershire County Council is currently developing its 4 year strategic plan “Leading Leicestershire: Transforming Public Services. Leicestershire County Council Strategic Plan 2014-18”. This demonstrates the key issues that will deliver improvements to the most vulnerable populations by addressing the wider determinants of health through the identified plans and actions. Key themes within the strategy include:

- enabling economic growth – a thriving Leicestershire economy;
- better care – health and social care integration;
- supporting children and families;
- safer communities – a better environment/ place; and
- environment.

The Health and Wellbeing Board is ideally placed to influence other boards to tackle the wider determinants of health. To support this, the 2014 Director of Public Health’s Annual Report will be focussing on the wider determinants of health and will contain a series of recommendations against these areas to support the further development of the JHWS.

#### **Delivering in partnership with the districts**

The past year has seen some significant developments in how district councils are engaged with and making a difference around delivery of the Health and Wellbeing Board’s priorities. For example:

- through the Housing Services Partnership the development of the “Housing Offer to Health” and the inclusion of key housing interventions in the BCF;
- through the district council health public health partnership, districts are actively involved in the commissioning cycle for public health programmes;
- an increasing awareness across districts of how their services influence the wider determinants of health and wellbeing be it through planning, licensing, environmental health, leisure or support services; and
- the early involvement of senior district council staff in change programmes such as prevention, outcome based commissioning and local area co-ordination.

Operationally we have seen:

- the successful development in all districts of staying healthy partnerships and forums;

- effective and productive relationships, in particular with CCGs, GPs, the public health team and Healthwatch;
- the value provided by the staying healthy community grant allocation from public health which has ‘pump primed’ many beneficial locality projects;
- district councils adapting services to reduce health inequalities and improve health outcomes locally; and
- a recognised commitment from all district councils to improving local public health.

### **Delivering in partnership across the wider health and social care economy**

All of the major stakeholders involved in the delivery of the Joint Health and Wellbeing Strategy have developed their key strategic vision and plans for addressing the needs of their populations. The relationships between these strategic plans and the JHWS are demonstrated in Appendix 7 and includes:

- ELR CCG Integrated Plan – Strategic Aims 2012-15;<sup>8</sup>
- WL CCG Operating Plan 2014-16 – Priority Programmes;<sup>9</sup>
- District health priorities – there are seven districts in Leicestershire and the table indicates the number of districts that have selected the priority within their local plans;
- Healthwatch Everyone Counts – Outcome ambitions;<sup>10</sup>
- Leicestershire’s Better Care Fund (BCF) Plan;<sup>11</sup>
- LLR 5 Year Strategy, Better Care Together – a sub-regional 5 year plan to transform health and care across Leicester, Leicestershire and Rutland which is currently under development.

### **3.6. Learning disabilities**

The Health and Wellbeing Board has identified the need to consider learning disabilities alongside the JHWS as an emerging priority linked particularly to the findings of the Winterbourne View review.<sup>12</sup> Learning disabilities is an existing priority for the ICB and the action plan is included in Appendix 6.

Health and social care are working together to improve services for people with learning disabilities with a focus on prevention and early intervention. The care for people with learning disabilities who need services, especially at times of crisis, will be integrated, supported by the pooled budget between partners. In the last 12 months considerable progress has been made to develop joint plans which are now

being implemented.

Leicestershire has developed an action plan in response to the Winterbourne View review.<sup>12</sup> The Leicestershire Winterbourne View action plan for Health and Social Care has the following objectives:

- understanding our people;
- effective commissioning;
- quality assurance and compliance;
- keeping people safe; and
- the right workforce.

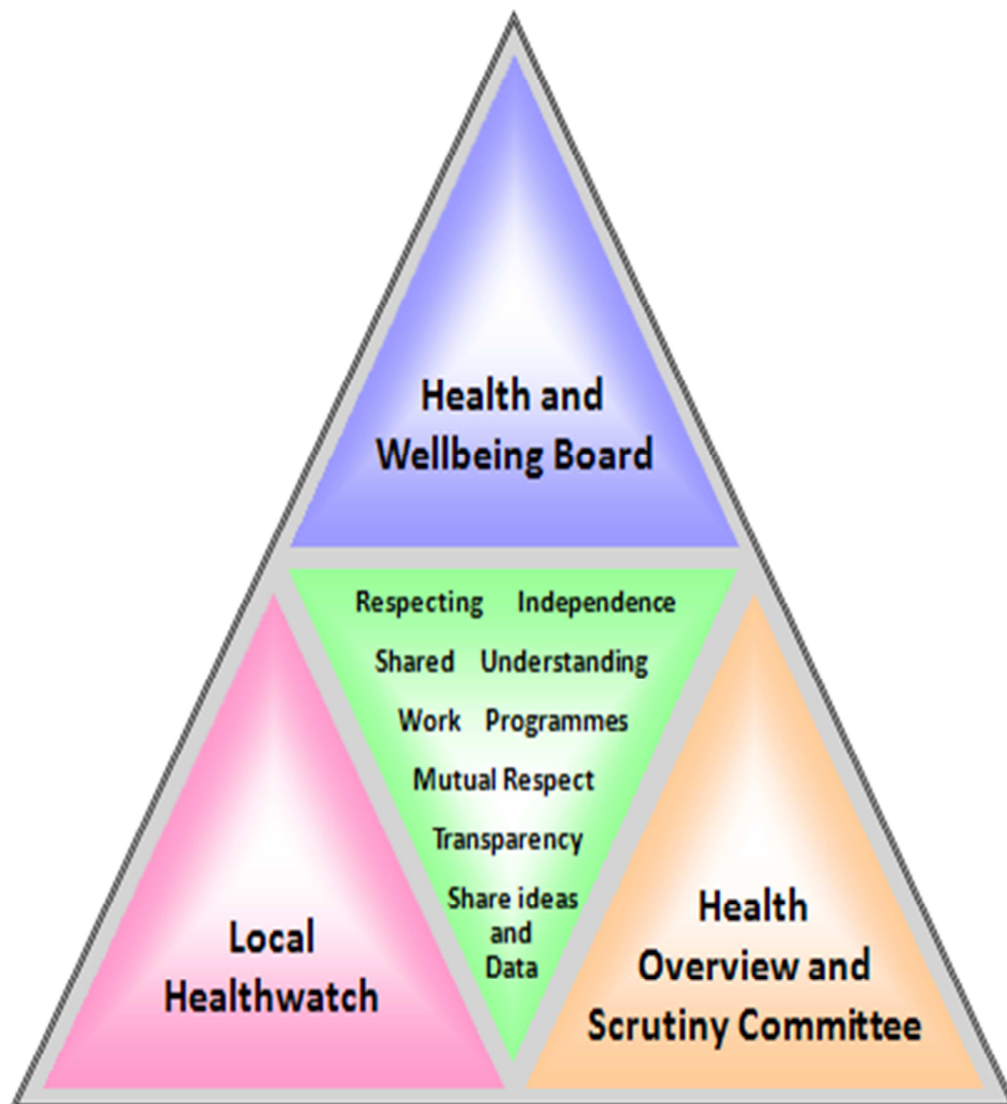
Leicestershire County Council with partners from health have identified short breaks as a priority, with access to short breaks of a duration and frequency that will support family carers to maintain their caring role for as long as they and the person they care for wish to do so. The council has commissioned a revised short breaks strategy and implementation plan to ensure short breaks are fit for purpose for people with learning disabilities and their families across Leicestershire. Short break services will promote choice and control, social inclusion and increased independence for both the person with a learning disability and their family.

#### **4. Communicating and engaging with local people**

##### **4.1. Working in partnership with the Health Overview and Scrutiny and Healthwatch Leicestershire**

Leicestershire Health and Wellbeing Board, the Leicestershire County Council Health Overview and Scrutiny Committee and Healthwatch Leicestershire work closely together to improve outcomes for the people of Leicestershire. To make this work effectively they have set out a protocol to underpin how they work together,<sup>13</sup> as illustrated in Figure 2.

Figure 2: Working together to improve outcomes for the people of Leicestershire



Healthwatch Leicestershire is the consumer champion for Health and Social Care. They also engage with local communities, the voluntary sector and patient led groups. It has a role to monitor, review and challenge the commissioning and provision of health and social care services. It provides information and signposting for the public. Healthwatch is the voice of the public on the Health and Wellbeing Board.<sup>10</sup>

Healthwatch Leicestershire was established in April 2013. One of the most significant pieces of work undertaken this year has involved working with all stakeholders to agree the initial priorities for the new local Healthwatch organisation. Leicestershire Healthwatch collected information through:

- consultation events in each of the seven Leicestershire districts;
- an online survey; and

- providing hard copies of the survey in localities.

The consultation materials were developed to allow patients and the public to drive the agenda, whilst also providing an overview of existing health and care priorities across partner agencies. A selection of priorities was presented in a multiple choice questionnaire. The selection was made following analysis of existing priorities of key local health and social care strategies, including:

- Leicestershire's Health and Wellbeing Strategy 2013-16;<sup>4</sup>
- West Leicestershire and East Leicestershire and Rutland CCG priorities;<sup>9</sup>
- Joint Strategic Needs Assessment - 2012 priorities;<sup>3</sup>
- Leicestershire County Council's Business Plan for Adults Social Care and Community Services 2012/13;<sup>14</sup>
- Leicestershire Partnership NHS Trust Integrated Business Plan 2012-17.<sup>15</sup>

The online survey was also promoted to a variety of groups under-represented in the consultation at the interim stage, including children and young people and service users with learning disabilities.

In total 187 responses were received leading to the selection of the following priority areas:

- The top two issues, identified by respondents were **improving the links between health and social care and improving mental health care services.**
- Three further issues received votes from half of respondents: **Early diagnosis of disease, Support for People with long-term conditions, Care for older people.**
- The issue just below the top five, **Support for patients when they are discharged from hospital**, was included due to the crossover with the integration of health and social care, and a close working link with Leicestershire Partnership Trust.

The priority areas are currently being used to inform the development of the Healthwatch Leicestershire work plan for 2014-15

Healthwatch Leicestershire have worked in partnership with Voluntary Action LeicesterShire (VAL) to provide service user and patient experience and evidence to the Leicestershire County Council Health Overview and Scrutiny Committee review into service provision for older people experiencing anxiety and depression. VAL and Healthwatch Leicestershire worked with a number of voluntary and community sector (VCS) organisations to understand the experiences of their



service users, particularly those in contact with the Improving Access to Psychological Therapies services. Healthwatch and VAL officers attended and provided evidence at three meetings of the HOSC and were joined by representatives from VCS organisations to provide the views and experiences of their service users. The HOSC are currently considering the evidence presented by Clinical Commissioning Groups, Leicestershire Partnership NHS Trust, Leicestershire County Council Officers and the evidence provided by VAL and Healthwatch Leicestershire and will report their findings in due course.

## **4.2. Feedback from our stakeholders**

On the 24<sup>th</sup> February 2014, the Health and Wellbeing Board hosted an event to engage with stakeholders about the progress that has been made in delivering the Joint Health and Wellbeing Strategy and the future direction of the strategy.<sup>16</sup> The event attracted over 100 delegates from a range of different backgrounds. The event had two principle objectives:

- to review the progress that has been made in delivering the Joint Health and Wellbeing Strategy since it was published in January 2013; and
- to assess the Better Care Fund (BCF) proposals against the strategy and identify any changes needed to the strategy to support the delivery of the BCF.

### **4.2.1. The Joint Health and Wellbeing Strategy**

Figure 3: Workshop 1: The Joint Health and Wellbeing Strategy



#### 4.2.2. The Better Care Fund

Our stakeholders identified the following key issues:

1. The JHWS action plans need to be developed to incorporate the BCF work programme.
2. The needs of carers need to be considered in more detail.
3. There is a need for a programme of community development to support communities and patients to manage better for themselves
4. There is a need for better integration across health and social care with care-coordinators crossing the whole spectrum of care
5. The action plans need to make better use of new technology to support patients and carers with both access to professionals and to enable people to manage in their own homes for longer.
6. There needs to be better information sharing across agencies for both provision of care and planning of care.
7. The needs of the most disadvantaged populations / people with protected characteristics need to be addressed through BCF.
8. There were significant concerns identified in the workshop reviewing integrated urgent response – the mechanisms to make this happen will need to be more fully developed in the action plans going forwards.
9. Integration needs to happen at all areas of strategy and delivery from organisational leadership through to service delivery.

Figure 4: Workshop 2: The Better Care Fund



Table 1: The Better Care Fund

The measures of health gain with the BCF plan are those linked directly to the outcomes within our LLR-wide strategy and the Joint Health and Wellbeing Strategy for Leicestershire which map across as shown in the table below.

These are associated primarily with delivering improved outcomes for those with specific LTCs and frail older people, the impact on their associated mortality rates, and measures of quality of life such as maintaining independence, and the impact on health inequalities.

Results will be achieved by significant improvements in prevention, proactive care, and care coordination for the local population, by developing a fully integrated health and care system by 2018.

LLR Wide Strategy Priorities (Provisional)	Leicestershire's Joint Health and Wellbeing Strategy Priorities	BCF Themes
Respiratory Disease	Supporting the ageing population Managing the shift to prevention and early intervention Getting it right from childhood	Unified prevention offer LTCs Integrated urgent response Hospital discharge and reablement
CVD	Supporting the ageing population Managing the shift to prevention and early intervention Getting it right from childhood	Unified prevention offer LTCs Integrated urgent response Hospital discharge and reablement
Cancer	Supporting the ageing population Managing the shift to prevention and early intervention Getting it right from childhood	Unified prevention offer LTCs Integrated urgent response Hospital discharge and reablement
Mental Health and Substance Misuse	Improving mental health and wellbeing Managing the shift to prevention and early intervention Getting it right from childhood	Unified prevention offer Hospital discharge and reablement
Dementia	Supporting the ageing population Improving mental health and wellbeing Managing the shift to prevention and early intervention	Unified prevention offer LTCs Integrated urgent response Hospital discharge and reablement

## 6. Oversight of the use of public sector resources for integration

An important role of the Health and Wellbeing Board is to ensure related plans

within the local health and care system are aligned with the JSNA findings and the JHWS and that the outcomes of our JHWS are promoted through multiple channels across the system.

In Leicestershire this involves planning at multiple tiers for example:

- Sub Regional Level – e.g. five year plan across Leicester, Leicestershire and Rutland.
- Integrated Commissioning Level within Leicestershire – e.g. the two year Better Care Fund Plan.
- Individual Organisational Level within Leicestershire – e.g. annual/two year plans of Clinical Commissioning Groups, County Council, District and Borough Councils, Local Healthwatch.

The following sections outline the alignment of local plans at all 3 tiers so that we

- move more resources into prevention and reduce acute sector spend;
- redesign community based care to be more integrated and proactive;
- improve the outcome that matter most to local populations.

#### **6.1.1. Sub-regional level**

The leaders of the Leicester, Leicestershire and Rutland (LLR) health and care economy have recently developed an overarching vision setting out the changes needed in the local health and care system over the next five years. This work involves all partners including providers and will culminate in publishing a five year strategy by June 2014.

The LLR vision is to:

Maximise value for the citizens of Leicester, Leicestershire and Rutland by improving health and wellbeing outcomes that matter to them, their families and carers in a way that enhances the quality of care at the same time as reducing cost across the public sector to within allocated resources by restructuring the provision of safe, high quality services into the most efficient and effective settings.

The LLR strategy must be delivered in an integrated way, so that partners work together to:

- enhance the quality of care, at the same time as reducing cost across the public sector, to within allocated resources;
- manage demand and restructure the provision of safe, high quality, services into the most efficient and effective settings.

The emerging LLR five year strategy is aligned to Leicestershire's current JHWS and BCF plan, as illustrated in Table 1 (Page 29). Chairs of local Health and Wellbeing Boards are members of the LLR wide programme board and are integral to the work to develop and integrate the 5 year plan across the whole health and care economy.

In Leicestershire we now have the benefit of much stronger connections and strategic alignment into this larger unit of planning, and it is becoming clearer how our local JHWS and BCF plan will contribute to the overall shift of activity from acute to community settings which is planned at scale across LLR, over the five year period.

#### **6.1.2. Organisational Level**

The Leicestershire Health and Wellbeing Board have been closely involved in the development of CCG commissioning intentions and operating plans routinely over the past 2 financial years, with CCG plans aligned to the JHWS for Leicestershire.

Every year a specific Health and Wellbeing Board development session is held to consider joint commissioning intentions in order to refresh operating plans collectively and understand the specific requirements on constituent organisations.

Since 2011/12 the Health and Wellbeing Board has also received CCG operating plans annually at a scheduled Health and Wellbeing Board meeting.

The delivery of the JHWS and its outcomes is supported by a number of boards – the Children's Board, the ICB and Staying Healthy. A new board is currently being established to oversee delivery of the mental health theme (as referenced on page 18).

### **7. The Ongoing Development of the Health and Wellbeing Board**

Since its inception the Leicestershire Health and Wellbeing Board has had a well developed and well structured development programme which runs alongside formal meetings, allowing the Board to develop as a leadership team across the health and care system and consider issues in depth.

The Board has considered commissioning intentions twice since the JHWS was published, examining the service and financial plans of individual organisations spanning health and social care, to assess their effectiveness for delivering the strategy. In February 2013, the board reviewed commissioning intentions and

identified gaps for each of the priorities in the JHWS and lead agencies were identified to take this work forward.

The Health and Wellbeing Board understands the need for a strong evidence base to inform commissioning decisions and accesses a range of evidence including sources such as National Institute of Care and Health Excellence (NICE), the JSNA and the body of evidence provided by the King's Fund to support integration/ Better Care Fund planning. In August 2013 the Board held a dedicated development session to review the types of evidence available from NICE and how NICE guidance can be used/ mapped to support the delivery of the JHWS.

In August 2013 the Board performed a self-assessment using the tool developed nationally by The Local Government Association, in partnership with the Department of Health, Public Health England, NHS England, NHS Confederation and Healthwatch.<sup>17</sup> The Tool measures the maturity of the Board against a range of criteria. The Board discussed:

- The HWB Board's overall progress to date;
- Areas for further development, including the Health and Wellbeing Board's ambitions for future achievements, and the future operation and culture of the Board.

The self-assessment identified that the Board was good at planning but there could be a lack of focus on execution and holding partners to account for delivery. The importance of positioning the Board to lead on health and social care integration was also recognised, as was the need to demonstrate the impact and added value of the Board.

The outputs of the self-assessment informed a paper to the HWB Board meeting in February 2014 which proposed refreshing the terms of reference along with a range of recommendations supporting the Board's future development.<sup>18</sup> Specific areas of challenge already identified for the Board will be addressed in the development programme for 2014/15 such as:

- influencing and shaping the vision for health and care integration and engaging with the public about this;
- demonstrating the impact and added value of the Board;
- delivering the BCF at the scale and pace needed to transform services and sustain the health and care economy;
- providing joint leadership to ensure change is delivered at scale and pace within the LLR tier of the work, the local JHWS, and the council's wider transformation programme; and



- holding each other to account for delivery.

In December 2013, the development session focused on the vision for integration, the local context for health and social care integration and the emerging better care fund guidance. The board identified a number of areas of challenge, to be addressed during 2014/15:-

- influencing and shaping the vision for health and care integration and engaging with the public;
- delivering the BCF plan at the scale and pace needed to transform services and sustain the health and care economy;
- providing joint leadership to ensure change is delivered at scale and pace within the LLR tier of the work, the Joint Health and Wellbeing Strategy and the Council's wider transformation programme. This resulted in the development of terms of reference for a new group within the HWB Board's sub structure - the Integration Executive which met for the first time on in March 2014.

## **8. Priorities for 2014/15**

The future strategy, terms of reference, work plan and governance arrangements of the Leicestershire Health and Wellbeing Board have now been refreshed to take account of the changing national and local landscape, building on the stronger foundation of collaboration and engagement now in place across all partners.

The Health and Wellbeing Board has a duty to promote integrated working which is set out in Section 195 of the Health and Social Care Act 2012. The introduction of the BCF has developed this role and NHS England guidance requires that BCF plans are approved by the Health and Wellbeing Board. The Terms of Reference for the Board have therefore been revised to enable to Board to both sign off the Plan and to approve implementation plans arising from the use of the fund.<sup>18</sup>

As the Health and Wellbeing Board is a statutory committee of the Council, it is also imperative that:

- The Council, Cabinet and Health Overview and Scrutiny Committee, are fully engaged in the changing nature of the Health and Wellbeing Board and the evolving sub-regional partnership arrangements.
- Members and officers of the County Council understand and support the changing agenda of the Health and Wellbeing Board, and can promote and capitalise on the opportunities presented by the work of the Health and Wellbeing Board and within the Council's transformation programme.

- The integration agenda operating across health and local government is seen as only one aspect of the benefits the Council is seeking to achieve through greater levels of integration, affecting the Council's relationship with a wide range of other local partners and the public, across a spectrum of activities, per the objectives of the Council's overall transformation programme.
- The contribution of the work of the Health and Wellbeing Board, (both in term of benefits and risks) to the Council's Medium Term Financial Strategy is clearly understood.

The existing JHWS will initially be refreshed in 2014/15 to incorporate narrative about the LLR strategic programme, the evolving policy developments associated with integration and the BCF and the context of the Health and Wellbeing Board's agenda within the Council's overall transformation programme. The fundamental outcomes and priorities of the current JHWS are not likely to alter as a result of this, but the way in which the outcomes are achieved will alter, due to the even greater level of integration partners are aiming for.

The 3 year programme of refreshing the Joint Strategic Needs Assessment is a key priority in 2014/15, and a revised JSNA will be published in 2015 to underpin a full revision of Leicestershire's Joint Health and Wellbeing Strategy in 2016.

The work in progress on how the Board measures its impact on the overall outcomes and performance of the health and care system will also be affected by these developments. The work of the Board will now need to focus not only on specific population level health and wellbeing outcomes, but also how the health and care system as a whole will be improved through reconfiguration, to achieve a greater level of integrated care, especially in community settings. Joint integration and transformation work is an important enabler to the five priorities within the JHWS and the six performance metrics that will be measured within the BCF.

The Health and Wellbeing Board will be accountable for:

- How the BCF improvements are experienced by individuals, specific care groups and the population as a whole
- The achievement of the JHWS outcomes and the BCF metrics, e.g. the specific benefits the Board is seeking from greater care integration, including the financial contribution this is making to secure a sustainable system of care for local citizens in the medium term.

The development programme of the Board will be enhanced to accommodate new

areas of responsibility, as well as promoting the leadership behaviours needed to make sustainable, radical changes collectively, across organisational boundaries.

To support the Board in its ongoing development the LGA's national offer is still available, which includes a revised national self-assessment tool for HWBs, an assessment tool for assessing JHWS and peer review process.

A stock take of the current and future development needs of all Health and Wellbeing Boards in the East Midlands is currently underway and the outputs of this work will also assist Leicestershire's Health and Wellbeing Board in planning its forward development programme, benchmarking its progress, and sharing best practice across the East Midlands.

The relationship between the Health and Wellbeing Board and all local commissioners and providers in the health and care system also needs further refinement in the refresh of the Board's TORs, along with an explicit link to the LLR wide strategic programme and its governance arrangements.

It is particularly important for the Board to understand each commissioner's and each provider's contribution to the changes, and how these are governed - both at sub regional level within the LLR strategic programme, locally within each Health and Wellbeing Board, and how individual Boards of NHS providers and commissioners are accountable for their individual contributions to the programme of work.

While it is clear the Health and Wellbeing Board will not be routinely engaged in the performance management of individual organisations or services, it is important that the Board has a strong link to the LLR programme to ensure this is distilled effectively into Leicestershire and the Health and Wellbeing Board's agenda, and to avoid duplication of effort.

The Board's sub structure will change in 2014/15 with the addition of a new Integration Executive which will oversee the day to day delivery of the integration programme and will support the Health and Wellbeing Board in:

- Steering the delivery of the initial BCF
- Governing the pooled budget
- Extending our ambitions for local integration/transformation beyond the current scope of the BCF
- Further crystallise the local alignment of the BCF to the priorities within the JHWS and the LLR wide programme

Although some initial work has been done to develop a strategy for communications and engagement, the analysis from the self-assessment has identified that this is a key area of weakness for the Board and requires intensive work in 2014 with some dedicated resource. The development of more targeted and comprehensive stakeholder engagement programme with specific activities linked to integration and the BCF will be required, along with a more proactive communications plan generally about the work, priorities and outcomes within the JHWS.

## **9. Conclusions**

The work of the health and wellbeing board over the past 12 months has demonstrated the ability of the Board to operate as system leaders to collectively improve the health and wellbeing of local people in the priority areas of our JHWS, and to extend the Board's remit in order to lead the development of the vision for integration as set out in the Better Care Fund Plan for Leicestershire. The work of the Board in the forthcoming year will have a number of priorities as follows:

- refresh the JSNA by March 2015;
- develop the local pharmaceutical needs assessment (PNA) by March 2015;
- refresh the JHWS in the autumn of 2014 (to reflect the introduction of the BCF in April 2014 and the production of the five year LLR wide strategy in June 2014);
- implement the new sub-Board for Improving Mental Health and Wellbeing;
- continue to develop the overall work programme to deliver against the key priorities identified in the JHWS;
- ongoing Board Development programme, building on the findings of the self-assessment;
- implement a communications and engagement programme for the Board in conjunction with LHW and in the context of the overall communications and engagement programme of the five year LLR wide strategy;
- develop the Board's reporting framework to track the progress against the Better Care Fund;
- prepare for the full introduction of the pooled budget for the BCF with effect from April 2015;
- report progress against health and wellbeing outcomes through the Leicestershire County Council Annual Report; and
- continue to align commissioning intentions and strategies between partners and extend the opportunities for integrated commissioning and integrated service delivery for the benefit of local citizens.

The Board would like to express its gratitude to all partners and the members of the public who have engaged with our work to date, supported our strategy and helped us achieve early milestones. While we recognise we have a large and complex agenda ahead of us, we are moving into 2014/15 and beyond with confidence as a partnership and a strongly held joint commitment to continue to improve health and wellbeing in Leicestershire.

## **Glossary**

BCF	Better Care Fund
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
DC	District Council
EOLC	End of Life Care
FEE	Free Early Education
HART	Homecare Assessment and Reablement Teams
HWB	Health and Wellbeing Board
ICB	Integrated Commissioning Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Children
LCC	Leicestershire County Council
LCR	Leicestershire County and Rutland
LEEP	Leicestershire Education Excellence Partnership
LLR	Leicester, Leicestershire and Rutland
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LTC	Long Term Conditions
SEND	Special Educational Needs and Disability
UHL	University Hospitals of Leicester NHS Trust
VAL	Voluntary Action LeicesterShire
VCS	Voluntary and Community Services

## **Appendix 1: Health and Wellbeing Board Membership**

### **Leicestershire County Council**

- Ernie White CC (Chairman) Lead Member for Health
- Dave Houseman MBE, CC Lead Member for Adult Social Care
- Ivan Ould CC Lead Member for Children and Families
- Mick Connell Director of Adults and Communities
- Lesley Hagger Director of Children and Family Services
- Mike Sandys Director of Public Health

### **Clinical Commissioning Groups**

- Dr Dave Briggs East Leicestershire and Rutland Clinical Commissioning Group
- Dr Hamant Mistry East Leicestershire and Rutland Clinical Commissioning Group
- Toby Sanders West Leicestershire Clinical Commissioning Group
- Dr Chris Trzcinski West Leicestershire Clinical Commissioning Group

### **Healthwatch**

- Vijay Sharma Healthwatch Leicestershire
- Geoff Smith OBE Healthwatch Leicestershire

### **NHS England**

- Peter Huskinson, Director of Commissioning, Leicestershire and Lincolnshire Area Team

### **Leicestershire District Councils**

- Cllr John Boyce Leicestershire District Councils
- Cllr Pam Posnett Leicestershire District Councils

### **Leicestershire Constabulary**

- Chief Supt. Sally Healy

### **University Hospitals of Leicester**

- John Adler Chief Executive

### **Leicestershire Partnership NHS Trust**

- Dr Satheesh Kumar Medical Director

## Appendix 2 – Action Plan – Getting it right from childhood

<p><b>We will support positive start for children and families through:</b>  <b>Early years support</b>  <b>Early intervention / prevention</b></p> <p>The Children's Centre programme, across the county, will work with a range of partners to continue to provide positive health promotion activity to parents of pre school children  That a protocol is drawn up with the University Hospitals Leicester Midwifery Service and/or Leicestershire Partnership Trust Health Visiting Service that requires that/those service/s to ask all new parents to fill out a consent form allowing their details to be shared with their local Children's Centre.</p> <p>From April 2013 public health nursing will be commissioned for school aged children and young people (5-19yrs old)</p> <p><b>Healthy Weight interventions/Promoting physical activity &amp; healthy eating - have been addressed in the Early Intervention and Prevention workstream</b></p> <p><b>Physical literacy programme in primary schools:</b> Build upon physical literacy Olympic Legacy investment for 0-5 years to develop new resources and training as part of Healthy Tots "package" – Healthy tots targets Early Year Settings using a Whole Setting approach focusing on 3 core themes: Healthy Eating, Physical Activity &amp; Emotional Health &amp; Wellbeing</p> <p>As part of the Early help offer all referrals to the Single Point of Access (First Response) are dealt with effectively and swiftly (referrals are signposted to the appropriate level of service). Develop a 0-19 integrated early help service, which offers targeted support to vulnerable families that improves the health of children.</p> <p>Ensure free nursery provision for all children in care aged 2 yrs. old and over is taken up</p>
<p><b>We will improve health and educational outcomes in looked after children through high quality health and social care support</b></p> <p>Ensuring that all looked after children are registered with a GP and Dentist  Ensure that all relevant children have an Strength and Difficulties Questionnaire (SDQ) completed and have Specialist Services engagement where appropriate</p> <p>The system, process and capacity for Health Assessments (initial and review) to be approved so that all looked after children have a Health Assessment and that the voice of children and young people are included in this.</p> <p>Apprenticeships are offered within Leicestershire County Council for 5 looked after children and care leavers</p> <p>Ensuring that appropriate training (core training and standards) is completed by foster carers.</p>
<p><b>We will enable children to start well through provision of high quality maternity services including pre and post-natal support</b></p> <p><b>Social Marketing for Early Access to Maternity Services:</b> The provision of a multi-component maternity 12 week early access social marketing campaign: aimed at women booking late (12+ 6 weeks gestation) in areas of Loughborough with identified high rates of late bookers.</p> <p><b>Increasing 6-8 week breastfeeding prevalence rates:</b> Breastfeeding Peer Support coordination – to coordinate and deliver a Breastfeeding peer support programme –targeting women less likely to breastfeeding (predominantly in the West of the County) including work with young parents to develop peer approaches to increase breastfeeding rates amongst young parents. The aim of the Peer supporters is to help to increase initiation &amp; continuation of breastfeeding.</p> <p>Strategic leaders for Early Help and Leicestershire Partnership Trust agree mechanisms to ensure that expectant parents including those parents with additional needs are targeted for early intervention through the Children centres.</p> <p>Review progress on the delivery and implementation of the Transitions Strategy Action Plan</p>
<p><b>We will ensure a good transition between child and adult services for children with complex physical and mental health needs</b></p> <p>Delivery and implementation of the Carers Strategy 2012-2015 and Delivery Action Plan in relation to young carers and parents/carers of disabled children</p>



## Appendix 3 – Action Plan – Managing the shift to early intervention and prevention

### **We will maintain or increase the number of children and adults who are a healthy weight, through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating**

Tackling obesity is a complex challenge requiring long-term and sustained interventions aimed at an individual, family, community and cultural level, over a number of decades. Locally and nationally we are still at the very early stages of developing effective interventions and are still learning what interventions will have the greatest impact. Within Leicestershire, we are planning to develop a comprehensive and diverse obesity strategy across three key areas: Maintaining a healthy Weight, Physical activity and Food and Nutrition (including food sustainability)

1) We will continue to take a whole systems approach to addressing healthy weight in schools and early years settings. We will continue to expand the children's weight management programme and strengthen prevention and education in schools through investment in new "Food routes" and "Big cook little cook" programmes. There will be a new focus on nutrition and food sustainability, through investment in "Food for life" programmes across schools, Master Gardeners community projects and an expansion of adult learning "Basic cookery skills" courses.

2) We will continue to increase adult weight management programmes through new investment in "Tier 1" universal services delivered by the commercial sector, in addition to investment in "Tier 2" LEAP adult weight management services, which be delivered in all districts for the first time.

3) Physical activity programmes will continue to be a central component of our strategy. We will be investing in new programmes developing physical literacy in 0-5s and 5-11s. Exercise referral and Heartsmart (cardiac rehab through physical activity) will receive additional investment in 2013-14.

4) In 2013/14 we will scope the work needed to progress the Healthy Weight Healthy Lives Strategy which aims to promote a single co-ordinated approach to improving nutritional wellbeing. Malnutrition in the form of obesity may be a leading threat, especially for children and the younger population. However, the effects of being underweight/under-nutrition and malnutrition, particularly amid the increasing elderly demographic cannot be under estimated. We will consider medical, social and psychological influences, establish the cost benefits and start to identify practical solutions.

### **We will reduce the harm caused by alcohol and drugs**

Substance misuse has a far reaching impact on individuals, families and communities. To reflect this, the Substance Misuse Partnership Board is *'Working together to make Leicestershire a healthier and safer place by reducing the harm and inequalities caused by substance misuse, in a sustainable and cost effective way.'* The four priority outcomes of the Board relate to health and wellbeing, crime and disorder, children and families, the economy and efficiency. In response to national developments and local need, the Board has begun to rebalance its efforts in relation to drugs vs alcohol and treatment vs prevention, early intervention and recovery. The following actions consolidate this shift and extend the reach of the Board and harm reduction programmes.

1) Strategic leadership : Strengthen and re-focus the Substance Misuse Partnership Board and wider strategic leadership.

2) Frontline training and brief advice: Build the capacity of frontline staff and extend initiatives to deliver information and brief advice (IBA).

3) Shared care: Strengthen and extend arrangements for sharing treatment between specialist and general practice services.

4) Recovery and reintegration: Understand existing recovery capital and embed initiatives that support the recovery and reintegration of substance misusers.

5) Emerging drug trends: Understand trends in legal highs (also known as Novel Psychoactive Substances) and raise awareness of associated risks.

6) Children, Young People and Families: Integrate substance misuse prevention and early intervention initiatives into emerging children and young people's service framework.

7) Crime and disorder: Manage the transition of criminal justice substance misuse services following re-procurement to ensure service provision is not destabilised.

### **We will improve sexual health services for the Leicestershire population**

We will improve the provision of sexual health services by procuring an integrated sexual health service and reviewing the appropriateness of services across primary care and voluntary sector.

- 1) Procurement of new integrated sexual health service across Leicester, Leicestershire & Rutland, incorporating open access GUM, Contraceptive Services & Chlamydia Screening.
- 2) Review of Sexual Health services in primary care.
- 3) Review of voluntary sector SH/HIV service contracts to ensure targeted approach to prevention for the most at risk populations.
- 4) Local engagement in delivery of HIV Prevention England campaigns for most at risk populations
- 5) Local implementation of national 3C's ( chlamydia, contraception, condoms) pilot project to improve chlamydia screening/sexual health offer to 15-24's from general practice.
- 6) Deliver the annual multi-agency work plan of the Teenage Pregnancy Executive

**We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking**

Cigarette smoking is the greatest single cause of illness and premature death in the Leicestershire. Tobacco-free Leicestershire & Rutland (TLR) is the local tobacco control alliance and has the agreed mission to reduce the prevalence, power and influence of tobacco through advocacy, education and community organization. The 2013-14 fiscal year will see continued expansion of the tobacco free young person program and an increased focus on illicit enforcement, advocacy and program evaluation.

1. Building capacity for the enforcement aspect of the tobacco control program through Trading Standards.
2. Improve awareness and support of tobacco control services and programs through better use of advocacy, media and social media.
3. Continue to improve and increase effectiveness and reach of the Tobacco Free Young Person program.
4. Evaluate the Tobacco Control program (including stop smoking service) as part of a program of on-going evaluation to demonstrate that 1. the program works, and 2. it provides value for money.

**We will reduce the number of people who die prematurely from cancer**

Cancer is the most common cause for people dying prematurely in Leicestershire. About half of all cancers can be prevented by lifestyle changes including avoiding smoking and excess alcohol and by maintaining an active lifestyle e.g. healthy diet and healthy weight and avoiding excessive sun exposure. Many cancers can also be cured provided they are detected and treated early. Broadly speaking our approach will focus on helping people adopt healthy lifestyles and on raising awareness of cancer risk factors. We will also be targeting increasing awareness of early symptoms and signs of cancer and on improving timely access and onward referral of people suspected of having cancer

- 1) We will develop a Leicestershire County Council cancer prevention and early treatment group and link and align this group's work with existing and planned cancer work plans in both Leicestershire CCGs.
- 2) We will facilitate, promote and increase cancer symptom and cancer screening awareness amongst the public particularly in people at higher risk of developing cancer.
- 3) We will work with CCG colleagues to address barriers to early presentation and onward referral of patients suspected of having cancer. In doing so we will promote social inclusion to enhance and facilitate access to cancer diagnostic and treatment services and cancer screening programmes.

## Appendix 4 – Action Plan – Supporting the ageing population

ICB Priority Outcomes	Action/s
<b>ICB Workstream: Supporting Independence</b>	
<b>HWBS Outcome: Supporting the ageing population</b>	
<b>Priority 10: Planning for an ageing population</b>	
<b>We will support Older People and Adults with health and social care needs to remain independent in their own homes for as long as possible and reduce the number of people accessing nursing/residential care</b>	<b>Assistive Technology</b> <ol style="list-style-type: none"> <li>1. Explore Telehealth options currently being piloted/delivered by CCGs (including 'Florence' system) along with any further planned approaches to Assistive Technology</li> <li>2. Explore options for Telecare services to be offered as part of Pharmacists Medication Review processes</li> <li>3. Identify and explore any further opportunities to provide integrated Telecare and Telehealth offers</li> </ol>
<b>HWBS Outcome: Supporting the ageing population</b>	
<b>Priority 12: Improving the management of long-term conditions</b>	
<b>We will enable people with long term conditions to live longer and healthier lives with a reduced reliance on health and social care services</b>	<b>Mapping of Self Help Groups</b> <ol style="list-style-type: none"> <li>1. Commissioned Self Help Nottingham to map self help groups operating across the county.</li> <li>2. Identify gaps in services provided by self help groups</li> <li>3. Develop a website which signposts GPs to the different self help groups available</li> </ol>
	<b>Develop an Integrated Care Model for Long Term Conditions (ELRCCG)</b> <ol style="list-style-type: none"> <li>1. Initiate Integrated Care pilot project</li> <li>2. Evaluate the pilot</li> <li>3. Roll out plan to all GP practices</li> </ol>
	<b>Proactive Care Model (WLCCG)</b> <ol style="list-style-type: none"> <li>1. Build and develop a bespoke Risk Stratification tool based on the John Hopkins model (LLR wide)</li> <li>2. Implement Integrated Locality Teams to provide flexible, personalised and seamless care.</li> <li>3. Build the community offer and support left shift with Multi-Disciplinary Teams, Virtual Wards and Inreach Services.</li> <li>4. Develop activity and trajectories for the composite measures on avoidable emergency admissions.</li> </ol>
<b>HWBS Outcome: Supporting the ageing population</b>	
<b>Priority 14: Improving the Provision of End of Life Care</b>	
<b>We will place a greater emphasis on end of life care planning and support</b>	<b>End of Life Care</b> <ol style="list-style-type: none"> <li>1. Develop a joint strategic commissioning framework and delivery plan for end of life care</li> <li>2. Implement the actions/objectives arising from the EOL workstream as part of Step-Up Programme (Cross Ref. HWBS priority 11)</li> </ol>
<b>ICB Workstream: Step Up / Step Down Care</b>	
<b>HWBS Outcome: Supporting the ageing population</b>	
<b>11. Maximising independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions</b>	
<b>We will develop an integrated care offer that reduces reliance on acute and long term traditional services, particularly for crisis/emergency situations</b>	<b>Establish a Step Up Programme</b> <ol style="list-style-type: none"> <li>1. Hold first Step Up Working Group/Scoping Meeting <ul style="list-style-type: none"> <li>• Agree Terms of Reference and membership</li> <li>• Map existing projects and pathways</li> </ul> </li> <li>2. Develop Project Plan, incorporating the following workstreams as part of the Programme: <ul style="list-style-type: none"> <li>• Heart Failure</li> <li>• Falls</li> <li>• Nursing Home Support (Cross Ref: JHWS Priority 13/ICB Contracting &amp; Quality Workstream)</li> <li>• End of Life Care (Cross Ref: JHWS Priority 14/ICB Frail Older People Workstream)</li> </ul> </li> </ol>

ICB Priority Outcomes	Action/s
	<p><b>Establish a Step Down Programme (Discharge To Assess)</b></p> <ol style="list-style-type: none"> <li>1. Develop and agree Shared Assessment Tool for transfers of care</li> <li>2. Increase CHS district nursing, mental health nursing and therapy capacity and align intermediate care with reablement and proactive care, include dementia support to the pathway (Pathway 1)</li> <li>3. Specify and procure increased nursing/ residential beds capacity , in line with LCC residential reablement pathway. Work with ICS and therapies to support the setting, add on site social care support to move on individuals via increased capacity in reablement provision. (Pathway 2)</li> </ol> <p><b>Integrated Crisis Response Service</b></p> <ol style="list-style-type: none"> <li>1. Pilot ICRS (based on HART service)</li> <li>2. Investigate integrated additions to the programme during and post pilot service, including: <ul style="list-style-type: none"> <li>• Single Crisis Response number</li> <li>• Integrated Immediate Care</li> <li>• Link to Community Health Services</li> </ul> </li> </ol>
<b>ICB Workstream: Contracting &amp; Quality (Including Continuing Healthcare)</b>	
<b>HWBS Outcome: Supporting the ageing population</b>	
<b>Priority 13: Ensuring care homes adhere to the highest standards of dignity and quality</b>	
<p><b>We will use resources effectively and efficiently to ensure a long term, integrated and sustainable care system can be created, which can support people now and in the future</b></p>	<p><b>Develop Business Case to explore integrated approaches to contracting and quality for Continuing Healthcare</b></p> <ul style="list-style-type: none"> <li>• Complete final analysis of shared contract database</li> <li>• Review best practice and evidence base</li> <li>• Complete comparison on contractual terms</li> <li>• Complete process mapping for procurement</li> <li>• Determine the level of integration to be achieved and which local authorities are involved</li> <li>• Explore options for the establishment of a virtual integrated strategic commissioning function for CHC</li> <li>• Explore options for developing a fully integrated service and how this may fit with emerging vision for commissioning to meet Leicestershire Together priorities</li> </ul>
<b>ICB Workstream: Cross-Cutting Principles</b>	
<b>Carers</b>	<p><b>Implement Carers Strategy 2012-15</b></p> <ol style="list-style-type: none"> <li>1. LCC/CCGs to work together to increase understanding of carers needs and issues including the need to identify carers; Build on current systems to embed the identification and onward referral of carers in primary medical care</li> <li>2. Carers to lead the development of a Carer's Charter</li> <li>3. Continue and increase funding for the Carers Support Grant for young and older carers</li> <li>4. Consider feasibility of pooled Personal Budgets and Personal Health Budgets</li> <li>5. Implement new Carer Health and Wellbeing Service working with CCGs</li> <li>6. Develop training around stress management/coping strategies for Carers utilising Health Transfer Monies</li> </ol>
<b>Housing</b>	<b>Identify any specific housing related barriers/issues impacting on the identified actions for each Workstream and address via Housing Services Partnership Board</b>
<b>Engagement</b>	<b>Identify and implement relevant engagement mechanisms for the actions for each Workstream</b>

## Appendix 5 – Action Plan – Improving mental health and wellbeing

<p><b>We will promote positive mental health promotion</b></p> <p>Mental health is more than the absence of mental illness. It encompasses a state of wellbeing in which the individual realises his or her abilities and can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Mental health is therefore the foundation for individual wellbeing and the effective functioning of a community. We already know that the burden of poor mental health and mental illness in Leicestershire is substantial. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. In addition there is a clear link between mental health promotion, wellbeing and emotional and physical resilience.</p> <ol style="list-style-type: none"> <li>1) We will work to promote positive mental health and healthy lifestyles, through the development of a joint mental health and mental health promotion strategy. To achieve this we will create a mental health strategy group involving key stakeholders in Leicestershire and with clear accountability and governance arrangements. Key stakeholders will include commissioners and statutory and voluntary sector providers.</li> <li>2) We will implement targeted, evidence based mental health promotion programmes across Leicestershire</li> <li>3) We will work to deliver the 2013 LLR Suicide Prevention Strategy</li> <li>4) We will work to deliver improved mental health in working aged adults through our Leicestershire Workplace Health Strategy and specifically through 'Healthy Workplaces' and 'Fit For Work' services.</li> <li>5) We will promote mental resilience and reduce the burden of mental illness through awareness raising programmes including the launch of 'books on prescription' and through campaigns to reduce stigma relating to mental illness.</li> <li>6) We will work with key stakeholders to address wider health inequalities and social determinants of health e.g. housing, social exclusion and income inequality and we will develop plans to mitigate the potentially negative impact of benefit changes and other economic changes linked to the economic downturn.</li> </ol>
<p><b>We will ensure the earlier detection and treatment of mental health problems in children</b></p> <p>Pre-school and early education interventions.  School based mental health promotion including awareness raising and early detection and reducing stigma.  Mediation including supporting children to resolve conflict in community settings.  Interventions to improve parental health.</p> <p>Earlier detection &amp; treatment of mental health problems in children: Support for vulnerable children &amp; young people- better identification of vulnerable children, young people &amp; groups and establishing appropriate strategies to support them &amp; their families – includes schools having planned &amp; structured intervention work to address the issues of identified children &amp; young people.</p>
<p><b>We will continue to improve the management of people with common and severe and enduring mental health needs</b></p> <p>Serious mental illness (SMI) affects approximately 1 in 100 people and includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital/secondary care treatment. Having a serious mental illness is associated with significant morbidity and mortality. The risk of physical ill health is substantially higher-patients die on average 16–25 years sooner than the general population.</p> <ol style="list-style-type: none"> <li>1) We will work with CCGs to identifying and address physical health needs and risk factors for premature mortality in people with SMI</li> <li>2) We will work to enhance social inclusion and to reduce stigma and discrimination in those with SMI</li> </ol>
<p><b>We will ensure the earlier detection and treatment of dementia and support for people with dementia and their carers</b></p> <p>Awareness raising of early signs and symptoms of dementia.  Collaborative working with NHS and voluntary sector colleagues.  Utilization of dementia advisers in primary care  Work to ensure optimum management of dementia in care homes  Dementia Services</p> <ol style="list-style-type: none"> <li>1. Review delivery and impact of the Memory Advisory Service to assess the impact on diagnosis rates and early support for dementia patients and their carers.</li> <li>2. Identify opportunities to improve dementia referral pathways.</li> </ol>

3. Undertake review of current services available for people in latter stages of dementia and their carers
4. Consult on preferred model of service delivery
5. Implement agreed model of delivery

Dementia Strategy

1. Develop a plan for reviewing and revising the current Joint LLR Dementia Strategy
2. Establish how the Dementia Strategy will be taken forward post 2014

## Appendix 6 – Action Plan – Learning Disabilities

ICB Priority Outcomes	Action/s
<b>ICB Workstream: Learning Disabilities Commissioning</b>	
<b>We will provide effective, efficient and integrated services for people with Learning Disabilities</b>	<b>Management of LD Pooled Budget</b> <ol style="list-style-type: none"> <li>1. Establish a Pooled Budget Monitoring Group</li> <li>2. New Pooled Budget agreement in place</li> <li>3. Ensure any 100% Health funded Continuing Healthcare cases are removed from the Pooled Budget and returned to Health</li> </ol>
	<b>Winterbourne View Concordat</b> <ol style="list-style-type: none"> <li>1. Review existing plans and strategies in relation to the Winterbourne concordat</li> <li>2. Register in place</li> <li>3. Care Plans reviewed and agreed</li> <li>4. People will have been moved into appropriate community settings</li> </ol>
	<b>LD Commissioning Plan</b> <ol style="list-style-type: none"> <li>1. Produce a learning disabilities chapter for the JSNA</li> <li>2. Revise existing care pathways and develop a new service specification for assessment and treatment services for people with learning disabilities</li> </ol>
	<b>Joint LD Self Assessment Framework</b> <ol style="list-style-type: none"> <li>1. Set up LLR-wide Multi-Agency SAF Task Group to oversee co-ordination of SAF evidence collection and submission, including access to required data and stakeholder engagement</li> <li>2. Develop initial draft action plan incorporating range of LD related action plans, including 6 Lives, responses to Winterbourne and a first draft of the LD SAF submission</li> <li>3. Collate data, evidence and other information for SAF submission</li> <li>4. Finalise SAF submission for approval by Health &amp; Wellbeing Board (HWB meeting on 5th September 2013)</li> <li>5. Submit SAF</li> <li>6. Validation and regional reporting</li> <li>7. National Reporting and presentations to Health &amp; Wellbeing Boards</li> </ol>
	<b>Short Breaks</b> <ol style="list-style-type: none"> <li>1. Pilot peripatetic Short Breaks service</li> <li>2. Undertake evaluation of pilot service</li> <li>3. Consider recommendations from evaluation of pilot to inform commissioning of services</li> </ol>
	<b>Transitions</b> <ol style="list-style-type: none"> <li>1. Develop a joint strategy for Transitions</li> <li>2. Establish Transitions Sub-Group and agree governance arrangements</li> <li>3. Develop and deliver training for CYPS/A&amp;C staff around Transitions</li> <li>4. Ensure NHS develop clear Transitions processes, with dedicated Transitions leads identified to progress joint commissioning arrangements; guidelines for Continuing Healthcare and ensuring Health Action Plans are incorporated into Person Centred Reviews</li> <li>5. Develop a clear and transparent multi-agency Transitions protocol</li> </ol>

## Appendix 7 - Mapping of the JHWS priorities to partners strategic plans

ELR CCG Integrated Plan – Strategic Aims 2012-15	WL CCG Operating Plan 2014-16 – Priority Programmes	District priorities	Healthwatch Everyone Counts – Outcome ambitions	BCF	LLR 5 year strategy - Objectives
Getting it right from childhood					
✓ Reduce Inequalities in Access to Healthcare	<ul style="list-style-type: none"> <li>✓ Proactive approach to managing LTCs</li> <li>✓ Community urgent care response</li> <li>✓ Integrate discharge and reablement</li> <li>✓ People powered health</li> <li>✓ Delivering parity of esteem</li> </ul>	<ul style="list-style-type: none"> <li>✓ Blaby</li> <li>✓ Hinckley and Bosworth</li> <li>✓ Melton</li> <li>✓ Oadby and Wigston</li> </ul>		✓ Unified prevention offer	<ul style="list-style-type: none"> <li>✓ Reduce inequalities</li> <li>✓ Improve user experience</li> <li>✓ Make best use of people and technology</li> </ul>
Managing the shift from early intervention to prevention					
✓ Reduce Inequalities in Access to Healthcare	<ul style="list-style-type: none"> <li>✓ Proactive approach to managing LTCs</li> <li>✓ Community urgent care response</li> <li>✓ Integrate discharge and reablement</li> <li>✓ People powered health</li> <li>✓ Delivering parity of esteem</li> <li>✓ Primary Medical Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Blaby</li> <li>✓ Charnwood</li> <li>✓ Hinckley and Bosworth</li> <li>✓ Oadby and Wigston</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reducing time people spend avoidably in hospital</li> <li>✓ Improving health</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unified prevention offer</li> <li>✓ LTCs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implement integrated care</li> <li>✓ Reduce inequalities</li> <li>✓ Improve user experience</li> <li>✓ Make best use of people and technology</li> </ul>
Supporting the ageing population					
<ul style="list-style-type: none"> <li>✓ Transform Services and Enhance Quality of Life for People with Long-Term Condition</li> <li>✓ Improve integration of local services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Proactive approach to managing LTCs</li> <li>✓ Community urgent care response</li> <li>✓ Integrate discharge and reablement</li> <li>✓ People powered health</li> <li>✓ Primary Medical Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Blaby</li> <li>✓ Harborough</li> <li>✓ Hinckley and Bosworth</li> <li>✓ Melton</li> <li>✓ Oadby and Wigston</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increasing proportion of older people living independently following discharge from hospital.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unified prevention offer</li> <li>✓ LTCs</li> <li>✓ Integrated urgent response</li> <li>✓ Hospital discharge &amp; reablement</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implement integrated care</li> <li>✓ Reduce inequalities</li> <li>✓ Improve user experience</li> <li>✓ Make best use of people and technology</li> </ul>
Improving mental health and wellbeing					
✓ Improve the quality of care	<ul style="list-style-type: none"> <li>✓ Delivering parity of esteem</li> <li>✓ Proactive Approach to managing LTCs</li> <li>✓ Primary Medical Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Blaby</li> <li>✓ Charnwood</li> <li>✓ Harborough</li> <li>✓ Hinckley and Bosworth</li> <li>✓ Melton</li> <li>✓ North West</li> <li>✓ Oadby and Wigston</li> </ul>	<ul style="list-style-type: none"> <li>✓ Securing additional years of life for people with treatable mental and physical health conditions.</li> <li>✓ Improving health related quality of life for long-term and mental health conditions.</li> <li>✓ Increasing number of people with mental and physical conditions having positive experience of care</li> <li>✓ Parity of esteem</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unified prevention offer</li> <li>✓ LTCs</li> <li>✓ Integrated urgent response</li> <li>✓ Hospital discharge &amp; reablement</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implement integrated care</li> <li>✓ Reduce inequalities</li> <li>✓ Improve user experience</li> <li>✓ Make best use of people and technology</li> </ul>
Addressing the wider determinants of health					



ELR CCG Integrated Plan – Strategic Aims 2012-15	WL CCG Operating Plan 2014-16 – Priority Programmes	District priorities	Healthwatch Everyone Counts – Outcome ambitions	BCF	LLR 5 year strategy - Objectives
<ul style="list-style-type: none"> <li>✓ Improve the quality of care</li> <li>✓ Reduce Inequalities in Access to Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reducing health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>✓ North West</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reducing Health Inequalities</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unified prevention offer</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implement integrated care</li> <li>✓ Reduce inequalities</li> <li>✓ Improve user experience</li> <li>✓ Make best use of people and technology</li> </ul>

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