

LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

Subject:	Leicester's joint Health, Care and Wellbeing Strategy delivery plan – quarterly update
Presented to the Health and Wellbeing Board by:	Amy Endacott
Author:	Amy Endacott/Katherine Packham

EXECUTIVE SUMMARY:

Leicester's Joint Health, Care and Wellbeing Strategy (JHCWS) outlines the health and wellbeing needs of Leicester's population, and highlights 19 priorities for action. These are categorised into 'do,' 'sponsor,' and 'watch' in recognition that equal resource and focus cannot be given to all 19 priorities simultaneously. This update reflects progress highlights, next steps, and key risks against the six 'do' priorities which were selected, through a public consultation, for initial focus, and for which a full action plan has been developed to run from 2023-2025. The period covered by this update is February – May (inclusive) 2023.

The following pages provide a summary of each of the five 'Healthy' theme areas, and a summary of communications and engagement activity to support the delivery of individual actions.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Review the detail of the report.
- Provide feedback on any topics or matters arising from updates where more detailed discussions would facilitate delivery.
- Provide feedback on opportunities for strategic leadership to enhance progress against individual priority areas.
- Provide any feedback on mitigation of risks and issues that are included within the report.
- Provide feedback on the format and detail of this report, with a view to enabling decisions about how future updates should be brought to the Health and Wellbeing Board.

Healthy Start

Priority: We will mitigate against the impacts of poverty on children and young people.

An anti-poverty strategy and framework has been developed through a co-design approach, engaging with more than 500 people. Leicester's approach has been recognised as good practice by Greater Manchester Poverty Action¹.

Anti-poverty community grants have been awarded to a number of organisations to develop and run projects which mitigate against the impacts of poverty for residents across Leicester with currently 13 organisations in receipt of just over £102k supporting projects across the themes of food, clothing, digital exclusion, welfare support and community spaces.

The Adult Learning/Public Health collaboration to extend the 'Let's Get Resourceful' programme has been agreed and is being worked up at present for launch in September. The previous programme provided 54 slow cookers to participants that attended the 2-day course and positive feedback was received by those attending.

The offer of vouchers to carpet the living room in new Leicester City Council (LCC) lets for those eligible for Community Support Grants has been well-received, with around £100k of vouchers distributed.

In collaboration with the Public Health fuel poverty programme with National Energy Action (NEA), funding for 8 further places on the 3-day Energy Awareness course to train advisors within community groups has been agreed by the anti-poverty board.

Developments have been made against Maternity and Neonates Equity and Quality co-produced actions plans, which focus on areas of deprivation and vulnerable/complex groups. Preparatory work has taken place to support the relaunch of a Peer Support Programme to ensure women accessing perinatal mental health support have access to someone who can act as an advocate for them.

A task and finish group meet monthly to address the impacts on service accessibility and experience of women from the Black and Asian ethnic minority (BAME) community. This has included reviewing national and local data, carrying out focus groups with key community groups, and planning events to increase engagement and awareness within the community. Learning from these activities has helped to shape further discussions and events to address the issue.

Next steps:

An event aiming to improve equity in maternity, neonatal and perinatal mental health for women from BAME communities across Leicester, Leicestershire and Rutland is planned in June 2023. This will focus on multiple determinants of health, co-production with patients, eliminating unconscious bias, mitigating against digital exclusion, and making health equity a strategic priority.

¹ [GMPA-Local-anti-poverty-strategies-report-2023-final.pdf \(gmpovertyaction.org\)](https://www.gmpovertyaction.org/gmpa-local-anti-poverty-strategies-report-2023-final.pdf)

Healthy Places

Priority: We will improve access to primary and community health and care services.

Work to develop Integrated Neighbourhood Teams (INTs) to work in a more coordinated way with partners at local level through enabling the evolution of Primary Care Networks (PCNs) is progressing. Five key priorities for this workstream have been identified (bowel cancer screening, women's health, obesity, integrated chronic kidney disease, and hypertension). PCN's have recruited 202 Additional Roles Reimbursement Scheme (ARRS) staff across Leicester, Leicestershire and Rutland (as of October 2022). The Integrated Care Board (ICB) continue to develop and optimise the use of social prescribing and other ARRS workforce across Leicester City. Training events and network sessions have been held monthly for social prescribers to share learning, with active signposting facilitated by the training team. PCNs are required to meet the Investment and Impact fund (IIF) indicator focussed on social prescribing referrals.

Training has been delivered via Reaching People to volunteers around the NHS app, online GP services and a range of other digital skills, to enable them to support patients in medical practices. This aims to empower citizens to use technology where appropriate by enabling people to improve their literacy of local technology. Reaching People have also developed a range of communications materials to support this project. This includes hyperlocal support for the Accident and Emergency department (A&E) through the ICBs Voluntary, Community and Social Enterprise (VCSE) Alliance funding individual organisations to support signposting to appropriate or alternative services.

Delivery of the Enhanced Access (EA) service in Primary Care – dashboard data is indicating an improvement in learning disability (LD) health checks compared to previous months, as well as achievement of increased recording of ethnicity data by PCNs. Monthly EA returns indicate that PCNs are offering appointments/hours above their contracted hours.

As part of a strategic review of urgent care services (UCS's) for patients with minor illness and injuries, streaming off-site from the emergency department front desk to 4 urgent treatment centres and 10 urgent care centres and EA hubs has been agreed for 2023/24.

Next steps:

Clinical directors will continue to meet monthly to progress city INT working delivering on the identified priorities. Workshops designed and tailored to address priorities and links with INTs will be held to support progress. Work will take place to develop a dashboard to report on individual practice support for engagement.

Development of the social prescribers network and active signposting training will take place to align with the direction of travel for 2023/24, focussing on alleviating access pressures and increased INT working.

There will be ongoing monitoring of EA and a review of the benefits, with feedback from patients and PCNs. Proposals for improvement will be the subject of a public engagement consultation, currently planned for summer 2023.

Emergency department and urgent treatment centre off-site streaming will continue to be monitored.

Healthy Minds

Priority 1: We will improve access for children & young people to Mental Health & emotional wellbeing services.

Priority 2: We will improve access to primary & neighbourhood level Mental Health services for adults.

Children and young people (CYP) - A pathway review of CYP mental health and Emotional Health and Wellbeing Services took place at the end of 2022, leading to contracts being extended for two years with possible 24-month extensions for four of the high-performing services. An up-to-date CYP directory of services is in development to support promotion of services. A CYP online self-referral to the Triage and Navigation service went live on May 23rd, removing the requirement to see a GP first, with the aim of improving access and removing barriers to services. Roll-out of Mental Health Support Teams (MHSTs) in schools has continued, with funding awaited for Wave 9 which will lead to an additional three teams in the City in areas of deprivation, to help with improved access.

Data has been used to identify areas within the City where health inequalities and deprivation exist, and where there are low referrals, with a view to better understanding whether there are barriers to access and how these can be addressed.

Adults - 13 city organisations have been awarded grants for Getting Help in Neighbourhoods in round 2 of the grant awards scheme. Five additional crisis cafes have been awarded during round 2, bringing the total to 11. Five out of nine Primary Care Networks (PCNs) have a Mental Health Practitioner and an additional Peer Support Worker working alongside them. Three Mental Health Leads are in place in the City, facilitating new ways of working, organising local mental health networks and facilitating improvement projects in line with the LCC strategy and local needs. The newly rebranded NHS Talking Therapies Service (previously known as Improving Access to Psychological Therapies (IAPT)), provided by VITA MIND, have provided promotional information to pharmacies, and communications activity is taking place via the local lead.

A draft of the refreshed Dementia Strategy has been completed and is due to be shared with relevant governance boards. A Voluntary and Community Sector (VCS) dementia forum hosted by Leicester City Council has been well attended and has offered opportunities to strengthen relationships between the VCS and other relevant services to better support people experiencing dementia.

Next steps:

CYP - Recruitment for Wave 9 to begin, and specific schools where the new MHSTs will be based are to be decided upon. Key areas in the city for work to address low referrals into mental health services will be agreed.

Work will begin to progress increasing new roles in PCNs with support of adult Additional Roles Reimbursement Scheme (ARRS) teams to share learning and best practice from the work they have done in implementing these roles.

Adults - Organisations who have successfully been awarded grants will be announced, followed by implementation by all sites. There will be increased local communications and engagement activity with GPs and the developing Integrated Neighbourhood Teams to promote the NHS Talking Therapies service, including local promotional events hosted by VITA MIND to raise their profile and circulate information on the psychological offers. A primary care engagement plan will be developed and VITA MIND will work towards reporting NHS Talking Therapy activity at neighbourhood/GP practice level.

An 8-week consultation on the draft refreshed Dementia Strategy is planned for the summer of 2023. This is being led by Leicestershire County Council.

Healthy Lives

Priority: We will increase early detection of heart & lung diseases and cancer in adults.

A pilot scheme to identify people with undiagnosed hypertension has concluded and is being evaluated to provide information on the demographics of those identified, and demographics of those who responded to invitations.

A project to recruit and develop long term conditions (LTCs) champions which was funded until March 2023 has concluded, with no further funding secured. Across the duration of the project three champions engaged with nine practices, and developed specific action plans. An evaluation of this programme is underway as of May 2023, with indications that practices who had a LTCs champion attached to them demonstrated improved LTCs process.

A range of activity has taken place to increase early diagnosis in cancer pathways through early detection and follow-on pathway developments:

Prostate cancer identification in Black and Asian minority ethnic (BAME) men is being supported through the use of a video text message to raise awareness, targeted at black men, and men with a family history. A Health Inequalities manager is now in post to progress this work.

Year one of the NHS Galleri clinical trial (a blood test aimed at fit and healthy people aged over 50 to detect cancer markers) was considered successful, and roll-out of year two is due to begin in the next quarter with a focus on retention, rather than recruitment, of participants.

Work to improve colorectal cancer detection at an early stage has resulted in significant changes to the faecal immunochemical test (FIT) pathway, including a reduction in screening age to 56, and intentions to provide more GP surgeries with access to testing kits to reduce postal delays. A multi-partner task and finish group have led on a targeted project to increase the 1-year survival rate in the LE4 area of Leicester.

Work continues to implement a pathway to address 'did not attend' rates for breast cancer screening amongst Black African/Black Caribbean women.

A cervical cancer text project has been launched, using video texting to target patients who have not attended cervical screening. This will be developed into a range of languages.

Next steps:

Hypertension

Learning from the PCN based pilot will be used to look for associations with inequalities gaps and recommend methods to address them.

A project to enable better case-finding and management for hypertension within specific communities (Sharma Women's Centre and South Asian Health Action are key delivery partners) will be developed in the coming months.

Exploratory work will take place with the Public Health team to identify what work can be done within current resources to support the LTC work.

Cancer pathways

Communications activity to support retention of participants for the Galleri trial.

Development and delivery of training, in collaboration with primary and secondary care colleagues, to support the significant changes to the FIT pathway.

Evaluation of the value of purchasing/using a colonoscopy chair to support cervical screening for people with learning disabilities and a decision on whether to adopt this approach.

Healthy Ageing

Priority: We will enable Leicester's residents to age comfortably and confidently through a through a person-centred programme to support self-care, build on strengths and reduce frailty.

There has been a range of activity to support development of a framework for local delivery of anticipatory care (now proactive care). A proactive care project group have been mobilised and are meeting regularly to progress this work. Early adopter sites have been identified and Care Navigators are taking part in MDT's. There is active pursuit of confidentiality agreement from PCN's for the MDT facilitator. Training needs for staff have been identified and training costs agreed via LOROS. Care Navigators have also received MECC training and are using this approach with any new people they start to work with.

Development of the MyChoice directory is progressing to include local voluntary sector preventative services and community assets to reduce loneliness and isolation. A feedback function has been identified, and Personal Assistants listed. Community Connectors are now part of the MyChoice steering group to enable actions relating to community connectors to move forward. A business case has been created to develop a 'social prescribing' add-on, which will enable people to contact support agencies directly without the need for a referral.

There has been activity to support commissioning of a range of services and opportunities to provide alternatives to residential care. The hospital bridging service has been brought in-house within the Homefirst suite of service provided by Leicester City Council, offering greater ability to meet the demand for this service. A commissioning review for Homecare is in progress, with a model of delivery agreed by the project board, and is on target for new contracts to be in place for 2024. A review of respite services is underway to establish demand and use. A commissioning review has begun into carer support services and is at the 'soft market test' stage, with planned engagement activity with carers during National Carers week.

An Operational Project Lead has been appointed to lead a project team working to increase reablement capacity, and to make a transformative change whereby all hospital discharges (unless there are specific reasons) will be supported by the reablement service, with £500k initially released by the Integrated Care Board to fund this work.

Next steps:

Proactive care – Guidance will be sought from early adopter sites to inform next steps, and sign-off will be sought for data protection impact agreements and memorandum of understanding. Training dates to be agreed with LOROS to upskill Care Navigators.
Commissioning – Proposals will be drafted to pilot a short breaks service with the care home market which will inform the design and scope of the longer-term model.
Remodelling work to increase reablement capacity – The project lead will commence in post at the start of June to drive this project forward, and five sub-groups will commence to drive this work forward.

Risks:

Funding to increase reablement capacity will not exceed the £500k allocated as part of the Discharge Grant. There are concerns that this will fall short of the funding required to help make this transformative change possible. More budget planning work is due to take place to map out risks and mitigations.

Communications and engagement activity

A range of communications and engagement activity has taken place across the ICB and through the local authority and community wellbeing champions to facilitate progress against the identified actions. This has included:

- Supporting delivery of the new Maternity and Neonatal Voices Partnership contract.
- A volunteering campaign for individual at practice level to support development of integrated neighbourhood team working
- Supporting activity to empower citizens to use technology where appropriate
- Planned engagement and consultation with the public on options for urgent care services
- Cancer screening
- Implementation of the joint LLR Dementia Strategy, and planning the Dementia Strategy consultation
- Promotion of the emotional health and wellbeing service, including the digital offer for schools for CYP and their families.

Progress against 'sponsor' and 'watch' priorities

The working group who have developed and implemented the initial 'do' priorities delivery action plan are due to reconvene in July to consider approaches for reviewing and monitoring progress against the 'sponsor' and 'watch' priorities, and to identify the governance structure, reporting frequency and level of detail in which updates against these priorities should be provided.