Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Our Integrated Care Strategy 2023-2028

DRAFT FOR ENGAGEMENT

Contents

Foreword

We are pleased to present our first Leicester, Leicestershire and Rutland (LLR) Integrated Care Strategy.

We have a rich history of working together and this Strategy is another key milestone in our integration journey, building on our foundations to now go further and faster to transform health and care for the residents and communities of LLR.

We face many challenges across LLR: finances are stretched in our Local Authorities and NHS; there are workforce shortages across health and social care; and people experience problems in accessing services in a timely manner. Developing this Strategy has provided the opportunity to co-develop system-wide ***areas of focus*** aimed at preventing ill health, improving people's health and wellbeing, reducing health inequalities and making it easier for people to access the services they need. Our aim is not to duplicate the efforts of our individual partner organisations as they address financial, workforce, access and other challenges in the shorter-term but, rather, to focus on where collective effort, at a system level, can harness the greatest impact in the longer-term.

This Integrated Care Strategy also underpins and supports Place work by focusing attention and effort on those areas where collective and longer-term action, at a system level, can harness the greatest impact. Our Places - Leicester, Leicestershire and Rutland - each with their own distinctive characteristics, challenges and priorities can deliver those things that are best addressed locally.

There is more work to do to engage with wider stakeholders and local people to ensure that this Strategy reflects their views. That is why this Strategy is currently considered a *draft* and it is our intention to undertake wider engagement, in 2023, the outcomes of which will be reflected in an updated Strategy.

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Co-Chairs, Leicester, Leicestershire and Rutland Health and Wellbeing Partnership	Chair, Leicester, Leicestershire and Rutland Integrated Care Board	Chair, Leicester City Health and Wellbeing Board	Chair, Leicestershire County Health and Wellbeing Board	Chair, Rutland County Council Health and Wellbeing Board

Chapter 1: Introduction

1.1 Who we are

Our local councils, local NHS organisations and patient representatives have come together as the Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership. Our role is to agree the key issues that need to be addressed to improve people's health and care across LLR. We do this by listening to what local people, groups and organisations have to say about health and care services, as well as by looking at the data and evidence of health and care needs. We also have a role in overseeing progress on addressing these key issues.

1.2 Who has this document been written for?

This is a public document setting out the Health and Wellbeing Partnership's strategy for the next five years and is, therefore, designed to be read by anyone with an interest in local health and care. A summary [hyperlink to be included to summary on ICS website, once available] of this document is available on our Health and Wellbeing Partnership website.

1.3 Purpose of this Strategy

This Strategy is a blueprint for delivering a healthier future for people in LLR. It is designed to guide our care and health organisations, staff, and the voluntary sector to **key areas of focus** where, collectively, we can make a difference to improve people's health and wellbeing over the coming years.

Working together, over the next five years, we have agreed to focus on:
Focus 1: Improving health equity
Focus 2: Preventing illness and helping people to stay well
Focus 3: Championing integration
Focus 4: Fulfilling our role as 'Anchor' organisations

In the shorter term (2022-2024) we will also focus on two additional issues:
Focus 5: Co-ordinated action on the Cost-of-Living crisis
Focus 6: Making it easier for people to access the services they need

Supporting our Places and Districts to deliver their Priorities

Our three Places - Leicester, Leicestershire and Rutland - each have their own distinct characteristics, challenges and opportunities. Each Place, therefore, has its own Joint Health and Wellbeing Strategy (JHWS) aimed at delivering four LLR priorities, as these priorities are best addressed at a Place or community level.

In addition to our three places, we are working in partnership with our District Councils to develop Community Health and Wellbeing Plans for each district. These set out how we can work together to support the delivery of the LLR priorities at a local level. Once completed, these plans will be published on the District Council and our Health and Wellbeing Partnership websites.

This Integrated Care Strategy underpins and supports Place and Neighbourhood work by focussing attention and effort on those areas where collective and longer-term

action, at a system level, can harness the greatest impact. It is not intended to duplicate the work already being done at Places and districts

Each JHWS details the strategic vision and priorities for each respective Place, and the Community Health and Wellbeing Plans do the same for our Districts. Due to the varying demographics and needs of each place and District, it is not unexpected that there are some similarities and differences across each of these strategies in terms of priorities and timescales. Table 1 summarises some of the key priorities across the LLR JHWS's as aligned with the four LLR priorities.

Table 1 Summary of LLR JHWS alignment to ICS Transformational Priorities

ICS Priorities	Leicester JHWS Priorities	Leicestershire JHWS Priorities	Rutland JHWS Priorities
	5 years (2022-2027)	10 years (2022-2032)	5 years (2022-2027)
Best Start in Life	Healthy Start	Best Start for Life	The best start for life
Staying Healthy and Well	Healthy Lives	Staying Healthy, Safe and Well	Staying healthy & independent: prevention
	Healthy Places		Preparing for population growth & change
Living and Supported Well	Healthy Ageing	Living and Supported Well	Healthy ageing & living well with long term conditions
			Equitable access to health & wellbeing services
Dying Well	Healthy Ageing	Dying Well	Ensuring people are well supported in the last phase of their lives
Cross Cutting Themes	Healthy Minds	Improved Mental Health	Supporting good mental health
	Working together to enable everyone in Leicester to have opportunities for good health and wellbeing	Reducing health inequalities	Reducing health inequalities
	Covid impact considered within theme areas.	Covid Recovery	Covid -19 Recovery

In order to achieve the identified priorities, different approaches will need to be taken in the three Places and at district level. For instance, some areas of Leicester experience significant deprivation, so a broader approach to *Best Start for Life* may be needed for a priority such as school readiness (ready to play and learn). In Leicestershire, there may be areas where a more focused approach is required. In Rutland, there may be certain groups that need more support, such as the children of serving military personnel. Therefore, although the priorities may appear similar, the lens and services by which they are implemented is likely to vary across each Place.

As can be seen at table 1, mental health is a key priority across LLR. The actions that we will take to improve mental health services are set out in a number of strategies and plans (see further information and reading) and we will continue to take a very strong interest in ensuring that mental health services are integrated and fit-for-purpose across LLR.

1.4 Our Vision, Principles and Priorities

We worked closely with partners and stakeholders to develop a vision and principles that act as a 'golden thread' for how we operate: for how we focus on a better future for local people; for how we transform and improve health and care; and for how we interact with each other.

Our Vision

Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives

Our Principles

Everything we do is centered on the people and communities of LLR and we will work together with respect, trust and openness, to:

Ensure that everyone has equitable access to health and care services and high quality outcomes	Make decisions that enable great care for our residents	Make the LLR health and care system a great place to work and volunteer
Develop and deliver integrated services in partnership with our residents	Make the LLR health and care system a great place to work and volunteer	Use our combined resources to deliver the very best value for money and to support the local economy and environment

Our Priorities

We will focus on the first 1001 days of life to enable more equity in outcomes as we know this is critical to a child's life chances.

2

Staying healthy and well

We will help you to live a healthy life, make healthy choices, within safe and strong communities, and maintain a healthy quality of life.

We will support our residents to live a healthy life and make healthy choices to maintain wellbeing and independence within their communities.

3

Living and supported well

We will support you through your health and care needs to live independently and to actively participate in your care.

We will focus on supporting those with multiple conditions and who are frail to manage their health and care needs and live independently.

4

Dying well

We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families.

We will ensure people have a personalised, comfortable, and supported end of life with personalised support for carers and families.

How we will work together

This Strategy requires collaboration across all our Partners and, to support this, we set out, at Table 2 below, how we will work together.

Table 2: How Health and Wellbeing Partners will work together

Person-centred focus	1. We will meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health, social care and allied organisations.
	2. Citizens are integral to the design, co production and delivery of services.
	3. We involve people, communities, clinicians and professionals in decision making processes.
	4. We will take collective action to release funds for prevention, earlier intervention and for the reduction in health inequalities.

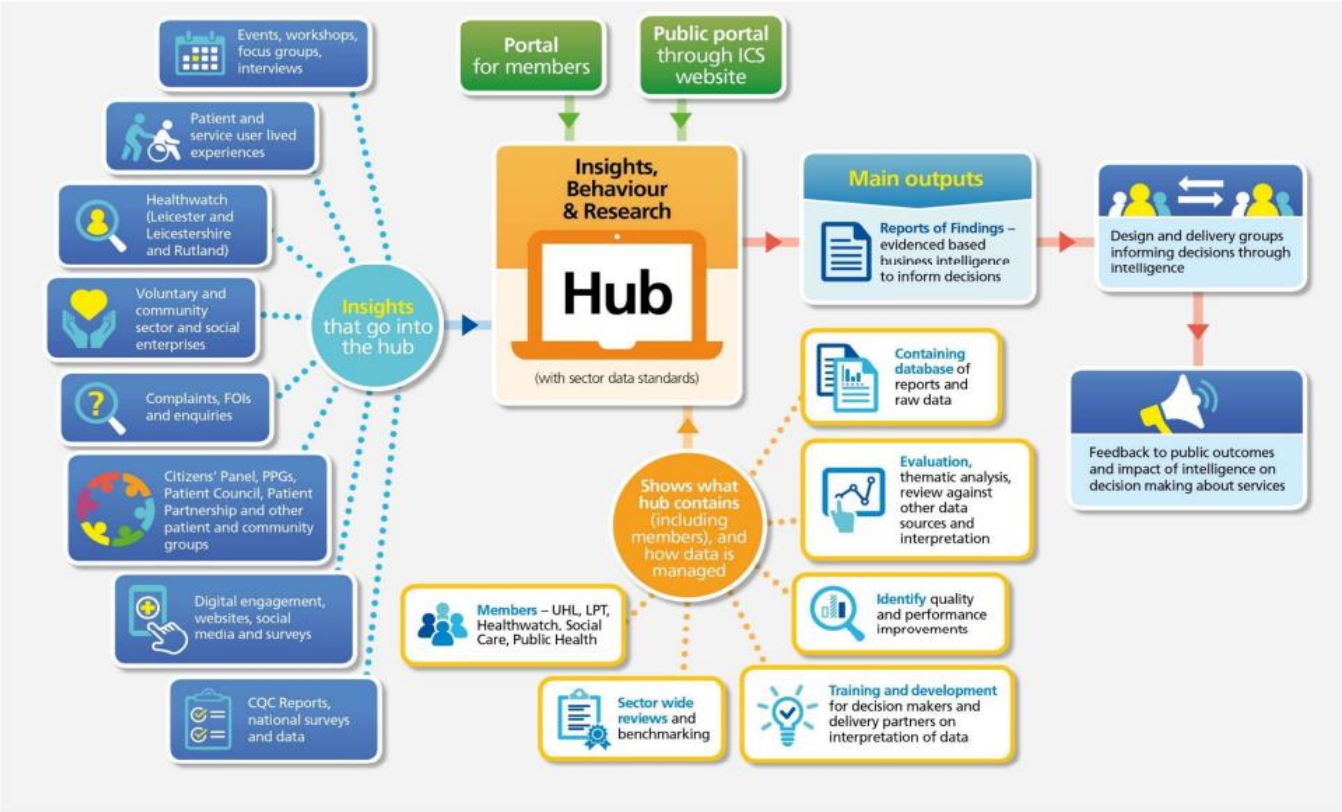
	5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
Subsidiarity	6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. Expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
	7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer.
Collaboration	8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.
	9. Through formal and informal collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources.
	10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.
	11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.
Mutual Accountability & Equality	12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities. We accept that diverse perspectives may create dissonance, which we will seek to address, moving to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the Partnership.
	13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.
	14. We develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	15. We will pool information openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system.
	16. We work in an open way and establish clear and transparent accountability for decisions, always acting in service of the best outcomes for the people of LLR.
Sustainability	17. We will strive to will strive to reduce the impact of our actions on our environment, and work towards building a healthy living and working environment for all our population and staff.

1.5 How we have used insights and engagement to develop this strategy

This Strategy builds on firm foundations of participation, involvement and engagement with people and communities, over many years. It has also been built on an inclusive learning culture, to deeply understand the needs of our population and design services appropriate to those needs.

We continuously and actively work with local people, patients, interest groups, voluntary organisations and a wide range of others to understand people's health and care needs, as well as hear about their experiences of services. We then use these insights and knowledge to improve care and services and, ultimately, have a positive impact on people's health and wellbeing.

Figure 1: How engagement and insights inform the design and delivery of local health and care services



Public and patient participation has been refined over time. The last two years has seen significant work to engage with people, including those with protected characteristics. Through a range of engagement work, we have heard from over 45,000 people who have shared with us their insights about a range of physical and mental health and care services. We have used this intelligence to shape this Strategy.

Figure 2, below, identifies some of the ways we have obtained insights and views. We plan to continue to engage with our Partners, wider stakeholders and the public to ask if there is anything else we need to think about to improve services. This will lead to an updated version of this Strategy being re-approved later in 2023.

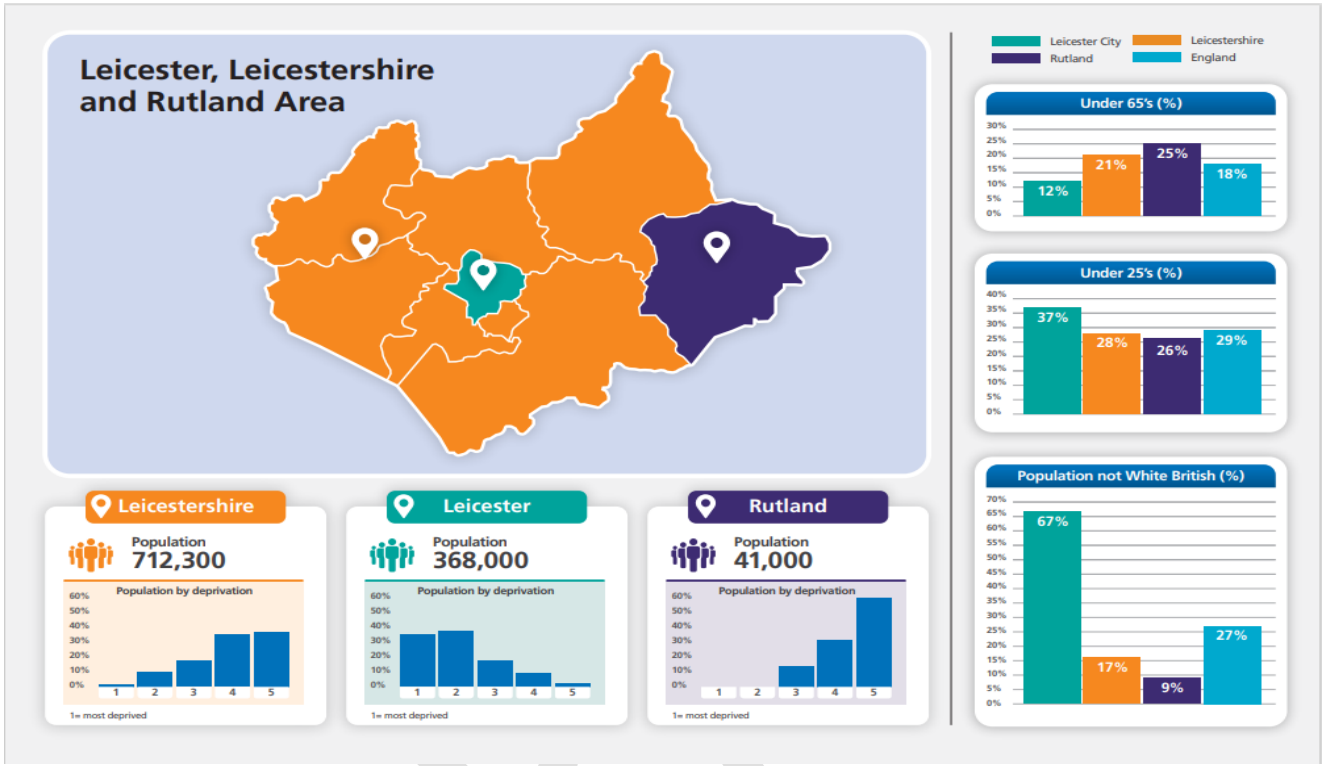
Figure 2: How insights and engagement have influenced this Strategy

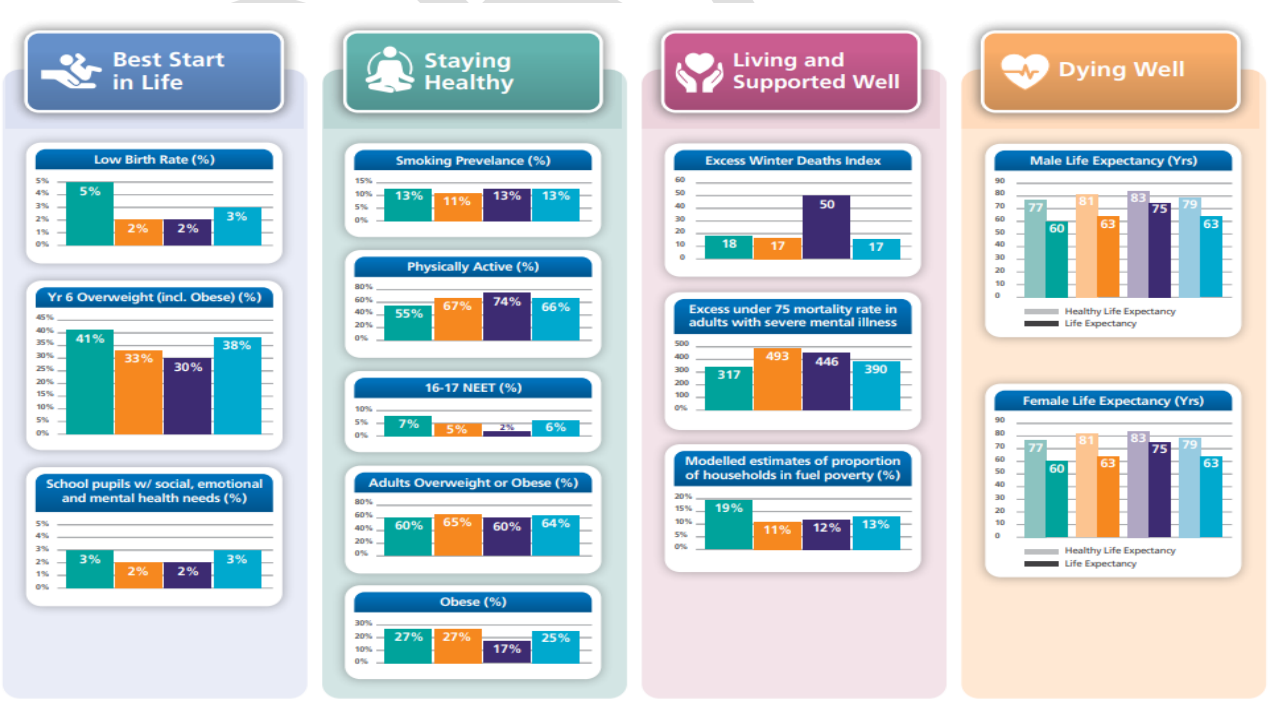
We will continue to undertake our comprehensive programme of engagement to shape this Strategy, ensuring that all partners, key stakeholders and the wider public have an opportunity to influence its development and ongoing refresh. This current version of the Strategy is, intentionally, a draft for engagement as we want to continue engaging over the coming months to ensure that we've got it right.

Chapter 2: Overview of health and wellbeing

We highlight, here, key facts relating to the health and wellbeing of our population. We have produced a more detailed Overview of Health and Wellbeing in LLR [hyperlink when uploaded onto ICB/ICS websites] document, and our council's Joint Strategic Needs Assessments and JHWS (see further information and reading) contained detailed analysis of wellbeing and need.

Draft infographics [subject to changes 22.03.23]





Chapter 3: Key areas of focus

Having taken account of health and wellbeing evidence, as well as the views of partners, we concluded that this Strategy should focus on areas where, firstly, working collectively across LLR will have the greatest impact on improving people's health and wellbeing and reducing health inequalities and, secondly, we can support our Places to deliver their priorities.

Working together, over the next five years, we will focus on:

Focus 1: Improving health equity

Focus 2: Preventing illness and helping people to stay well

Focus 3: Championing integration

Focus 4: Fulfilling our role as '*Anchor*' organisations

In the shorter term (2022-2024) we will also focus on two additional issues:

Focus 5: Co-ordinated action on the Cost-of-Living crisis

Focus 6: Making it easier for people to access the services they need

Focus 1: Improving Health Equity

What do we mean by health equity?

Health equity is about removing the avoidable and unfair differences in health between different groups of people. Health equity concerns not only people's health but the differences in care they receive and the opportunities they have to lead healthy lives.

Why focussing on this is important to us

There are stark gaps in health equity across LLR. A boy born today in our most deprived area could be expected to die up to nearly nine years earlier than a boy born in the least deprived area. Furthermore, people from less affluent areas will be spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area.

We want local people to be healthier, with everyone having a fair chance to live a long life in good health. This is why we will aim to 'level up' services and funding, rather than take anything away from areas where outcomes are already good.

Actions we will take

Priorities to address health inequalities will be determined and delivered at LLR level; in our three Places (Leicester City Council, Leicestershire County Council and Rutland County Council) through each of their JHWS; in our districts through Community Health and Wellbeing Plans; and in our communities.

At LLR level, we will:

Action 1: Apply our Health Inequalities Framework principles across our three Places
Action 2: Make investment decisions across LLR that reflect the needs of different communities
Action 3: Establish a defined resource to review health inequalities across LLR
Action 4: Ensure people making decisions have expertise of health inequity and how to reduce it
Action 5: Understand the impact of Covid-19 on health inequalities, to allow effective and equitable recovery.
Action 6: Improve data quality and use to enable a better understanding of and reduce health inequity
Action 7: Health equity audits will inform all commissioning or service design decisions
Action 8: Staff will be trained to understand and champion approaches to reducing health inequalities.

Example of JHWS actions include:

Infant mortality in Leicester: Tackling higher than the national average infant mortality by reducing the risk factors by targeting new mothers and families with support and information.
Implementing 'proportionate universalism' in Leicestershire: Interventions will be targeted with

the aim of bringing those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes.

Focus on areas and specific groups in Rutland: To ensure all people have the help and support they need, specific actions are being developed to support those living in the most deprived areas and households of Rutland, as well as some specific groups (for example the Armed Forces, carers and learning disability population and those experiencing significant rural isolation).

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- A reduction in health inequities
- An increase in healthy life expectancy
- A reduction in premature mortality
- A workforce that is representative of the local population

Case Study

Improving health equity – Covid19 vaccine hesitancy in St Matthews

What was the issue?

Covid19 vaccine uptake data by ethnic group demonstrated that Leicester's Somali population had 49% uptake in over 50s, at March 2021, compared with 78% in the population overall. Over half of the Somali population live in two neighbouring areas of the city; St Matthews and St Peters.

Intervention

In-reach pop up clinic at a local faith centre

Community engagement:

- Zoom webinars hosted by a local GP and community leader
- YouTube video cascaded via the local community Whatsapp group
- Written materials sent to local shops, mosques, schools and community organisations
- Information sharing on the COVID helpline by population advocates
- Social media activity

Impact

Within a week of the interventions (by end March 2021), uptake in the over 50s Somali population had increased from 49% to 60%.

By August 2021, dose 1 uptake in the over 50s Somali population had reached 78%.

Applying the learning

The interventions have been used to target other communities and work settings where vaccine hesitancy existed.

Focus 2: Preventing illness and helping people to stay well

What do we mean by Prevention?

It's helpful to think of prevention as having three elements:

Prevent - Reducing the risk factors that contribute towards ill health, for example, through clean air legislation or immunisation programmes (Primary prevention)

Reduce - Increasing the early detection and diagnosis of disease to achieve better outcomes; slow or reverse disease progression, for example, cancer screening programmes and targeted weight management services (Secondary prevention)

Delay - Provide appropriate support and interventions for people living with long term conditions, for example, stroke and cardiac rehabilitation programmes (Tertiary prevention)

Why focussing on this is important to us

Everyone knows that prevention is better than cure. We want people to live the best life that they can, for as long as they can, free from illness, disease and other health problems. We want local people to be proactive about their health and wellbeing. This can increase independence and delay the need for health and care services. Where illness or disease is at risk of occurring, we want to identify this early and intervene to minimise the impact.

Priorities for local prevention include smoking, obesity and diabetes, alcohol related harm, cancer, cardiovascular disease, respiratory disease and preventing and reducing harm (for example, from substance misuse, child criminal exploitation and domestic and sexual violence). There are also health inequalities in prevention, for example, barriers in how services are provided mean that ethnic minority women are less likely to attend cervical cancer screening.

Actions we will take

Many preventative actions are determined and delivered nationally (for example, government policy to protect citizens, some screening programmes), regionally (for example, through the East Midlands Cancer Alliance) and locally (for example, through our council's public health teams). Our Place JHWSs also focus on prevention, for example, promoting the health benefits of sustainable transport and improving air quality in Leicester, improving the offer of a health check in Rutland, and reducing the number of falls that people over 65 experience across Leicestershire. In addition, our Community Health and Wellbeing Plans will consider what local actions are needed to support prevention and helping people to stay healthy.

This Strategy focuses on what we will do at a LLR level. Actions at a place level can be found in the JHWSs for each Place (see further information and reading) and, at a district level, actions will be set out in each of the Community Health and Wellbeing Plans.

At a LLR level, we will:

Action 1: Ensure that prevention is at the forefront of local policy planning and commissioning across health and care

Action 2: Champion and relentlessly drive for health equity in prevention

Action 3: Embed prevention as a fundamental part of all professionals' roles across LLR**,** delivering Making Every Contact Count Plus interventions

Action 4: Support people to increase their sense of control and resilience in their lives (Including, for example, improved co-production, preventing harm through violence work, and health literacy)

Action 5: Promote action that will help people with long-term health conditions to be able to self-manage and stay healthy

Action 6: Provide leadership to system-wide responses to preventing and reducing harm

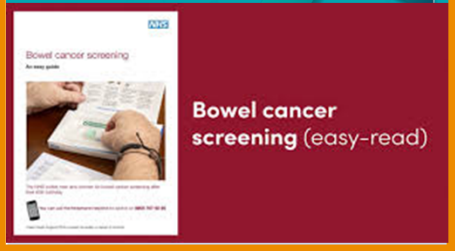
What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Prevention is a priority in policy and funding decisions
- A reduction in the health equity gap in prevention
- Health and care staff discuss prevention and self-care with people they come into contact with
- Improvements in people's reported experience of their resilience and ability to self-manage

Case Study

Preventing illness – Tackling health inequalities in cancer screening



What was the issue?

There is poorer uptake of cancer screening by people from communities where health inequalities are greatest, for example, Bangladeshi, Polish, the homeless, travellers, sex workers and carers.

Intervention

Public Health staff and community groups set up a project in Charnwood to explore the reasons behind poor uptake of cancer screening.

A series of focus groups explored the barriers people faced and the things that would make it easier for them to attend.

Impact

The results of the project are being used to make changes to services and help improve uptake across these communities. For example, some practices are offering:

- Extra clinics
- Extended hours of access
- Outreach support
- Information in different formats and languages.

Applying the learning

The team are now working with UHL to adopt a similar approach to engaging with people who miss respiratory appointments, in order to fully understand the barriers they face. Further plans to explore other key priority areas in the community are also being considered.

Focus 3: Championing Integration

What do we mean by Integration?

Local people have told us that, at times, the care and support they receive can feel un-coordinated and disjointed. Integration is about how our partner organisations work better together to meet the needs of our residents, ensuring that they receive the right support from the right service at the right time in a seamless and coordinated manner.

Why focussing on this is important to us

People are living longer and often with one (or more) long-term health conditions. This means that people increasingly need long-term care and support from lots of different services and a variety of professionals. Integrated care is critical to doing this successfully. Our partner organisations also face budget pressures and, while integrating care may not necessarily save money, it will help us to make better use of our limited budgets to improve people's care experience, improve outcomes and drive down health inequalities. Integration is also about how we work together to improve services for children, young people and families and in the case study section we provide an example of how working in a different way is improving services for these groups.

Actions we will take

This Strategy focuses on what we can do at a LLR level to support better integration. Many of the actions needed to achieve integrated care will happen in our three Places and, indeed, more locally at community and team level. Details of how integration works at place level can be found in our council's JHWS and Better Care Fund programmes (see further information and reading).

At a LLR level, we will:

Action 1: Break down barriers and ensure that our services are designed to support people to access care quickly when it is needed

Action 2: Create an environment where integrated working is the norm and second nature to our staff and colleagues so that the people are put first rather than any individual organisation

Action 3: Develop shared goals and outcomes, where we commit to work in partnership with each other and hold each other to account to deliver the best care for our LLR residents

Action 4: Promote and support the development of Collaboratives (see Further Information and Reading, below), where these can improve integration of care

Action 5: Champion the co-production of pathways of care with staff and the people who use the services.

Action 6: Maximise the opportunities that pooled budgets permits, where these can improve integration of care and value for money.

Action 7: Develop a workforce strategy and programmes that support and encourage staff to work in a more integrated way

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improvements in peoples reported experience of the services that they receive
- Improvements in outcomes and a reduction in health inequalities
- Demonstrable improvements in system value for money through shared ownership, accountability and streamlined services
- More staff working in integrated services.

Case Study

Championing integration – *Early Help* to children and families

What was the issue?

Our aim is to provide services that strengthen resilience and improve outcomes for vulnerable children and families. However, these services were being provided by different teams across different organisations and locations, leading to a disjointed and uncoordinated experience for children and their families.

Intervention

Development of 'family hubs', where integrated services are delivered to children and families by professionals who work together through co-location, data-sharing and a common approach to their work. Families only have to tell their story once and service provision (e.g. mental health support, SEND family worker, midwifery, computer skills, housing advice, digital access, etc) is integrated.

Impact

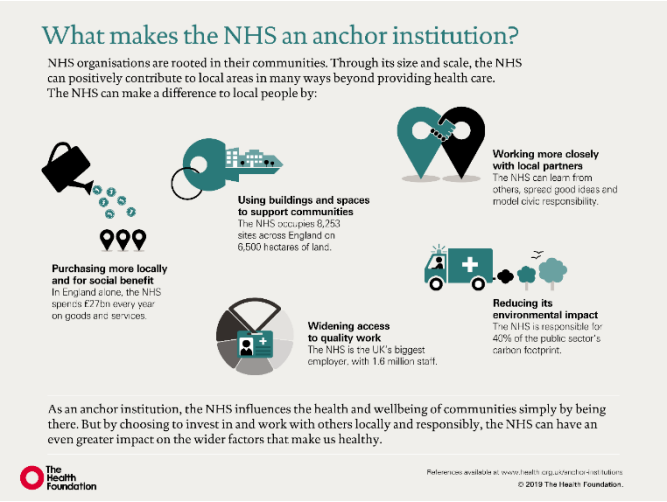
- There is 'no wrong front door' for families.
- Families receive the right service at the right time, and at the lowest possible level of service involvement, being able to self help where possible.
- Families and staff have a better understanding of available services and referral pathways
- Staff have a better understanding of the roles and remits of other services and are actively seeking opportunities to co-deliver where to do so will contribute to better outcomes for families.

Applying the learning

Focus on building and developing connections and resources in communities and neighbourhoods and ensuring that we are responsive to local need and listen to the voice of children, families and communities.

Focus 4: Fulfilling our role as *Anchor* organisations

What do we mean by an 'Anchor' organisation?



Anchor organisations are large organisations that have a significant stake in the local area. They have sizeable assets that can be used to support the local community's health and wellbeing and tackle health inequalities, for example, through purchasing power, training, employment, professional development, buildings and land use. **'***Anchors'* get their name because they are unlikely to relocate, given their connection to the local population. Our Partners - the local NHS (hospitals, community facilities, GP practices, etc.), our local authorities and our Universities are Anchor organisations.

Why focussing on this is important to us

The NHS and councils are the biggest local employers. We own and operate many local buildings and facilities. We spend hundreds of millions of pounds each year on goods and services. We want to fully harness our assets, and those of our wider Partners, including our colleges, universities and industry, to influence wider economic development and environmental balance, in order to improve people's health and wellbeing and reduce health inequalities.

Actions we will take

We will:

Action 1: Widen access to quality careers and work (see Enabler 2)
Action 2: Maximise the use of our buildings and space to support local communities
Action 3: Purchase more locally and for social benefit
Action 4: Work more closely together to learn, spread good ideas and model civic responsibility
Action 5: Each Partner will deliver their organisation's Green Plan commitments
Action 6: Consider how we can balance meeting people's needs, with environmental and economic sustainability.

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improved recruitment and retention of local people into paid roles within our health and care workforce
- Achieving our carbon neutral promises as set out in each Partner organisation's Green Plan
- Our buildings are user friendly and are used to strengthen our communities
- Increased support to local business opportunities, recirculating wealth and community benefits locally
- Demonstrating that we work well together and share good practice

Focus 5: Co-ordinated action on the Cost-of-Living crisis

What do we mean by the Cost-of-Living crisis?

A combination of factors, some international and others national and local, have come together to squeeze people's ability to afford basic necessities. International factors include implications of Covid-19, energy availability and cost and climate change. National and local factors have also impacted, including long-standing pockets of deprivation and inequity in LLR.

Why focussing on this is important to us

Food, energy and heating have seen the biggest price increases and this has a disproportionate impact on lower income groups who spend around 90% of their income (Bank of England, July 2022) on essential goods and services, such as these. Health inequalities are already stark across LLR (see Focus 1) and the cost-of-living crisis is likely disproportionately impact on those people and communities who already have the worst health and wellbeing outcomes.

Actions we will take

Individually, our partners are taking action to support more vulnerable people and communities, as well as our staff. For local people, this includes providing access and signposting to services. For staff, this includes action on transport, energy and food costs.

We will:

Action 1: Establish a task and finish group to co-ordinate action across our partner organisations, sharing learning, co-ordinating communication messaging and focussing on key groups

Action 2: Ensure a unified focus on key groups, including those who are 'just about managing'

Action 3: Better co-ordinate work with voluntary and faith-based organisations, as well as link workers, local area coordinators and social prescribers, to support key groups

Action 4: Actively reach out to regional and national partners, sharing, gathering and implementing best practice and schemes

Action 5: Look after our staff, helping them directly, as well as informing and signposting them to support

Action 6: Consider medium and longer term interventions that will support cost-of-living resilience amongst key groups

Case Study

Cost of living – *Supporting people in fuel poverty*

What was the issue?

Fuel Poverty has been identified as one of the major issues facing low income families and this is being made worse as a result of the current cost of living crisis.

Intervention

Leicester City Council implemented a project to deliver energy advice, support, training, education, as well as an emergency crisis fund.

Impact - An individual case:

A Leicester City Council housing tenant was referred to the service by the Housing Team. The tenant spoke very little English and was in arrears of around £900 with her energy company. The Advice Team spoke to her and were able to understand her circumstances and talk her through her bills. Following discussions with the energy company, it came to light that they had been using estimated charging. As a result of the teams intervention, meter readings where provided to the energy company and this resulted in the tenant being in credit.

Applying the learning

The link between poor heating and health is well established with many people experiencing poor health outcomes as a result of lack of heating. Living in cold damp homes also has a significant impact on mental health and wellbeing, and impacts directly and indirectly on a range of social and wider determinants of health including education, nutrition and social isolation.

Focus 6: Making it easier for people to access the services they need

What do we mean by access?

Local people have told us that it can be a difficult and confusing knowing which service to access, from which location and at what time. Disjointed access leads to poor experience of health and care services. It can also lead to some services (for example, A&E) becoming overwhelmed, because people may not have the best information to hand when deciding what service to access. Our insights have also shown us that people want access to relevant and reliable self-care information so they can play a greater role in their own health and care.

Why focussing on this important to us?

We want people to have the information, ability and confidence to access the right support from the right place at the right time. We also want people to be informed and proactive about their health and wellbeing, with a focus on self-care, as this can increase independence and delay the need for health and care services.

The actions in this Strategy focus on how we will work with communities to support better access to services. Details of how we will improve access to local NHS services are contained in the LLR Integrated Care Board (ICB) Five Year Joint Forward Plan (5JFP) which will be published in the summer of 2023. In addition, there are other plans which set out actions to improve access across specific services, for example, GP services and mental health (See further information and reading).

Actions we will take:

We will:

Action 1: Work with communities and local people to ensure that targeted and tailored information is made available to help navigating the health and care system, promoting access to the right support from the right place at the right time, an example being the "Get In The Know" campaign

Action 2: Work with communities and local people to improve health and care literacy and promote self-care

Action 3: Improve digital literacy to empower and equip local people to utilise and navigate digital tools (for example, the NHS App and 111 online) to help with access challenges

Action 4: We will work with the voluntary, community and social enterprise sectors to support better information on and access to our services.

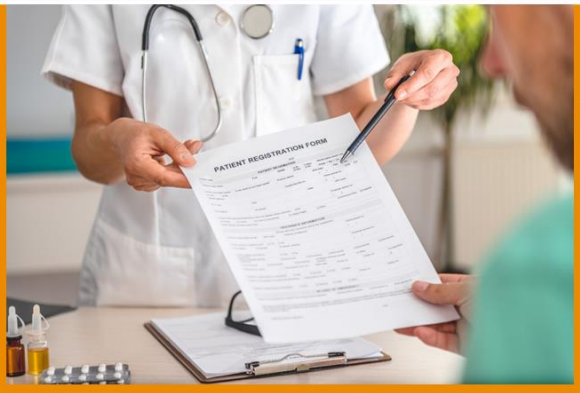
What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improvements in people's reported experience of accessing timely services from the right place
- Better flow and capacity throughout our system as local people are engaged and informed regarding what service to access and from where.
- Improvements in local people's reported experience of their resilience and ability to self-manage
- Increase in confidence and use of health and care digital solutions

Case Study

Improving access to services – *Identifying people not registered with a GP*



What was the issue?

Significant numbers of people in Leicester City not registered with a GP. Particular emphasis on homeless, refugee, asylum seeker and overseas populations.

Intervention

- Held 35 events across LLR, engaging with approximately 2,300 people
- Attended 26 Vaccination clinics across LLR engaging with approximately 7,800 people
- Created and translated easy read leaflets into 9 different languages
- Targeted radio advertising across cultural and community specific radio stations
- Provided personalised support to Afghan refugees, helping 76 Afghan families to register with a GP.
- Supported Ukrainian refugees to register with a GP.

Impact

Prior to the programme, 29,222 people were registered with a GP in Leicester City .

Since the introduction of the programme (which ran during 2021) 51,545 people were registered with a GP in Leicester City, a rise of 22,323 people, reflecting a 76% increase.

Applying the learning

Due to the success of the programme in Leicester City, it has now been introduced across LLR, with

To date (October 2022 data), approximately 40,000 additional people have been registered with a GP across Leicestershire and Rutland (not including the Leicester City additional registrations).

Chapter 4: Enabling this Strategy to be delivered

In this Chapter, we describe the key enablers that will help us to achieve our key areas of focus.

Enabler 1: We will use a Population Health Management (PHM) approach:

PHM is a term that describes compiling data and insights to understand people's health, care and wellbeing needs and current usage of services, and how they are likely to change in the future. These data and insights can then be used, in co-production with the people who will use the services, to plan and develop services, community development and other sources of help and support.

Employing a PHM approach allows us to support people with long term conditions, provide better case management and target resources where they are most needed. PHM aims to promote independence, improve physical and mental health outcomes, reduce health inequalities and help us live our extra years in better health.

Figure 3: How Population Health Management works

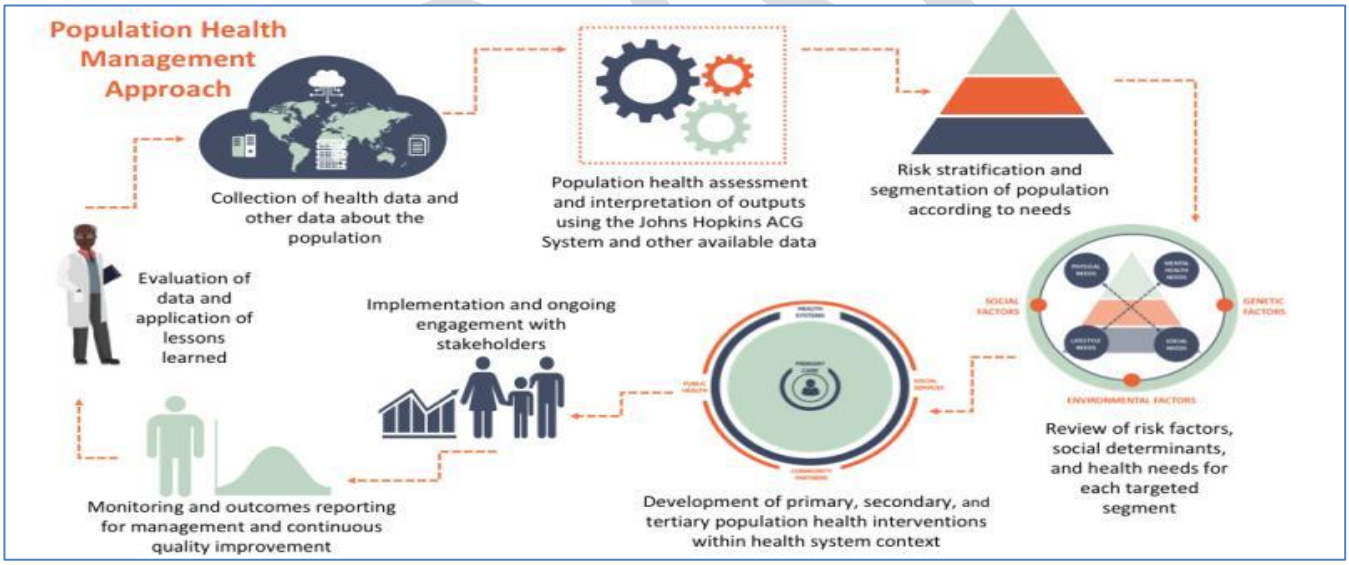
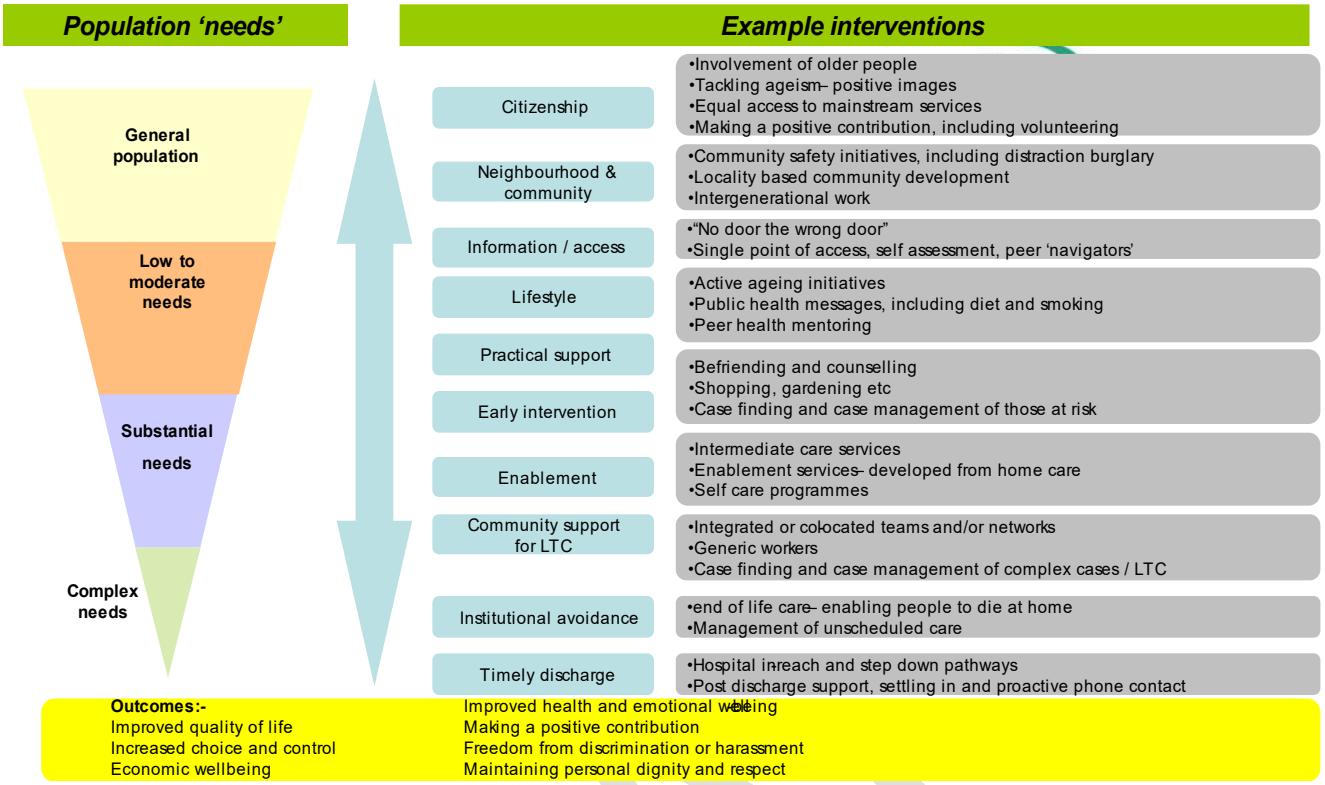


Figure 4, below, demonstrates how a PHM approach can be used to segment a population, understand that population needs and develop interventions to support people at each stage.

Figure 4: Using a PHM approach to deliver bespoke interventions



Case Study

Population Health management – better end-of-life support

What was the issue?

The team at Willows Health in Leicester had previously struggled to proactively identify people who were potentially nearing the end of their lives, in order to ensure they are given appropriate care and support

Intervention

The team adopted a PHM approach and, using a new algorithm called the Mortality Risk Score, they were able to identify a number of patients who had not previously been included on the palliative care register.

Impact

This approach has supported care planning work with palliative care patients and enabled the team to provide patient-centred reviews and end-of-life care plans for those with higher levels of risk.

Applying the learning

The team are now able to offer the right support to a greater number of patients who are nearing the end of their life.

Enabler 2: We want LLR to be a great place for health and care staff to live, work and grow

Workforce is one of the greatest challenges facing our local health and care system and is mirrored nationally.

We are committed to addressing workforce shortages through retaining our existing workforce, supporting staff, building new roles, and attracting new talent. It is our ambition to make LLR a great place to work and we will create an environment that ensures our 'people' thrive. Population health needs will underpin workforce modelling and integration. The recent experience of Covid-19 has taught us that we deliver the best care to local people when we work together. We will prioritise the following:

1. Embrace community and Place working with an integrated sustainable workforce
2. Make LLR a great place to work – ensuring staff are well engaged, supporting wellbeing, promoting diversity and career development
3. Address workforce shortages, attracting new talent and making the most of new roles; and
4. Ensure workforce models reflect population need and maximise the capacity and capability to deliver the right care, at the right time, by the right person to local people.

This will be achieved through:

- **Rewarding** and **Recognising** staff achievements
- **Engaging** our staff
- **Supporting** resilience
- **Embedding** mufti-professional leadership
- **Enabling** our people and teams to innovate
- **Listening** and **Responding** to the needs of our People
- **Developing** and building apprenticeship pathways, and talent management; and
- **Supporting the economic and social recovery** of local communities through targeted employment offers, in-reaching into communities to spot hidden talent, and creating an employment pathway for refugees.

Case Study

LLR as a great place to live and work – *Developing diverse leaders*

What was the issue?

Whilst we have many success stories of colleagues from diverse backgrounds stepping up into leadership roles, our data showed that there are differences in progression to leadership roles in nursing, Allied Health Professionals (AHP) and midwifery, for colleagues from BAME backgrounds, compared to other ethnic groups.

Intervention

A pilot programme - Developing Diverse Leaders (DDL) - for nursing, AHP and midwifery colleagues.

A holistic programme that includes:

- An aligned development programme for the line managers of the participants
- Shared Action Learning Sets for participants and line managers
- Informal networking and support opportunities for participants
- 'drop-in' sessions with Executive Leaders and access to coaching and/ or mentoring via the LLR Leadership Academy
- Ongoing check-ins and career reporting to understand each participants career aspirations and career successes over the next two-years.

Impact

The programme is ongoing, however, reported impacts include:

- Relationships and trust has developed within the groups, consolidating into ongoing peer-to-peer support
- Participants have reported key 'moments of impact' and increased confidence levels
- opportunities for reflective practice have been welcomed, and many participants are already sharing their new knowledge and understanding with other colleagues.

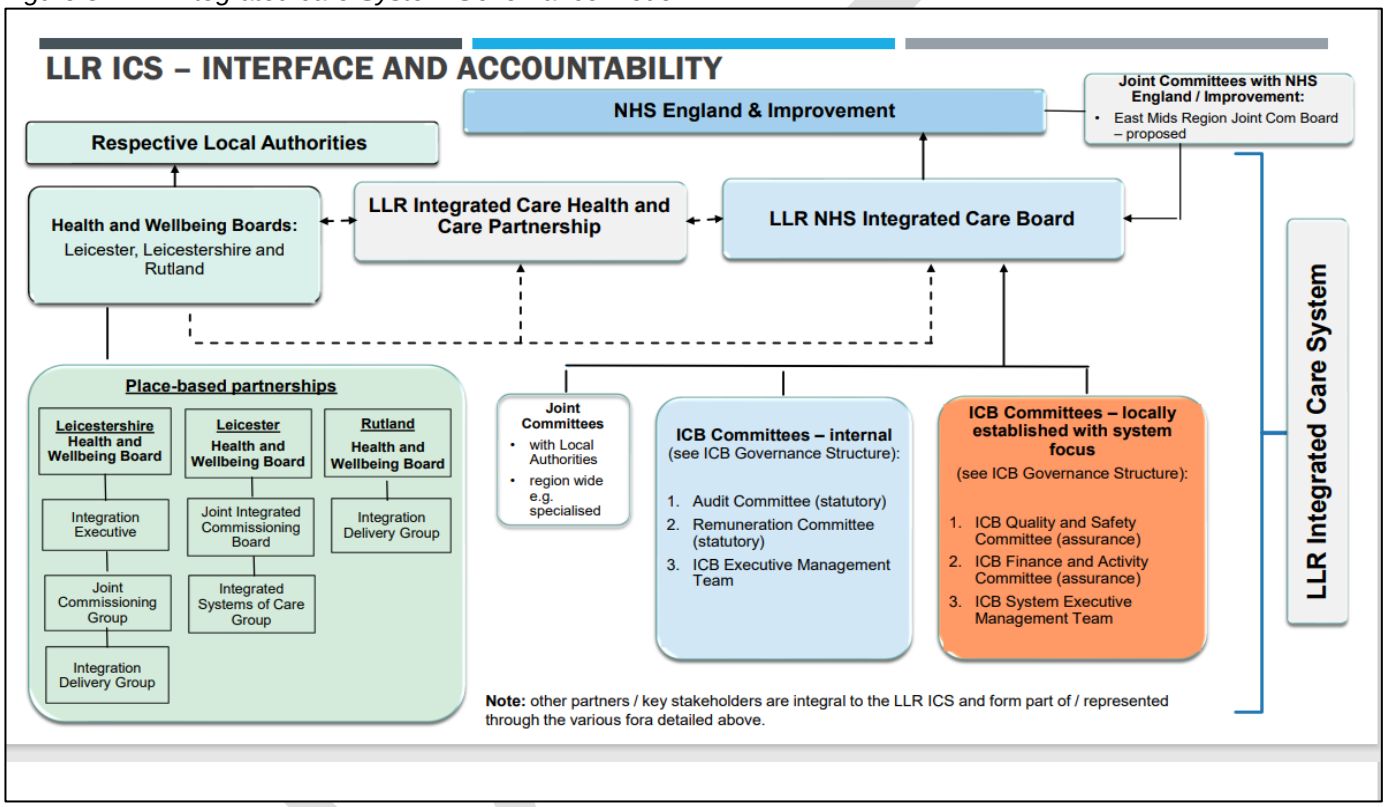
Applying the learning

The longer-term outcomes of this programme are being tracked, however, this pilot programme is already demonstrating the power and impact that comes from BAME colleagues having the opportunity to focus on their own development.

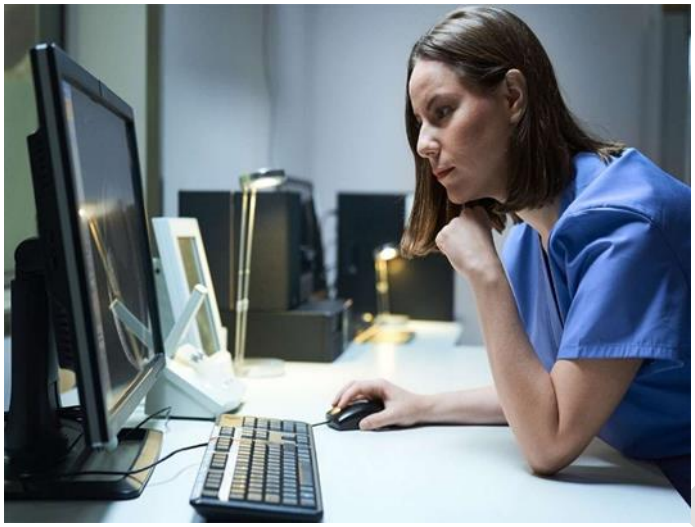
Enabler 3: Good Governance

We have put in place governance arrangements that facilitate, support and hold to account our Partnership for the delivery of this Strategy, as illustrated in Figure 5, below.

Figure 5: LLR Integrated care System Governance model



Enabler 4: Digital, data and information sharing



We have a robust digital strategy that will build on the digital innovation achieved during the Covid-19 pandemic and which will implement a shared care record across LLR.

Our vision for improving data and information sharing:

Data sharing: Our data sharing across health and care will be vastly improved by the LLR Shared Care record. Initially commencing within primary, secondary, acute and emergency care settings, this will, in 2023, be joined by care homes, hospices and community pharmacies. This care record programme will deliver a unified view of a person-centred health and social care record across LLR with the aim to provide health and social care professionals with information to support direct care. We will also explore ways of making sure how information from organisations outside of Leicester, Leicestershire and Rutland works with systems within LLR.

Intelligence and Population Health: An LLR wide intelligence function will be established to drive improved reactive and proactive use of data, population health management and business intelligence.

Automating data processes: We are scoping robotic automation processes (RPA). RPA processes could support greater efficiency, connect systems at process level and free up more time to be spent on direct care.

Digital Communication and transfer of data: We have a vision of a connected digital ecosystem of strategic solutions focused on the needs of the ICS and local people, to allow secure, seamless system interoperability and data sharing. This will be achieved through a rationalisation of our key systems to reduce and ultimately eradicate unnecessary system sprawl. The current landscape of duplicated and partially connected systems is a huge obstacle to allowing people the transparency of accessing their own health data and providing true person-centred care.

Our citizens: We want to:

- Provide people with improved access to their information
- Allow people to easily communicate with their professionals without unnecessary travel
- Empower people to manage their physical and mental health where it is clinically appropriate to do so.

Enabler 5: Research and innovation

We know that research can change as well as save lives. It is only through research that we can develop better treatments and care as well as improve diagnosis and prevention. Every year thousands of people from all ages and backgrounds volunteer for research studies taking place across LLR. In 2019–2020 and 2020-2021 alone over 52,000 people from our hospitals and partnership trusts were new recruits into our research trials.

Covid-19 has shown clearly the importance of research in tackling major health issues. LLR received national and international acclaim to their response to Covid-19. More than 29,000 people took part in Covid-19 research at UHL alone, more than recruited from the whole of Scotland and over 95% of Covid-19 patients in the first wave were recruited to at least one study with over 50% entering interventional trials.

We are developing an LLR Research Strategy, in collaboration with local communities, our culture and sports clubs, our universities, our NHS hospitals and partnership trusts, our primary care, our councils, our third sector partners, our industry partners and regional partners.

Research into practice in LLR

Developing new treatments for cancer – Immunotherapy for mesothelioma

Mesothelioma is a devastating disease caused by asbestos – the only occupation-caused lung cancer. In light of poor treatment options, the National Institute for Health and Care Research (NIHR)-funded James Lind Alliance Mesothelioma priority-setting partnership, identified the top research question as whether boosting the immune system with new immunotherapy agents could improve survival rates. We led a clinical trial called CONFIRM (CheckpOiNt Blockade for Inhibition of Relapsed Mesothelioma) funded by Cancer Research UK & Standup to Cancer. This compared the immunotherapy nivolumab with placebo and received television coverage on Channel 4.

Improved survival was seen and presented as a plenary in the 2021 World Lung Cancer Conference.
Leicester has led at a global level, advances in treatment for mesothelioma. In addition to CONFIRM, the Cancer Research UK funded VIM study, comparing chemotherapy with vinorelbine versus active symptom control, demonstrated benefit and now this drug is used widely in the NHS. Leicester has pioneered therapy for mesothelioma based on the tumour genetic makeup with MIST, the world's first mesothelioma platform trial (funded £3M by the British Lung Foundation). It has demonstrated an improvement in overall survival for patients with relapsed mesothelioma. Nivolumab is now available on the NHS, constituting a change of practice in the UK

Further information and reading

LLR Health and Wellbeing Partnership:
Tackling health inequalities
Integration in action
Collaboratives
Health Inequalities Framework

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA
Better Care Fund [hyperlink needed]
Benefits and other support
Smart Leicester

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA
Communications and Engagement Strategy 2022-27
Better Care Fund [hyperlink needed]
Cost of living support
Digital Rutland Strategy 2019-2022

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA
Engagement standards
Better Care Fund [hyperlink needed]
Find help with cost of living
People Strategy 2020-2024

Leicestershire Partnership NHS Trust:
Better Mental Health For All

NHS England:
Population Health and the Population Health Management Programme

LLR Integrated Care Board:
ICB People and Communities Strategy 2022/24
ICB 5 Year Joint Forward Plan [hyperlink when available]
Community Health and Wellbeing Plans [hyperlink when available]
Looking after our people
Green Plan
Primary Care Strategy [Hyperlink when available]
Get in the know about local health services
Functions and decisions map
LLR Digital Strategy
LLR ICS Embedding Research into Practice discussion document

The Health Foundation:
The NHS as an anchor institution

The King's Fund:
Anchor Institutions and how they can affect people's health
What is a population health approach?

Statistics on social determinants of health:
Index of Multiple Deprivation (IMD).

Bank of England:
Financial Stability Report

NHS 111 Online
Get help for your symptoms

NHS Services
Services near you

NHS App
NHS App and Account

Our health and wellbeing partnership

Leicester, Leicestershire and Rutland Integrated Care Board
https://leicesterleicestershireandrutland.icb.nhs.uk

Leicester City Council
https://www.leicester.gov.uk

Leicestershire County Council
https://www.leicestershire.gov.uk

Rutland County Council
https://www.rutland.gov.uk

University Hospitals of Leicester NHS Trust
https://www.leicestershospitals.nhs.uk

Leicestershire Partnership NHS Trust
https://www.leicspart.nhs.uk/

Healthwatch Leicester and Leicestershire
https://healthwatchll.com/

Healthwatch Rutland
https://www.healthwatchrutland.co.uk

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

https://leicesterleicestershireandrutlandhwp.uk