

Leicester, Leicestershire and Rutland Integrated Care Partnership

Meeting Title	Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership (inaugural meeting)	Date	Thursday, 23 August 2022
Meeting no.	1	Time	2:30pm – 4:30pm
Chair	David Sissling Chair, Integrated Care Board	Venue / Location	Via MS Teams

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
HWP/22/01	Welcome and Introductions	To receive	David Sissling	Verbal	2:30pm
HWP/22/02	Apologies for Absence: <ul style="list-style-type: none"> • Cllr Louise Richardson, Chair Leicestershire Health and Wellbeing Board 	To receive	David Sissling	Verbal	2:30pm
HWP/22/03	Notification of Any Other Business	To receive	David Sissling	Verbal	2:30pm
HWP/22/04	Declarations of Interest	To receive	David Sissling	Verbal	2:30pm
HWP/22/05	Minutes of the meeting held on 29 March 2022 in shadow form	To approve	David Sissling	A	2:30pm
HWP/22/06	Matters arising and actions for the meeting held on 29 March 2022 in shadow form	To receive	David Sissling	B	
HWP/22/07	Update from the Chair	To receive	David Sissling	Verbal	2:35pm
HWP/22/08	Highlights from recent meetings of the NHS LLR Integrated Care Board	To receive	Andy Williams	Verbal	2:45pm
HWP/22/09	Updates from the Health and Wellbeing Boards	To receive	Mrs Richardson / Cllr Dempster / Cllr Harvey	C Verbal	2:55pm
GOVERNANCE					
HWP/22/10	Governance of the LLR Health and Wellbeing Partnership	To approve	Sarah Prema	D	3:10pm
HWP/22/11	Development of a Memorandum of Understanding to support partnership working in LLR	To receive	Mike Sandys	E	3:30pm
POLICY AND PLANNING					
HWP/22/12	LLR Health and Wellbeing Partnership Priorities and Next Steps	To approve	Sarah Prema	F	3:50pm
HWP/22/13	Development of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership's Integrated Care Strategy	To approve	Sarah Prema	G	4:10pm
ANY OTHER BUSINESS					
HWP/22/14	Items of any other business and review of meeting	To receive	David Sissling	Verbal	4:30pm

The next meeting of the LLR Health and Wellbeing Partnership meeting to be advised.

A

**Minutes of the Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership (in shadow form)
Tuesday 29 March 2022
4.00pm – 6.00pm, Via MS Teams**

Present:

Mr David Sissling	Integrated Care System (ICS) Chair - Chair of the meeting
Mr Andy Williams	Chief Executive, Leicester, Leicestershire and Rutland CCGs
Mr Jon Wilson	Director of Adult Social Care, Leicestershire County Council
Councillor Louise Richardson	Lead Member for Health, Leicestershire County Council
Councillor Christine Radford	Adult Portfolio, Leicestershire County Council
Mr Martin Samuels	Strategic Director Social Care and Education, Leicester City Council
Professor Ivan Browne	Director of Public Health, Leicester City Council
Councillor Samantha Harvey	Health, Wellbeing and Adult Care Portfolio, Rutland County Council
Councillor Oliver Hemsley	Leader, Rutland County Council
Mrs Cathy Ellis	Chair, Leicestershire Partnership Trust (LPT)
Ms Angela Hillery	Chief Executive, Leicestershire Partnership Trust (LPT)
Mr John McDonald	Chair, University Hospitals Leicester (UHL)
Mr Stephen Bateman	Chief Executive, DHU Health Care CIC (DHU)
Mrs Pauline Tagg	Chair, East Midlands Ambulance Service (EMAS)
Mr Evan Rees	Chair, Patient and Public Involvement Assurance Group
Professor Mayur Lakhani	Chair, West Leicestershire CCG
Dr Hilary Fox	East Leicestershire and Rutland CCG, Primary Care Network Representative
Mrs Harsha Kotecha	Chair, Leicester and Leicestershire Healthwatch
Dr Janet Underwood	Chair, Rutland Healthwatch

In attendance:

Ms Rachna Vyas	Director of Integration and Transformation, LLR CCGs
Dr Caroline Trevithick	Executive Director of Nursing, Quality and Performance, LLR CCGs
Ms Nicci Briggs	Executive Director of Finance, Contracting and Corporate Governance, LLR CCGs
Ms Sarah Prema	Executive Director of Strategy and Planning, LLR CCGs
Dr Nilesh Sanganeer	Clinical Vice Chair, West Leicestershire CCG
Dr Vivienne Robbins	Consultant in Public Health, Leicestershire County Council
Dr Kath Packham	Consultant in Public Health, Leicester City Council
Ms Beverley White	Lead Commissioner, Social Care & Education, Leicester City Council
Nicola Cawrey	Leicester City Council
Fiona Grant	Consultant in Public Health, Leicestershire County Council
Mark Wheatley	Public Health Programme Manager Leicester City Council
Mat Wise	Hospital and Clinical Integration Lead, Rutland County Council
Ms Clare Mair	Corporate Affairs Officer, LLR CCGs (note taker)

ITEM		LEAD RESPONSIBLE
	<p>Welcome and Introductions Mr David Sissling welcomed members of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership to the meeting.</p>	
HWP/22/01	<p>Apologies for absence Apologies for absence had been received from:</p> <ul style="list-style-type: none"> • Cllr Vi Dempster, Lead Member for Health, Leicester City Council • Mark Andrews, Chief Executive, Rutland County Council • Mr Jon Morley, Director of Adult Social Care, Rutland County Council • Mike Sandys, Director of Public Health, Leicestershire County Council 	

ITEM	LEAD RESPONSIBLE	
	<ul style="list-style-type: none"> • Richard Mitchell, Chief Executive Officer, University Hospitals Leicester • David Williams, Director of Strategy and Development, Leicestershire Partnership Trust • Richard Henderson, Chief Executive, East Midlands Ambulance Service • Mr David Whitney, Chair, DHU Health Care CIC (DHU) • Ms Alice McGee, Executive Director of People and Innovation, LLR CCGs • Dr Vivek Varakantam, Clinical Chair East Leicestershire and Rutland CCG • Professor Azhar Farooqi, Clinical Chair, Leicester City CCG • Dr Rajiv Wadhwa, Leicester City CCG, Primary Care Network Representative • Dr Anu Rao, West Leicestershire CCG, Primary Care Network <p>The meeting was noted to be quorate.</p>	
HWP/22/02	<p>Notifications of Any Other Business Mr Sissling advised that no items of other business were raised in advance of the meeting.</p>	
HWP/22/03	<p>Declarations of Interest on Agenda Items No declarations of Interest were raised.</p>	
HWP/22/04	<p>To APPROVE the Minutes of the LLR Health and Care Partnership Board held on 30 November 2021 (Paper A) The minutes of the LLR Health and Wellbeing Partnership held on 30 November 2021 were received and accepted as an accurate record.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the LLR Health and Care Partnership Board held on 30 November 2021. 	
HWP/22/05	<p>To RECEIVE matters arising and action log (Paper B) The action log was reviewed. It was noted items had either been appropriately addressed or were work in progress.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the action log. 	
HWP/22/06	<p>Chair's Update (Verbal) Mr Sissling reported that constitutional arrangements for the establishment of the ICB were progressing positively, including the appointments to the Board.</p> <p>It was suggested that a discussion about the Health and Wellbeing Partnership membership and functionality will help to frame the remit of this group. Furthermore, consideration will be given to the prospect of meeting in public.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	
HWP/22/07	<p>Highlights from recent meetings of the ICB (Paper C) Mr Andy Williams thanked Martin Samuels, Jon Wilson and colleagues from across the local authorities for the opportunity to explore the breadth of work</p>	

ITEM	LEAD RESPONSIBLE
<p>taking place in implementing the carers' strategy. He commented on existing forums in place to enable regular engagement with carers.</p> <p>It was noted that the LLR NHS and local authority chief executives had met to identify a way forward to support better use of resources across the system aligned to needs of the population.</p> <p>Mr Williams drew attention to <i>In Partnership</i>, which is a bulletin for stakeholders across the LLR Integrated Care System. The bulletin includes some practical examples of how collaboration is making a difference for the LLR population.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update from the Integrated Care Board. 	
<p>HWP/22/08</p> <p>Update from Health and Wellbeing Boards (Verbal) Local authority colleagues provided an update on their Health and Wellbeing Boards.</p> <p><u>Leicestershire County Council</u> Cllr Richardson reported the joint Health and Wellbeing Strategy had been approved which represents the County's place-based plan. The strategy received a good level of consultation. A high-level action plan was in development.</p> <p>The Health and Wellbeing Board governance will be reviewed to better align the sub-groups, recognising further work may be needed to support the ICS requirements as they emerge.</p> <p>An update on the BCF plan had been received and the delivery noted. A continuation of pooled budgets had been agreed through the utilisation of Section 75 agreements.</p> <p>Development sessions have been planned for the Joint Strategic Needs Assessment chapters. A joint reference group is overseeing a process across LLR for a Pharmacy Needs Assessment (PNA) review. A draft paper will be received at the Board in May, followed by a final draft in September. The public facing PNA outcome will be shared in October.</p> <p>A family hub model was supported by the Health and Wellbeing Board. A children and families update had been received including progress on action plan delivery and partnership activities.</p> <p><u>Rutland County Council</u> Cllr Harvey reported the joint Health and Wellbeing strategy had been agreed in principle and would be ratified on 5 April 2022 at the Rutland Health and Wellbeing Board. The Board would review current governance arrangements to ensure congruence with the new ICS delivery.</p> <p>The Health and Wellbeing Board had received reports on <i>Step up to Great Mental Health</i> and Primary Care access which remains a concern to many residents and councillors.</p> <p><u>Leicester City Council</u> Professor Ivan Browne reported that the Health and Wellbeing Board in late January 2022 had been stood down due to the rise in the Omicron variant and</p>	

ITEM		LEAD RESPONSIBLE
	<p>acute pressures. A meeting had been rearranged for April 2022 and the agenda would include primary care development and innovation, and tobacco control which is a major issue for the city. A presentation on the first 1001 days for children would also be received. In the interim, a board development session had focussed on the health and wellbeing strategy and rationalised the long list of priorities into some core areas for focus and approach.</p> <p>Mr Sissling thanked local authority colleagues for the informative updates.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the updates provided 	
HWP/22/09	<p>Health and Wellbeing Board Strategies:</p> <ul style="list-style-type: none"> • Update on development of Leicester’s Health, Care and Wellbeing Strategy 2022-2027 (Paper D1) • Leicestershire Joint Health and Wellbeing Strategy 2022-2032 (Paper D2) • Rutland Joint Health and Wellbeing Strategy 2022-2027 (Paper D3) <p>Dr Kath Packham and Dr Vivienne Robbins provided an update on the development of the health and wellbeing strategies across the LLR local authorities.</p> <p>Leicester City – the strategy refresh took account of primacy of place, the integrated care system, and the impact of Covid-19 and its disproportionate challenges for some city residents. Extensive public engagement had been undertaken on the priorities. The final product will be taken to the Health and Wellbeing Board and City Executive. Cross-cutting priorities will be tackled in partnership with the County.</p> <p>Leicestershire – the ten-year, place-based strategy has links to system and neighbourhood work. Following extensive consultation and coproduction the strategy had been approved by the Health and Wellbeing Board in February. Key priorities will be supported by the Health and Wellbeing Board sub-groups, the children, young people and families partnership and the stay healthy partnership. A public facing version will be produced.</p> <p>Overarching priorities include everyone being supported to thrive, be happy and healthy and to have the best start for life through the 1001 days programme, the wider 0-19 years preparing for life agenda and up to 25 years of age for those with SEND. Preventative approaches will be applied to those with one or two long term conditions and those with multiple long-term conditions will be supported through the end-of-life pathway where appropriate.</p> <p>Rutland – a five-year strategy will be formally approved at the Health and Wellbeing Board. The strategy’s focus is strengthening care closer to home and implementation will commence from July and a public-facing version will be produced. Key priorities include the first 1001 days, building confident families and people, the primary prevention agenda, active communities, ageing well and the complex care arena. Rutland will work on equitable access to services, such as distance to access services and close to home provision through primary care.</p>	

ITEM	LEAD RESPONSIBLE
	<p>Mr Sissling noted that all three HWBs are progressing well with the development of respective place-based Health and Wellbeing Strategies. These recognise distinctive opportunities and challenges reflecting the place level or more local context. There are however a number of common themes which indicate scope for possible joint working.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update for information.
HWP/22/10	<p>The Integrated Care White Paper (2022) and Implications for the LLR ICS (Paper E)</p> <p>Mr Andy Williams and Ms Rachna Vyas updated on the development and embedding of 'place' arrangements across the Leicester, Leicestershire and Rutland ICS, in the context of the Integrated Care white paper.</p> <p>It was reassuring to note the approach across LLR to integration and our emphasis on place, as indicated by the health and wellbeing strategies, is aligned with the principles and the approach set out in the White Paper</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. • SUPPORT the direction of travel outlined in the report.
HWP/22/11	<p>Carer's arrangements across LLR (Paper F – circulated post meeting)</p> <p>Mr Andy Williams was joined by Ms Beverley White and Ms Nicola Cawrey. Mr Williams had attended a meeting, facilitated by Martin Samuels, to explore current arrangements in place across LLR to engage with carers. The breadth of the arrangements was impressive and the coordinated approach was commended.</p> <p>The Carers' Delivery Group (CDG) is in place and will be responsible for reviewing the Carers' Strategy. A differential in services offered across the different places was observed, although an integrated approach to delivery was adopted wherever possible. There was continued support for a system wide Carers' Strategy with place specific delivery.</p> <p>It was noted that an event was taking place later in the year to coincide with carers' week and Mr Williams felt it was right to signpost people to the CDG-led event rather than coming up with something different.</p> <p>Mr Williams welcomed a further update from at a future meeting to provide an update on the review of the Carers' Strategy and also outcome from the engagement events.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the work of the CDG and the interdependencies between various workstreams. • SUPPORT the promotion of carers, their identification and involvement across the workstreams.
HWP/22/12	<p>Reducing Health Inequalities across LLR (Paper G)</p> <p>A response to the five key priority themes for reducing health inequalities, as stipulated in the 2022/23 Operational Planning Guidance, was provided. The Health and Wellbeing Partnership reflected on the positive progress made.</p>

ITEM	LEAD RESPONSIBLE
	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report for information.
<p>HWP/22/13</p>	<p>Proposals for the role and format of the Leicester, Leicestershire and Rutland Integrated Care Partnership (Paper H) Dr Vivienne Robbins and Dr Kath Packham introduced the report which was the collective output of a senior officers' working group across the local authorities and CCGs. Proposals for the ICP/HWP include the role priorities, enablers and format of the ICP/HWP.</p> <p>A proposal for the format and governance arrangements of the Health and Wellbeing Partnership meetings going forward was presented. The Health and Wellbeing Partnership members were supportive of the proposed approach. This brings together the three Health and Wellbeing Boards with appropriate ICB representation. Detailed terms of reference will be developed.</p> <p>Ms Prema reported on guidance which seemed to request the ICP/HWP to have an integrated health and care strategy in draft by October 2022.</p> <p>Health and Wellbeing Board chairs had been involved in the discussions. Mr Sissling invited members to support the approach however the role and format would be kept under review and evaluated as required. Consideration will be given to future meetings moving to these arrangements. Chairing and administration arrangements of the ICP/HWP are yet to be agreed.</p> <p>The Health and Wellbeing Board membership will require some review from an NHS perspective given the three CCGs will demise.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the proposed approach to the LLR ICP including; • SUPPORTING development of the ICP terms of reference based on the proposed role, principle, enablers and approach. • ENCOURAGING all LLR organisations to refresh and review voting membership on HWB and ICP.
<p>HWP/22/14</p>	<p>Suicide Prevention Report (Paper I) Ms Rachna Vyas was joined for this item by Mark Wheatley and Fiona Grant. The strategy covers years 2020 to 2023 and sets out the main priorities to reduce suicide in high-risk settings, public places and links to self-harm including the impacts of Covid-19.</p> <p>The LLR suicide audit and prevention group meets quarterly with wide ranging cross sector representations, and reports to the Health and Wellbeing Boards. Real time surveillance data is made available by the Police for unexpected death. Suicide rates in the County are lower than the national average and the City is higher. Rutland suicide statistics could not be included and counted due to the low rates however priority groups include military veterans and rurality.</p> <p>Mr Sissling noted the comprehensive overview and the implementation of the plan. This report provided a good example of partner organisations collaborating at system level and working closely together at place and neighbourhood.</p> <p>It was RESOLVED to:</p>

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • NOTE the LLR Suicide Prevention Strategy and Action Plan 2020-23 aligns with the Suicide Prevention Strategy for England. It is overseen by the SAPG. • NOTE existing arrangements: the SAPG reports to local Health and Wellbeing Boards and emerging ICS structures. • NOTE the actions which have contributed to the implementation of the local strategy. • NOTE that NHS Wave 4 funding will help to build on previous work. • NOTE the current rate of death by suicide in LLR. • NOTE the potential impact of work with health care commissioners and providers to implement NICE self-harm guidance in primary and secondary care. 	
HWP/22/15	<p>Any Other Business and Review of the Meeting Mr Sissling reported the ICP/HWP would move to the new arrangements post July 2022.</p>	
	<p>Date and Time of next meeting: The next meeting of the LLR Health and Care Partnership Board will take place on Thursday, 30 June 2022, 11.00am to 1.00pm via MSTeams.</p> <p>The meeting closed at 6.15pm.</p>	

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 August 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	Work in progress.	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	Verbal update to be provided at the meeting.	AMBER

C

	<p>Future developments:</p> <ul style="list-style-type: none">• It is proposed to review the current website and give it a facelift so that it is up to date and engaging.• Use of social media will be reviewed to provide greater opportunities for engagement• Links to ICB/ICP Comms & Engagement Strategy, seeking opportunities for collaboration and ensuring alignment.
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D

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	23 August 2022	Paper:	D
Report title:	Governance of the LLR Health and Wellbeing Partnership		
Presented by:	Sarah Prema, Chief Strategy Officer, LLR ICB		
Report author:	Sarah Prema on behalf of the ICP Working Group		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer, LLR ICB		
To approve <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to: APPROVE the revised membership for the Health and Wellbeing Partnership. APPROVE the Chairing and frequency arrangements as set out in paragraphs 8 to 10.			
Purpose of the report:			
The purpose this report is for the LLR Health and Wellbeing Partnership to approve the membership, Chairing and frequency of the meeting.			
Appendices:			
Report history and prior review and date:			
The arrangements for the Health and Care Partnership were approved at the March 2022 meeting. This paper proposes a change to membership.			

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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
4. Dying well	We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families	<input checked="" type="checkbox"/>

Conflicts of interest		
<input checked="" type="checkbox"/>	No conflict identified.	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	
Implications:		
a)	Does the report provide assurance against a corporate risk(s)? <i>If so, state which risk and also detail if any new risks are identified.</i>	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?	Proposed membership included Healthwatch
e)	Has due regard been given to the Public Sector Equality Duty?	The work of the Health and Wellbeing Partnership will ensure it gives regards to the Equality Duty through it's enabler regarding 'Heath and Equity' in all policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

Governance Arrangements of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Background

1. The Health and Wellbeing Partnership is a joint committee of local authorities, the NHS and wider partners which has been established as part of the legislative changes introduced in July 2022.
2. Its role 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 area.
3. In November 2021 a proposal for the membership of the Health and Wellbeing Partnership was considered. This proposed a membership of around 20 people including Health and Wellbeing Chairs; local authority Directors of Public Health and Adult and Social Care, Executives from the Integrated Care Board, Healthwatch and representatives from the wider partnership. This proposal was considered too narrow in its membership and further work was undertaken.
4. The revised proposals were considered and approved in March 2022 which involved a membership of the three LLR Health and Wellbeing Boards and the Integrated Care Board.
5. In May 2022 following a meeting between the LLR Health and Wellbeing Chairs, Directors of Public Health the LLR Integrated Care Board Chair and Chief Executive it was agreed to establish the Health and Wellbeing Partnership with the following founding membership:
 - Chair of each of the respective LLR Health and Wellbeing Boards
 - Chair of LLR Integrated Care Board
 - LLR Directors of Public Health
 - LLR Integrated Care Board Chief Executive

Although this as agreed as the founding membership a final decision on the membership of the Health and Wellbeing Partnership needs to be made in the context of the priorities of the partnership and this paper sets out a proposal.

6. In June 2022 the LLR Health and Wellbeing Boards and the LLR Integrated Care Board came together to discuss the priorities for the Health and Wellbeing Partnership. In addition, guidance was received in August 2022 on the development of an Integrated Care Strategy which is the responsibility of the Health and Wellbeing Partnership to produce.

7. To support the priorities and the need to develop an Integrated Care Strategy it is timely to reconsider the membership that will be required to deliver the agenda of the Health and Wellbeing Partnership.

Proposed Membership of the LLR Health and Wellbeing Partnership

8. The following membership is proposed to enable the Partnership to deliver on its agenda – it is proposed that the Partnership meet four times a year.

Member
Chair Leicester City Health and Wellbeing Board
Chair Leicestershire County Council Health and Wellbeing Board
Chair Rutland County Council Health and Wellbeing Board
Chair Leicester, Leicestershire and Rutland Integrated Care Board
Director Public Health Leicestershire County and Rutland
Director 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 LLR Integrated Care Board
Chief Executive University Hospitals of Leicester
Chief Executive Leicestershire Partnership Trust
Chief Strategy Officer LLR Integrated Care Board
Chief Operating Officer LLR Integrated Care Board
Leicester and Leicestershire Healthwatch
Rutland Healthwatch

9. The meetings of the Health and Wellbeing Partnership will be held in public. It is proposed to have the ability to hold the partnership meetings either virtually or face to face with may be a mix across the four yearly meetings.
10. In addition to the Health and Wellbeing Partnership meetings it is proposed that two or three times a year a workshop is held that draws in wider membership from both the three LLR Health and Wellbeing Boards and the Integrated Care Board. These workshops will be focused on delivering the priorities of the Partnership similar to the session held at the end of June 2022 to set the priorities. The workshops will be face to face events
11. Setting the membership as described in paragraphs 8 and 9 means that the wider partners, such as police, district councils, universities and the voluntary sector, input will come from participation in the workshop events. Getting this wider perspective is really important and as such the workshops need to be seen as an integral part of the work of the Health and Wellbeing Partnership.
12. An Officer Group from across the local authorities and the Integrated Care Board will continue to support the work of the Health and Wellbeing Partnership.

Chair of the LLR Health and Wellbeing Partnership

13. Given the Health and Wellbeing Partnership a joint committee between the local authorities and the Integrated Care Board it is proposed that the LLR Health and Wellbeing Partnership is jointly chaired by the Chair of the Integrated Care Board and the Chair of the one of the LLR Health and Wellbeing Boards. Each Health and Wellbeing Chair will serve as the co-Chair on a rotating basis, the time period to be agreed.

Frequency

14. The Health and Wellbeing Partnership will meet four times a year based on the following schedule.

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

15. The wider group described in paragraph 7 will meet two or three times a year based on need and will work collectively to determine and deliver the priorities set by the Health and Wellbeing Partnership.

Secretariat

16. Secretariat support to the Health and Wellbeing Partnership will be provided by the LLR Integrated Care Board corporate services team working in conjunction with the relevant local authority teams.

Recommendations

The Health and Wellbeing Partnership is asked to:

APPROVE the revised membership for the Health and Wellbeing Partnership.

APPROVE the Chairing and frequency arrangements as set out in paragraphs 8 to 10.

E

Leicester, Leicestershire and Rutland Integrated Care System

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	23 August 2022	Paper:	E
Report title:	Development of a Memorandum of Understanding to support partnership working in LLR		
Presented by:	Mike Sandys, Director of Public Health, Leics County Council		
Report author:	Andrew Turvey, Acting Consultant Leics County Council		
Executive Sponsor:	Mike Sandys, Director of Public Health, Leics County Council		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> • RECEIVE and NOTE the potential benefits to the partnership and to our population's health of developing a Memorandum of Understanding to strengthen joint working 			
Purpose of the report:			
This report outlines a sample memorandum of understanding (MoU) which may be used to support the ongoing development of collaborative work across the partnership, strengthening existing joint working arrangements, establishing a framework for more robust mutual accountability and breaking down barriers between organisations.			
Appendices:	<ul style="list-style-type: none"> • Appendix 1 : A sample MoU 		
Report history and prior review and date:	Not applicable		

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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
4. Dying well	We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families	<input checked="" type="checkbox"/>

Conflicts of interest		
<input checked="" type="checkbox"/>	No conflict identified.	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	
Implications:		
a) Does the report provide assurance against a corporate risk(s)? <i>If so, state which risk and also detail if any new risks are identified.</i>		When complete, this work should minimise the risk of siloed working and develop opportunities to share resources across LLR
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?		No
e) Has due regard been given to the Public Sector Equality Duty?		Yes- equalities are considered directly in the principles section of the current proposal

Development of a Memorandum of Understanding to Support Partnership Working

Introduction

1. Transforming health and care across organisational boundaries can be challenging on a number of fronts. Where many organisations are involved in achieving a common goal, there is potential for miscommunication, uncertainty, conflicts of interest and divergent aims, particularly as new arrangements mature. Many of these challenges were acknowledged in the context of LLR in a HWB-ICB workshop held in June 2022.
2. Co-producing a memorandum of understanding (MoU) is a way to address some of these issues. It can help to establish common intentions, aims and ways of working, which can support effective communication and shared purpose. It can reduce the risk arising from unexpected circumstances by defining a clear vision and shared ways of working to deliver that vision. It can also provide a guide to inform the development of more specific agreements between partners within the system (for example on information sharing, or programme delivery), and can also be used to give staff across organisations the confidence to collaborate across existing boundaries.
3. Many of the Integrated Care Partnerships which came into being on the 1st July 2022 have chosen to publish Memoranda of Understanding to support their joint working and to realise their shared ambitions to improve the health and wellbeing of their populations.

A sample MoU

4. Appendix 1 provides a very rough, annotated example of the structure and content which could be included in a partnership-wide document to support the work of LLRHWP, building on the discussions held at the HWB-ICB workshop in June 2022.
5. It is proposed that we continue to develop this work alongside the Integrated Care Strategy and governance documents for the Partnership.

Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **RECEIVE and NOTE** the potential benefits to the partnership and to our population's health of developing a Memorandum of Understanding to strengthen joint working

Appendix 1: A sample Memorandum of Understanding for the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

DRAFT for discussion > need to think about how this is co-produced and invested in across the whole system

1. Introduction

Background

This Memorandum of Understanding (MoU) sets out our intention and commitment to work together in partnership to improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland (LLR).

In July 2022, the LLR Integrated Care System (ICS) became a statutory entity incorporating structures for working across the system as a whole, at place (ie Leicester, Leicestershire and Rutland separately) and at neighbourhood (locality level). A separate piece of work is considering the roles, purpose and alignment of these structures (**section to refer back to the ICP roles summary and Governance Proposal by VR and KP, Mar 22, plus Aug 22 amendments to governance arrangements if approved**). The Health and Care Bill includes a duty to collaborate across healthcare, public health, social care and other sectors, shifting away from competition towards integration, co-operation and partnership.

<further background available, but maybe not required in the interests of brevity?>

Purpose

The purpose of this MoU is to formalise ways of working across the LLR Integrated Care System to the benefit of our population. It sets out approaches and shared principles as we expect to evolve as our system matures, and forms the foundation upon which future agreements and governance arrangements can be developed.

This is not a legally binding document, and no legal rights shall arise between the Partners from this MoU. It represents instead a formal understanding and commitment to a way of working between all of the partners who have entered this agreement.

It does not override or replace the legal or regulatory frameworks that apply to our constituent organisations, which will have priority in the event of conflict between those frameworks and this document. Instead, the aim of this document is to complement those frameworks, creating foundations for closer and more formal collaboration.

2. Partners

<this section all will need to be split a bit after engagement process into formal signatory orgs and wider who engage at slightly more arms length- eg DHU? Ideally as many as possible, but as a

minimum, need the foundation members to sign up. Foundation members are effective owners of this document>

Foundation members of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Board (LLR HWP Board)

- Health and Wellbeing Board chairs
- DsPH
- Chair ICB
- Integrated Care Board Chief Executive

Member
Chair Leicester City Health and Wellbeing Board
Chair Leicestershire County Council Health and Wellbeing Board
Chair Rutland County Council Health and Wellbeing Board
Chair Leicester, Leicestershire and Rutland Integrated Care Board
Director Public Health Leicestershire County and Rutland
Director 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
Chair LLR Integrated Care Board
Chief Executive LLR Integrated Care Board
Chief Executive University Hospitals of Leicester
Chief Executive Leicestershire Partnership Trust
Chief Strategy Officer LLR Integrated Care Board
Chief Operating Officer LLR Integrated Care Board
Leicester and Leicestershire Healthwatch
Rutland Healthwatch

3. Working Together

<perhaps include Citizen Insight, Community Engagement, Co-production in this section?>

The functions of the LLR HWP are to:

- Provide an opportunity for members of the ICP who represent places to provide personal authority and professional leadership to **advocate for the people of their place and sector at system level** and to act as a voice for their area/ Joint Health and Wellbeing Strategy in system discussions for example pooling resources, or supporting system-wide solutions such as embedding a proportionate universalism approach.
- Work together to **improve wellbeing, healthy life expectancy, health equity and reduce health inequalities** at system level across LLR and influence the work of the Integrated Care Board in this area. This reflects the commitment to the LLR Health Inequalities Framework by partners across the system.

- **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.
- **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 tackled at system level. For example, issues relating health and care services where this is one main, consistent provider across LLR or in the development of system-wide approaches such as developing our intelligence and insight capacity.

4. Vision

The purpose of the partnership is to deliver a health and care system in LLR that will enable everyone to have healthy, fulfilling lives. This will be achieved through a partnership focus on key topic areas across the life course:

5. Best start in life	We will support our citizens 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.
6. Staying healthy and well	We will help our citizens to live a healthy life, make healthy choices, within safe and strong communities, to maintain a healthy quality of life.
7. Living and supported well	We will support our citizens through their health and care needs to live independently and to actively participate in their care.
8. Dying well	We will ensure our citizens have a personalised, comfortable, and supported end of life with personalised support for their carers and families

5. Principles for working together

<Proposed principles, drawn from a number of other system MoUs across the country. Will need debate and discussion, but is a useful starting point I think>

Patient-centred focus	<ol style="list-style-type: none"> 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 all decision making processes. 4. We will take collective action to release funds for prevention, earlier intervention and for the reduction in health inequalities.
------------------------------	---

	<p>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.</p>
Subsidiarity	<p>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.</p>
Collaboration	<p>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.</p> <p>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.</p> <p>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.</p> <p>10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.</p>
Mutual Accountability & Equality	<p>11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Transparency	<p>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.</p> <p>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.</p>

6. Our Shared Values and Behaviours

Members of the Partnership 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 Partnership and individual organisational Boards and Cabinets

7. Governance

<link to / add from VR/ KP ICS governance document>

8. Decision Making

<add scope of decision making with ref to ICB, Las, HWBs etc. Linked to principles above>

9. Resolving Disagreements

<is this already in a governance doc somewhere? If not, standard resolution processes with ref to principles above>

10. Managing Conflicts of Interest

<ref to other governance docs and processes>

11. Information Sharing

<ref existing agreements, governance docs and processes>

12. Term of agreement, variation and review processes

The memorandum will come into effect on **XXX** 2022 and will be reviewed by March 2023 once the ICS Strategy for 2023/4 has been launched ensuring that it is fit for purpose and that the latest statutory guidance has been considered. Ongoing review of this MoU is the responsibility of the LLR HWP Board (/foundation partner board... terminology?!). If substantial changes are proposed or deemed to be required, a revised version of this document will be developed and reported back to LLR HWP Board.

13. Confidentiality

<link to existing processes re meetings and governance- does ICP currently have a register of interests? Can't find one on the system website...>

14. Signatories

- .
- .
- .

Further development to consider:

Needs widespread partnership engagement in agreeing this process (and the need for this process!) and in finalising document

Potentially develop an organisational maturity matrix, which needs to sit with ICS strategy development

Two areas to demonstrate power of this approach in developing collaboration- they will each need a supplementary write-up linked to MoU:

1. PHM strategy from a system point of view- collaboration on priorities, tools, data whilst meeting organisational/ place/ neighbourhood objectives – link with MP, SMcC
2. Clinical prioritisation/ IFR / HTA process: in spirit of MoU, what do partners offer against statutory and regulatory obligations- this could be a two-sider outlining NHS/ PH roles with reference to this doc for principles.

F

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	23 August 2022	Paper:	F
Report title:	LLR Health and Wellbeing Partnership Priorities and Next Steps		
Presented by:	Sarah Prema, Chief Strategy Officer, LLR ICB		
Report author:	Sarah Prema on behalf of the ICP Working Group		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer, LLR ICB		
To approve <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked 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.			
Purpose of the report:			
The purpose this report is for the LLR Health and Wellbeing Partnership to:			
<ol style="list-style-type: none"> 1. Review the feedback and identified priorities from the recent workshop that was held between the LLR Health and Wellbeing Boards and the LLR Integrated Care Board. 2. To agree the priorities for the Health and Wellbeing Partnership. 3. Consider how the Health and Wellbeing Partnership will work to ensure the priorities are delivered. 			
Appendices:	<ul style="list-style-type: none"> • N/A 		
Report history and prior review and date:	<ul style="list-style-type: none"> • The priorities set out in this paper came from a workshop of the LLR Health and Wellbeing Boards and the LLR Integrated Care Board. • The paper has been developed through an ICP working group consisting of senior leaders across the LLR ICS. 		

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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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.	<input checked="" type="checkbox"/>
4. Dying well	We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families	<input checked="" type="checkbox"/>

Conflicts of interest		
<input checked="" type="checkbox"/>	No conflict identified.	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	

Implications:	
a) Does the report provide assurance against a corporate risk(s)? <i>If so, state which risk and also detail if any new risks are identified.</i>	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?	The workshop included representatives from the local Healthwatch organisations. Co-production is a proposed as a key enabler through all Health and Wellbeing Partnership work.
e) Has due regard been given to the Public Sector Equality Duty?	The work of the Health and Wellbeing Partnership will ensure it gives regards to the Equality Duty through it's 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 Priorities and Next Steps

Background

1. The Health and Wellbeing Partnership is a joint committee of local authorities, the NHS and wider partners which was established as part of the legislative changes introduced in July 2022.
2. Its role 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 area.
3. At a local level LLR has agreed that the Health and Wellbeing Partnership will be a collaborative forum that meets to explore the breadth and depth of complex 'wicked' issues where:
 - The issue can only be tackled at system level and in partnership between a wide range of LLR organisations.
 - A system level discussion will add value to work at place level or elsewhere.

The Health and Wellbeing Partnership will formulate system action for improvement in the areas identified.

Developing priorities for the Health and Wellbeing Partnership

4. In order to develop the priorities for the Health and Wellbeing Partnership a workshop was held on 30th June 2022 between the three Health and Wellbeing Boards in Leicester, Leicestershire and Rutland and the Integrated Care Board.
5. The group discussed a range of possible priorities which are set out in Appendix One of this report. This long list of priorities was then shortlisted to three, these were:
 - The 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 we use our collective public sector resources to support the Cost of Living Crisis, embedding prevention and reduce inequalities in access and outcomes for example embedding MECC+.
6. In addition to the above priorities the Health and Wellbeing Partnership will need to produce its Integrated Care Strategy in initial form by December 2022. As such this will also need to be a priority for the Partnership.

Next Steps

7. The Health and Wellbeing Partnership is asked to approve the three priorities set out in paragraph 5 together with the development of the Integrated Care Strategy
8. The Officer Group supporting the Health and Wellbeing Partnership will then prepare material on one of the topics for a workshop style meeting in September/October 2022. It is proposed that this workshop focuses on the Cost of Living Crisis.
9. In readiness for the workshop each organisation will be asked what they are doing in relation to the Cost of Living Crisis for both our populations and staff. This will provide some background information to participants before the workshop.
10. The agenda for the workshop is proposed to be:
 - a. An overview of the Cost of Living Crisis and its potential impact on our populations and staff – lead by Public Health Teams
 - b. A short overview from each organisation on the steps they are taking – lead by a representative from each organisation
 - c. Breakout session to discuss what else we can do as a system (above existing actions at place and neighbourhood) to support our populations and staff with the Cost of Living Crisis.

Recommendations

The Health and Wellbeing Partnership is asked to:

APPROVE the 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.

G

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	23 August 2022	Paper:	G
Report title:	Development of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership's Integrated Care Strategy		
Presented by:	Sarah Prema, Chief Strategy Officer, LLR ICB		
Report author:	Sarah Prema on behalf of the ICP Working Group		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer, LLR ICB		
To approve <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked 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			
Purpose of the report:			
This report sets out the guidance that has been received to support Integrated Care Partnerships to develop their Integrated Care Strategies and proposes a way forward for the development locally.			
Appendices:	•		
Report history and prior review and date:			

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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
4. Dying well	We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families	<input checked="" type="checkbox"/>

Conflicts of interest		
<input checked="" type="checkbox"/>	No conflict identified.	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	
Implications:		
a)	Does the report provide assurance against a corporate risk(s)? <i>If so, state which risk and also detail if any new risks are identified.</i>	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?	Proposed membership included Healthwatch
e)	Has due regard been given to the Public Sector Equality Duty?	The work of the Health and Wellbeing Partnership will ensure it gives regards to the Equality Duty through it's enabler regarding 'Heath and Equity' in all policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

Development of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership's Integrated Care Strategy

Background

1. As part of the recent legislative changes Integrated Care Partnerships are statutorily required to develop an Integrated Care Strategy. To support this in August 2022 guidance was issued setting out the broad requirements of an Integrated Care Strategy. An initial strategy has to be published by December 2022.
2. This paper summaries the guidance and proposes an approach to the development of the Leicester, Leicestershire and Rutland Integrated Care Strategy.

Summary of guidance

3. **The main requirements:** of the Health and Care Partnership (known locally as the LLR Health and Wellbeing Partnership) in developing its Integrated Care Strategy are to ensure that the strategy sets out how:
 - The assessed needs from the Joint Strategic Needs Assessment are met by the function of the ICB, NHSE or partner local authorities.
 - Health and social care services will be integrated
 - Challenges such as reducing disparities in health care and social care and geographic disparities will be tackled
 - Independence, personalisation and prevention will be maximised
 - Quality and performance will be improved
4. **Purpose of the strategy:** the Integrated Care Strategy is an opportunity for joint working with a wide range of partners to co-develop evidence-based, system wide priorities. The priorities should be aimed at improving the public's health and wellbeing and reducing health inequalities. It should also demonstrate how assessed needs can be met within the Integrated Care System through commissioning and the provision of quality services by its statutory organisations.
5. **Health and Wellbeing Boards and subsidiarity:** The strategy should complement the production of local strategic needs assessments and joint local health and wellbeing strategies produced by the Health and Wellbeing Boards. It should acknowledge where needs are best addressed at an ICS level and complement but not replace/supersede priorities outlined at a local level. Health and Wellbeing Boards are statutorily required to have regard to the ICP Strategy and vice versa.

6. **Evidence of need:** the strategy should address the physical and mental needs of local people of all ages identified in the joint strategic needs assessments, particularly focusing on where system wide intervention would be the most effective.
7. **Involving people and organisations:** Stakeholder engagement and co-production will be essential in the development of the strategy and must involve Healthwatch and people living and working in the area. However, it is acknowledged that the timeline for an initial strategy by December 2022 may mean further work will be required as the final strategy is developed.
8. **Approach and mechanisms:** a set of shared priority outcomes in response to the assessed need should be developed and agreed by all organisations. The Health and Wellbeing Partnership should also consider whether needs could be better met through a section 75 arrangement. In addition, approaches to continuous and sustainable improvement in care quality and outcomes should be a key consideration.
9. **Publication and review:** The Health and Wellbeing Partnership is responsible for publishing the integrated care strategy and making it available and accessible. The strategy will need to be refreshed from time to time to align with new policies and the joint strategic needs assessments. Regular review of the impact of the strategy should take place.
10. **Areas to be considered in the strategy:**

<p>Personalised Care Integration of services to create a more flexible and personalised service for people who draw on health and adult social care services</p>	<p>Health Protection Allocating health protection responsibilities to system partners to deliver improved outcomes to communities</p>	<p>Research and innovation Utilising research and practice-based evidence to effectively assess population needs, explore the most effective ways to address these needs, and support the reduction in health inequalities</p>
<p>Disparities in health and social care Outlining ways to address unwarranted variations in population health, access, outcomes and experiences</p>	<p>Babies, children, young people, their families and healthy ageing Responding to the needs of the whole population of all ages through integration of services</p>	<p>Health related services Encouraging closer integration with non-health or social care that could address the wider determinants of health</p>
<p>Population health and prevention Exploring opportunities to work jointly and use collective resources across partners to support prevention of physical and mental ill-health, and health and wellbeing across the population</p>	<p>Workforce Outlining the next steps to achieving an integrated/one workforce approach across health and adults social care, designed to support improves ways of working and patient focused care</p>	<p>Data and information sharing Developing digital and data infrastructure, building data quality and digital capability to inform decision making, and improving compliance with confidentiality laws and data protection obligations</p>

Approach to develop the LLR Integrated Care Strategy

11. In 2021 all three local Health and Wellbeing Boards refreshed their Health and Wellbeing Strategies setting priorities for the next few years. Additional work has also been done to consider what could be system level priorities and actions from those strategies be.

12. The new strategies and system work could be used as a basis for developing the LLR Integrated Care Strategy, identifying those issues that were common across the whole of LLR and where it has been agreed system level action is required. In addition, the work of the Health and Wellbeing Partnership in relation to developing its priorities will also feed into the development of the Integrated Care Strategy.
13. It is proposed that the strategy should be short and focus on those areas where working collectively across the system will add value to the outcomes for our population.
14. The Health and Wellbeing Partnership will be supported to develop its Integrated Care Strategy by an Officer Group made up of representatives from all local authorities and the Integrated Care Board.
15. A workshop event will be scheduled for September 2022 with the wider Health and Wellbeing partners to discuss the Cost-of-Living Crisis (one of the priorities of the Health and Wellbeing Partnership) and the emerging Integrated Care Strategy.
16. It is then proposed at the October 2022 meeting of the Health and Wellbeing Partnership progress with the development of the Integrated Care Strategy is considered with final sign off being made in December 2022.
17. Individual organisation will need to determine their own internal governance route and this will be built into the timeline for development.
18. It should be noted that the timescales are extremely tight given the initial strategy needs to be published in December. With organisational governance processes this means we probably have September and October to develop the strategy.

Recommendations

The Health and Wellbeing Partnership is asked 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.