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1. **PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Scrutiny Commission on the changes that have taken place in recent years in the planning and delivery responsibilities for Public Health. This report focuses on national, sub regional and local context, whilst detailing the localities health priorities. It also captures key achievements, future challenges/opportunities and details the process for reviewing of community health care.

2. **RECOMMENDATION**

That Scrutiny Commission notes the following:

- 2.1 Endorses the effective work to reduce the health inequalities by the Hinckley & Bosworth Health & Wellbeing Partnership.
- 2.2 Acknowledges and welcomes the key achievements as detailed in section 8.
- 2.3 Supports the opportunity to receive a future presentation by West Leicestershire Clinical Commissioning Group on the outcomes of the Community Health Care review.

3. **BACKGROUND TO THE REPORT**

- 3.1 There have been many significant changes to how public health is delivered. These changes followed the NHS White Paper (Liberating the NHS – July 2010) and the Health and Social Care Act, which received Royal Assent on 27<sup>th</sup> March 2012 both of which propose a number of significant changes for NHS organisations and their partners.
- 3.2 The following sections within this report sets out the national context, Leicestershire's approach and how this transpires in Hinckley & Bosworth.

4. **NATIONAL CONTEXT**

- 4.1 A new national public health body, Public Health England encompasses the functions previously carried out by the Health Protection Agency, National Treatment Authority, Public Health Observatories and Cancer registries among others. Public Health England will focus on national resilience against incidents like flu pandemics and other health threats, as well as being a 'knowledge bank' for the best and most up to date evidence on behavior change techniques and monitoring data.
- 4.2 With the abolition of Primary Care Trusts (PCT's) on 31<sup>st</sup> March 2013 Clinical Commissioning Groups took over responsibility for commissioning the majority of NHS services in England. All GP's in England are members of their local Clinical Commissioning Groups. Hinckley and Bosworth GP's are members of the West Leicestershire Clinical Commissioning Group.

## 5. LEICESTERSHIRE'S APPROACH

- 5.1 With effect from 2013 upper tier and unitary authorities in England became responsible for improving public health. In Leicestershire this is Leicestershire County Council.
- 5.2 Leicestershire's Health and Wellbeing Board (H&WB) includes Elected Members, GP's, health and social care officials and representatives of patients and the public. Its role is to lead and advise on work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services.
- 5.3 Districts are represented on the H&WB by Councillor John Boyce, Leader of Oadby and Wigston Borough Council and Councillor Pam Posnett Deputy Leader of Melton Borough Council. Their role is supported by Sandra Whiles, Chief Executive of Blaby District Council and District Lead for Health.
- 5.4 The H&WB established a strategy for health improvement at a county level. This was undertaken through consultation with the public and other stakeholders together with evidence and intelligence gathered from the Joint Strategic Needs Assessment (JSNA). The final strategy was published in 2012 and covers the 3 year period 2013-16.
- 5.5 One of the key pieces of work being driven forward by H&WB is the Better Care Fund plan. This will result in changes to the health and social care services in Leicestershire over coming years.

Planned improvements include:

- More services provided outside of hospital which operate on a 24/7 basis
- Joined-up health and wellbeing services to give better co-ordination and access to information, health and advice in communities
- A joined-up response (within 2 hours), for those who need urgent assistance, but do not need to go to hospital
- More effective, timely and joined-up support to help people leaving hospital
- More people with long-term conditions benefiting from coordinated care, planned in advance, across agencies

## 6. LOCALITY ARRANGEMENTS IN HINCKLEY & BOSWORTH

- 6.1 Local strategic and operational delivery is coordinated by the Hinckley & Bosworth Health & Wellbeing Partnership (HWP). This multi agency partnership is chaired by Bill Cullen, Deputy Chief Executive (Community Direction).
- 6.2 The HWP oversees the delivery of health and wellbeing priorities, and reports to the Hinckley and Bosworth Local Strategic Partnership (LSP), as one of the Borough's key delivery partnerships delivering on the broader community plan priorities. There are a number of sub groups with supporting delivery plans for each of the health and wellbeing priorities, with regular high level performance reporting to the Partnership. The HWP also interacts proactively with complimentary delivery groups i.e. Think Family and Community Safety Partnerships. Refer to Appendix A which shows structure chart.
- 6.3 The HWP has received excellent support and guidance from Leicestershire's Director of Public Health, Mike Sandys, local GP's who sit on the West Leicestershire Clinical Commissioning Group, voluntary sector representatives, including Health watch and from HBBC Officers. The HWP is effective and is viewed externally as a model of good practice.

- 6.4 Our overall ambition of the HWP is to improve the health and wellbeing of people in the Hinckley and Bosworth Borough, and to reduce the inequalities in health experienced by some social groups or people living in geographical areas of greater social need.
- 6.5 A new Health & Well Being Strategy for the Borough of Hinckley & Bosworth is being finalised. The draft version of this document will be circulated at the Scrutiny meeting.
- 6.6 Local health priorities have been established through the Partnership by interpreting those established in the county HWB strategy overlaid with local intelligence and data.

The Partnership has agreed our localities high level priorities, these are:

Table 1

| Priority                                   | Expected Outcomes  |
|--|--|
| Better Care Together                       | Coordinated service response to urgent need<br>A reduction in emergency A&E admissions<br>A reduction to residential or other long term care<br>An increase in people living independently in their own homes for longer<br>An increase in local services to provide low key but essential support to facilitate this e.g. befriending and sitting service.  |
| Reducing obesity in children and adults    | To reduce currently significantly high* obesity and excess weight in adults<br>To maintain and further improve obesity levels in children<br>To increase the number of adults that are physically active on a regular basis<br>If sustained over time a reduction in health inequalities and NHS treatment costs for associated illness e.g. Type 2 Diabetes<br>*when compared with England in PHE health profile 2014 |
| Promoting wellbeing and good mental health | Improved resilience in terms of everyday challenges<br>Improved quality of life<br>Stronger communities and individuals<br>Reduction in NEET numbers<br>Improvement in children's lifestyles as vulnerable parents increase their confidence<br>Reduced treatment costs  |
| Supporting our ageing population           | Increased resilience and quality of life<br>Increased numbers living independently in their own homes for longer<br>Reduced social isolation and loneliness<br>Reduced hospital/care admissions following falls in the home<br>Reduced winter deaths<br>Through projects such as the "Lightbulb" in line with the Better Care Fund principles  |
| Reducing the misuse of alcohol             | Improved numbers of people "binge-drinking"<br>Reduced numbers of hospital admissions that are specifically caused through alcohol<br>Reduced numbers of hospital admissions from alcohol related harm<br>Over time a positive impact on health inequalities   |
| Reducing smoking                           | Improved health outcomes for the ex smoker<br>Less second hand smoke related illness especially in children and young people from smoking households   |

|                            |   |
|----------------------------|---|
|                            | <p>Improved quality of life<br/> Reduced illicit tobacco trade<br/> Positive impact over time in health inequalities<br/> Sizeable reduction in associated NHS treatment costs<br/> Further improvement in smoking related death</p>  |
| Supporting teenage parents | <p>Further improvements in the number of teenage conceptions<br/> Increase in the number of younger people accessing education and work related opportunities<br/> Decrease in the number of terminations<br/> Improved quality of life<br/> Positive impact on health inequalities over time</p> |

7. THE HEALTH OF OUR BOROUGH

7.1 Broadly speaking the health of Hinckley and Bosworth is not dissimilar to that of Leicestershire.

7.2 Some of the key headline facts are:

- Life expectancy for both men and women is higher than the England average but the life expectancy gap between the least and most deprived areas of the Borough is 4.7 years for men and 4.9 years for women.
- 4.6% (England 5.5%) of the local population classify their general health as bad or very bad with 17% (England 17.6%) having a limiting long term illness or disability.
- Public Health England monitor 32 key health indicators and these are published annually (2014 Health Profile) and RAG rated. Currently Hinckley & Bosworth BC are rated as significantly better than the England average in 16 of these, significantly worse than the England average in 3 and not significantly better or worse in the remainder (13).

Table 2

| Areas where we are better than the England average (selection of some of the 16) | Areas where we are worse than the England average |
|--|---|
| Deprivation  | Obesity in adults                                 |
| Drug misuse  | Excess weight in adults                           |
| Children in poverty  | Recorded diabetes                                 |
| Under 75 mortality rate - cancer   |   |
| Statutory homelessness   |   |
| Obesity in year 6 children   |   |

8. BOROUGH COUNCIL'S SUPPORT TO HEALTH

8.1 With the council there are a wide number of internal departments which pro-actively support the delivery of health & well being both directly and indirectly. In no priority order, these include:

- Environmental Health – through their statutory and non-statutory functions address wider determinants of health, including food, health and safety, air quality, noise, licensing, smoking and environment issues generally, making a fundamental contribution to the maintenance and improvement of public health and improving quality of life and wellbeing.
- Housing – The quality of housing stock, affordable warmth and homelessness

- Community Safety – In collaboration with other agencies the night-time economy, community work around alcohol and substance misuse
- Revenue & Benefits – support around social care benefits
- Planning – the built environment such as open spaces
- Cultural Services – health improvement planning, sport and physical activities

## 9. KEY ACHEIVEMENTS

9.1 The HWP are proud of its positive track record in achieving outcomes aimed at reducing health inequalities in the Borough. Below is a summarised list which captures just some of our successes:

- i) Production of Directory of Services – raising awareness of all community based services across the Borough and how to signpost/refer to them
- ii) Coordination Staying Healthy Grant Scheme – an allocation of money to all districts based on population which is to impact against identified health priorities
- iii) Locality approach to Mental Health coordination – results in a closer awareness of local groups and needs and facilitates direct action
- iv) Development of Dementia Care support material – we have taken a local approach to this resulting in a resource that will be available to local people and marketed outside of the Borough
- v) Development of Light bulb project – by coordinating services to residents across the Borough (tenure neutral) works to the principles of the Better Care Fund
- vi) Physical Activity & Sport Commissioning – Targeting work on areas in the Borough where there is an identified priority and ensuring an impact on the health priorities wherever this is possible and practical

## 10. CHALLENGES AND OPPORTUNITES MOVING FORWARD

10.1 The delivery model coordinated by HWP is effective. There is strong partner representation and a collective desire to make improvements to resident's health and wellbeing. This partnership will need to remain flexible to ensure future effective delivery.

10.2 The single biggest challenge will be retain service delivery within the wider partnerships budgetary constraints. The HWP and its partners will need to target its limited resources to those who are in greatest need.

10.3 The commissioning of services is changing. Making a difference and obtaining value for money are just two key areas which are being considered by the key commissioners i.e. Public Health and West Leicestershire Clinical Commissioning Group.

10.4 Engaging the voluntary sector to play an enhanced role in the delivery of services is an exciting opportunity. The recent changes to our local voluntary sector arrangements including revised governance and coordination, provides Hinckley & Bosworth with a sound platform. An example of this is the devolvement of the Staying Healthy Grant Scheme to the Next Generation who have taken responsibility for the commissioning of this scheme against a brief supplied by the Council.

## 11. COMMUNITY HEALTH CARE REVIEW

11.1 Given the aging population of Hinckley & Bosworth over the coming 25 years and the associated change in needs of the population, the aim of this project is to review the

type and scope of services which are currently provided in Hinckley, to ensure they meet the current and future needs of the population in and around Hinckley.

- 11.2 The review will be carried out within the context of the Better Care Together, the five year strategic plan 2014 – 2019, which sets out the strategic direction for health and social care and the vision for Leicester, Leicestershire & Rutland CCGs, NHS providers, Local Authorities, NHS Area Team and local Health watch bodies.
- 11.3 The approach will be to establish the scope of community health services which are delivered in and around Hinckley, and through meaningful conversations with local people, including working with existing community networks, such as Health Watch and the VCS, understand what matters most to them. The approach will also establish whether services currently meet, or will meet in the future, the strategic objectives in the Better Care Together plan.
- 11.4 In completing the future shape of community health services in the Hinckley area, no assumptions will be made based upon proposals or options from previous assessments, it will independently establish whether there is a clinical case for change.
- 11.5 If a clinical case for change is established, a number of potential options will be co-designed with key stakeholders, supported by an outline business case, and if approved by the WLCCG Board, subsequently a comprehensive public consultation.
- 11.6 The project plan indicates that Board sign off for public consultation will be completed by 31<sup>st</sup> March 2015.
- 11.7 HBBC is represented on the senior officer Project Board, and has requested an early presentation to Executive Committee and in due course Scrutiny Commission, once the outcomes of the consultation is known.

## 12. LIGHTBULB PROJECT

- 12.1 The Lightbulb project developed from the work undertaken by Leicestershire's District Council housing services and the Chartered Institute of Housing in 2013 which set out to demonstrate the contribution that housing services can make to health's priorities and pressures.
- 12.2 The vision of the Lightbulb project is to integrate practical housing support, adaptations and other informal support into a single support service for older people that is tenure neutral, stigma free and shaped around an individual's need – not an organizations threshold or capacity. The services to be aligned to Lightbulb include aids and equipment, affordable warmth, DFG's, occupational therapy assessments, handy person schemes. The aim is to have a single point of contact, single assessment and single case management of an older persons housing related issues.
- 12.3 This ambitious project is a key factor in the Better Care Fund, linked to preventing admissions to hospital and residential settings and reducing hospital discharge time. A bid has been submitted to the Transformation Challenge Fund to secure funding to develop the concept, with support from all seven District Council's and Leicestershire County Council. The timetable for development is over 2015/16 - 2016/17.

## 12. FINANCIAL IMPLICATIONS (AQ)

- 12.1 Issues arising from the review are currently unknown. Any future financial impact will need to be approved in accordance with the Council's financial procedure rules.

13. LEGAL IMPLICATIONS (EH)

13.1 There are none arising directly from the report however implications are considered on each action outlined above in conjunction with Legal Services as necessary, including the production of any necessary agreements to secure delivery.

14. CORPORATE PLAN IMPLICATIONS

14.1 The report highlights changes in the delivery of the health services which will impact on the following corporate plan aims,

- Creating a vibrant place to work and live
- Empowering communities
- Supporting individuals
- Providing value for money and pro-active services

15. CONSULTATION

15.1 The report highlights national policy and as such no consultation has been undertaken.

16. RISK IMPLICATIONS

16.1 The following significant risks associated with this report / decisions were identified from this assessment:

| Management of significant (Net Red) Risks  |  |             |
|--|--|-------------|
| Risk Description   | Mitigating actions   | Owner       |
| The alignment of resources from partners will need to be considered and securing funds via Public Health and Clinical Commissioning Group commissioning process will be key to supporting the implementation of the Strategy. Without the relevant funding, delivery may be compromised. | Through the Borough Health and Wellbeing Partnership members will aim to co-ordinate and align resources to ensure maximum impact, | Bill Cullen |

17. KNOWING YOUR COMMUNITY – EQUALITY AND RURAL IMPLICATIONS

17.1 The report will impact on all residents of the borough. The new framework will especially impact on vulnerable groups and those accessing the health service.

18. CORPORATE IMPLICATIONS

18.1 Various internal teams are engaged in the delivery of Health, such as Housing, Community Safety, Environmental Health and Cultural Services.

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Background papers: None

Contact Officers: Andrew Head, Health Improvement Officer, HBBC  
Simon D. Jones, Cultural Services Manager - Health Lead

Executive Member: Cllr David Bill, Health Champion

# Appendix A

## Governance Structure for Hinckley & Bosworth – Health & Wellbeing Partnership

