



# LEICESTER HEALTH AND WELLBEING BOARD

ANNUAL REPORT 2016/17



# INTRODUCTION

Leicester's Health and Wellbeing Board began to meet in shadow form in August 2011 and formed as a statutory committee from April 2013. Its function is mandated by the Health and Social care Act 2012. This report provides an overview of the achievements of the Board so far, a summary of how the Board works to shape local policy and services and a look ahead at how the Board will respond to the health and wellbeing challenges of the next five years.



## CHAIR'S FOREWORD

I am pleased to introduce this annual report of the Leicester Health & Wellbeing Board.

Over the past year the board has considered a wide range of issues affecting local health services and policy. We have sought to provide a voice regionally and nationally on important issues and have developed a collaborative way of working across the Board's membership to influence decision-making and the direction of local services.

The current environment is difficult and challenging with unprecedented budget cuts in local government and a significant financial challenge across the NHS. Locally, the work of the health system has been to continue efforts in important areas designed to reduce health inequalities and improve the health of the population. This has included supporting GP practices to attract and retain staff in some key areas of the city, getting more people at risk of common preventable illnesses identified early through our Healthchecks programme, rolling out a new diabetes prevention programme in the city, developing a new 0-19 healthy child programme, improving school food and supporting schools to develop food growing schemes and making it easier for people to exercise at no cost through the city's outdoor gym programme.

The past year saw yet another acronym join the

hundreds of others already in the public sector dictionary. It is fair to say the STP (Sustainability and Transformation Plan) process has not been without difficulty. The Board has approached the STP process with caution but also with a serious acknowledgement of our role to work collaboratively to secure improved health and care services across our area. At the time of writing, the precise timeframe for STP decision-making or final governance arrangements is not clear.

My view is that the Health & Wellbeing Board has an important role in supporting meaningful public engagement and discussion of STP proposals. Given the important need for meaningful public discussion on NHS proposals this will remain a priority, working alongside other bodies including the city council's health scrutiny committee to secure effective accountability and challenge of STP proposals.

In the coming year the board will continue to focus on current and emerging issues. As a board we will take account of the health policy landscape following the June General Election and will work to ensure the implications of Brexit on the NHS and wider care workforce are fully considered and recognised by national decision-makers. The board has already had an initial discussion on this and we are clear in our view that Brexit could have serious workforce implications for the NHS and care services.

We will continue our efforts, alongside local authorities, other organisations and many individuals, to seek a change of view from NHS England on their children's congenital heart surgery proposals. The Board has taken an active interest in this area, and will continue to do so. We are extremely worried about the proposals affecting Leicester's Glenfield children's heart unit and the possible implications for wider children's medicine across UHL.

The Board will soon agree Leicester's next health and wellbeing strategy. This strategy will set out an ambitious vision for improving the health of Leicester's population. It will underpin decision-making and commissioning intentions and will focus on how best to utilise limited resources to tackle health inequalities. The strategy will look outwards, recognising that to help people improve their health better use needs to be made of existing 'assets' in our communities like parks and green spaces.

Improving mental health and wellbeing will be central to the new strategy's vision. There remains an unacceptable gap between how

physical and mental health is viewed. Tackling this stigma, improving levels of understanding about mental health and wellbeing will be key priorities for the Board and its members and partner organisations.

I would like to thank Board members for their contributions and work over the past year. I would also like to thank the officers supporting the work of the Health & Wellbeing Board including Graham Carey, Matthew Curtis, Georgia Humby and Kate Huszar.

In closing, I want to thank all those people who work every day across the NHS and local health services. NHS staff do incredible work, always with compassion and care. We should all be grateful for the tremendous work done each and every day by health and care staff across our communities.

## **DEPUTY CITY MAYOR, RORY PALMER**

*Lead Member for Public Health and Adult Social Care, Leicester City Council and Chair of Leicester City Health and Wellbeing Board*



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# WHO WE ARE

<b>Voting Board Members</b>	<b>Role</b>
Councillor Rory Palmer	Deputy City Mayor and Lead Member for Health & Wellbeing
Councillor Piara Singh Clair	Assistant City Mayor - Culture, Leisure & Sport
Councillor Adam Clarke	Assistant City Mayor - Energy & Sustainability
Councillor Abdul Osman	Assistant City Mayor - Strategic Partnerships & Change
Councillor Sarah Russell	Assistant City Mayor - Children, Young People & Schools
Prof. Azhar Farooqi	Chair of the Leicester Clinical Commissioning Group
Sue Lock	Managing Director, Leicester Clinical Commissioning Group
Roz Lindridge	Director of Operations and Delivery, Midland and East, NHS England
Dr. Avi Prasad	Assistant Chair of the Leicester Clinical Commissioning Group
John Adler	Chief Executive of University Hospitals of Leicester NHS Trust
Dr. Peter Miller	Chief Executive of Leicestershire Partnership NHS Trust
Karen Chouhan	Chair Healthwatch Leicester
Lord Willy Bach	Police and Crime Commissioner
Chief Supt Andy Lee	Commander of Local Policing Directorate, Leicestershire Police
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
<b>Non-voting members</b>	
<b>Leicester City Council Officers</b>	
Ruth Tennant	Director, Public Health
Andy Keeling	Chief Operating Officer
Steven Forbes	Strategic Director, Adult Social Care
Frances Craven	Strategic Director, Children's Services
<b>Standing invitees</b>	
Toby Sanders	Senior Responsible Officer, Better Care Together and LLR STP Lead
Mark Gregory	General Manager, Leicestershire, East Midlands Ambulance Service

## CHANGES TO BOARD MEMBERSHIP

Health and Wellbeing Boards have broad discretion about their size and composition. In July 2016 the Health and Wellbeing Board's terms of reference were changed in agreement with Leicester City Council, increasing the number of voting members from 10 to 15. 4 non-voting city council officers also sit on the Board to provide expert opinion. This gives a total membership of 19.

The chief executives of Leicester's largest NHS providers, Leicestershire Partnership Trust and University Hospitals of Leicester, were appointed to the Board, reflecting their importance in Leicester's health and care landscape.

Representation from outside health and social care was increased to help the Board understand and address the wider determinants of health in the city. Councillor Piara Singh Clair, Assistant City Mayor for Leisure and Culture was welcomed to the Board, bringing his personal expertise as well as increased representation from the city's elected members. From outside of the Council, the Leicestershire Police and Crime Commissioner and Leicestershire's Chief Fire Officer have joined the Board as members.

We have also appointed two standing invitees from regional NHS organisations. These invitees can attend and contribute to all of Leicester's Health and Wellbeing Board sessions, although they are unable to vote. As the organisation of health and care services over the next five years becomes increasingly focused on collaboration between local authority areas, Leicester's Health and Wellbeing Board will be a vital forum for discussing, shaping and challenging health and social care policy with NHS leaders to get the best deal for Leicester.

## OUR WORK SO FAR

### 'CLOSING THE GAP', LEICESTER'S 2013-2016 HEALTH AND WELLBEING STRATEGY

Health and Wellbeing Boards are statutorily obliged to produce a local Joint Health and Wellbeing Strategy. This is the primary document by which the participating organisations of Leicester's Health and Wellbeing Board articulate shared priorities, and plan a united approach to them. The joint strategy sets a direction of travel for commissioners across Leicester's health economy and builds a framework for joint programmes of work between partners.

We launched our first Joint Health and Wellbeing Strategy in 2013. This was designed to address the needs identified by the 2012 Joint Strategic Needs Assessment (JSNA) for Leicester.

Comparisons with England which shaped our approach included Leicester's significantly lower life expectancy, due in part to high levels of cardiovascular diseases and poorer adult lifestyles. Worse rates of infant mortality and childhood obesity, and a high rate of teenage pregnancy highlighted the importance of promoting and safeguarding health throughout the life course of Leicester residents.

Within Leicester, a life expectancy gap of 9.5 years for men and 5 years for women between the most and least deprived wards in 2012 underlined the need for a local approach.





In response to this, the 2013-2016 strategy was entitled 'Closing the Gap' and given the overarching aim of narrowing health inequalities, locally and nationally. After consultation with partner organisations and the public, five strategic priorities were agreed, focusing on the areas where we could make the greatest difference.

- Improving outcomes for children and young people
- Reducing premature mortality
- Supporting independence for older people, people with dementia, long term conditions and carers
- Improving mental health and emotional resilience
- Addressing the wider determinants of health through effective use of resources, partnership and community working

Each priority was associated with a small number of indicators. These were intended as proxies for the wider strategic outcomes of the strategy and did not cover the entirety of the improvement driven by the Health and Wellbeing Board and its partners. Where possible, the indicators used were already being collected in other strategies or in the normal reporting of organisations represented on the Board. Our objective was to improve on all of the indicators over the course of the strategy.

Oversight of progress and assurance of delivery

were facilitated by six reports, presented to the Health and Wellbeing Board over the course of the strategy.

## ACHIEVEMENTS

**Member organisations worked on projects separately and in partnership to address strategic aims and support the delivery of outcomes. Examples of collaborative work include:**

- The Healthy Lifestyles Hub, which was rolled out across city general practices and jointly funded by Leicester City Council and Leicester City Clinical Commissioning Group (CCG). Between April 2015 and March 2016 more than 5,000 people were assessed by the service and referred to an appropriate lifestyle service, such as weight management, exercise referral and health trainers.
- A C-Card (Condom Card) scheme was introduced by the Integrated Sexual Health Service across Leicester. This scheme is provided in pharmacies, GP surgeries and other community settings. It makes it easier for young people to get free condoms and sexual health advice. The scheme aims to change young people's contraceptive behaviour and encourage longer-term sexual health awareness.
- The development and implementation of a mental health Crisis Care Concordat Action Plan by a wide range of partners. Under the



plan, a 24/7 crisis helpline for patients, carers and professionals has been set up.

- The establishment of a Dementia Action Alliance, jointly chaired by Leicester City Council and Leicestershire Police. This brings together stakeholders with the primary aim of making Leicester, Leicestershire and Rutland dementia friendly communities. The Alliance has also led a range of local events to celebrate the annual national dementia awareness week.

## OUTCOMES

‘Closing the Gap’ finished in late 2016 and a final monitoring report was presented to the October 2016 meeting of the Health and Wellbeing Board. The strategy was successful overall and had a demonstrable, positive impact on the city’s health and wellbeing. We were pleased to see evidence of impact across the full range of our priority areas, with 19 of our 25 performance indicators showing improvement compared to the baseline.

Particularly notable improvements were made in a few key areas. The proportion of babies being breastfed at 6-8 weeks increased significantly. Older people were helped to stay at home more effectively, with nine out of ten of those out of hospital for three months in re-ablement programmes. The proportion of elderly people admitted to permanent nursing and residential care also saw a significant decline.

Issues with the data meant two indicators could not be accurately reported:

- The definition of ‘Readiness for school at age 5’ changed in 2012/13, undermining our 2011/12 baseline indicator. Under the new definition our performance has improved

significantly from a very low base (2012/13 – 27.7% and 2013/14 – 41.0%).

- Historic data quality issues for the ‘Proportion of adults in contact with secondary mental health services living independently with or without support’ meant this indicator was not deemed valid.

Three of our key indicators deteriorated:

- Obesity levels for children in Year Six increased, in line with national trends.
- Cervical cancer screening in women saw a year on year decline in coverage.
- Four week quit rates per 100,000 people for the smoking cessation service declined. This reflected a national decline in take up of smoking cessation services; however the Leicester Stop Smoking Service performed significantly stronger than the national and East Midlands average. Quit rates for clients who did take up the service’s offer remained good and the proportion of Leicester’s population who smoke fell during this time.

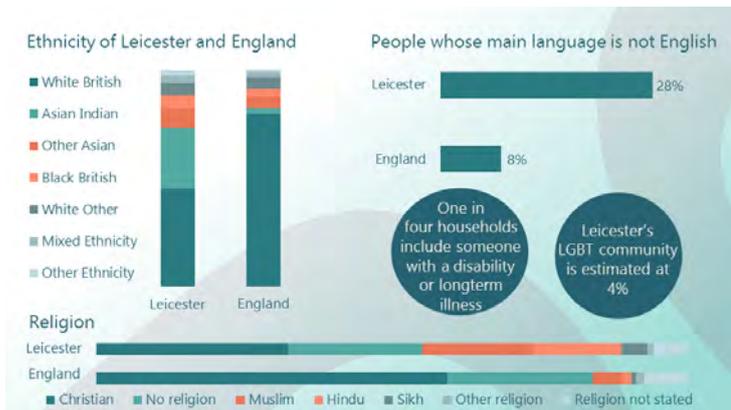
For the full list of our indicators, please see Appendix 1.

## NEEDS ASSESSMENTS

### JOINT STRATEGIC NEEDS ASSESSMENT 2016

The Health and Wellbeing Board has a statutory responsibility to ensure Leicester’s current and future health needs are identified through Joint Strategic Needs Assessment (JSNA). JSNAs are a series of briefings which give an overview of health needs in the context of wider determinants and make recommendations for commissioners.

The latest JSNAs for Leicester have been written and presented with a broad audience in mind. Briefings are published online and will be regularly updated and reviewed. JSNAs are hyperlinked to other relevant resources such as strategies and service webpages and ‘headline’ infographics provide at-a-glance snapshots of key characteristics and needs. It is intended this format will encourage and enable voluntary and community sector organisations to use the data. For example, to strengthen bids for projects and funding.



Infographic from Leicester Adults JSNA Snapshots 2016

## ADULTS JSNA

The Adults JSNA covers significant health and wellbeing issues affecting working age adults and older people in Leicester. The assessments are grouped under two thematic headings:

- **Lifestyle Factors** focuses on issues affected by behaviour and lifestyle such as alcohol consumption, drug and tobacco use, obesity and sexual and oral health.
- **Conditions, Specific Populations and Services** describes topics such as cancer, mental health and wellbeing, and Adult Social Care services.

The majority of Leicester's adult JSNA chapters were published in 2016 and are available on the Leicester City Council website.

## CHILDREN AND YOUNG PEOPLE JSNA

Our Children and Young People (CYP) JSNA was published in summer 2017 and is available on the Leicester City Council website. The first half of the JSNA looks at the health of children and young people, divided into five-year life stages, from pre-birth to age 25.

Later sections of the CYP JSNA provide more in-depth briefings on at-risk groups and highly complex issues including children's mental health, looked after children, young offenders and vulnerable groups. This is our first CYP JSNA to include a section on Female Genital Mutilation (FGM). Our reviews of service need and provision in complex areas, such as FGM and Child Sexual Exploitation, include the results of recent Leicester Safeguarding Children Board's multi-agency compliance audits.

## PHARMACEUTICAL NEEDS ASSESSMENT

Health and Wellbeing Boards have a statutory responsibility to identify the population's need for pharmaceutical services. Community pharmacy is a vital part of the local health sector and the Pharmaceutical Needs Assessment (PNA) is key to making sure that we have the right provision in the right parts of the city. Leicester's PNA was published in 2015. The PNA will be refreshed by March 2018.



## LEICESTER PRIMARY CARE SUMMIT

In September 2016, the Deputy City Mayor hosted the Leicester Primary Care Summit with the aim of bringing together stakeholders in Leicester's primary care system. Participants included doctors, pharmacists, NHS organisations (including NHS England and Leicester City CCG), service users, patients' groups, Healthwatch and local politicians (including councillors from Leicester and Liz Kendall MP). For the first time in Leicester, all of these groups were brought together in a single space with the purpose of bringing strategic and personal insight into the local issues surrounding primary care.

The summit focused on addressing key issues identified by GPs and patients' groups prior to the event:

- Continuity of care
- Funding
- Rising expectation, growing demand and demographic pressures
- Recruitment and retention in general practice
- Pressures of regulation and administration

Experts led presentations detailing the current position of primary care, and outlining possible future developments. Hannah Price of the Royal College of General Practitioners (RCGP) discussed 'The Changing Face of Primary Care', highlighting innovative practice around

England. Leicester City CCG's Clinical Chair, Professor Azhar Farooqi described Leicester's current position and the potential rewards and challenges to be found in adopting new care models. The patient voice was represented by Healthwatch, which presented findings from their primary care patient feedback.

The presentations laid out the framework and issues for discussions in small table groups. The scope of the discussion and diversity of the stakeholders made the Primary Care Summit an opportunity for real and productive engagement. The contributions of a wide variety of stakeholders allowed insight into shared expectations of, and concerns for, primary care. These smaller conversations were brought together in a room-wide discussion panel featuring representatives from the RCGP, the LLR STP, Leicester City CCG, the local pharmaceutical community and the Young People's Council.

A broad consensus was agreed around some actions for the improvement of future primary care, including: better use of the wider primary care workforce; patient education; and the important role of wider health and social care organisations in ensuring effective prevention measures are in place. Taken together, these could help with improved response and reduced demand.

*Primary Care Summit Panel Discussion*



# HOW WE WORK

## OPENNESS AND PUBLIC ACCOUNTABILITY

One of our key objectives is to provide a forum for public accountability of services directly related to health and wellbeing in Leicester. Elected members have played a vital role in challenging partners and providers to deliver high quality services which meet the needs of the Leicester population and ensure changes to service provision are made in an open, transparent way.

In accordance with the council's commitment to 'making meetings accessible to all', as a formal committee of the council, webcasts of all the Health and Wellbeing Board's public meetings have been available online since October 2015. Members of the public are invited to observe Board proceedings and have had the opportunity to ask questions directly to city councillors, health and social care leaders and the wider partners who make up the Health and Wellbeing Board. We have welcomed questions from the public on subjects including the make-up of the Board and the LLR Sustainability and Transformation Plan.

## REPRESENTING LEICESTER RESIDENTS ON THE NATIONAL STAGE

The Health and Wellbeing Board is the only publicly accountable body which brings together leaders from across the local health and care economy. It has a key role in transmitting local concerns to national leaders and policy makers, about the impact of changes to funding and services. With the Board's support, the Chair and Lead Member for Adult Social Care and Public Health, Councillor Rory Palmer has communicated concerns about health and wellbeing issues to ministers of state on a number of occasions.

In November 2016, Councillor Palmer spoke as a witness to a hearing of the Communities and Local Government Committee on the effects of decreasing central government provision and rising demand for care on unpaid carers. Councillor Palmer highlighted the challenge local authorities face in engaging with, and supporting unpaid carers and the steps being taken in Leicester to address the issue.

Councillor Palmer wrote to the Secretary of State for Health to raise concerns over proposed cuts to the community pharmacy budget in 2016.

In August 2015, the Health and Wellbeing Board chair responded to the Department of Health's consultation on national plans to make in-year savings on ring fenced public health grant to local councils. The letter highlighted the effect funding reductions would have on frontline council and NHS services funded by the grant.

## GLENFIELD CHILDREN'S HEART UNIT

NHS England's review on the future commissioning of congenital heart disease has endangered the position of children's heart services at Glenfield Hospital. It is asserted that Glenfield fails to meet the standards required to provide a consistent level of care across the country. This decision will fundamentally affect many individuals across the region, including many Leicester residents. In particular, the possible reduction in Paediatric Intensive Care Unit beds is concerning for a wider group than those who need congenital heart services.

The Health and Wellbeing Board, on which John Adler, the chief executive of University Hospitals

of Leicester sits, has therefore called for NHS England to review and reverse this decision. All members co-signed a letter to Secretary of State for Health, Jeremy Hunt and Regional Director of Specialised Commissioning, Will Huxter. In August last year, the Board welcomed Will Huxter to make NHS England's case – providing the opportunity for the Board and members of the public to raise the case against closure. The public were also encouraged to show their love for Glenfield Hospital by signing a giant Valentines Card in February 2017.

As the consultation proceeds, the Board will continue in its remit to encourage NHS England to reverse their decision.



## SPECIAL SESSIONS

### POLICY AND DEVELOPMENT SESSIONS

The strength of Leicester's Health and Wellbeing Board lies in its ability to develop shared vision and goals. To ensure every health and wellbeing partner has a hand in shaping this vision, the Board holds policy and development sessions in addition to its formal meetings. These are essential for building a shared understanding of the pressures and responsibilities faced by participating organisations and fostering collaborative relationships between them.

Each meeting is focused on a single key health and wellbeing theme and is structured to facilitate debate and discussion between high level stakeholders. In 2016, one session outlined the health impacts of Leicester residents' poor levels of physical activity and the challenges facing all members of the Board to address this problem.

The meetings also provide an appropriate space for Board members to develop coordinated responses to meet the upcoming challenges to health and wellbeing in Leicester. The first presentation made to Health and Wellbeing Board on the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan was at a policy and development session.

### BOARD MEETINGS WITH THE YOUNG PEOPLE'S COUNCIL AND YOUNG ADVISORS

27% of Leicester residents are aged 19 and under, making the city's population significantly younger than the England average. However, the experience of young people is that they are often excluded from decisions which will affect their future health and wellbeing. It can be difficult to make sure that young voices are heard in complex, high level discussions.

Members of Leicester Young People's Council (YPC) and the Leicester Young Advisors were invited to three special sessions in 2016 where they were able to speak directly to Board members.

Bringing the voice and opinions of young people to the Health and Wellbeing Board has facilitated meaningful two-way conversations between Board members and young people on topics including mental health and the ways young people want to be engaged with health messages.

Healthwatch has taken the lead in working with youth organisations. As part of the 'Getting Voices Heard' project, YPC members are assisting Healthwatch in 'enter and view' inspections, and are currently developing the first young person-specific 'enter and view' training programme. The YPC representatives have also been invited to sit as full members on council committees including Health Scrutiny. Healthwatch will also be working with the Young Advisors to create a 'Quality Kite Mark' to accredit health services and facilities in Leicester



for being young person-friendly. The Young Advisors have an ambition to roll the scheme out across GPs and pharmacies city-wide.

Involving young people in the Health and Wellbeing Board has been rewarding for partners. Over the next year, the challenge will be to secure a way of sustainably consulting with young people on the changes to the local health economy. YPC-HWB meetings and the wider network of youth representation and participation groups are fully expected to be a part of this.

## BETTER CARE FUND

The Health and Wellbeing Board took responsibility for agreeing Leicester's £23 million Better Care Fund (BCF) in its first round of availability, the financial year of 2015/16. In 2016 this responsibility was written into the Board's terms of reference and the Board was formally given strategic oversight of the BCF. The chair of the Health and Wellbeing Board was also delegated the authority to 'sign off' information requested by NHS England about the BCF when there is insufficient time for these to be considered at a formal Board meeting.

The BCF is jointly managed by Leicester City CCG and Adult Social Care and Health, Leicester City Council. The BCF is a mechanism through which health and social care services will be more closely aligned. Initiatives funded by the BCF are intended to decrease the number of emergency admissions to hospital and minimize delays to hospital discharge.

Over the fund's first year, Leicester's health and care economy has been successful in developing new approaches to achieve its aims. Leicester City CCG was identified as the third most improved CCG when it comes to supporting the discharge patients out of hospital in a timely manner.

Improvements in care have been supported by projects such as the refurbishment of the Neville Centre site at Leicester General Hospital, which now serves as a joint base for the Leicester City Council's Integrated Crisis Response Service (ICRS) and NHS Community Nursing, Therapy and Mental Health teams. Relocating the teams to the same base allows for rapid response to people in crisis, avoiding inappropriate hospital admissions. 4,794 people were referred to this team between April 2015 and February 2016.

The Leicester BCF will be refreshed in 2017 in accordance with national guidelines.

## THE WORK OF OUR SUB-GROUPS

Leicester's Health and Wellbeing Board impacts the lives of Leicester residents through the work of its members. Sub-committees which report to the Health and Wellbeing Board provide a formal framework for the Health and Wellbeing Board to shape and monitor some of this activity.





## **JOINT INTEGRATED COMMISSIONING BOARD**

The Joint Integrated Commissioning Board (JICB) is an operational group reporting to the Health and Wellbeing Board. Membership of the JICB includes senior managers from Adult Social Care, Children and Young People's Services and Public Health within the local authority as well as senior managers and governing body members from Leicester City CCG. The Health and Wellbeing Board met on a regular monthly basis throughout 2016 and has overseen several large joint projects. It has also worked with the JICB and other partnerships trouble shooting on specific operational issues that have arisen over the year.

The JICB provides an opportunity for relationship building and development of a shared understanding of the pressures and responsibilities on each of the partners which offers a context to many of the operational tensions between agencies and supports resolution when issues arise.

The JICB has overseen the joint procurement of domiciliary support across adult social care and Leicester City CCG. Its specific work has included the initiation of a joint commissioning approach to mental health provision within the community, leading to a joint procurement exercise in 2017, supporting the spend control and management of the Integrated Community Equipment Service (ICES) and regularly inputting to the transforming care agenda to support

people with learning disabilities in returning to community living.

The JICB also has a governance role as part of the BCF. It agrees funding allocations, monitors progress and approves statutory returns to central government. This function occurs through the Integrated Systems of Care (ISOC) Programme Board. Delivery Boards for ISOC include prevention and self-care, services for complex patients, urgent community care and navigation through the system.

## **MENTAL HEALTH PARTNERSHIP BOARD**

Established in October 2013, the Mental Health Partnership Board (MHPB) is crucial to the development of local mental health services. The MHPB is accountable to, and has its direction set by, the Health and Wellbeing Board. A range of Health and Wellbeing Board partners sit on the MHPB, including the CCG, local hospital trusts, police, and a range of city council services. Twelve users and carers also attend, supported by local voluntary sector groups.

The broad membership of the MHPB means it is a valuable partner, allowing for engagement with service users and carers, and helping to make sure that the patient voice is included in local mental health decision making. Meetings have provided a forum for robust discussion of local mental health issues including the provision of new crisis services and out of county hospital placements. The MHPB helped to secure funding for mental health first aid training and

impacted on the development of the refreshed Joint Mental Health Commissioning Strategy (2015).

## LEARNING DISABILITY PARTNERSHIP BOARD

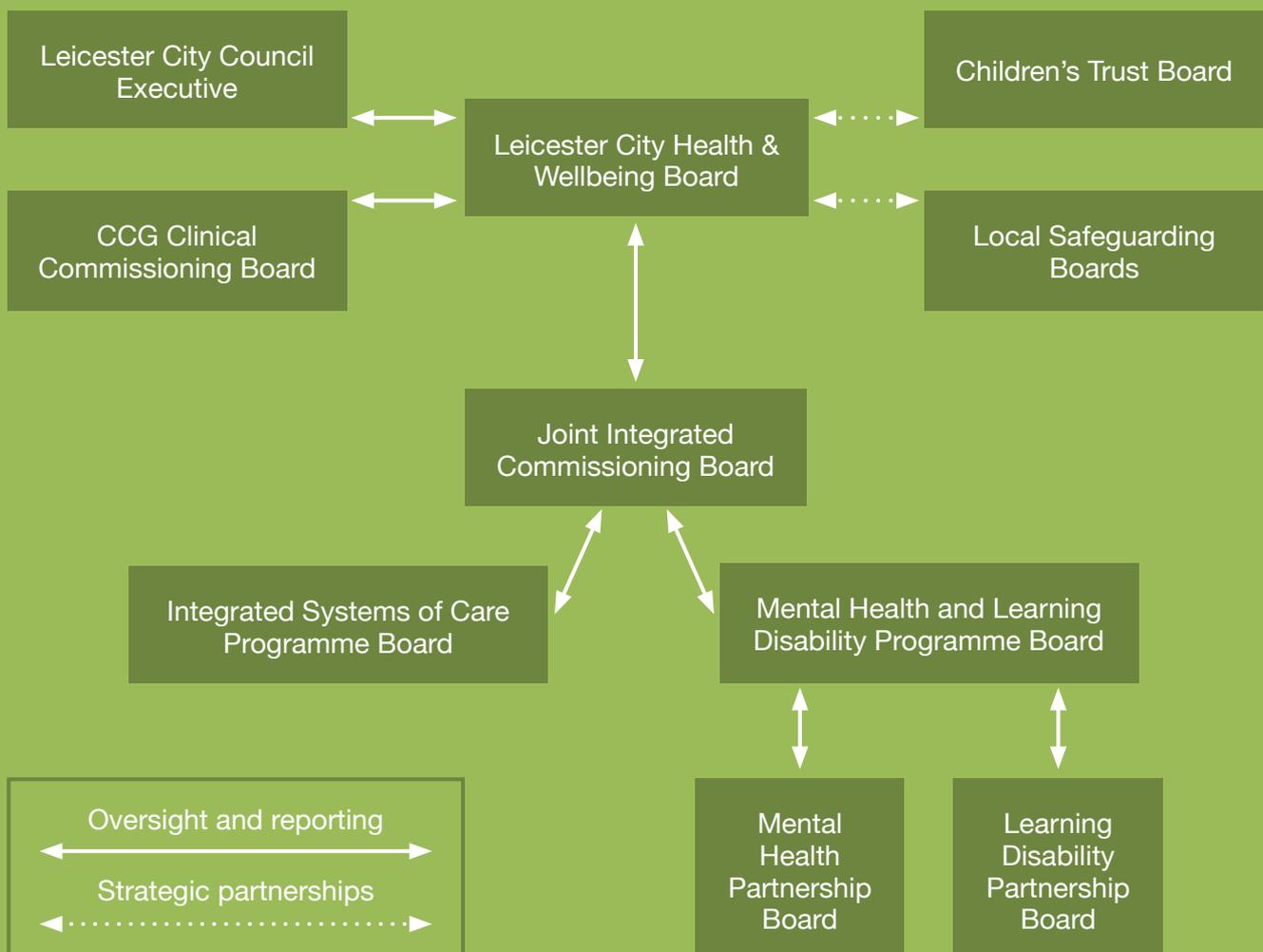
There has been a statutory commitment for Local Authorities to have a Learning Disability Partnership Board (LDPB) since 2001. In 2013 the LDPB was integrated into the framework of the Health and Wellbeing Board's governance, under the JICB.

A wide range of Health and Wellbeing Board partners, voluntary sector organisations, and support services are members of the LDPB. 5 carers and 5 people with learning disabilities also sit on the LDPB as full members. The LDPB has been an effective way of making sure the

opinions of service users and carers are heard and has improved the way adult social care and partner agencies interact with each other.

The LDPB has worked closely with service users and carers, bringing their voice into evaluations of the Voluntary and Community Grant allocations and through the Autism Self-Assessment Framework. The LDPB has also facilitated a project with the police to develop and deliver 'Hate and Mate' crime training for service users and providers. The board was actively involved in workshops to co-produce a refresh of the Joint Learning Disability Commissioning Strategy (2015) which sets out health and social care commissioning plans for adults with learning disabilities over the next 5 years.

## LEICESTER HEALTH AND WELLBEING BOARD STRUCTURE CHART



# LOOKING FORWARD

## SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

STPs are local strategic plans which drive all aspects NHS spending in England until 2021. They are 'place-based' plans, based on 44 geographies called 'footprints'. Leicester is part of the Leicester, Leicestershire and Rutland (LLR) STP 'footprint'.

Although a number of Health and Wellbeing Board partners are included in the STP's leadership team, the Board has been engaged with the STP throughout the second half of 2016 in its capacity to oversee and challenge changes to the local health economy. STP leader and managing director of West Leicester CCG, Toby Sanders, delivered two presentations to outline the main points of the plan in September and October. In November 2016 the plan for the LLR

STP 'footprint' was published as a draft, which was taken to the Health and Wellbeing Board for consideration in December.

The Health and Wellbeing Board has used these opportunities to engage with STP leaders and to emphasise the importance of public engagement and consultation that is clear, accessible and timely. Leicester's Health and Wellbeing Board has highlighted the need for a robust reporting-up and reporting-back mechanism between the Board and the STP System Leadership Team to ensure the Board is able to exert influence on the development of the STP.

## BREXIT

One in ten nurses and midwives employed by Leicester's largest hospital provider, UHL, and one in 20 care workers in the East Midlands are citizens of another EU country. The uncertainties created by Brexit, especially relating to access to the European labour market, are a source of concern to Leicester's Health and Wellbeing Board. We will use our position to monitor the effects of Brexit on the health and wellbeing of Leicester as a whole and will be vocal with the concerns of our partners as details of the settlement emerge and circumstances change.



## JOINT HEALTH AND WELLBEING STRATEGY 2017-2020

The Health, Wellbeing and Prevention Strategy will build on the success of 'Closing the Gap'. Like 'Closing the Gap', reducing the life expectancy gap between the most and the least deprived people in Leicester will be a key aim; the strategy will focus on deliverable, well-evidenced interventions, and the whole life course of Leicester residents.

Many aspects of our health and wellbeing can be determined by the social and physical environment we live in and organisations not directly concerned with health have some of the strongest impacts upon it. Recognising that Leicester has one of the highest rates of deprivation in England, the new strategy will be bold and broad in its approach to wider determinants. Partnerships between Board members and across wider stakeholders will be key to addressing these.

The strategy will be based around 5 themes:

**Healthy Start** will root health in children's lives, from before birth to their first few years of school. Supporting young mums and making sure children are active and ready for school will have long-term positive effects on health in the city.

**Healthy Lives** will encourage people to choose a healthier lifestyle, which can prevent people from getting ill and increase their healthy life expectancy. This work stream will help people to stop smoking, exercise more, and make healthier food choices.

**Healthy Minds** will focus on mental health, an area which has some of the greatest and most long-lasting impacts on all aspects of people's lives. We will take a city-wide, long-term approach by promoting and protecting mental health in schools and the workplace, among other projects.

**Healthy Aging** will look at supporting older people to be fit and well, growing work to improve the experience of people living with dementia and their families and carers and reduce loneliness and social isolation.

**Healthy Places** will embed health in all local policies by working with local decision makers in areas as diverse as education, housing, planning and transport.

*Many thanks to our partner organisations, Leicester City CCG, Leicestershire Fire and Rescue Service, Leicestershire Police, Healthwatch Leicester and Leicestershire Partnership Trust for contributing photographs to the report.*

# APPENDIX

## APPENDIX 1: 'CLOSING THE GAP: LEICESTER'S HEALTH AND WELLBEING STRATEGY – 2013/16 INDICATORS

		Improved compared to baseline		Deteriorated compared to baseline		Invalid Data	
Key:							
Improve outcomes for children and young people							
Indicator	Baseline as published in strategy	Latest data as at May 2016	Notes				
Readiness for school at age 5	2011/12 – 64% (old definition)	<b>2014/15 – 50.7%</b> (new definition)	Current performance not comparable with baseline data. Under the new definition our performance has improved significantly from a very low base (12/13 – 27.7% and 13/14 – 41.0%)				
Breastfeeding at 6-8 weeks	2011/12 – 54.9%	<b>2014/15 – 62.1%</b> <b>2015/16 (Q1) – 62.6%</b>	Significant improvement from baseline.				
Smoking in pregnancy (low is good)	2011/12 – 12.7%	<b>2014/15 – 11.8%</b> <b>2015/16 (Q3) – 11.8%</b>	Significant improvement from baseline.				
Conception rate in under 18 year old girls (per 1,000) (low is good)	2011 – 30.0	<b>2014 – 25.3</b>	Significant improvement from baseline.				
Reduce obesity in children under 11 (bring down levels of overweight and obesity to 2000 levels, by 2020) (low is good)	Reception: 2010/11 – 10.6%	Reception: <b>2014/15 – 10.5%</b>	Note the long-term ambition associated with this indicator. Increase in obesity levels for children in Year Six.				
	Year 6: 10/11 – 20.6%	Year 6: <b>2014/15 – 22.1%</b>					
Reduce premature mortality							
Indicator	Baseline as published in strategy	Latest data as at May 2016	Notes				
Number of people having NHS Checks	2011/12 – 8,238	<b>2014/15 – 13,967</b> <b>2015/16 (Q3) – 8,278</b>					
Smoking cessation: 4 week quit rates (number and rate per 100,000 adult pop.)	2011/12 – 2,806 (1,153 per 100,000)	<b>2014-15 – 2,008</b> (757.2 per 100,000) <b>2015/16 (Q3) – 1,357</b>	Marked downturn in performance reflecting national trend.				

Reduce smoking prevalence (low is good)	10/11 – 23.4% (household survey)	<b>2015 – 21.4%</b> (Health & Wellbeing survey)	
Adults participating in recommended levels of physical activity	Oct 2011 – 27.8%	<b>Oct 2015 – 32.5%</b>	Original definition and baseline (17.7%) amended prior to first reporting on strategy.
Alcohol-related harm (rate per 100,000) (low is good) (Section 2.3)	2011/12 - 719.1 (new definition)	<b>2014/15 – 708.3</b> <b>2015/16 (Q2) – 364.8</b>	The definition of the alcohol-related hospital admissions measure has changed. The narrow definition indicator has been adopted for this report, roughly equating to 'alcohol specific' admissions.
Uptake of bowel cancer screening in men and women	11/12 – 43%	<b>2014/15 – 46.2%</b>	
<b>Coverage of cervical screening in women</b>	<b>2011/12 – 74.7%</b>	<b>2014/15 – 67.7%</b>	<b>Year on year decline in coverage.</b>
Diabetes: management of blood sugar levels	2011/12 – 62%	<b>2014/15 – 69.7%</b>	Significant improvement from baseline.
CHD: management of blood pressure	2011/12 – 88.3%	<b>2014/15 – 89.5%</b>	
COPD: Flu vaccination	2011/12 – 92.3%	<b>2014/15 – 96.5%</b>	
<b>Support Independence</b>			
Indicator	Baseline	Latest data as at May 2016	Notes
People with Long Term Conditions in control of their condition	2011/12 – 60.8% <i>Revised baseline</i>	<b>2014/15 - 61.5%</b> <b>Jan - Sept 2015 – 61.6%</b>	Data is based on weighted survey results from GP Access Survey. Data quality issues have been resolved; the original baseline was incorrect and has subsequently been amended.
Carers receiving assessment or review and a carers service or advice and information	2011/12 – 18.8%	<b>2015/16 – 45.4%</b>	Provisional 2015/16 outturn. Significant improvement from baseline.
Proportion of older people (65+) who are still at home 91 days after discharge from hospital into reablement.	2011/12 – 77.2%	<b>2015/16 – 91.5%</b>	Provisional 2015/16 outturn. Significant improvement from baseline.
Older people (65+), admitted on a permanent basis to residential or nursing care per 100,000 pop. (low is good)	2011/12 – 763.20 (revised Feb 2014)	<b>2015/16 – 653.7</b>	Provisional 2015/16 outturn. Significant improvement from baseline.
Dementia diagnosis rates: the percentage of patients diagnosed with dementia against the expected prevalence for the population.	11/12 – 52%	<b>14/15 – 72%</b> <b>November 2015 – 88.2%</b>	The intention was to use a national measure planned to be introduced in 14/15, however, it remains a placeholder in ASCOF. As such, a proxy measure has been used. This shows significant improvement from baseline.
Carer-reported quality of life	2009/2010 – 8.7 2012/2013 – 7.1	<b>2014/2015 – 7.2</b>	Rating judgement based on 12/13 data (not available when strategy published) rather than 9/10 as this better reflects performance over the life of the strategy.
The proportion of carers who report that they have been included or consulted in discussion about the person they care for.	2009/2010 – 70% 2012/2013 – 63.5%	<b>2014/2015 – 68.5%</b>	As above

Improve mental health and emotional resilience			
Indicator	Baseline	Latest data as at May 2016	Notes
Self-reported well-being: people with a high anxiety score (low is good).	11/12 – 41.99%	<b>2014/15 – 40.7%</b>	
Proportion of adults in contact with secondary mental health services living independently with or without support.	2011/12 – 68.1%	<b>2015/16 - 62.1%</b>	Data issues have persisted with this measure, including 2015/16 data only being available for the first eight months of the year.
<b>Addressing the wider determinants of health through effective use of resources, partnership and community working</b>			
Indicator	<p><b>Selected projects featuring partnership working and good integration, and addressing the wider determinants of health</b></p> <ul style="list-style-type: none"> <li>■ <b>The Peers Early Education Project</b> provides parents with information about how to support their child's language development and encourage personal, social and emotional and physical development.</li> <li>■ The multi-agency Infant Mortality Strategy Group created <b>Infant Mortality Strategy</b> and evidence based action plan for Leicester.</li> <li>■ <b>The Food for Life Programme</b> is part funded by the city council and supports schools to develop a whole school approach to healthy eating and food sustainability by embedding cooking and food growing in the curriculum.</li> <li>■ The <b>Better Care Fund</b> has required close partnership working between the City Council's Adult Social Care team and the Clinical Commissioning Group.</li> <li>■ A <b>new model of managing problematic street drinking</b> has seen a marked decrease in the number of sightings of and complaints about street drinking. An outreach co-ordinator post has been created, funded by the Police and Crime Commissioner through the Safer Leicester Partnership.</li> <li>■ The Health and Wellbeing Board has sought assurance from members that their commissioning intentions include <b>Equality Impact Assessments</b>, to ensure that addressing health inequality issues are integral to their plans.</li> </ul>		
<p>There is no clear performance indicator that could be used to measure the success in this priority area. Instead, collaboration and partnership working, both between and beyond Board members, was encouraged, and an integrated approach to both specific interventions and the wider determinants of health would play an increasingly prominent role in improving the health and wellbeing of Leicester residents.</p>			

## APPENDIX 2: SUMMARY OF HEALTH AND WELLBEING BOARD FORMAL BUSINESS, 2016/17

All Health and Wellbeing Board agenda papers and minutes are available online:  
<https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/health-and-wellbeing-board/>

2016/17 Formal Meetings	Item	Notes
Monday 6 <sup>th</sup> June 2016	<b>Update on Better Care Together (BCT)</b>	The Board noted progress on the health and social care change programme for Leicester, Leicestershire and Rutland.
	<b>Development of STP</b>	The Board noted the development of the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland and considered the emerging priorities outlined in the report.
	<b>Better Care Fund Plan</b>	The Board approved the two part plan jointly developed by the CCG and the Leicester City Council.
Thursday 18 <sup>th</sup> August 2016	<b>NHSE Glenfield Proposals</b>	Will Huxler, NHS England Senior Responsible Officer for the Congenital Heart Disease Review (CHDR), presented a briefing on how the CDHR will impact on congenital heart disease services provision at UHL.
	<b>Draft Primary Care Strategy</b>	The Board reviewed Leicester City CCG's Draft Primary Care Strategy ahead of the Primary Care Summit in September.
	<b>Infant Mortality Strategy</b>	The Board accepted the Infant Mortality Strategy Group's new strategy and agreed and to work as partner organisations to support frontline staff and multi-agency to achieve its objectives.
Monday 10 <sup>th</sup> October 2016	<b>Final report on the Health and Wellbeing Strategy</b>	The final report on the 2013-16 Health and Wellbeing Strategy, 'Closing the Gap', was taken to the Board, who noted both its success and the residual areas for improvement.
	<b>Adults JSNA</b>	The Board noted the contents of the report and were pleased to see the work being done to broaden the JSNAs audience and accessibility.
	<b>LLR STP</b>	The Draft LLR STP was published in November. Presented to the board for discussion. Toby Sanders, LLR STP lead, presented a paper to the Board outlining a proposed role for the LLR Health and Wellbeing Boards, which was considered by the Board.
Thursday 15 <sup>th</sup> December 2016	<b>LSCB Annual Report</b>	The Board noted the contents of the report and agreed to ensure its key messages would be disseminated throughout partner organisations.
	<b>Loneliness and social isolation evidence review</b>	The Board accepted the report and agreed Leicester City Council should lead further work to tackle loneliness and social isolation.
	<b>Children's JSNA</b>	The Board noted the content of the report and discussed its implications and recommendations.
Monday 6 <sup>th</sup> February 2017	<b>Transformation Plan for Mental Health and Wellbeing for Children and Young people - Refresh 2016/17</b>	The Board reviewed the plan and recommended some changes for the authors to make before final publication.
	<b>The Personal Health Budgets Local Offer</b>	The Board noted the progress made in relation to the local personal health budget offer and asked for further details on some points of the plan, which were duly circulated.
	<b>LSAB Annual Report</b>	The Board noted the contents of the report and partners considered how its key messages could be disseminated across their organisations.
Monday 3 <sup>rd</sup> April 2017	<b>CCG GP Five Year Forward View</b>	The Board noted the update on primary care in the city. It was agreed that further, more detailed updates should be made to the Board and the Health and Wellbeing Scrutiny Commission.
	<b>Health, Wellbeing and Prevention Strategy</b>	The draft strategy was received and discussed by the board.
	<b>Sport England Bid Update</b>	The Board agreed that it would support a bid by Public Health for funding from Sport England.
	<b>Impact of Brexit on the LLR NHS and care workforce</b>	The Board discussed the significant contribution made to the LLR health economy by EU nationals. The Board agreed that it should revisit the subject as the process of leaving the European Union progressed.