

Health and Wellbeing Board Annual Report 2018



Foreword

After another challenging year, it is important to look back and note the achievements that have been made and the improvements in performance. It is easy to lose sight of these and I welcome the opportunity to celebrate our hard work as a partnership as set out in this report. I would particularly highlight:-

- The publication of six Joint Strategic Needs Assessment Chapters which have helped develop local evidence-based priorities for commissioning by determining what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing;
- The development of a new Dementia Strategy which takes a joint approach across all local authorities and Clinical Commissioning Groups (CCGs) in LLR to improve dementia diagnosis and the lives of current sufferers within the region;
- The implementation of a new approach to frailty across LLR which sets out a number of proven interventions that should take place in the community, in hospital, and on hospital discharge if someone is assessed as having certain frailty markers;
- The continued improvement in performance of Leicestershire's Delayed Transfer of Care figures;
- Our coordinated Self-Care Campaign across the Partnership;
- Our approach to social prescribing through our one stop shop "First Contact";
- Our new Children and Families Partnership Plan.

We look forward to leading the next phase of Health and Care Integration within Leicestershire, to improve the coordination and consistency of services for the people of Leicestershire. We will continue to be focused on achieving the best health and wellbeing outcomes for our local population.

Pam Posnett

Cabinet Lead Member for Health

Section A: Introduction

The purpose of this report is to look back at the past year (2018) for the Health and Wellbeing Board and to reflect on the progress that has been made. The focus throughout the report is the progress that has been made across the partnership to improve the health and wellbeing of the population of Leicestershire.

The report includes the following sections:-

- An overview of some of the achievements and outcomes of the Health and Wellbeing Board and its subgroups, including the activities supported by the Better Care Fund pooled budget.
- An update from Healthwatch Leicestershire on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of the Health and Wellbeing Board during 2018.
- A look ahead to 2019 which will involve continued focus on delivery of integrated health and care including via the Better Care Fund Plan and the ongoing refresh of the Joint Strategic Needs Assessment.

1. The Work of our Subgroups

a. Integration Executive

Integration and the Better Care Fund

The Better Care Fund (BCF) is a pooled budget of £56million between the Clinical Commissioning Groups (CCGs) and the County Council targeted at improving the integration of health and care. The Health and Wellbeing Board has responsibility for approving the BCF for submission to NHS England and the implementation of plans arising from this.

Our BCF plan supports the joining up of health and care services so that people can manage their own health and wellbeing, and maintain independence in their communities for as long as possible. This involves providers and commissioners of health, care and housing services to ensure integrated services are planned and delivered effectively in partnership. Our current BCF plan covers the period 2017 to 2019 and is available at the following link

<http://www.healthandcareleicestershire.co.uk/download/Leicestershire-BCF-Plan-2017-19.pdf>

The Integration Executive is the subgroup of the Health and Wellbeing Board with responsibility for overseeing day to day delivery of the BCF Plan on behalf of the Health and Wellbeing Board.

Our progress and achievements in relation to the BCF during 2018 is set out below: -

- **Home First:**
 - **Hospital Discharges** – health and care partners across Leicester, Leicestershire and Rutland (LLR) are working hard to deliver improvements to transfer patients out of hospital and reduce delayed transfer of care. In Leicestershire, through focused efforts across partner agencies we have seen a significant reduction in delayed transfers of care (DTC) from hospitals – helping reduce pressure on hospital beds. An LLR-wide action plan is in place which has been based on analysing LLR’s position against the high impact changes framework for hospital discharge, including key initiatives to help maintain reduced DTC levels. This includes the Integrated Discharge Team (see below), ‘Red to Green’ daily assessment system and reducing the complexity of current discharge pathways, plus the provision of 14 beds to assess onward care needs outside of a hospital setting.

- **Integrated Discharge Team (IDT)** - the IDT encourages and promotes an integrated way of working across all organisations to ensure smoother and faster resolution of complex discharges and to minimise delays to discharge. There has been a significant improvement to multi-agency working with a discharge hub (at Leicester Royal Infirmary) where all professionals working on discharge can be co-located.
- **Integrated Rehabilitation and Reablement.** Partners developed a blueprint for integrated intermediate care services. Work to design and implement the integrated health and care reablement offer including referral and access points, skill mix, triage and service delivery was undertaken during 2018, with the service commencing during October, ahead of winter pressures.
- **Integrated Domiciliary Care – Help to Live at Home** – since November 2016 home care in the county has been delivered through the Help to Live at Home service. The service is commissioned jointly by the Council and two county Clinical Commissioning Groups with lead providers appointed to deliver home care services in each geographical area.
- **Integrated Locality Teams (ILTs)** – improving the health and wellbeing of our diverse population in LLR is centred on our ILTs. Our model of care has four components:
 - Risk Stratification
 - Care Coordination
 - Prevention
 - Multi-Disciplinary Team (MDT) Working

Twelve ILTs have been established across LLR to provide more coordinated and comprehensive support in the community. These teams comprise GPs, community nurses, social care staff and partners from a number of organisations including the voluntary sector. Currently the early implementer sites across LLR are setting up improved methods of multidisciplinary working, so that care is planned, coordinated and delivered more effectively for patients, families, carers and the professionals supporting them. For Leicestershire, our early implementer site is in Hinckley and Bosworth with the new way of working commencing in January 2019.

- **Frailty** – a new approach to frailty across LLR has been implemented which sets out a number of proven interventions that should take place in the community, in hospital, and on hospital discharge if someone is assessed as having certain frailty markers. The LLR area has adopted the Rockwood scale for assessing frailty consistently across the health and care system and all practitioners will be

using the same set of prompts to check how someone's care could be managed most effectively at every opportunity/in every setting of care.

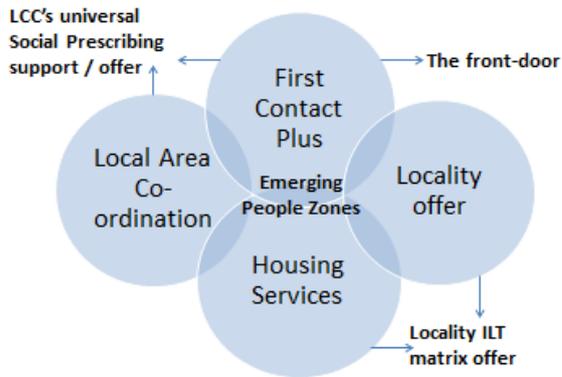
- **Assistive Technology** – new technology is transforming the care sector. Currently, in Leicestershire, a telecare service is provided on a pendant alarm basis. Nearly 6,000 alarms are in place in homes across the county. There are now many newer technological products available that can support people to live independent lives and deliver a more preventative response, which is more effective at delaying and reducing needs. Our BCF assistive technology project is looking at how the service offer in Leicestershire can be enhanced by maximising opportunities offered by new technology. We have completed an initial market appraisal exercise, are looking at experience elsewhere and aiming to establish a standardised approach across the county to assistive technology. Testing some of the newer technology will take place in 2019.
- **Dementia Support** – there are predicted to be over 9,000 people in the county living with dementia. Health and care partners fund and provide a range of information, advice and services to support people affected by dementia. Joint commissioning a single community and hospital in-reach dementia support service provides a joined-up service across LLR. This supports easier transition between hospital and community settings and coordinates care and integrates services around the person in order to improve outcomes.
- **Integrated Data** – through the LLR Digital Roadmap we are developing a summary care record that will ultimately be linked, viewed and edited by both the NHS and Council staff, helping all professionals involved in patient care to have access to the most up to date information. In 2018 we also received approval from NHS Digital to join and link health and care data to assist in the planning, transformation, design and evaluation of health and care services, and will put in place an integrated data tool for this purpose in 2019.

b. Unified Prevention Board

The Unified Prevention Board (UPB) oversees the development and delivery of prevention activities underpinning the health and wellbeing strategy for Leicestershire and ensures the prevention objectives of the Sustainability and Transformation Partnership (STP) are jointly delivered across Leicestershire.

During the last 12 months, the Board has focused on developing the asset-based offer in localities around tier zero (universal) and tier one (primary) prevention. This has included developing the a Social Prescribing offer which includes First Contact Plus and Local Area Coordination.

Leics locality prevention offer



This diagram shows the prevention model and how the component parts work together.

One of the key programmes of work for the UPB is developing the wrap-around prevention offer to support Integrated Locality Teams (ILTs). ILTs are a multi-disciplinary approach to delivering integrated health and care to patients who are frail, have five or more long-term

conditions and/or high care costs needs.

The UPB has also prioritised the delivery of a workplace health programme, led by Leicestershire and Rutland Sport. The campaign aimed to target 100 businesses. So far there have been just over 1,000 responses from 24 organisations with an average response rate of 40%. This has enabled us to gather in-depth insight to health and wellbeing issues in the workplace. The top priorities/issues included; poor sleep, low physical activity levels, and low fruit and vegetable consumption. As the work continues into 2019, the programme will aim to address these priorities with employers to achieve better outcomes for the Leicestershire workforce.

Joined up communications across partners has been a priority for the UPB since 2017, with partners joining together to integrate campaigns with a focus on a prevention. To date this has covered a range of different campaigns including:

- Carillon Wellbeing Radio
- Winter wellbeing
- Flu and infection prevention
- Prevention of falls
- Quit Ready
- Suicide prevention campaign 'Start a Conversation'

Of particular focus was the development of the self-care campaign whose ongoing messages have so far focused on three key areas, health living, self-care options and long-term conditions.

Key areas of our prevention work include:

- **First Contact Plus** – an online and telephone-based support service which helps adults in Leicestershire find information about a range of prevention and advice

services all in one place. The initiative allows residents who require help with one or a number of issues to access a catalogue of information, advice, help and support. During 2018 the service received 6556 referrals, an increase of 25% on the volumes received for 2017. The top 5 areas of need identified by the referrals were Domestic Help & Support, Aids & Adaptations, Welfare Benefits, Home Fire Safety Checks & Carers Support. First Contact as the front-door to the Leicestershire social prescribing offer, will also provide an integral part of the wrap-around prevention offer to ILT's (mentioned above), which will be tested in the Hinckley and Bosworth pilot. The concept will be for the First Contact model to provide support directly to multi-disciplinary teams and the patient cohorts requiring prevention services. This pathway will be tested during the pilot phase with a review of the requirements necessary to support wider roll-out and any future investment needed to implement this.

- **Local Area Coordination** – in support of First Contact Plus, Local Area Coordinators provide a face to face service to help link people in their community helping to engage with support provided by charities, district councils and volunteers and volunteering opportunities. Local Area Co-ordination has a focus on helping isolated, excluded and vulnerable people and communities to stay strong and in control. Local Area Co-ordination uses a strength based and person-centred approach to work alongside people utilising the method of making every contact. The Local Area Coordination service covers a total population size of 333,000 throughout Leicestershire.
- **Integrated Housing Support – Lightbulb** - Leicestershire's Lightbulb Service has both community based and hospital-based components. The hospital housing enablement team, which is funded by the BCF plan, was created to work inside Leicester's acute hospitals and the Bradgate Mental Health Unit. Since April 2015, the service has helped in excess of 2000 patients and, over time, demand for the service has risen. The team offers up to 28 different types of interventions to support patients in local hospitals, many of which relate not only to housing but also to other community support offers. Some of the key improvements following implementation of the service include:
 - Referral to resolution times within UHL are typically six days, despite increased demand of around 30%. This is the length of time it takes to resolve housing issues and is a measure of the time between referral to the HET service and solution being put into place.
 - The outcomes of a cohort of 357 UHL patients were analysed and showed that their reduction in emergency admissions, after intervention from the HET service, saved the health and care economy around £220,000. Overall, NHS

costs for the cohort could be reduced by approximately £550,000 annually 12 months post intervention.

- Prior to the service, housing related DTOCs, during 2014/15, for mental health patients comprised on average 26% of all delayed bed days which translates to around 700 delayed days. Since the introduction of the HET service in 2016, this has reduced to an average of 15% of all days delayed or 400 days housing related delays per month.

In the community-based service there is also access to a full housing needs assessment with Lightbulb's housing support coordinators carrying out "housing MOTs" and acting as case managers to arrange solutions to the full range of housing support including aids and adaptations, tenancy and welfare advice, hoarding, house clearing and cleaning, furniture packs, affordable warmth, home safety and falls prevention. The Lightbulb service has won three accolades for innovation and partnership working.

- **Falls Prevention** – it is estimated that each year in Leicestershire falls cost the NHS approximately £23million with one in three people aged over 65 falling every year. The aim of the LLR falls programme is to improve the treatment pathway for those identified as being at risk of suffering a fall or who have experienced a fall. The programme provides the tools to ensure the appropriate course of action is taken to help each individual maintain their independence and avoid falls related admission to hospital. Tools include specialist therapy triage and assessment for all referrals into consultant falls clinics and specialist therapy and falls prevention training for care home staff. The work also includes the development of the local falls management exercise programme 'Steady Steps' and extending access to an electronic Falls Risk Assessment Tool smart phone application

The triage approach in the falls pathway has evidenced that a significant proportion of the referrals for a consultant can be successfully seen and treated by therapy interventions. In 2017, the service saw 502 patients avoiding the need for them to go into a consultant clinic. This has resulted in £133,000 being saved on consultant appointments. Waiting times to see a clinician and commence therapeutic interventions reduced from 25 plus weeks to 13 weeks.

Access has been improved to community and home-based exercise programmes, Steady Steps, which is designed to increase confidence in balance, postural stability and independence. A total of 48 courses, for over 300 participants, will have been completed by the end of March 2019 and 30 Postural Stability Instructors have been trained. Evidence from The King's Fund shows that £2.32 is saved within the health and care system for every £1 spent on Steady Steps. Reduced social isolation and social peer support is gained from

patients regular attendance of the Steady Steps programme. With continued investment, the programme can roll out a further 78 courses to 1,100 residents in the county during 2019/20.

- **Prevention at Scale**- evidence shows that up to 30% of GP appointments are taken up by patients seeking non-medical interventions. Leicestershire's prevention at scale project is working with a number of GP surgeries to develop better insights into the reasons for these types of attendances, how the local prevention offer can be improved and how best to support patients and GPs with easy access to the most suitable support for their non-medical needs, via GP or self-referral into First Contact Plus, or via other agencies and the community itself. Releasing more GP capacity for those activities that only GPs can deliver is the aim of this work.

c. Children and Families Partnership

In September 2018 the Partnership launched the Leicestershire Children and Families Partnership Plan 2018 – 2021 which is a strategic document setting out the shared vision for children, young people and their families and the priority outcomes that need to be improved.

The Partnership has adopted the five supporting outcomes of the Joint Health and Wellbeing Strategy relating to children and young people as the priority areas for the Plan:

- i. Ensure the best start in life– by developing an integrated early years pathway which ensures needs are assessed to enable appropriate interventions are offered and the development of a communication strategy to promote the 1001 critical days;
- ii. Keep children safe and free from harm – by developing and embedding an integrated model of services to prevent harm to children and young people and make children safe by raising awareness of universal safety messages;
- iii. Support children and families to be resilient - by developing an integrated approach to family resilience and self-sufficiency, provide joined up information and guidance to enable families to be self-sufficient and navigate services and support families to progress towards work;
- iv. Ensure vulnerable families receive personalised, integrated care and support – by providing integrated, outcome-based, high quality, cost-effective provision and developing a post-16 multi-agency delivery model;

- v. Enable children to have good physical and mental health - by developing a whole system approach based on 'Making obesity everyone's business' and developing a partnership approach to emotional and mental wellbeing;

Leads for each priority are continuing to work with partners and other key stakeholders to deliver the action plan agreed against each priority. A progress report was provided to the Health and Wellbeing Board in November 2018 identifying key achievements to date including:

- The production and launch of resources (<https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/school-readiness>) for professionals and parent/carers, promoting school readiness in September 2018;
- The development and piloting of a multi-agency pathway for the review and analysis of domestic abuse incidents affecting children;
- The merging of Leicestershire's Family Information and Adult Social directories into a new Leicestershire Information & Support Directory (LISD) which is now live and can be found [here](https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/family-information-directory) <https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/family-information-directory> ;
- The launch of the Multidisciplinary Intensive Support Team Leicestershire (MISTLE) which is now offering intensive therapeutic support to young people in residential care to support a return to a family-based placement;
- Leicestershire Partnership Trust (LPT) staff are now addressing Maternal Obesity as part of their Making Every Contact Count (MECC) conversations and a maternal obesity module is being developed for LPTs online MECC training.

The Partnership has continued to meet bi-monthly to discuss a wide range of items including the launch of the Police People Zone initiative, Child and Adolescent Mental Health Services (CAMHS) Transformation Plan and the new Children's Innovation Partnership between the Children and families Department and Barnardo's. A work programme for Partnership meetings is being developed for 2019 which includes the development of a Youth Advisory Group to support the on-going development and monitoring of the Partnership Plan.

Section B: Health and Wellbeing Board Progress in 2018

2. Joint Strategic Needs Assessment (JSNA)

The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board (HWB).

The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

Each chapter reviews the population health needs of the people in Leicestershire in relation to the subject matter and sets out the unmet needs and recommendations arising from the needs assessment so that these can be taken forward by commissioners.

Process for JSNA 2018-21

In January 2018, a new approach was approved by the HWB for the development of the JSNA 2018-21. The JSNAs are used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The new approach would therefore see the JSNA published in subject-specific chapters throughout the three-year time period on an iterative basis, in line with CCG and local authority commissioning cycles.

Achievements for 2018

The following new JSNA chapters have been published at the following link:

<http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

- Demography (including deprivation)
- Economy
- Mental Health of Children
- Mental Health of Adults
- Oral Health of Children
- Oral Health of Adults

The JSNA infographics have been created to provide a one-page summary of the latest data in subject specific areas. These are available for all colleagues and members of the public to view and download and will be updated on a quarterly basis. They have been published at the following link:

<http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

Engagement

An engagement plan to promote the new approach to the JSNA 2018-21 across the partnership has begun. A 'lunch and learn' session was run for colleagues at East Leicestershire and Rutland CCG and the voluntary sector have been consulted through a presentation at their Health and Social Care Network and Learn Event in late October. The Equality and Diversity Challenge Group are also active members in the JSNA process.

It is important that the findings from the JSNA are used and promoted as the key evidence base in commissioning and strategic planning within the health and care system. To help with this, a HWB board development session was held in late November where partners discussed the mental health chapter in depth and how its findings should be applied. Various JSNA chapters have also been presented at strategic partnership meetings, such as the Housing Service Partnership and Children and Families Partnership, to ensure consultation with key groups ensuring findings from the JSNA chapters are collectively owned and approved.

Updates regarding the status of JSNA chapters are published regularly in the Health and Care Integration newsletter ([here](#)) and the Leicestershire Equalities Challenge Group newsletter.

3. Pharmaceutical Needs Assessment

We have a statutory requirement to prepare a Pharmaceutical Needs Assessment (PNA) for Leicestershire (every three years) which was published in March 2018.

The PNA:-

- Identified the pharmaceutical services currently available and assessed the need for pharmaceutical services in the future;
- Will be used to help inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be located;
- Will be used to help inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide an additional pharmacy provision.

A PNA Reference Group was established to oversee the detailed production of the PNA documents for Leicester, Leicestershire and Rutland and to ensure a consistent, local approach. Membership of this group included: local authorities, NHS England, the Leicestershire Pharmaceutical Committee (LPC) (the Local Professional Network for Pharmacists), the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups (CCGs) and Healthwatch. Although there was a common approach, separate PNAs have been produced for Leicester, Leicestershire and Rutland.

The PNA concluded that existing community-based pharmacies were meeting the current needs of the Leicestershire population for Essential, Advanced and Enhanced services. No gaps were identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps were identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area.

No gaps were identified in the provision of advanced services across the whole Health and Wellbeing Board area or in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area.

4. Health and Wellbeing Board Achievements and Outcomes

Better Care Fund Refresh

Throughout the year, we received regular updates on the Better Care Fund (BCF) plan. We are in the second year of a two-year plan (April 2017 to March 2019), In line with national policy, we reviewed and refreshed our BCF Plan, funding and targets for the second year. This was approved by the Health and Wellbeing Board in July 2018.

- The key focus, nationally, remains on improving delayed transfers of care (DTOC). The Government's mandate to the NHS for 2018/19 set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018. In Leicestershire, this translated to no more than 7.88 average bed days delayed, per day, per 100,000 population by September 2018 and then to maintain this rate for the remainder of year. In December, we achieved 7.39 average bed days, per day, per 100,000 population and had 249 fewer delays during the month compared to the same period in 2017.

- The BCF target for non-elective admissions in to hospital has been set for up to 70,569 for 2018/19. For April to December 2018, there have been 50,560 non-elective admissions, against a target of 52,647 – a variance of 2,087 admissions less than the target. We are currently on track to achieve this target.
- The target for the number of permanent admissions of older people (aged 65 and over) into residential and nursing care homes is for fewer than 890 admissions during 2018/19. The full year forecast is for 856 admissions.
- The target for the proportion of older people who were still at home 91 days after discharge has been set at 87% for 2018/19. The current position, relating to hospital discharges (between August to October 2018) is 89.3%. We are on track to achieve this target.

Dementia Strategy

As part of the consultation process, we considered a report in May 2018 concerning the Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019–2022. The Strategy took a joint approach across all local authorities and Clinical Commissioning Groups (CCGs) in LLR and sets out the draft strategic priorities relating to dementia. The Strategy detailed five key aims which would underpin agencies work to improve dementia diagnosis and the lives of people affected by dementia within the region or LLR.

The Strategy had been developed by the Dementia Programme Board which included representatives of all LLR Health and Social Care Commissioning Authorities, UHL, LPT and other local provider and community organisations and its delivery is to be governed by the Dementia Programme Board.

Following our consideration, the Leicestershire County Council Cabinet approved the Strategy in October. Our strategic partners in the CCGs, the City Council and Rutland County Council have also approved the Strategy in the last 2 months. The Strategy was launched in January 2019 and can be viewed here

<https://eastleicestershireandrutlandccg.nhs.uk/wp-content/uploads/2019/01/Dementia-Strategy-January-2019.pdf>

Links between Leicestershire Safer Communities Strategy Board and the Health and Wellbeing Board

In September we considered a report which detailed ongoing work to strengthen links between Leicestershire Safer Communities Strategy Board (LSCSB) and the Health and Wellbeing Board.

We agreed upon the five priority areas for joint focus: drug misuse, alcohol misuse, mental health, domestic abuse and sexual violence (including child sexual exploitation). A significant amount of work has been undertaken within these priority areas.

Drug and alcohol misuse

- Leicestershire County Council's Public Health department is leading on the development of a substance misuse strategy. A draft strategy will be considered by the County Council Cabinet in May 2019.
- A report of district level activity from the public health commissioned community substance misuse treatment service has been produced and circulated to districts to inform the development of local community safety strategies and action plans. This report will be produced on an annual basis.

Mental health

- Leicestershire County Council plays a key role in the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (LLR SAPG). This Group exists to bring together key partners to co-ordinate strategies and actions to reduce the risks and burden of suicide locally.
- In January 2018, Leicestershire County Council Cabinet approved the development of a Suicide Campaign (*Start a Conversation – suicide is preventable*). Focused on pledges of support from individuals and organisations, the campaign aims to challenge stigma around addressing suicidal ideation through campaigning, provision of support for relatives bereaved through suicide, support for individuals at risk of suicide and training for individuals and organisations. The *Start a Conversation* campaign was successfully launched in September 2018.
- The County Council's Public Health department is working with the Office of the Police and Crime Commissioner (OPCC) and Leicester City Council to develop an offer for those bereaved or affected by suicide. This includes the provision of a bereavement counselling service.

- Mental Health was also discussed in detail during consideration of the JSNA Mental Health Chapter at our development session in November. Additional detail of that session can be found further down at point 6.

Domestic Abuse and Sexual Violence

- Leicestershire County Council, Leicester City Council, Rutland County Council and the Office of the Police and Crime Commissioner jointly commission a domestic abuse and sexual violence service which is currently undergoing a redesign in preparation for re-procurement. In addition to this, the County Council's Public Health department commissions the provision of support within a refuge setting for women fleeing domestic abuse. Discussions are underway to strategically align the public health commissioned service with the wider LLR commissioned service. The key benefit is that this will provide a seamless pathway (from early identification through to recovery) of support for victims of domestic abuse which focuses on the needs of the local population.
- The Ministry of Housing, Communities and Local Government (MHCLG) announced the availability of £19 million of funding nationally to expand support for survivors of domestic abuse across England. Leicestershire County Council (jointly led by Public Health and Children & Family Services) submitted an LLR wide bid in collaboration with local voluntary sector organisations, district community safety partnerships and other partners, for a share of the funding (£882,373). The full funding allocation for this project (The Hope Project) has been approved by MHCLG. The funding will provide additional refuge accommodation spaces across City and County, a wraparound service to individuals housed in alternative accommodation i.e. not in refuge accommodation, mental health support, substance misuse support and a rolling programme of an evidence based emotional management programme for victims which aims to address the effects of trauma. The project commenced in January 2019 and will run until the end of March 2020.

Other ongoing work

- The County Council's Business Intelligence team is developing a tableau (an analytical software programme) dashboard that pools together an array of health and crime indicators with the aim of providing timely access to health and community safety data to support evidence based practice. The team is currently exploring options for making this information easy accessible to partners.
- The County Council's Public Health department is working closely with Leicestershire Police to develop a partnership approach to tackling violent crime, with particular focus on knife crime.

5. Self-Care Communications Campaign

In November 2017, we launched the 'Self-Care' communications campaign across the county, all in collaboration with partner organisations.

One of our key priorities is 'Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention'. Our Joint Health and Wellbeing Strategy for 2017-2022 outlines a vision to "improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources"

Self-care covers many areas, but overall it is about an individual looking after themselves in a healthy way. It can include encouraging people to live healthier lives by quitting smoking, drinking sensibly or exercising more. The term is also used to cover taking medications, treating minor ailments and knowing when and how best to seek help across different settings of care, including how to access urgent care appropriately in the community.

The focus of the self-care campaign has included:

- Healthy living – Encouraging activity through walking, promoting healthy eating and raising awareness of how to stay safe and well.
- Long term conditions – focused on reducing the risk of diabetes because in 2017 Leicestershire performed significantly worse than the England average for recorded diabetes. We encouraged people to exercise, reduce alcohol intake, and make healthy food choices.
- Self-care options – signposting to local healthcare services and awareness of county wide opportunities to engage in a healthier lifestyle.

Campaigns run seasonally, enabling messages such as winter and summer wellness to be incorporated with weather conditions and seasonal celebrations and also support and integrate existing campaigns and that address key areas of self-care such as reducing social isolation and falls prevention.

6. Health and Wellbeing Board Development

We held a Development Session for Board members in November 2018 which focused on the JSNA and commissioning intentions for 2019/20. Attendees received a detailed presentation on the needs analysis relating to Mental Health, one of the first sections of the Leicestershire JSNA to be updated in the new style of rolling chapter updates. Following the presentation members discussed in detail themes such as

- Parity of Esteem and the Mental Health (MH) Investment Standard;
- Mental Health Wellbeing, Prevention and Self–Care
- Improving Access to, and the Outcomes from, Psychological Therapies (IAPT)
- Measuring the Impact and Effectiveness of Mental Health Interventions

The second part of the session provided participants with an overview of commissioning intentions by partner for the forthcoming financial year.

Following the presentations participants were asked to consider key themes, risks and issues from the materials presented and any actions needed to strengthen commissioning priorities.

Recommendations from the development session were considered by us at the Board meeting in January 2019 and subsequently a detailed action plan setting out how those recommendations would be addressed has been produced and is in the process of being implemented.

7. Working in Partnership with Healthwatch

From April of 2018, Healthwatch Leicestershire has been jointly commissioned with Healthwatch Leicester and this service is now provided through the organisation Engaging Communities Staffordshire.

The role of Healthwatch is to share and champion the experience of service users and members of the public.

The Healthwatch Advisory Board Chair and the Manager attend meetings of the Health and Wellbeing Board to provide insight on the experiences of service users and to ensure the public voice continues to be heard at this key point of influence in Health and Social Care services.

During the set up stage of the new provider, informative meetings between the Chair of the Health and Wellbeing Board and the Healthwatch Chair took place. This allowed a greater understanding of how Healthwatch would align its organisation's work priorities to those of the Health and Wellbeing Board.

The recent report providing patient insight into GP services was able to identify several potential future steps to improve the patient experience, particularly the way in which appointments were booked, which would be investigated further with the different organisations represented on the Board.

Working with the Health and Wellbeing Board, as well as its involvement in other key boards within the health and care system, Healthwatch has been supported to

challenge in a meaningful way the policies and strategies presented through 2018-19.

Healthwatch looks forward to working with the members of the board and support officers in the future as we focus on our priorities of:

- Public Health – Effectiveness of Winter Messages
- Health – Real life impact of cancellations of appointments
- Social Care – Impact and Causes of Delays to Discharge

Section C: Looking forward to 2019

1. Delivering our Vision and Strategy

Our vision is “to improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources.” To deliver this during 2019 we will have a greater focus on providing leadership and championing opportunities to improve health and wellbeing outcomes for everyone in Leicestershire. We will:

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

2. JSNA refresh

A further four chapters will be ready for publication by the end of March 2019:

- Alcohol Misuse
- Substance Misuse
- Best Start in Life (0-4 years)
- Housing

A further five chapters are proposed to be ready for publication by the end of the 2019 calendar year:

- Frail Older People/Multi-morbidity
- Air Quality
- Obesity
- Physical Activity
- End of Life

Recognising the important role that the JSNA plays in illustrating the health and wellbeing of the population of Leicestershire, we will look proactively at the recommendations of each chapter. This will help us to build up a picture of the further actions we need to take to improve health and wellbeing and will help to inform our future commissioning intentions.

3. Health and Care Integration and the Better Care Fund

We are expecting to receive national BCF policy framework and operating guidance for 2019/20 shortly. Work to review the BCF plan, to align with commissioning intentions across CCGs and the council, commenced in September 2018 and will be finalised once the national documentation has been published.

We will continue to closely monitor our performance against the four BCF outcome metrics, to assure ourselves that the actions being taken continue to have the desired effect, and to use the BCF funding to support further service redesign activities. In particular to fully implement the new models of care for re-ablement and integrated locality teams, further re-design of community services, the LLR Falls Pathway, a new offer for Assistive Technology, and implementing the new health and care data integration tool.

The new NHS Long Term Plan, the development of Integrated Care Systems across the NHS and a pending Green Paper on Adult Social Care will mean significant

policy developments in 2019/20. The BCF policy framework will be fully refreshed nationally in light of this and a new approach is expected to be implemented from April 2020 onwards. During 2019, we will focus on preparing for these changes to ensure that our future plans will achieve the requirements.