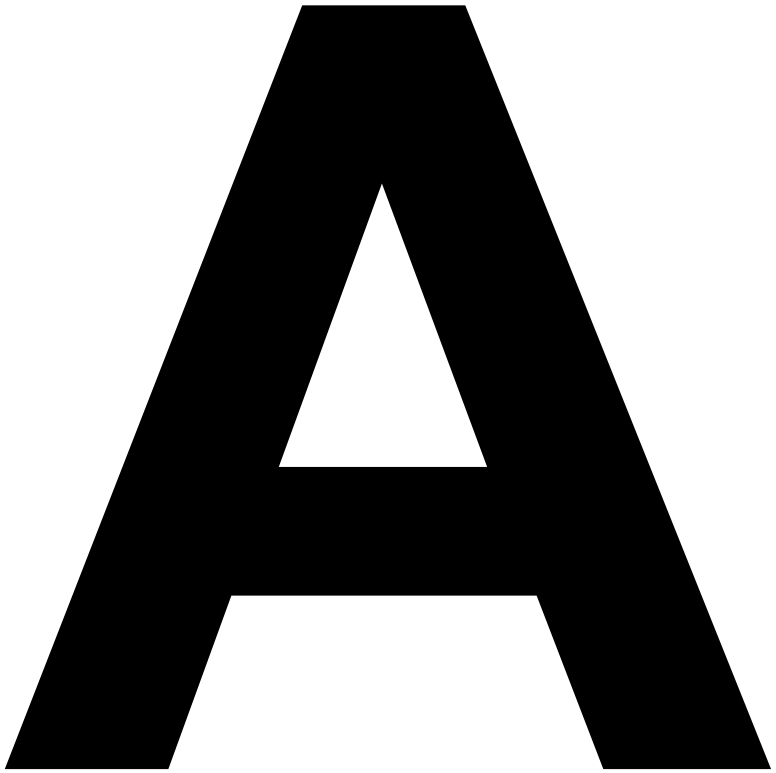
Leicester, Leicestershire and Rutland Integrated Care Partnership

Meeting Title	**Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership**	**Date**	**Thursday, 15 December 2022**
Meeting no.	**2**	**Time**	**1:00pm – 3:00pm**
Co-Chairs	**David Sissling** **Chair, NHS LLR Integrated Care Board** **And** **Cllr Sam Harvey** **Chair, Rutland Health and Wellbeing Board**	**Venue / Location**	**Leicestershire County Cricket Club, Uptonsteel County Ground, Grace Road, Leicestershire, LE2 8EB.**

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
HWP/22/15	Welcome and Introductions	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	1:00pm
HWP/22/16	Apologies for Absence:	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	1:00pm
HWP/22/17	Notification of Any Other Business	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	1:00pm
HWP/22/18	Declarations of Interest	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	1:05pm
HWP/22/19	To consider written questions received in advance from the Public in relation to items on the agenda	To receive	David Sissling / Cllr Sam Harvey	**verbal**	1:05pm
HWP/22/20	Minutes of the meeting held on 23 August 2022	To approve	David Sissling / Cllr Sam Harvey	**A**	1:15pm
HWP/22/21	Matters arising and actions for the meeting held on 23 August 2022	To receive	David Sissling / Cllr Sam Harvey	**B**	
HWP/22/22	Update from the Co-Chairs	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	1:20pm
HWP/22/23	Highlights from recent meetings of the NHS LLR Integrated Care Board	To receive	Andy Williams	**Verbal**	1:25pm
HWP/22/24	Updates from the Health and Wellbeing Boards	To receive	Cllr Richardson / Cllr Dempster / Cllr Harvey	**C and Verbal**	1:35pm
GOVERNANCE					
HWP/22/25	Draft terms of reference for the LLR Health and Wellbeing Partnership	To approve	Sarah Prema	**D**	1:50pm
POLICY AND PLANNING					
HWP/22/26	LLR Health and Wellbeing Partnership Initial Draft for Engagement Integrated Care Strategy	To approve	Sarah Prema	**E**	2:00pm
HWP/22/27	Sub regional health and wellbeing priorities for children	To receive	Dawn Godfrey	**F**	2:15pm
HWP/22/28	Population Health Management approach	To receive	Sarah Prema / Mark Pierce	**G** (to follow)	2:30pm
HWP/22/29	A discussion on equality, diversity and inclusion	To receive	David Sissling / Cllr Sam Harvey	**verbal**	2:45pm
ANY OTHER BUSINESS					
HWP/22/30	Items of any other business and review of meeting	To receive	David Sissling / Cllr Sam Harvey	**Verbal**	2:55pm
The next meeting of the LLR Health and Wellbeing Partnership meeting will be held on Thursday 20 April 2023 at 1:00pm (venue to be confirmed).					



Minutes of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Tuesday 23 August 2022 2.30pm – 4.30pm, Via MS Teams

Present:

Mr David Sissling	NHS LLR Integrated Care Board Chair and Chair of the meeting
Mr Andy Williams	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board (
Mr Mike Sandys	Director of Public Health for Leicestershire County Council and Rutland County Council
Ms Jo Atkinson	Consultant in Public Health, Leicester City Council (deputising for Ivan Browne)
Cllr Vi Dempster	Lead Member for Health, Leicester City Council
Cllr Samantha Harvey	Health, Wellbeing and Adult Care Portfolio, Rutland County Council

In attendance:

Ms Sarah Prema	Chief Strategy Officer, LLR ICB
Ms Daljit Bains	Head of Corporate Governance, LLR ICB
Ms Clare Mair	Corporate Affairs Officer, LLR ICB (note taker)

ITEM		LEAD RESPONSIBLE
HWP/22/01	**Welcome and Introductions** Mr David Sissling welcomed members to the inaugural meeting of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership. The meeting would focus on matters of governance and the membership of the Health and Wellbeing Partnership. All future meetings would be held in public.	
HWP/22/02	**Apologies for absence** Apologies for absence had been received from: • Cllr Louise Richardson, Lead Member for Health, Leicestershire County Council • Prof Ivan Browne, Director of Public Health, Leicester City Council The meeting was noted to be quorate.	
HWP/22/03	**Notifications of Any Other Business** There were no items of additional business.	
HWP/22/04	**Declarations of Interest on Agenda Items** No declarations of interest were raised.	
HWP/22/05	**To APPROVE the Minutes of the LLR Health and Care Partnership Board held on 29 March 2022 in shadow form (Paper A)** The minutes of the LLR Health and Wellbeing Partnership held on 29 March 2022 in shadow form were received and accepted as an accurate record. Mr Sandys queried the status of the workshop event held at County Hall in May. Mr Sissling had issued a post meeting letter, summarising the decisions made. Formal notes had not been issued. It was **RESOLVED** to: • **APPROVE** the minutes of the LLR Health and Care Partnership Board held on 29 March 2022 in shadow form.	

ITEM		LEAD RESPONSIBLE
HWP/22/06	**To RECEIVE matters arising and action log for the meeting held on 29 March 2022 in shadow form (Paper B)** The action log was reviewed. It was noted items had either been appropriately addressed or were work in progress. The suggestion of sponsorship for students from deprived communities would be actioned through the People Board. It was **RESOLVED** to: • **APPROVE** the action log.	
HWP/22/07	**Update from the Health and Wellbeing Board Chair (Verbal)** Mr Sissling reported that the NHS Confederation had produced an ICP survey to which 20 of the 42 systems responded. ICP membership ranged from seven to 73 members. Chairing arrangements varied nationally. A paper on today's agenda would consider options for LLR. Mr Sissling undertook to circulate the survey findings. Mr Sissling and Mr Williams reported on a positive session with the Rutland Council's Cabinet regarding future place-based working. It was **RESOLVED** to: • **RECEIVE** the update.	
HWP/22/08	**Highlights from recent meetings of the LLR Integrated Care Board (Verbal)** Mr Andy Williams provided a briefing on recent ICB business which largely reflected NHS priorities. Primary care had been discussed at length. LLR is a regional leader in offering face-to-face appointments although the experience of patients accessing and receiving care and for clinicians delivering was variable. A comprehensive plan for primary care development was being developed focussing on a range of issues including workforce, infrastructure and digital investments. Elective care performance is essentially positive. A key milestone had been achieved with the delivery of the 104-week maximum wait milestone. Sustaining the reduction in waiting list numbers and waiting times was however challenging and subject to detailed planning processes. Mr. Williams also highlighted the pressures on the urgent care system which was leading to extended waits for patients. A detailed winter plan underpinned by considerable system working was being produced. The year-to-date financial position is reasonably positive but there were growing pressures and risks which were likely to affect performance in the second half of the year. Preparations for the devolution of commissioning responsibility for pharmacy, optometry and dentistry are being progressed in conjunction with neighbouring ICBs and NHS England Mr Sissling highlighted the actions being taken in response to the cost-of-living crisis and the initiatives underway across the LLR provider trusts to support their staff.	

ITEM		LEAD RESPONSIBLE
	It was **RESOLVED** to: • **RECEIVE** the update from the LLR Integrated Care Board.	
HWP/22/09	**Updates from Health and Wellbeing Boards (Paper C and Verbal)** Local authority colleagues provided an update on their Health and Wellbeing Boards. <u>Leicestershire County Council</u> Cllr Richardson had provided a written report. Mr Sandys supplemented this by advising the Prevention Board had been re-launched as the Stay Healthy Partnership. A workshop with place partners had taken place and had focussed on healthy living and prevention. A healthy living and mental health subgroup would be established. <u>Rutland County Council</u> Cllr Harvey reported on a range of initiatives. Some related to enhanced communication and engagement across Rutland. The intention was to develop a single, integrated communication plan highlighting relevant services and support options. The JSNA would be discussed at the October HWB with a view to further developing the strategic plan.. Cllr Harvey also advised that the Rutland pharmaceutical needs assessment was subject to active consultation. The outcome of a joint bid with Melton Borough Council for levelling up funds to be utilised for research activities was awaited. <u>Leicester City Council</u> Cllr Dempster undertook to provide a post meeting note. It was **RESOLVED** to: • **RECEIVE** the updates provided	
HWP/22/10	**Governance of the LLR Health and Wellbeing Partnership (Paper D)** Ms Sarah Prema asked the LLR Health and Wellbeing Partnership to consider the membership, chairing and frequency of the meeting. Several earlier discussions had taken place regarding membership. In May 2022 a foundation membership of seven had been supported with an agreement to undertake an early review in the light of national guidance and local priorities. Ms Prema had discussed the options with relevant colleagues and proposed an extended membership as detailed in the report. Wider participation in the work of the partnership would be supported through regular development sessions. The membership of the Health and Wellbeing Boards and the Integrated care Board would be invited to such sessions. This would therefore include the voluntary and community sector. Discussion ensued and it was agreed: • To adopt a HWP membership of 18 as proposed in paragraph 8 of the paper. • Co-chairing arrangements Mr Sissling as the ICB Chair and the three HWB chairs would each chair for a period of one year (order of rotation to be agreed).	

ITEM		LEAD RESPONSIBLE
	• HWP business meetings would be held in public, and the workshop sessions would be closed to facilitate productive and open conversation. • An officer group would be established, with terms of reference to be drafted to feed into the HWP. • Processes for receiving questions and deputations in advance of the 'in public' meetings would be adopted. • The meeting frequency would be three or four meetings per year for both the business meeting in public and closed workshops. Both sessions would take place on the same day. • The meeting format and frequency would be reviewed after one year. It was **RESOLVED** to: • **APPROVE** the revised membership for the Health and Wellbeing Partnership. • **APPROVE** the membership as per paragraph 8 of Paper D. • **APPROVE** the other business arrangements as captured in the notes above.	
HWP/22/11	**Development of a Memorandum of Understanding to support partnership working in LLR (Paper E)** Mr Mike Sandys brought a report outlining a sample memorandum of understanding (MoU) which could be used to support the ongoing development of collaborative work across the partnership. It could serve to strengthen existing joint working arrangements, establish a framework for more robust mutual accountability and break down barriers between organisations. The MOU would inform partners new to the HWP of relevant principles including those relating to subsidiarity, place and citizen advocacy. Mr Sandys acknowledged this was work in progress and required further iteration. The principle of describing the values and working processes which cement the HWP was supported. However, it was felt MOUs were often produced but then not referred to as live documents. It was instead agreed to incorporate the principles into the terms of reference of the HWP. It was **RESOLVED** to: • **APPROVE** in principle the potential benefits to the partnership and to its population's health through including key aspects within the HWP terms of reference.	
HWP/22/12	**LLR Health and Wellbeing Partnership Priorities and Next Steps (Paper F)** Ms Sarah Prema asked the LLR Health and Wellbeing Partnership to consider the proposed priorities identified at the recent workshop between the shadow ICB and Health and Wellbeing Boards.. Proposed priorities were listed as; 1) supporting people through the cost-of-living crisis, 2) increasing public awareness of access and service options and 3) public sectors acting as anchor institutions to promote social and economic equity, patient participation and the environment. Detailed discussion resulted in agreement to support the three proposed priorities. There would be a particular focus on the cost-of-living agenda due to	

ITEM		LEAD RESPONSIBLE
	the far-reaching implications across communities. This would be discussed in detail the HWP workshop in late September to identify current organisational responses and potential place-based actions. Plans to address the cost-of-living crisis would be primarily developed at place level recognising the expertise and networks of Local Government. The NHS could however also make significant contributions and some projects or programmes could be best progressed at a LLR level. It was **RESOLVED** to: • **APPROVE** the three priorities for the Partnership as set out in paragraphs 5 and 6. • **APPROVE** the format of the workshop to consider actions in relation to the Cost-of-Living Crisis as set out in paragraphs 8 to 9 of Paper F.	
HWP/22/13	**Development of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Integrated Strategy (Paper G)** Ms Sarah Prema brought a paper setting out the guidance received to support Integrated Care Partnerships (Health and Wellbeing Partnership for LLR) to develop their Integrated Care Strategies. The paper proposed a way forward for development locally. The guidance was in some parts specific and in other parts permissive which provided the HWP with an opportunity to locally shape the strategy. Much work had happened in the Health and Wellbeing Boards at place to refresh the health and wellbeing strategies which provided a good foundation on which to develop the strategy. The priorities from recent workshops would be incorporated. More work would be carried out to clarify the plans for integration. The timescales were tight to take a draft strategy through constituent organisations in readiness for submission by December 2022. Officers will form a small group to work on the strategy. Additional HWP workshop sessions may be required for the strategy development. Mr Sissling requested a high-level document be produced with the public audience in mind. It was **RESOLVED** to: • **NOTE** the guidance in relation to the development of an Integrated Care Strategy • **APPROVE** the proposed approach to the development of the Integrated Care Strategy.	
HWP/22/14	**Any Other Business and Review of the Meeting** Mr Sandys asked how the seemingly overlapping agendas of the ICB and HWP could be avoided and taken forward. Mr Sissling acknowledged the potential risk but drew attention to the different emphasis of the two bodies with the ICB focussing on NHS and care delivery aspects and the HWP concentrating on the wider determinants, prevention and a population level perspective.	
	0B**Date and Time of next meeting:** The next meeting of the LLR Health and Care Partnership Board to be advised. The meeting closed at 4.10pm.	

B

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership
Action Log

Minute No.	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at December 2022	Status
HCPB/21/47	December 2021	LLR ICS Purpose, Principles and Priorities	Sarah Prema	In-year review and refinement of the ICP Purpose, Principles and Priorities synchronised to the health and wellbeing strategy reviews.	September 2022	The purpose, principles and priorities work is now incorporated into the ICP Strategy. Therefore **it is requested that this action be closed.** The draft Strategy is on the agenda for review and comments in December 2022.	**AMBER**
HCPB/21/52	December 2021	People Plan and Anchor Organisations	Alice McGee	To take the suggestion of sponsorship for students from deprived communities back to the People Board.	~~March 2022~~ September 2022	This item was discussed at the People Board in September 2022. **ACTION COMPLETE**	**GREEN**

C

Health and Wellbeing Board (HWB)

1st December 2022 - Summary Document

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system work together to improve the health and wellbeing of residents. Leicestershire Health and Wellbeing board is a partnership chaired by the County Council Lead member for Health Mrs Richardson and includes representatives from the Integrated Care Board, Healthwatch, Leicestershire Partnership NHS Trust, University Hospitals of Leicester, the Office of the Police and Crime Commissioner, the Police and Local Authority partners.

Principle purpose:

Assembling key leaders from the local health & care system to improve health and wellbeing and to reduce health inequalities for residents by:

- Developing a shared understanding of the health and wellbeing needs of communities
- Providing system leadership to secure collaboration to meet these needs more effectively
- Having a strategic influence over commissioning decisions across health, social care and public health
- Involving councillors and patient representative in commissioning decisions

The principle responsibilities of the HWB Board are to:

- Identify needs and priorities across Leicestershire, and publish and refresh the Leicestershire Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions and priorities are based on evidence

- Prepare and publish a Joint Health and Wellbeing Strategy and Plan on behalf of the County Council and its partner clinical commissioning groups so that work is done to meet the needs identified in the JSNA in a co-ordinated, planned and measurable way

- Communicate and engage with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing

- Approve the Better Care Fund Plan including a pooled budget used to transform local services, so people are provided with better integrated care and support together with proposals for its implementation

• Assess needs for pharmaceutical services in Leicestershire and publish any revised assessment		
Item Number	**Agenda Item**	**Detail/outcome** **The agenda pack including presentations and reports, decisions and formal minutes for this meeting when available can be found here**
4	Position Statement	The Chair's Position Statement provides an update on: • the local service pressures facing partners and colleagues • the development of the Integrated Care Board Strategy • engagement events carried out as the Lead Member for Health • the work undertaken to support communities through the Cost of Living crisis
5	Progress Report on the Community Health & Wellbeing Plans	**Jo Clinton – ICB Head of Strategy and Planning** updated the Board on the progress to date of the 7 Community Health and Wellbeing (CHWB) Plans being developed across Leicestershire. In January 2021, the Department for Health and Social Care (DHSC) published proposals through the White Paper: Integration and Innovation: Working together to improve health and social care for all, to develop the NHS long term plan and bring forward measures for statutory Integrated Care Systems (ICS). The NHS long term plan highlights the importance of joint working, and the White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration and address health, public health and social care need with a key responsibility being to support place based joint work. CHWB Plans are being developed on a neighbourhood footprint to reflect the variance in health needs and outcomes across different areas of Leicestershire County. Key points of note: • The plans are being developed on a district footprint – to form the strategic picture for health and wellbeing for the neighbourhood area • Many individual organisations have their own plans relating to health and wellbeing for their staff, resources and priorities and some local partnerships have developed their own plans or strategies. The CHWP's will form an umbrella plan across all of these. • This co-ordination across system, place and neighbourhood will be key to ensure alignment and avoid duplication • The governance arrangements for the plans are currently being discussed. The 7 CHWB Plans are at varying stages of development: • Blaby – a working group was established in July 2022 and an initial Needs Assessment and mapping of services has been completed and reviewed by the group. This will form the basis of a workshop to determine the priorities to be fed into the CHWB Plan for Blaby. It is hoped that the workshop will be held before Christmas.

		• Charnwood – a working group was established in October 2021 and has since developed into the Charnwood Community Health & Wellbeing Partnership. A needs assessment as been carried out along with patient feedback. A prioritisation exercise has been undertaken to identity priorities and mapped to local services. The aim is to produce a draft CHW Plan by the end of the calendar year to commence in April 2023. • Hinckley & Bosworth - Review of feedback from previous engagement carried out in September to be reviewed during November 2022. CHWB Plans to be redrafted to reflect the wider engagement and feedback during December 2022 and January 2023. The plan is to go live March 2023. • Melton - further work will be undertaken to review and agree priorities. It is anticipated that the final plan will be agreed early next year and will go live from April 2023. • NWL - This plan is at an early stage of development as the District Council has recently refreshed their Health and Wellbeing Strategy and it was agreed that the development of the CHWB Plan for NWL would wait until this had been completed. • Harborough & Oadby & Wigston – work has not yet commenced for either of these areas.
6	Joint Strategic Needs Assessment – End of Life JSNA – End of Life Presentation	**Dr Shaun McGill – Speciality Trainee in Public Health Medicine for the NHS** – provided an update to the HWB on the recommendations that arose from the recently completely JSNA – End of Life chapter, including details of the ongoing work to progress the other JSNA chapters. JSNAs - Background The local authority and ICS (previously clinical commissioning groups) have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. JSNAs are a continuous process and are an integral part of ICS and local authority commissioning cycles. The purpose of the JSNA is: • to improve the health and wellbeing of the local community • reduce inequalities for all ages • help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs • address the wider determinants that impact on health and wellbeing. The accompanying presentation summarises the findings and outcomes of the JSNA – End of Life Chapter including the recommendations to take forward.
7	A Partnership Approach to Tackling Health Inequalities in Cancer Screening	**Bharathy Kumaravel – PH Consultant** summarised the report and piece of work undertaken to explore the reasoning behind the decline in cancer screening rates across GP practices in PCN areas in Charnwood. Improving cancer screening rates is captured within the Staying Healthy, Safe and Well priority within the Leicestershire Joint Health and Wellbeing Strategy. This includes, understanding the reasons for the decline in cancer screening rates and having a targeted approach for populations most at risk of premature mortality from cancer.

	Appendix – Charnwood PCN	COVID-19 has reduced engagement with all screening programmes. General uptake is variable, however in communities with disadvantaged groups screening uptake is lower. Five community groups of interest were: • Bangladeshi • Polish • Homeless • Carers • Gypsy Roma Travellers (GRT) Focus groups and surveys were carried out to gain a better understanding of people's experiences to cancer screening and the barriers being faced. Following the research, a number of recommendations have been put forward: building trust and rapport; improving access to healthcare; improving knowledge and awareness. As a result of these recommendations two of the PCNs have started to implement changes. The Public Health team, along with UHL colleagues and Charnwood GP Network are also working in partnership on a multidisciplinary outreach pilot to host Respiratory Outreach Clinics across two PCNs in November and December 2022. An evaluation will be carried out once completed.
8	Joint Health and Wellbeing Board Strategy Update	**Joshna Mavji - Assistant Director for Commissioning** provided the members will an update on the Joint Health and Wellbeing Strategy (JHWS) since its approval in February 2022. The update also included proposals relating to the reporting timescales, which the Board were asked to approve. Key areas of note: • Development sessions were held over the summer for each of the 3 subgroups • While progress has been made the subgroups are at varying stages of development • Children & Families Partnership (CFP) require further discussions around their approach but welcome the flexibility to report on more than just 1-2 priority areas as outlined in the JHWS. • Integration Exec (IE) and the Staying Healthy Partnership (SHP) have agreed their priorities going forward and work is already underway to progress them <u>Reporting:</u> • The HWB approved the proposal to move from quarterly to annual reporting on the performance indicators. The rationale being that many of the indicators only get updated on an annual basis which means there wouldn't be much change from quarter to quarter.

		• This would allow a deep dive analysis to be carried out. Quarterly monitoring would still continue in the background and any significant changes reported by exception • The HWB approved the proposal for subgroups to report a minimum of once a year on progress against the JHWS. This came following feedback that the subgroups felt quarterly reporting would not allow sufficient time to see progress against the outcomes. Subgroups can report more frequently should they wish. The caveat to the revised reporting timescales is for quarterly reporting to continue until the priority action plans are fully established and embedded. • Going forward the members will need to think about how to evaluate and be the critical friend in terms of subgroups delivering against the JHWS and the performance indicators Comms & Engagement: • The JHWS design document has now been finalised and can be found here • The Plan-on-a-Page document which provides a brief summary of the JHWS has now been finalised and can be found here • A video, aimed at the public, to give an overview of the HWB and outlining the JHWS is currently being developed. One of the members raised the question about whether the video will be available in other languages. • The HWB Project Officer role went out to recruit in the Autumn and the successful candidate starts in post on 12th December 2022.
9	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Priorities	**Sarah Prema – Chief Strategy Officer for the ICB** provided an update on the priorities agreed by the LLR HWB Partnership's, including an update on the Partnership's Integrated Care Strategy. The LLR HWB Partnership is a joint committee made up of the three upper tier local authorities, the NHS and wider partners, established as part of the legislative changes introduced on 1st July 2022. 4. The role of the LLR HWB Partnership is to: • Develop a plan that addresses the wider health, public health and social care needs of the system. • Support integration of care. • Consider how the partnership can support the social and economic development of the LLR area. The following priorities will be the key areas of focus for the Partnership: • The of Cost-of-Living crisis • Access – improving equitable access to services and ensuring the public are aware of all relevant options regarding service availability • Anchor System – implementing joint actions across key organisations in LLR which will have a positive impact on socio-economic development, equity, public participation and the environment. • Ensuring the use of collective public sector resources to support the Cost-of-Living crisis, embedding prevention and reduce inequalities in access and outcomes, for example embedding Making Every Contact Count Plus (MECC+).

		Including: • Health Equity • Integration of health and social care • Prevention A draft strategy for engagement will be considered by the LLR HWB Partnership in December 2022. Following this there will be a period of engagement in the first quarter of 2023, this will include discussions with Health and Wellbeing Boards. A final strategy, informed by the engagement, will then be produced by the end of the Summer / early Autumn 2023.
10	Healthwatch Leicester and Leicestershire Annual Report 2021/22	**Gemma Barrow – Chief Officer, Healthwatch –** provided the HWB with an update on Healthwatch Leicester and Leicestershire's (HWLL) Annual Report for 2021-22, summarising the activity HWLL has undertaken this year as a jointly commissioned contract. The full report can be found here . The County Council, in line with the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. Healthwatch themselves have a statutory obligation to gather local views and promote improvements in local health and social care services – improving outcomes for local people in Leicester and Leicestershire. Some of the key points highlighted in the report are: • Over 25500 people came to HWLL last year to seek information or to share their story including: o resumed their Enter and View programme o reviewed GP practice websites to see how user-friendly they are in terms of accessing information o attended 14 carers groups to seek views from carers, staff and volunteers o worked in partnership with Equality Action and Vita Minds on a project aimed at supporting young people with their mental health and wellbeing o explored what support is available to homeless people when they are discharged from hospital and post-discharge care. The report was published in September 2022 and can be accessed here.
11	Leicestershire and Rutland Adult Safeguarding Annual Report 2021-22 and Business Plan 2022-23 Further reading:	**James Fox - Safeguarding Partnerships' Business Office Manager** shared the Annual Report of the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) for 2021/22, and the Business Plan of the LRSAB for 2022/23 with the members of the Board to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems. Safeguarding is everyone's responsibility. Health and care needs can be linked to safeguarding risk for adults and children and the health and care system can support the prevention of, identification of and response to safeguarding risk. Elements which should be picked up through the life course stages within the JHWS.

	Appendix A LRASB Annual Report Appendix B – LRASB Business Plan	The Annual Report provides a full assessment of performance on the local approach to safeguarding adults in line with the requirements of the Care Act 2014. The key messages from the LRSAB relevant to the Leicestershire Health and Wellbeing Board include: a. Partnership working for safeguarding adults has strengthened over the past few years and remains strong. b. Reviews identify further work is required to improve safeguarding of people with Learning Disabilities and Autism. c. Existing services and pathways do not appear to work well for people with multiple complex needs, particularly relating to mental health and substance misuse. d. Partnership work and resources to support understanding and application of the Mental Capacity Act in relation to safeguarding have been welcomed, but this area still requires a sustained focus. e. The Board has joined up with Leicester SAB to strengthen its engagement approach. The Health and Wellbeing Board is a key strategic link for joined up engagement with individuals and communities. f. The Board will continue to work together and develop links across partnerships to foster a reliable, trusting culture in organisations and across our area and challenge and drive improvement in multi-agency safeguarding of adults. The future improvement priorities identified in the Annual Report 2021/22 have been built into the Business Plan. Further details on both the Annual Report and Business Plan can be found in Appendix A and B.
12	Leicestershire and Rutland Children's Safeguarding Partnership Annual Report 2021-22	**Jane Moore - Director of Children & Family Services, Leicestershire County Council** shared with the Health and Wellbeing Board the Annual Report of the Leicestershire and Rutland Local Safeguarding Children Partnership (LRSCP) for 2021/22 and the Business Plan of the LRSCP for 2022/23 for information and to highlight safeguarding matters relevant to the work of the Health and Wellbeing Board and support understanding across partnerships and effective partnership working across systems. The full version of the Annual Report 2021/22 and Business Plan 2022-23 is attached as Appendix A and B. The key messages from the LRSCP relevant to the Leicestershire Health and Wellbeing Board are: a) Partnership working for safeguarding children remained strong b) The availability of mental health beds for children and young people and the impact of this on safeguarding children with complex needs remains a concern for the partnership. c) The partnership supported the development and roll out of the ICON project to safeguard babies by supporting parents to cope with their babies' crying. d) Partners work with children affected by domestic abuse could be improved, particularly relating to hearing and responding to their voice and lived experience. e) There is further work to do to better understand the impact of the work of the partnership.

		f) The Safeguarding Children Partnership led by the statutory partners - the local authorities, the clinical commissioning groups for the area and the police will take forward multi-agency work to safeguarding children Business Plan 2022/23.
13	Health and Wellbeing Board Governance	The purpose of the report was to seek the Health and Wellbeing Board's approval for a) revised Terms of Reference for the Integration Executive, a subgroup of the Health and Wellbeing Board, and b) the establishment of a new Mental Health subgroup called the Leicestershire Mental Health group, including the (draft) Terms of Reference if approved. **a) Lisa Carter – Integration Service Manager** provided the Board with a summary of the amendments proposed to be made to the Executive's Terms of Reference which members approved: • Reference was been made to the Integration Executive's role in delivering the Living and Supported Well and Dying Well life stages of the Joint Health and Wellbeing Strategy. • Responsibility for development of the Pharmaceutical Needs Assessment, the Joint Strategic Needs Assessment and the lead for communication and engagement on behalf of the Health and Wellbeing Board have been removed. These will instead fall to the Health and Wellbeing Board directly • The membership has been refreshed to note the change in function and title of the CCG to NHS, LLR ICB **b) Fiona Grant – PH Consultant** provided the HWB with the rationale behind the proposals to establish a mental health subgroup which will become the 4th subgroup to sit within the HWB. Mental health, as a cross-cutting theme of the JHWS, reports into the Staying Healthy Partnership (SHP), which is a sub-group of the Health and Wellbeing Board. Due to the range of areas being covered and the importance of mental health, it is felt that this area of work requires a dedicated sub-group which reports directly into the Health and Wellbeing Board, as opposed to the SHP. This would enable greater focus on all aspects of mental health with clear actions and accountability for improved outcomes. The role of the sub-group would be to develop and deliver the mental health cross cutting priority elements of the JHWS, as well as other key place-based elements of the mental health agenda which require a co-ordinated approach. Working collaboratively with wider mental health system partners, including the LLR wide Mental Health Collaborative and the other HWB subgroups – Children & Families Partnership, Integration Exec and SHP – to ensure alignment and avoid duplication. Updates on progress will be provided to the Health and Wellbeing Board as appropriate, highlighting any specific challenges that would require support from the board in addressing.

		**Board members approved the proposals and the draft Terms of Reference relating to the establishment of the mental health subgroup with the caveat that communication across other partnerships and subgroups were key to ensure joined up working and avoiding duplication.*			
14	Approval of the Leicestershire Better Care Fund Plan 2022-23 and Pharmaceutical Needs Assessment – Urgent Action	The purpose of this report was to advise the Health and Wellbeing Board of urgent action taken by the Chief Executive of the County Council to approve the Leicestershire Better Care Fund Plan 2022/23 for submission to NHS England and the final version of the Leicestershire Pharmaceutical Needs Assessment for publication. The urgent action was required following the cancellation of the Health and Wellbeing Board meeting in September 2022 due to the passing of the Queen. Both the BCF Plan 2022-23 and PNA were previously scheduled items which required the Board's approval. These reports were circulated to members of the Board electronically, who were asked to forward any comments they had before the Chief Executive's approval was sought using his delegated powers. A copy of each report is included here as Appendix A – BCF and Appendix B – PNA .			
Future HWB Dates:		23rd February 2023	25th May 2023	28th September 2023	7th December 2023

D

Name of meeting:	**Leicester, Leicestershire and Rutland Health and Wellbeing Partnership**		
Date:	**15 December 2022**	**Paper:**	**D**
Report title:	**Draft terms of reference for the LLR Health and Wellbeing Partnership**		
Presented by:	Sarah Prema, Chief Strategy Officer, LLR ICB		
Report author:	Daljit Bains, Head of Corporate Governance, LLR ICB		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer on behalf of the ICP Working Group		

To approve ☒	**For assurance** ☐	**To receive and note** ☐	**For information** ☐
Recommendation or particular course of action.	*To assure / reassure the Board that controls and assurances are in place.*	*Receive and note implications, may require discussion without formally approving anything.*	*For note, for intelligence of the Board without in-depth discussion.*

Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **APPROVE** the terms of reference for the LLR Health and Wellbeing Partnership.

Purpose of the report:

1. At the inaugural meeting in August 2022, the founding members of the LLR Health and Wellbeing Partnership supported the proposed governance arrangements. In particular, the co-chairing arrangements and the extended membership of the joint committee were agreed. The proposed terms of reference (as at Appendix 1) have been drafted aligned to the decision made by the founding members.

2. In drafting the terms of reference consideration has been given to terms of reference produced by other Integrated Care Partnerships across other integrated care systems and the national guidance available. The draft contained in Appendix 1 is broadly similar to those of other areas.

3. The content of the terms of reference also reflects the key aspects of the proposed Memorandum of Understanding (MoU) discussed in the August 2022 meeting. Members agreed to incorporate the principles of the MoU into the terms of reference and the governance arrangements of the HWP as opposed to setting these out within a MoU. The Working Group supporting the HWP, consisting of members from across the local NHS and local authorities, have considered the initial draft. The version as at Appendix 1 incorporates feedback received.

4. Members are asked to approve the terms of reference and note that meetings will be held in public. This will mean that the meeting agenda and papers will be published on the LLR HWP website: www.leicesterleicestershireandrutlandhwp.uk. Members of the public may also attend to observe the business of the meeting being conducted and ask a question(s) in advance of the meeting. Members of the public will be able to find further details on the website www.leicesterleicestershireandrutlandhwp.uk .

5. As previously agreed, the schedule of meetings and forward planner is as detailed in the table below:

Meeting	Focus
January	Setting Priorities for the following year
April	Delivery of Integrated Care Strategy
July	Delivery of Priorities
October	Review of Integrated Care Strategy

6. The schedule may be reviewed from time to time depending upon key priorities and in discussion with partner organisations.

Appendices:	• Appendix 1 – LLR Health and Wellbeing Partnership draft terms of reference
Report history and prior review and date:	• August 2022 – Founding Members approved the governance arrangements and the extended membership of the jointly formed statutory committee.

The report is helping to deliver the following strategic objective(s):		
1. Best start in life	We will support you to have a healthy pregnancy, a safe environment, a nurturing and secure relationship with caregivers, good nutrition and healthcare, and support from birth to adulthood.	☒
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.	☒
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.	☒
4. Dying well	We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families	☒

Conflicts of interest		
☒	No conflict identified.	
☐	Conflict noted, conflicted party can participate in discussion and decision	
☐	Conflict noted, conflicted party can participate in discussion but not in decision	
☐	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
☐	Conflict noted, conflicted party to be excluded from the meeting.	

Implications:	
a) Does the report provide assurance against a corporate risk(s)? *If so, state which risk and also detail if any new risks are identified.*	No
b) Does the report highlight any resource and financial implications?	No
c) Does the report quality and safety implications?	No
d) Does the report demonstrate public involvement?	Membership included Healthwatch
e) Has due regarded been given to the Public Sector Equality Duty?	The work of the Health and Wellbeing Partnership will ensure it gives regard to the Equality Duty through its strategy and policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

APPENDIX 1

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Terms of Reference (v2, December 2022)

1. CONSTITUTION

In line with the Health and Social Care Act 2022, each Integrated Care System (ICS) is required to establish an Integrated Care Partnership (ICP) as a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area.

For Leicester, Leicestershire and Rutland the Integrated Care Partnership (ICP) will be known as the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership ("LLR HWP" or "HWP"). This is a statutory committee jointly formed between NHS LLR Integrated Care Board, Leicester City Council, Leicestershire County Council and Rutland County Council ("the Statutory Organisations") established in accordance with the Health and Social Care Act 2022. The HWP will not duplicate the work of the Statutory Organisations.

The terms of reference set out the membership, the remit and responsibilities of the HWP. A summary of the expectations of integrated care partnerships is provided in more detail at the following: www.gov.uk/government/publications/integrated-care-partnerships-engagement-findings/integrated-care-partnership-icp-engagement-summary .

2. PURPOSE

The primary purpose of the HWP is to support the development of a plan to address the health and wellbeing of the people in Leicester, Leicestershire and Rutland through enhanced integration. The HWP is a critical part of the journey towards better health and care outcomes for the people in LLR. The HWP will bring together a broad alliance of partners from the local NHS and local authorities together with key stakeholders from across the system and community. Together, the HWP will generate an integrated care strategy and outcomes framework to improve health and care outcomes and experiences for its populations, for which all partners will be accountable.

3. DELEGATED AUTHORITY

The HWP is a statutory committee that is jointly formed with authority delegated to it as set out in these terms of reference.

The HWP has the responsibility to agree the strategic intent for the NHS and social care system including the development of the Integrated Care Strategy at system level, recognising the importance of and supporting places to set their own strategy and decision making at 'place' level (in line with respective statutory and democratic duties).

The delegated authority will be reviewed in line with changes to national guidance. The Statutory Organisations may also choose to delegate further responsibilities to the HWP in the future.

4. MEMBERSHIP AND ATTENDANCE

Membership

The Committee members shall be appointed by the Statutory Organisations.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

Members

Role / organisation
Chair, NHS Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (Chair)
Chair, Leicester City Health and Wellbeing Board (co-Chair)
Chair, Leicestershire County Council Health and Wellbeing Board (co-Chair)
Chair, Rutland County Council Health and Wellbeing Board (co-Chair)
Director of Public Health, Leicestershire County and Rutland
Director of Public Health, Leicester City
Strategic Director for Social Care and Education, Leicester City Council
Director of Adults and Communities, Leicestershire County Council
Director of Children and Family Services, Leicestershire County Council
Director of Adult Services, Rutland County Council
Director of Children's Services, Rutland County Council
Chief Executive, NHS LLR Integrated Care Board
Chief Executive, University Hospitals of Leicester NHS Trust
Chief Executive, Leicestershire Partnership NHS Trust
Chief Strategy Officer, NHS LLR Integrated Care Board
Chief Operating Officer, NHS LLR Integrated Care Board
Chair, Leicester and Leicestershire Healthwatch
Chair, Rutland Healthwatch

The Chair may ask any or all of those who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Only members of the Committee have the right to attend committee meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate, however they would not form part of the membership and will not have voting rights.

Chair and co-Chair

The meetings will be jointly chaired by the NHS LLR ICB Chair and the Chair of one of the LLR Health and Wellbeing Boards. Each Health and Wellbeing Board Chair will serve as co-Chair on a rotational basis, each serving a year before rotating to the next Health and Wellbeing Board Chair.

If the Committee Chair has a conflict of interest, then the co-Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

5. MEETING QUORACY AND DECISIONS

The HWP shall meet four times a year and meetings will be held in public unless matters need to be considered in a closed session. Additional meetings may be convened on an exceptional basis at the discretion of the Chair of the meeting in consultation with the co-Chair. At least five clear working days' notice will be given when calling meetings.

Quoracy

For a meeting to be quorate at least 50% of the membership will be required to be present with the Chair or co-Chair, and members from both NHS and local authority being present.

If any member of the HWP has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

It is expected that decisions, concerning those matters that are within the remit of the HWP (as outlined within these terms of reference), will be reached by consensus and a vote will not be required. Decisions taken will be recorded in the minutes of the meeting. if a consensus cannot be reached the Chair may call a vote.

Only members of the HWP may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6. PRINCIPLES AND RESPONSIBILITIES

The LLR HWP will embrace principles of partnership, collaboration, subsidiarity, transparency, and mutual accountability ensuring the population in the ICS area is central to its focus and remit. These principles will guide the key responsibilities of the committee as set out below.

The HWP will:

a) Act in the best interest of people, patients and the system as a whole rather than representing individual interests of any one constituent partner.

b) Adopt an inclusive approach to strategy development and work together to enable local place alliances and to hear the voices of citizens and frontline staff to inform strategic thinking and planning.

c) Ensure that citizens, communities, frontline staff and key stakeholders are engaged and involved in the design, co-production and delivery of services.

d) Strive for our leadership to be representative of the population, focusing on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.

e) Support the triple aim: better health for everyone, better care for all and efficient use of resources.

f) Consider how the partnership can support the social and economic development of the area and environmental sustainability.

g) Encourage innovation and signpost ways to develop and spread that innovation.

h) Support and encourage decision making at place level and create the environment across the ICS for collaboration locally and, where appropriate, at system level.

i) Work together at system level to improve wellbeing, healthy life expectancy, health equity and reduce health inequalities and improve outcomes across LLR reflecting the commitment to the LLR Health Inequalities Framework by partners across the system.

j) Influence wider determinants of health including creating healthier environments and inclusive and sustainable economies.

k) Take collective action to prioritise prevention and earlier intervention for the benefits of the health of the population and of system efficiency.

l) Promote mobilisation of resources and assets in the community and system and across place-based partnerships.

m) Translate system level priorities to place by taking system actions that are needed at place level back to Health and Wellbeing Boards, or other place-based boards, to improve the health of local populations. For example, place-led delivery of the LLR Health Inequalities Framework or developing a population health management.

n) Work on issues that need solving at system level and in partnership with other organisations to bring about solutions and change to solve these issues. This might include issues that can only be solved at system level, or areas where solutions may be more effective and efficient if addressed at system level.

o) Actively role model and promote the values and leadership standards of the ICS through engaging in honest, respectful and open dialogue, seeking to understand all perspectives and recognising individual organisations' priorities alongside priorities and decision making at system level.

p) Adhere to a collective model of accountability. Member will hold each other mutually accountable for respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.

q) Develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.

r) Ensure development of 'one version of the truth' to be used by partners across the system by openly and transparently pooling information to enable an accurate and complete position to be determined.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The HWP is jointly formed by the NHS and the Local Authorities and accountability is maintained through the statutory and local frameworks. The minutes of meetings shall be formally recorded.

The HWP must publish its Integrated Care Strategy (and any revised strategies) and provide a copy of its Integrated Care Strategy (and any revised strategies) to the Statutory Organisations.

8. BEHAVIOURS AND CONDUCT

Values

Members will be expected to conduct business in line with the agreed system wide values and objectives, including standards of business conduct and conflicts of interest management processes.

Members of the HWP commit to behave consistently in ways that model and promote our shared values:

- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We foster a culture of constructive challenge
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery

- We represent our population and our staff and we serve as a conduit between the HWP and NHS LLR ICB and the respective Cabinets.

Equality and diversity
Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported by the NHS LLR Integrated Care Board's Corporate Governance Team this will include ensuring that:

- The agenda and papers are prepared and distributed to members no later than five clear days before each meeting once they have been agreed by the Chair.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Good quality minutes are taken and agreed with the chair and will be ratified by agreement of the HWP at the following meeting. A record of matters arising, action points and issues to be carried forward are kept.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

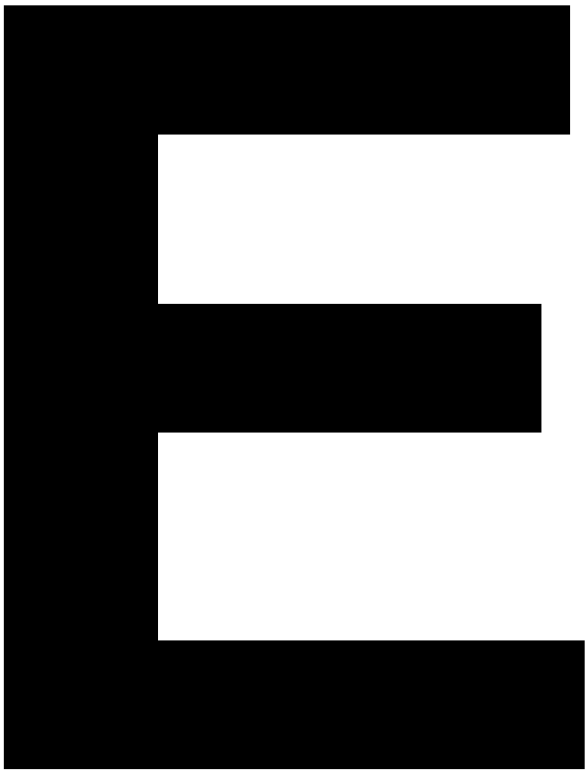
11. REVIEW

The HWP will review its effectiveness at least annually.

These terms of reference will be formally reviewed at least annually or sooner in order to adapt to any national guidance as required. Any proposed amendments to the terms of reference will be approved by the Statutory Organisations.

Date of approval:

Date of review:



Name of meeting:	**Leicester, Leicestershire and Rutland Health and Wellbeing Partnership**		
Date:	15 December 2022	**Paper:**	**E**
Report title:	**LLR Health and Wellbeing Partnership Initial Draft for Engagement Integrated Care Strategy**		
Presented by:	Sarah Prema, Chief Strategy Officer		
Report author:	Jo Grizzell, Transition Project Manager		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer		

To approve ☐	**For assurance** ☐	**To receive and note** ☒	**For information** ☐
Recommendation or particular course of action.	*To assure / reassure the Board that controls and assurances are in place.*	*Receive and note implications, may require discussion without formally approving anything.*	*For note, for intelligence of the Board without in-depth discussion.*

Recommendations:

The Leicester, Leicestershire and Rutland Health and Wellbeing Partnership is asked to:

- **APPROVE** the LLR Health and Wellbeing Partnership Initial Draft for Engagement Integrated Care Strategy for publication and engagement.

Purpose and summary of the report:

The purpose of this report is seek approval from the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership to publish the Initial Draft for Engagement Integrated Care Strategy for engagement during the first quarter of 2023. The final version of the strategy will be developed following feedback for approval no later than Autumn 2023.

Appendices:	• Appendix 1 – Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Initial Draft for Engagement Integrated Care Strategy
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	• The strategy has been developed following workshop sessions • Proposed approach approved by Health and Wellbeing Partnership

The report is helping to deliver the following strategic objective(s) – *please tick all that apply*:		
1. Health outcomes	Increase the health outcomes of the Leicester, Leicestershire and Rutland population.	☒
2. Health inequalities	Reduce health inequalities across the Leicester, Leicestershire and Rutland population.	☒
3. Reduce variation	Reduce the variation in health outcomes across the Leicester, Leicestershire and Rutland population.	☒
4. Sustainable finance plan	Deliver a sustainable system financial plan, ensuring funding is distributed to where services are delivered.	☒

5. NHS Constitution	Deliver NHS Constitutional requirements.	☒
6. Value for money	Develop and deliver services with providers that are evidenced based and offer value for money.	☒
7. Integration	Deliver integrated health and social care.	☒

Conflicts of interest screening		**Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)*
☒	No conflict identified.	
☐	Conflict noted, conflicted party can participate in discussion and decision	
☐	Conflict noted, conflicted party can participate in discussion but not in decision	
☐	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
☐	Conflict noted, conflicted party to be excluded from the meeting.	

Implications:	
a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc? *If so, state which risk and also detail if any new risks are identified.*	Not applicable
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.	Not in the context of this report
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.	Not in the context of this report
d) Does the report demonstrate patient and public involvement? If so, provide which page / paragraph this is outlined in within the report.	Insights from patients and the public have been used to develop the strategy content. In addition, there will be an engagement phase early 2023
e) Has due regard been given to the Public Sector Equality Duty? If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report.	The work of the Health and Wellbeing Partnership will ensure it gives due regard to the Equality Duty through its enabler regarding 'Heath and Equity' in all policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

LLR Health and Wellbeing Partnership Draft Integrated Care Strategy

Thursday 15 December 2022

Introduction

1. As part of the legislative changes Integrated Care Partnerships are statutorily required to develop an Integrated Care Strategy. To support this, the DHSC published guidance in August 2022 setting out the broad requirements of an Integrated Care Strategy. This set out that an initial strategy must be published by December 2022.

2. A report was presented to the LLR Health and Wellbeing Partnership at its meeting in August 2022 outlining the proposed approach to the development of the strategy.

3. This paper provides the initial draft of the strategy for further engagement which will take place during the first quarter of 2023 with a view to getting a final strategy approved and published by the latest Autumn of 2023.

Strategy Development

4. To support the development of the strategy, a working group has been established that has been meeting on a weekly basis. The group consists of public health colleagues from the three local authorities and LLR ICB directorate representation.

5. Initial priorities set out in the draft strategy were developed by a joint meeting of the three Leicester, Leicestershire and Rutland Health and Wellbeing Boards and the Leicester, Leicestershire and Rutland Integrated Care Board in June 2022.

6. These were further supplemented by a development session of the LLR Health and Wellbeing Partnership in October 2022, the purpose of which was to gain feedback on the proposed content of the strategy. The combined priorities form both these sessions form the basis of the draft strategy.

7. It was agreed that the strategy should be relatively short and succinct, setting the strategic direction of the LLR Health and Wellbeing Partnership. Which would then inform the Integrated Care Board's 5-year joint forward plan which needs to be developed by the Integrated Care Board by the end of March 2023.

8. Given the tight timeframes to publish the strategy by the end of December 2022 it has been agreed that the December 2022 published version will be an initial draft for engagement during the first part of 2023.

9. Engagement will include each Health and Wellbeing Board considering the draft together with Healthwatch, wider public and organisational engagement.

10. The draft strategy for engagement is attached (Appendix 1) which incorporates feedback received to date. As we go through the engagement phase feedback will be gathered with a view of producing a final strategy for approval by at the latest the Autumn of 2023. An update

on progress of engagement and emerging feedback will be provided to the next meeting of the LLR Health and Wellbeing Partnership in April 2023.

11. The initial draft has not yet been designed; work is commencing on developing a designed version including the graphics. However, amendments will be made to the document once the engagement phase has been completed to minimise versions.

Next steps

12. The Health and Wellbeing Partnership are asked to approve the Initial Draft for Engagement Integrated Care Strategy enabling the strategy to be published for engagement on the website before the end of December 2022.

13. Health and Wellbeing Partnership members can provide feedback directly to the LLR Integrated Care Board's Strategy Directorate at llricb-llr.strategyandplanningteam@nhs.net

14. There will be further engagement with the Leicester, Leicestershire and Rutland Health and Wellbeing Boards, other organisations, HealthWatch and patients and the public in early 2023 to further refine the strategy.

15. The aim is for the Health and Wellbeing Partnership to approve a final version by the latest Autumn of 2023.

Recommendations:

The Leicester, Leicestershire and Rutland Integrated Care Board is asked to:

APPROVE the LLR Health and Wellbeing Partnership Initial Draft for Engagement Integrated Care Strategy

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership




Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Our Initial draft strategy for engagement 2022-2027

DRAFT VERSION 4.1 30.11.22

Contents

Foreword

We are pleased to present this inaugural 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 Strategy also underpins and supports our three Places - Leicester, Leicestershire and Rutland - each of which have their own distinctive characteristics, challenges and priorities, many of which 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 the early part of 2023, the outcomes of which will be reflected in an updated Strategy.

<Signature> **<Signature>**	**<Signature>**	**<Signature>**	**<Signature>**
David Sissling Councillor Samantha Harvey	Councillor Vi Dempster	Councillor Louse Richardson	Councillor Samantha Harvey
Co-Chairs, Leicester, Leicestershire and Rutland Health and Wellbeing Partnership	Chair, Leicester City Health and Wellbeing Board	Chair, Leicestershire County Health and Wellbeing Board	Chair, Rutland County Council Health and Wellbeing Board

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.

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.

This is the first Integrated Care Strategy 'product' to be developed and it is an initial draft for engagement. We will develop other Integrated Care Strategy 'products', as advised by our engagement teams, to meet specific stakeholders needs.

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 will focus on:
Focus 1: Reducing Health Inequalities
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 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 (Figure 1), as these priorities are best addressed at a Place or community level.

This Integrated Care Strategy underpins and supports Place work by focussing attention and effort on those areas where collective and longer-term action, at a system level, can harness the greatest impact.

Figure 1: Our LLR Transformational Priorities

[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Each JHWS details the strategic vision and priorities for each respective place. Due to the varying demographics and needs of each place, it is not unexpected that there are some 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 ICS life course transformational priorities (Figure 1).

Many of the broad themes in the three strategies are similar. This is to be expected considering the evidence base behind improving health and wellbeing outcomes and improving health equity.

In order to achieve the identified priorities, different approaches will need to be taken in the three places. For instance, actions to achieve every child having the Best Start for Life are likely to vary between places. There are many areas of deprivation and high need in Leicester, so a broader approach may need to be taken for a priority such as school readiness (ready to play and learn). In Leicestershire, there may be particular 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 on the outset the lens and services in which they are implemented is likely to vary across each place.

Table 1 Summary of LLR JHWS alignment to ICS Transformational Priorities

	Strategic priority		
ICS priority	**Leicester**	**Leicestershire**	**Rutland**
	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

[NOTE: TABLE TO BE DESIGNED]

Further information and reading:

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

Our Vision and Principles

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

Principles Everything we do is centred on the people and communities of LLR and we will work together with respect, trust, openness and common purpose 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	Deliver services that are convenient for our residents to access
Develop integrated services through co-production and in partnership with our residents	Make LLR health and care 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

[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

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.

[NOTE: TABLE TO BE DESIGNED]

Overview

Place holder for infographics (page 1 of 2)

NOTE:

- Infographics describing local health and wellbeing need, finances, quality, performance and workforce are being developed.
- Public Health colleagues have developed a synopsis overview of health and wellbeing need in LLR, across key themes, and this overview will be published as a compendium to this Strategy and also as a stand-alone resource for Partners.
- A 2-page summary of the overview is being developed and infographically designed to include in this Strategy, once available.

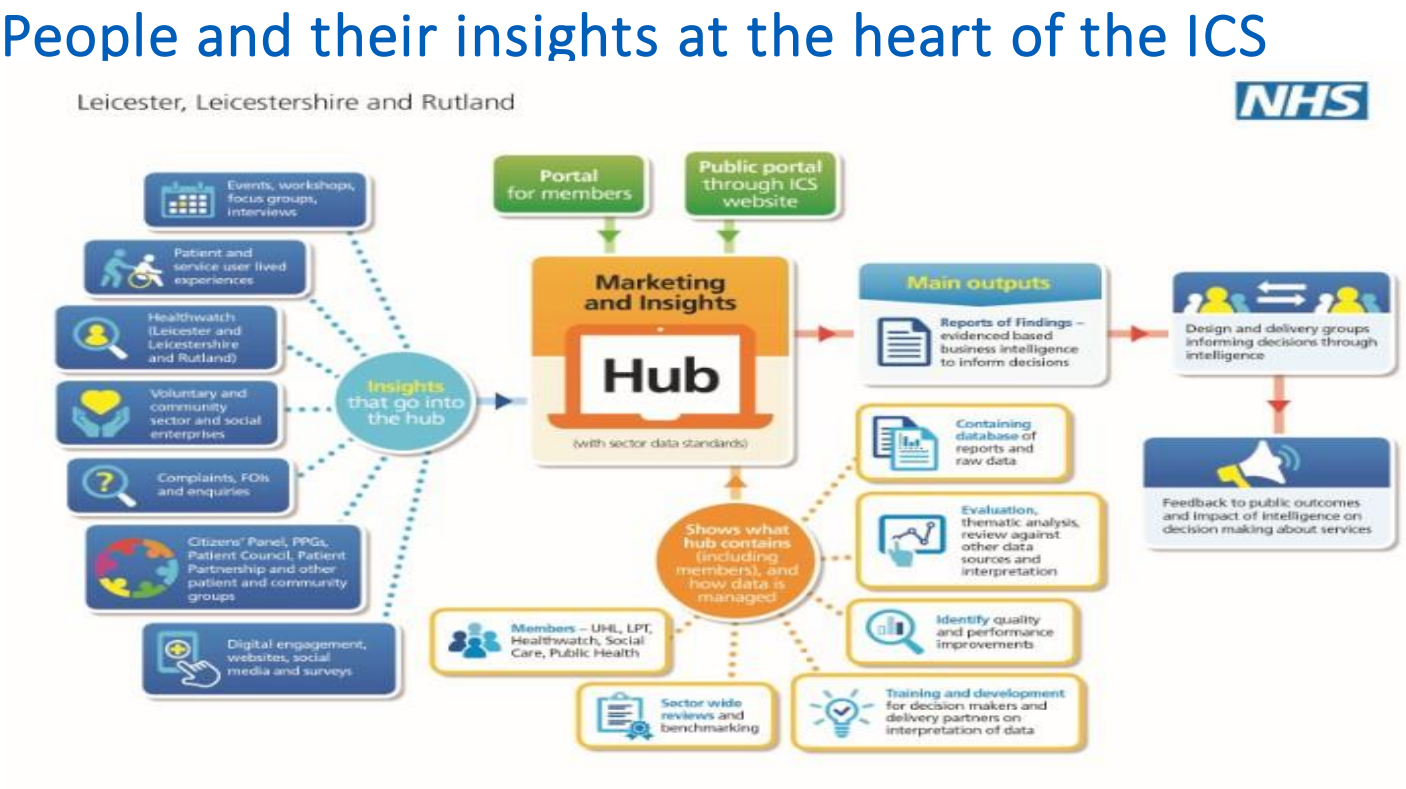
Place holder for infographics (page 2 of 2)

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



NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING

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 3, below, identifies some of the ways we have obtained insights and views. We plan to continue to engage with our Partners to validate our understanding of what matters most to people, before this initial draft is approved at our Partnership meeting in December 2022. Then, in early 2023, we will continue to engage with 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 being re-approved later in 2023.

Figure 3: How insights and engagement have influenced this Strategy

NOTE: INFOGRAPHIC TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING

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 on-going refresh. This current version of the Strategy is, intentionally, an initial draft as we want to continue engaging over the coming months to ensure that we've got it right.

Further information and reading:

Leicester City Council:

LLR Integrated Care Board
ICB People and Communities Strategy 2022/24

Rutland County Council:
Communications and Engagement Strategy 2022-27

Leicestershire County Council:
Engagement standards

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: Reducing Health Inequalities

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: Reducing Health Inequalities

What do we mean by health inequalities?

Health inequalities are avoidable and unfair differences in health between different groups of people. Health inequalities concern 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

Health inequalities across LLR are stark. 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; and in our communities.

At LLR level, we will:

Action 1: Apply our Health Inequalities Framework (NOTE: Hyperlink to be added) 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 through 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, the focus is on those living in the most deprived areas and households of Rutland, as well as some specific groups (for example the military, 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

A local case study

CASE STUDY 01:
Reducing health inequalities –
COVID vaccine hesitancy in St Matthews

Our Approach

Our approach to tackling inequalities across LLR is based upon the NHS Race & Health Observatory Covid-19 working group recommendations for communications & engagement:

1. Build trust through community forums
2. Clear, simple and accessible messaging
3. Messages are repeated, consistent and culturally sensitive
4. Engages in proactive social media campaigns
5. Embed delivery within familiar and accessible locations – such as GP practices and community infrastructure
6. Use NHS professionals and other trusted community voices to promote and advocate the programme

What the issue was -
i.e. rate prior to intervention

Data from SystmOne via Leicestershire Health Informatics Service includes counts of vaccines administered and population data by age band, sex, ethnic group and geographical area.
By showing vaccination uptake by ethnic group and geographical area, it is possible to see areas of the city with low vaccination uptake for different ethnic communities. Leicester's Somali population had 49% uptake in over 50s at 23/03/21 compared with 78% in the population overall. Over half of the Somali population live in 2 neighbouring areas in the city, St Matthews and St Peters.

▶ Design of intervention in partnership with community

In Reach Pop Up Clinic

- To provide an agile response to the population, we facilitated a vaccination pop up clinic at a local Faith Centre in the City known to the community.

Community Engagement

- Zoom webinars - hosted by a local GP and proactive community leader with support from the Director for Public Health.
- YouTube video curated by a local GP highlighting the vaccination pop up clinic and key details/cascading amongst the local Community via whatsapp.
- Local Radio with BBC Radio Leicester to inform and discuss the vaccination pop up clinic, also interview with the local CCG.
- Communications material sent out to all shops, mosques, schools, and community organisations.
- Information sharing via the COVID helpline, managed by the Women 4 Change Community Organisation who can advocate for the population and signpost queries.
- Information sharing via NHS, LLR CCG websites and social media.

▶ Rate after interventions

537 people attended the pop-up clinics for their vaccination. Overall, 44% of people that attended said that had this not been made available locally then they were not likely to have taken up the vaccine.

Data up to 23/3/21 shows uptake in over 50s Somali population was 49%. Following the In reach intervention with the community and a pop-up vaccination clinic increased vaccination uptake to 60% at 30/03/21.

Data up to 17/08/21 shows currently 78% of over 50s within the Somali population in Leicester have received dose 1 vaccination.

Data up to 23/3/21 in St Matthews & St Peters shows 69%. Data up to 30/3/21 shows an increase to 75%.

Feedback from staff and patients

- Volunteers and vaccinators alike stated they were **"proud to be part of this local initiative"**
- Many volunteers stated they **would like to join the mass vaccination efforts.**
- **The vaccinators felt it had an impact on changing hearts and minds** - individual interactions with the community members enabled them to breakdown a lot of the myths and allay their fears and concerns. Many community members who came to the clinics - partly out of curiosity and others who felt doubtful and came to ask questions - were able to have their vaccines there and then once they were able to have these conversations with the vaccinators.

▶ How we have applied this learning elsewhere

The learning has been applied across various differing settings including Workplace in Reach Clinics. We were asked by Local Authority and Public Health colleagues to contact several large employers within the LLR footprint.

We set up an initial task and finish group with a large organisation where we discussed vaccine hesitancy, the use of the Healthy Conversations Toolkit, support for managers in using this toolkit and also asked for the demographics of the workforce this data showed us that 62% of the workforce were from ethnic minorities, including individuals from Eastern European communities and African communities.

As this large organisation uses a 24-hour shift pattern system. It was agreed that the best time to run the clinics was across the shift change times this gave all employees the opportunity to access the vaccination clinic.

A range of Comms was used for this clinic including internal comms through staff awareness sessions the Healthy Conversations toolkit was also used in these sessions. The organisation also arranged for their staff to book into the clinics via an internal appointment system this was provided to us allowing us to book individuals into the clinic via the Swift Q system. Use of Swift Q ensured that a second dose trigger was set.

151 people were vaccinated over the two days of the clinic with 32% of those that attended advising that they would not have taken up the vaccine had it not been made available to them on site.

[NOTE: CASE STUDY TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

LLR Health and Wellbeing Partnership:
Tackling health inequalities
Link needed to HIF

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

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

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Focus 2: Preventing illness and helping people to stay well

What do we mean by Prevention?

It's helpful to think of prevention in three categories. Firstly, we can take action to prevent health and wellbeing problems from occurring at all, for example, through clean air legislation or immunisation programmes. This is called **Primary** prevention.

Secondary prevention is about detecting the early stages of harm and intervening before symptoms develop, for example, cancer screening programmes and targeted weight management services.

Finally, we can soften the impact of an ongoing illness or injury that has lasting effects - **Tertiary** prevention – for example, stroke and cardiac rehabilitation programmes.

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 JHWS 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

At 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.

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

A local case study

Tackling health inequalities in cancer screening

Left to right: Richard Gray – Care Coordinator, Dr Leslie Borrill – Carillon Clinical Director, INT Chair for Charnwood Integrated Neighbourhood Team & Health Inequalities Clinical Lead, Kristy Mackinson – Head of PCN Development and Health Inequalities Management Lead

Community groups and public health staff are working together to improve access to cancer screening for all.

A new project – a partnership between Leicestershire County Council's public health teams and community groups in Charnwood – is exploring the reasons behind poor uptake of cancer screening in some parts of the community.

The team have identified communities where attendance at cancer screening clinics is lower – Bangladeshi, Polish, the homeless community, travellers, sex workers and carers. They then ran a series of focus groups to understand the barriers people faced, and the things that would make it easier for them to attend.

The results are now being used to make changes to services and help improve uptake across all communities. For example, some GPs have offered extra clinics, extended their hours, arranged outreach support and provided information in other languages.

Project Lead, Dr Bharathy Kumaravel, said: "It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well."

It is hoped that the project can be widened to include other areas within LLR over the coming months.

Dr Leslie Borrill, GP lead for Charnwood Integrated Neighbourhood Team, said: "We're not doing our job properly if we don't do all we can for every single person in our community, a 'one size fits all' approach doesn't work."

Dr Anu Rao, LLR Place Clinical Director for Primary Care, agreed: "It has helped us understand what's stopping people from engaging with our services and allowed us to develop appropriate solutions that are already having a positive impact."

The team is now working with University Hospitals Leicester to adopt a similar approach to engaging with patients who fail to attend respiratory appointments and to fully understand the barriers they face. Further plans to explore other key priority areas in the community are also being considered.

Councillor Louise Richardson, lead member for Public Health at Leicestershire County Council, said: "One of the focus areas in our latest Public Health Strategy is building on the strength of people in our communities. We can only do that by working together - listening and learning. The individuals that came forward to the focus groups have played a crucial role in uncovering what more we can do to encourage people to attend screenings in a way that suits their needs and lifestyle." ●

For further information on cancer screening, please check:
www.nhs.uk/conditions/nhs-screening

Bharathy Kumaravel, Project Lead

"It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well."

The barriers

A selection of responses to the study:

"If the information and tests come through the post we will do it, if it doesn't come we will not." Bangladeshi men's group

"At the best of times we don't understand the importance of attending screening and usually there are many barriers to why we don't attend. I feel if people could better understand in their own language what the screening involves, the importance of it and also hear from others about why they attend and the difference it can make, more people will go." Mrs Begum, member of the Bangladeshi community

"I haven't got much family around. I couldn't do it at school time and I had to take my boys with me. It wasn't a good experience taking my children with me." Polish women's group

"If you're homeless, even if you got something wrong with you, they won't hold you, they'll just boot you back out and leave you on the street." Homeless group. ●

[NOTE: CASE STUDY TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

NOTE: To be included

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.

Actions we will take

Many of the actions needed to achieve integrated care will happen in our three Places (Leicester City Council, Leicestershire County Council and Rutland County Council) and, indeed, more locally at community and team level.

At LLR level, we will:

Action 1: Break down barriers and embed whole-pathway approaches to service design based, first and foremost, on what's best for local people

Action 2: Create an environment where integrated working is the default and second nature to our staff and colleagues

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.

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
- Partner organisations coalesce, support and celebrate delivery against our shared outcomes.

A local case study

An integrated approach to promoting health and wellbeing in Rutland

Rise is an Integrated Neighbourhood Team in Rutland jointly funded by the Primary Care Network, Rutland County Council, and the Better Care Fund. The aim of Rise is to promote health and wellbeing for the local population through taking a holistic approach, encouraging people to have an active role in their own care and wellbeing, and building on local community assets. The team has been in existence since 2018 and roles include Integrated Care Coordinator, Community Mental Health Care Manager, Domiciliary Care Lead, Social Prescriber Link Worker, and Clinical Care Home Coordinator. It is led by the Head of Service in the Local Authority who meets weekly with each team member and arranges monthly team meetings. Staff with a clinical role also receive professional supervision with a suitable health colleague and the team engages in wider networks such as neighbourhood forums. The team leader also meets regularly with the PCN manager to discuss new opportunities and shared challenges. The MDT has used the Office for National Statistics well-being survey (ONS4) to understand what difference its support has made to people - 94% reported improvement in their life satisfaction, feeling of life being worthwhile, happiness, and/or levels of anxiety.

The integrated approach of Rise has been supported through the development of a new digital platform. This allows GPs to refer someone through their electronic patient record system and for the MDT to then provide updates back to the GP. The platform also enables team members to introduce someone to community resources and supports interactive discussions with these organisations. It then identifies if someone has been offered support and highlights if there are any delays. The system is open to the public so that they can explore themselves what options are available and directly contact a resource so that they do not need to access via a GP. It also provides useful data for commissioners and voluntary organisations on referral trends, if there has been any change in their use of GP services, support that people would like to access but not is not available, and on the impacts that people report in relation to their wellbeing.

Development of more integrated care in Rutland has been facilitated through the geographic boundaries of the Local Authority and the PCN being similar. In relation to the ICS, Rutland is both a neighbourhood and a place. Monthly neighbourhood forums are held to bring together health and social care professionals, and the voluntary and community sector to discuss the challenges facing the local population and how best to respond to health and social inequalities. This was helpful in COVID when RISE were able to co-ordinate vaccinations with the clinically vulnerable and advise when wider changes such as temporary disruptions in utilities. Other enablers include - positive long-term relationships and high degree of trust between the lead individuals in health and social care; sharing of capacity and skills between Rise and the other teams in the locality to respond to demand; and, training and development opportunities being offered across teams to enable them to become familiar with each other and their roles.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

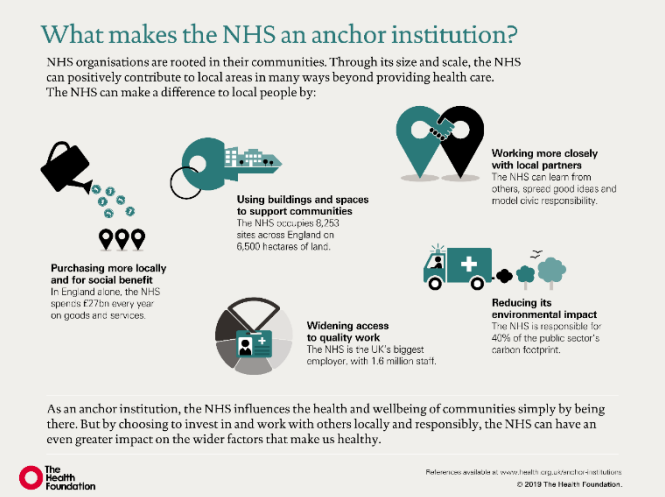
Further information and reading: Collaboratives

LLR Health and Wellbeing Partnership:
Integration in action

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.



NOTE. Need different image

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 (Please see Enabler 2 on page X)
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 to lower paid roles within our health and care workforce
- Achieving our carbon neutral trajectories 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

A local case study

Hidden Talents Pilot – Refugee Apprentice Programme

Growing Points is a local charity that provides support and mentorship to those that have made Leicester their home and have been given Refugee status. The charity works alongside other sectors and statutory organisations, such as Sanctuary Leicester, to enable people to access the right support, have access to jobs and provide peer and mentor support.

We have started a pilot that guarantees 10 apprenticeships per year, with an ambition to grow each year, for those that are being supported by Growing Points. The programme not only ring-fences apprentice opportunities but also ensure that there is wrap around support for applicants to remove as many barriers to accessing a career in health and care as possible. Some of these barriers are the way we advertise and select for roles and, by changing our approach, we hope to make a career in the sector more accessible.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

The Health Foundation:
The NHS as an anchor institution

The King's Fund:
Anchor Institutions and how they can affect people's health

LLR Integrated Care Board:
Link needed to People Plan
Link needed to Estates Strategy
Link needed to Green Plan

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 impacting 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

A local case study

NOTE: Place Holder for case study

Further information and reading:

Bank of England:
Financial Stability Report

Leicestershire County Council:
Find help with cost of living

Leicester City Council:
Benefits and other support

Rutland County Council:
Cost of living support

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.

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.

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 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

Further information and reading:

NHS LLR Integrated Care Board
Get in the know about local health services

NHS Services
Services near you

NHS 111 Online
Get help for your symptoms

NHS App
NHS App and Account

A local case study

CASE STUDY
Identification of Unregistered Patients Programme

The NHS Constitution states that *"You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by parliament…"*. This applies to all patients whether residing in the UK lawfully or not, including those that are within the area for more than 24 hours and less than 3 months. Types of patients include those who are asylum seekers, refugees, homeless patients or overseas visitors.

Our Approach

Identify unregistered patient population working geographically and focussing on four main hotspot areas - places of worship, local community supermarkets, community centres and walk in Covid-19 Vaccine clinics

Design of Intervention in Partnership with Community

Since the launch of GP Registration programme in January 2021 and November 2022:

- We have engaged with 10,100 patients across LLR.
- We have held 35 events across LLR engaging with approximately 2,300 patients.
- We have attended 26 Vaccination clinics across LLR engaging with approximately 7,800 patients.
- We have created and translated easy read leaflets into 9 different languages
- We have targeted radio advertising across cultural and community specific radio stations to discuss the GP registration programme.
- We have received over 800 enquiries by phone and email in relation to GP registration.
- We have provided personalised support to Afghan refugees, helping 76 Afghan families to register with a GP.
- We have worked with our Local Authorities to help and support Ukrainian refugees to register with a GP.

Rate after Interventions

The GP Registration programme was introduced in Leicester City for the period of January 2021 until End of December 2021.

- Comparing to year 2020, total number of patients registered in Leicester City was 29,222 and since the introduction of GP registration programme in Leicester City in year 2021, total number of patients registered was 51,545. This is a rise of 22,323 patients reflecting over 76% increase.

- Due to the success of the programme in Leicester City, it is now introduced across LLR since January 2022 following similar approach taken in city to promote GP registration programme. The number of patients registered to date end of October as follows: -
  - Leicester City: 29,703 registered patients
  - Northeast Leicestershire and Rutland CCG: 17,146 registered patients
  - Northwest Leicestershire: 22,292registered patients

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Enabling this Strategy to be delivered

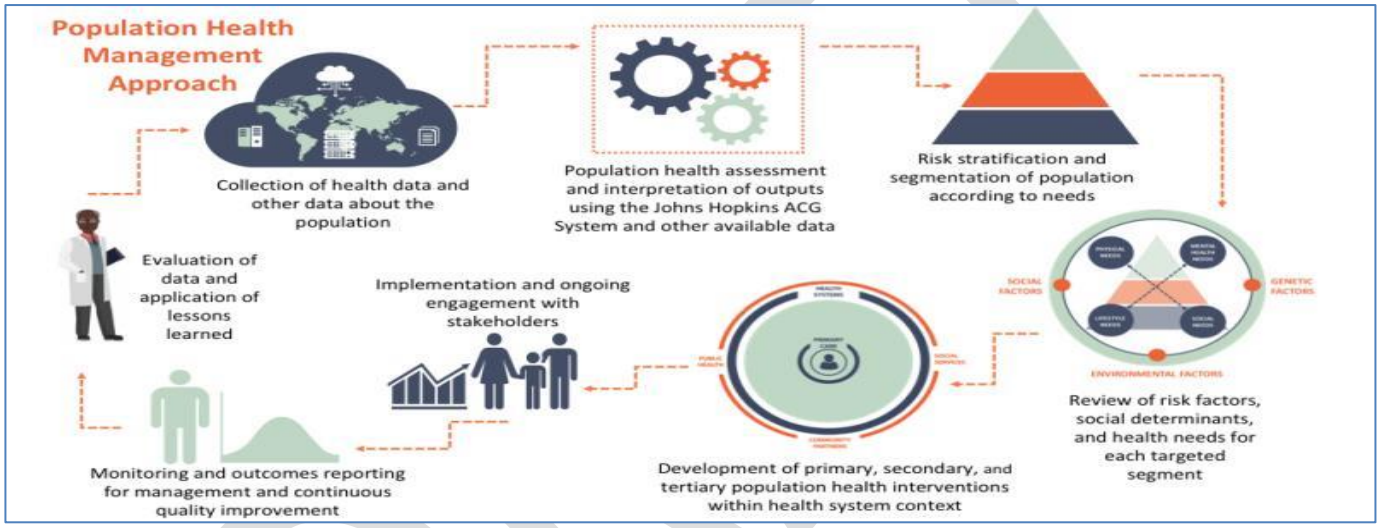
Below are the key enablers to help us to achieve our key areas of focus.

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.

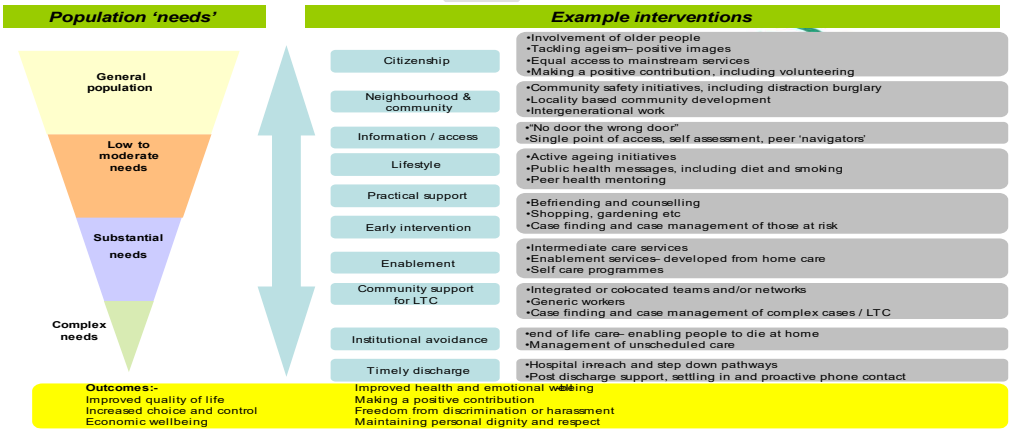
Figure 4: How Population Health Management works



[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Figure 5, 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 5: Using a PHM approach to deliver bespoke interventions



[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

A local case study

Population Health Management approach to better support end-of-life patients

Willows Health in Leicester is part of the Aegis Primary Care Network (PCN). The team have adopted a proactive approach towards PHM, which includes identifying patients potentially nearing the end of their lives to ensure they are given appropriate care and support. The team of GPs and experts had previously struggled to proactively identify this population in a comprehensive manner, but using a new algorithm called the Mortality Risk Score[1] generated from outputs of the Johns Hopkins Adjusted Clinical Group (ACG®) System, they were able to identify a number of patients who had not previously been included on the palliative care register.

This innovative work by the team at Willows Health has enhanced and supported their care planning work with palliative care patients and enabled them to provide patient-centred reviews and end-of-life care plans for those with higher levels of risk. The tool supports the group's clinical programme enabling proactive assessments, enhancing the quality and experience of care through optimisation of long-term conditions, undertaking medication reviews, signposting to additional support systems and exploration of patients' care preferences and best interests in this context. They are now able to offer the right support to a greater number of patients who are nearing the end of their life.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

The King's Fund:
What is a population health approach?

NHS England
Population Health and the Population Health Management Programme

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

[1] The MRS was developed by Dr Peter Austin et al in Ontario, Canada. The outcome of their research was a points-based scoring system that predicts risk of mortality in the adult population in the next 12-month period. The MRS combines values for a person's age, sex, and the Aggregated Diagnostic Groups (ADG) information from the ACG System. More information can be found at www.ncbi.nlm.nih.gov/pubmed/21921849

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.

Further information and reading:

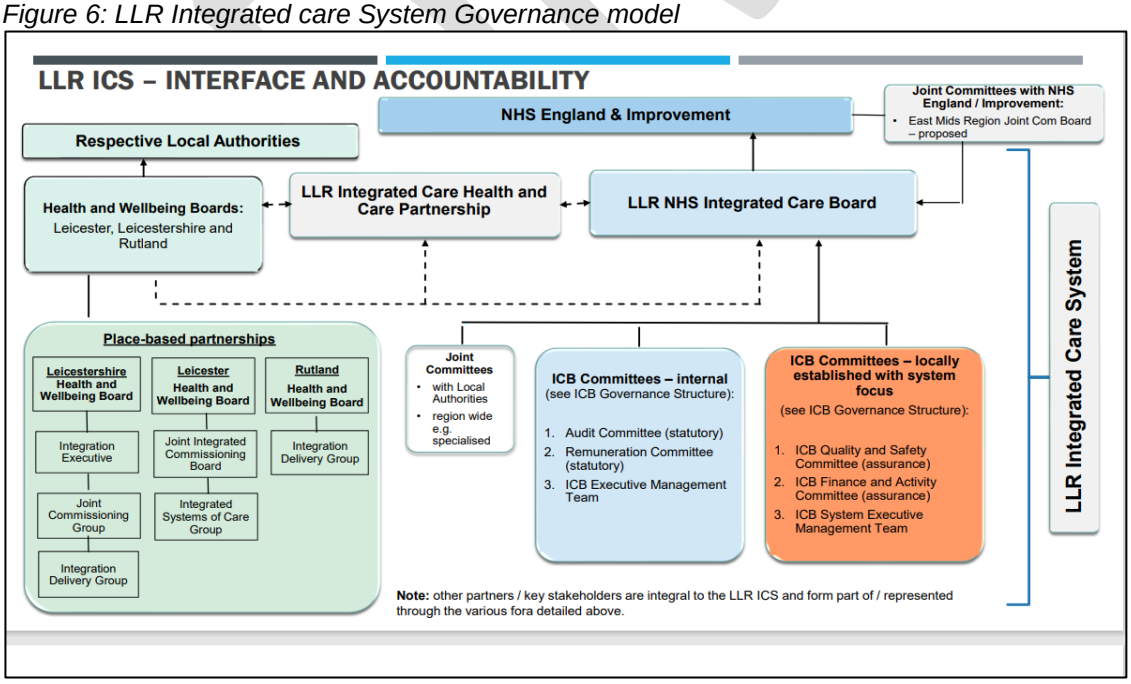
LLR Integrated Care Board:
Link needed to LLR People Plan

Leicestershire County Council:
People Strategy 2020-2024

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 6, below.

Figure 6: LLR Integrated care System Governance model



Further information and reading:

LLR Health and Wellbeing Partnership:
Link needed to LLR ICS Functions and Decisions map

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.

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.

Further information and reading:

LLR Integrated Care Board:	Rutland County Council	Leicestershire City Council:
Link needed to LLR Digital Strategy	Digital Rutland Strategy 2019-2022	Smart Leicester

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 a 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.

Further information and reading:
LLR Health and Wellbeing Partnership:
Link needed to LLR ICS Embedding Research into Practice discussion document

Our Partners

Leicester City Health and Wellbeing Board
https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/health-and-wellbeing-board

Leicestershire County Council Health and Wellbeing Board
https://www.healthandcareleicestershire.co.uk/health-and-wellbeing-board

Rutland County Council Health and Wellbeing Board
https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-wellbeing-board

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

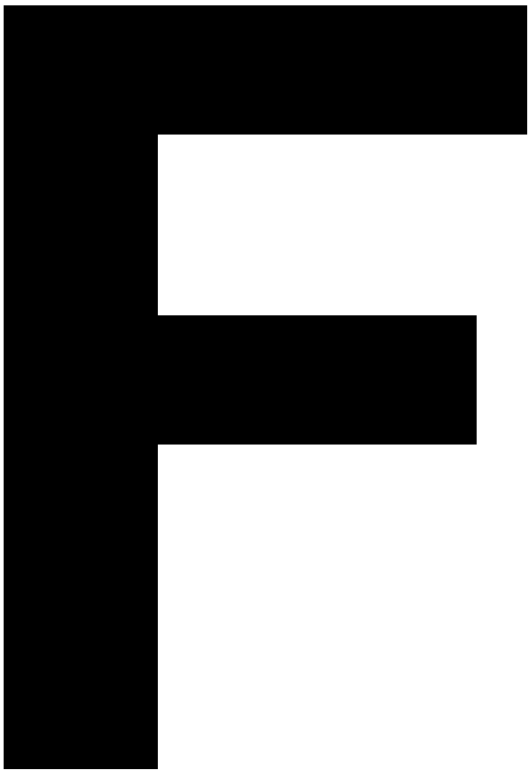
Leicestershire Partnership NHS Trust
https://www.leicspart.nhs.uk/

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



Sub Regional health and wellbeing priorities for children

Report by the LLR Statutory Directors of Children's Services

Director of Children and Family Services, Leicestershire County Council

Strategic Director, Social Care and Education, Leicester City Council

Strategic Director Children and Families, Rutland County Council

Introduction

The following report highlights the key health and wellbeing priorities for children and young people across Leicester, Leicestershire and Rutland as a whole:-

- Prevention
- Mental Health
- Special Educational Needs and Disabilities

The report also sets out proposed governance arrangements for the LLR Children's System.

Recommendations

The Board is asked to:

- Note and comment on the key priorities for children and young people
- Note and support the proposed governance arrangements

Priority Areas

There is clear evidence that the full spectrum of more intensive services for children and young people across LLR are seeing a significant increase in demand, whether in the form of requests for Education, Health, and Care Plans (EHCPs), referrals for Children in Need of social care or mental health support, or urgent and emergency care. This appears to be driven by a combination of factors associated with the social and psychological impact of lockdown, the cost-of-living crisis, and the withdrawal of some services during the pandemic with the resulting deterioration in individuals' condition.

Not only does this represent a significant impact on the LLR population in terms of poor life experience and the potential for ongoing dependence on services, the increase in demand is pushing many of these services to the brink in terms of their capacity, while the associated costs are threatening the financial stability of all partners across the health and care system.

In these circumstances, the three DCSs believe that there is a powerful argument for shared action across the LLR system to address these issues in a coordinated manner. Although they are expressed in different ways in each of the three Places, our view is that the issues themselves are common across the whole of LLR. Based on our analysis of the position, and having regard to the emerging LLR Health & Wellbeing Strategy, it is suggested that there are three priority areas for shared action: prevention, mental health, and SEND.

Prevention

Why is this a priority?

Preventing children and young people from reaching the stage where they need health and social care specialist services is a key priority to reduce demand in the system. The three levels of prevention, from universal to tertiary, are all critically important to improving children and young people health and wellbeing outcomes. Responding to the needs of children and young people earlier will enable them to be resilient and will thereby reduce the need for more costly interventions in health and social care (including SEND) in the future.

The pandemic has exacerbated the need or highlighted further where targeted support is needed. The trauma experienced by young people has increased, resulting in increased anxiety, low mood and low self-esteem.

What are the opportunities?

- A Population Health management approach to children and young people offers coherence across the range of initiatives
- Dental services are lacking, with a need for more NHS dental capacity which could impact on future oral health, which in turn has significant impact on wider health and wellbeing
- Trauma Informed Practice weaved into all services
- More access to existing services, such as CAMHS
- Services to support children with eating disorders
- Special school nursing services
- Integration of services and resources to support children and young people at a preventive stage – exploration of a 'Better Care Fund for Children'
- 'Whole family' approaches across the partnership
- Specific focus on areas where children and young people require a multi-agency input where there is no single agency currently responsible (e.g tier 4 step downs)

Emotional Wellbeing and Mental Health

In the last three years, the likelihood of young people having a mental health problem has increased by 50% (Mental Health of Children and Young Peoples in England, 2020, NHS Digital, 22.10.20). 52% of 17- to 23-year-olds have experienced a deterioration in mental health in the last five years (First Port of Call, The Children's Society, 18 June 2021). 1 in 6 children aged 5-16 are likely to have a mental health problem (Mental Health of Children and Young People in England, 2020, NHS Digital, 22.10.20)

We know that the children we work with are more likely to experience trauma and therefore more likely to experience associated issues, such as Mental Health issues, which can have a detrimental effect on their development, wellbeing and outcomes.

Learning from recent case reviews in 2017 -2018 and from analysis by the Child Death Overview process (CDOP) has highlighted the incidence of self-harm and suicide in teenagers with identification of a number of risk factors.

Self-harm is a common behaviour in children and young people, affecting around one in 12 Peoples, with 10% of 15-16 year olds self-harming at any time (Young Minds, 2018). Published prevalence data of adolescents in England found that 15% had self-harmed at some point (Morey et al, 2017) and that the average age of starting self-harm was 13yrs (Gillies et al,2018)

Toxic stress can damage brain architecture and increase the likelihood that significant mental health problems will emerge either quickly or years later. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school

readiness, academic achievement, and both physical and mental health throughout the lifespan. Circumstances associated with family stress, such as persistent poverty, may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.

Even when children have been removed from traumatising circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

It is essential to treat young children's mental health problems within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live. When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families.

What are the opportunities?

- Development of a whole system approach to Children's Mental Health services that is adequately resourced.
- Better transition from CAMHS to adult Mental Health services.
- Development of a 0-25 CAMHS offer for care experienced children and young people to prevent impact of poor transition and limited trauma informed responses and intervention from adult services.
- An understanding of the needs of the cohort who were with CAMHS, but who are not eligible for a transition to adult Mental Health Services, and whether there is a gap in provision here too.

<u>Special Educational Needs and Disabilities.</u>

Why is this a priority?

Children with SEN or a Disability are amongst the most vulnerable children in our communities and often have additional physical or mental health needs. Special Educational Needs requires a multiagency response in order to ensure early targeted support for children. In the post-covid period there can be particular issues around anxiety and mental health. There are also rising numbers of children on the Neuro-developmental Pathway or with a diagnosis of autism. Post covid there appears to be a significant increase both in the number of requests for an EHCP and in the number of early years children requiring EHC Needs Assessment and special school provision.

There is an increased challenge around school refusal, children missing education and requests for elective education or packages of support outside of the mainstream system. Many of these children have health needs that mean they are unable to access education without support.

What are the opportunities?

- Support for children on the Neurodevelopmental Pathway, including pre-diagnosis, diagnosis and post diagnosis.
- Joint commissioning arrangements for children with complex needs
- Sufficient Designated Clinical Officer (DCO) capacity in Health. Capacity is needed to continue to attend key decision-making panels and to provide expert health advice at Tribunals, including where child not meeting threshold for Health input but parents presenting private health reports that require informed challenge or input.
- Joint working through the LLR SEND Joint Commissioning Strategy.
- Pooled resources and budgets to meet the needs of children with SEND

Impact

Some impacts will only become clear some years into the future. To measure shorter-term changes, we will use data, wherever possible, that is already regularly collated. Broad impacts to be expected include:

- Understanding of the gaps in service for children and young people helps to inform the design of future services and how these will be funded.
- Adverse Childhood Experiences have less impact on children and families - through prevention and support to manage/recover – thereby reducing demand for acute services.
- Family Hubs operating 0 to 19 (25 yrs. SEND), seamless and integrated services for families in place and well used. Families and professionals are clear on what is available from the 'start for life' offer, what this is for and how it can be accessed.
- Improved dental care access for children and young people, thereby reducing longer-term health problems
- Children with additional or special educational needs are better supported with responses that are tailored to them. This includes robust joint commissioning arrangements. This will reduce the likelihood of crises and the intensive provision this often then demands
- Children with SEND are having their health checks in a timely fashion, reducing the emergence of more serious health conditions.
- More families and young Peoples find it easier to get the mental health support they need and in a more timely fashion, reducing the need for higher cost specialist services.
- Local services for mental health are clearly defined, well understood, timely and delivered closer to home where possible.

Governance

In order to drive the work for children and young peopl across the system it is proposed that a monthly Children and Young Peoples Collaborative is established. The Children and Young Peoples Collaborative will promote joint and integrated working between partner organisations at a strategic system level.

This system wide collaborative is important as we know there are a plethora of ‘Place’ level groups for children and young Peoples services but very little at strategic system level. We feel that the Children and Young Peoples Collaborative would fill this gap, clearly having a relationship with the existing LLR CYP design group and the three Place children’s partnerships.

The Children and Young Peoples Collaborative will report into the ICP and will receive reports from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

In order to meet its objectives, it is vital that the Children and Young Peoples Collaborative has suitably senior representatives with decision making powers and ability to wholly represent their 'home' organisations.

We will also need to consider children and young people's voice and how this influences and is used effectively in plans.

Appendix 1 – Children and Young Peoples Collaborative Terms of Reference

Terms of Reference – Children and Young Peoples Collaborative

The CYP Collaborative will promote joint and integrated working between partner organisations and work at a strategic system level. It will have a relationship with the existing LLR CYP design group and the three Place children's partnerships.

The CYP Collaborative will receive a report from the CYP Design Group (and others as necessary) on progress against the identified priorities and provide strategic direction where necessary.

Purpose

- Provide strategic direction on CYP priorities identified as being of shared interest across the LLR system (the 'Integrated Care System') by the LLR Health & Wellbeing Partnership (the 'Integrated Care Partnership'), recognising the statutory leadership role of Local Authority Directors of Children's Services in respect of all matters affecting CYP
- Review strategic priorities, taking into account reports from independent regulators (e.g. CQC and Ofsted) and other key bodies
- Consider the relationship of work to address the agreed LLR system-wide priorities with work being undertaken in each of the LA-based Place health & wellbeing strategies, and vice versa
- Promote joint and integrated working between the partner organisations, with a particular focus on joint commissioning on an LLR basis between the three LAs and the NHS ICB and between the LAs and the emerging NHS mental health provider collaborative
- Consider CYP health and care investment/disinvestment plans and their impact on strategic priorities, giving guidance and direction
- Resolve issues escalated from relevant sub-groups
- Provide a route for further escalation of issues and risks to the LLR Health & Wellbeing Partnership, or other forums as may be appropriate, if issues cannot be resolved
- Consider and provide oversight for a potential pooled budget, in the form of a 'Better Care Fund for Children'

Scope

The group will be responsible for the strategic direction of ICS system services for children and young people across LLR aged 0-19 years. This will be extended to the 0-25 age group for certain areas of work (e.g. the SEND agenda).

The main focus of the group will be on those issues relating to CYP that have been identified as being of shared priority and importance across the NHS and Local Authorities. The group may seek updates and reports on other services and issues that have an impact on CYP, and may make recommendations to other services from that perspective.

Membership and Chairing

The group will be chaired by one of the LA Directors of Children's Services and membership will comprise:

Role	Organisation
NHS	
Executive Lead for Children & Young People (delegated to Deputy Chief Nursing Officer)	NHS LLR ICB
Executive Director of FYPC & LD	Leicestershire Partnership NHS Trust – Helen Thompson
Chief Nurse (delegated to Deputy Chief Nurse)	UHL
Local Government	
Strategic Director, Social Care & Education	Leicester City Council
Director of Children and Family Services	Leicestershire County Council
Director of Children and Family Services	Rutland County Council
Director of Public Health	Leicestershire County Council and Rutland County Council
Director of Public Health	Leicester City Council
OTHER	
NHSE Regional Lead – may be invited to attend for specific agenda items	

Other relevant colleagues may be asked to join the group as advisory members or attend for specific agenda items. A balance will need to be struck between making the group inclusive and ensuring it remains small enough to be effective. Engagement of young people, to ensure that their voice had audience and impact, is recognised as being essential. Rather than risk tokenism through limited membership of the group, the voice of young people will be actively sought by each of the partners.

The group will not be a decision-making body and has no powers to take binding decisions. Agreements will be sought through consensus, with members taking any necessary formal decisions through the governance arrangements of their own organisations as may be required.

Reporting Responsibilities

The Chair will provide a regular update on progress to the ICP.

Reports will be submitted to each of the Health and Wellbeing Boards on a six-monthly basis. Members are responsible for reporting into their constituent bodies.

The CYP Design Group will have a dotted reporting line to the group, with the responsibility to report on any matters that may affect the strategic priorities agreed by the ICP and being taken forward by the Children and Young Peoples Collaborative. The Children and Young Peoples Collaborative may task the CYP Design Group with specific actions arising from its agreed priorities.

TO FOLLOW