

Leicester, Leicestershire and Rutland Integrated Care Partnership

Meeting Title	Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership	Date	Monday, 11 September 2023
Meeting no.	4	Time	1:00pm – 2:30pm
Co-Chairs	David Sissling Chair, NHS LLR Integrated Care Board And Cllr Louise Richardson Chair, Leicestershire Health and Wellbeing Board	Venue / Location	Back Conference Hall, NSPCC National Training Centre, 3 Gilmour Close, Leicester, LE4 1EZ

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
HWP/23/15	Welcome and Introductions	To receive	David Sissling / Cllr Louise Richardson	Verbal	1:00pm
HWP/23/16	Apologies for Absence: <ul style="list-style-type: none"> Angela Hillery (David Williams deputising) Richard Mitchell Jane Moore Dawn Godfrey 	To receive	David Sissling / Cllr Louise Richardson	Verbal	1:00pm
HWP/23/17	Notification of Any Other Business	To receive	David Sissling / Cllr Louise Richardson	Verbal	1:00pm
HWP/23/18	Declarations of Interest	To receive	David Sissling / Cllr Louise Richardson	Verbal	1:05pm
HWP/23/19	To consider written questions received in advance from the Public in relation to items on the agenda	To receive	David Sissling / Cllr Louise Richardson	verbal	1:05pm
HWP/23/20	Minutes of the meeting held on 20 April 2023	To approve	David Sissling / Cllr Louise Richardson	A	1:15pm
HWP/23/21	Matters arising and actions for the meeting held on 20 April 2023	To receive	David Sissling / Cllr Louise Richardson	B	
HWP/23/22	LLR Health Wellbeing Partnership – ensuring positive impact	To receive	David Sissling / Cllr Louise Richardson	C	1.20pm
UPDATES					
HWP/23/23	Highlights from recent meetings of the NHS LLR Integrated Care Board	To receive	Andy Williams	Verbal	1:35pm
HWP/23/24	Updates from the Health and Wellbeing Boards	To receive	Cllr Richardson / Cllr Russell / Cllr Ellison	Verbal	1:45pm
POLICY AND PLANNING					
HWP/23/25	LLR Health and Wellbeing Partnership Integrated Care Strategy	To approve	Sarah Prema	D	2:00pm
HWP/23/26	Work Programme and priorities for the Health and Wellbeing Partnership	To approve	Sarah Prema	E	2:15pm
ANY OTHER BUSINESS					
HWP/23/27	Items of any other business and review of meeting	To receive	David Sissling / Cllr Louise Richardson	Verbal	2:30pm

The next meeting of the LLR Health and Wellbeing Partnership meeting will be held on **Thursday 21 December 2023 at 1:00pm** (venue to be confirmed).

Dates for future meetings: Thursday 18 April 2024 at 1:00pm and Thursday 15 August 2024 at 1:00pm

A

**Minutes of the Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership (i.e. the Integrated Care Partnership) meeting
held in public on Thursday 20 April 2023
1.00pm – 2.40pm, Sparkenhoe Committee Room, County Hall, Glenfield,
Leicester, LE3 8RA**

Present:

Mr David Sissling Cllr Louise Richardson	NHS LLR Integrated Care Board Chair and Co-Chair of the meeting Lead Member for Health (Health and Wellbeing Board Chair), Leicestershire County Council and Co-Chair of the meeting
Ms Sarah Prema Ms Rachna Vyas Dr Katherine Packham	Chief Strategy Officer, NHS LLR ICB Chief Operating Officer, LLR ICB Public Health, Leicester City Council (Deputising for Professor Ivan Browne)
Mr Martin Samuels Mr Jon Wilson Ms Jo Bee	Strategic Director for Social Care and Education, Leicester City Council Director of Adults and Communities, Leicestershire County Council Strategy and Partnerships Manager, University Hospitals of Leicester NHS Trust (Deputising for Richard Mitchell)
Ms Jean Knight	Managing Director / Deputy Chief Executive Officer, Leicestershire Partnership NHS Trust (Deputising for Angela Hillery)
Dr Janet Underwood Ms Harsha Kotecha	Chair, Healthwatch Rutland Chair, Healthwatch Leicester and Leicestershire

In attendance:

Ms Sue Venables Ms Daljit Bains Ms Charlotte Gormley	Head of Engagement and Insights, LLR ICB (for item HWP/23/11) Head of Corporate Governance, NHS LLR ICB Corporate Governance Officer, NHS LLR ICB (note taker)
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No members of the public were in attendance.

ITEM	LEAD RESPONSIBLE
HWP/23/1 Welcome and Introductions Mr David Sissling welcomed members to the meeting of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership.	
HWP/23/2 Apologies for absence Apologies for absence had been received from: <ul style="list-style-type: none"> • Cllr Samantha Harvey, Health, Wellbeing and Adult Care Portfolio (Health and Wellbeing Board Chair), Rutland County Council • Cllr Vi Dempster, Lead Member for Health (Health and Wellbeing Board Chair), Leicester City Council • Andy Williams, Chief Executive, NHS LLR ICB • Mike Sandys, Director of Public Health for Leicestershire County Council and Rutland County Council • Prof Ivan Browne, Director of Public Health, Leicester City Council • John Morley, Strategic Director for Adults and Health, Rutland County Council • Dawn Godfrey, Strategic Director of Children and Families, Rutland County Council • Jane Moore, Director of Children and Family Services, Leicestershire County Council • Richard Mitchell, Chief Executive Officer, University Hospitals of Leicester NHS Trust • Angela Hillery, Chief Executive Officer, Leicestershire Partnership NHS Trust The meeting was noted to be quorate.	

ITEM	LEAD RESPONSIBLE	
HWP/23/3	<p>Notifications of Any Other Business There were no items of additional business.</p>	
HWP/23/4	<p>Declarations of Interest on Agenda Items No specific declarations were noted on agenda items.</p>	
HWP/23/5	<p>To consider written questions received in advance from the Public in relation to items on the agenda There were no questions received in advance of the meeting.</p>	
HWP/23/6	<p>Minutes of the meeting held on 15 December 2022 (Paper A) The minutes of the LLR Health and Wellbeing Partnership meeting held on 15 December 2022 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 Wellbeing Partnership held on 15 December 2022. 	
HWP/23/7	<p>Matters arising and actions for the meeting held on 15 December 2022 (Paper B) Actions had progressed well and appropriately addressed. Actions HWP/22/25a and HWP/22/26 were closed following confirmation that the approved terms of reference had been circulated prior to the meeting, and that progress on the draft LLR Integrated Care Strategy would be reported on later in the meeting.</p> <p>In Councillor Harvey's absence action HWP/22/29 remained open for progress to be reported at a future meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the action log, noting the progress made. 	
HWP/23/8	<p>Update from the Co-Chairs (Verbal) Mr Sissling invited members to share their views on the benefits of arranging a peer review for the LLR ICP, noting that the peer review arrangements for local government are well regarded.</p> <p>Members reflected on the benefits of a peer review and proposed that partners be clear on the purpose of a peer review acknowledging the extensive time commitment involved. In conclusion it was agreed this may require further exploration if considered appropriate in the future.</p> <p>The publication of the Hewitt Review and the recommendations outlined within it were noted, in particular the focus on the prevention agenda.</p> <p>Councillor Richardson's suggestion to consider how the HWP could have better sight of workstreams that impact partnership working was taken on board and would be considered by the executive officers' working group for future meetings.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	

ITEM	LEAD RESPONSIBLE
<p>HWP/23/9</p>	<p>Highlights from recent meetings of the LLR Integrated Care Board (Verbal)</p> <p>An overview of key areas of progress were outlined by Mr Sissling, drawing attention to the improvements in performance across elective and emergency care, primary care, mental health and learning disability services. Services for children and young people remain an area of particular focus for the ICB and one that the LLR HWP expressed to have oversight on recognising the implications across health and care. Members acknowledged the financial challenges across health and care partners in LLR.</p> <p>Members were advised of the development of the Five Year Joint Forward Plan and contributions to the draft made by partner organisations. An update was also provided regarding the impact of recent industrial action across the NHS.</p> <p>Furthermore, Members were advised that with effect from 1 April 2023 the ICB was responsible for the pharmacy, optometry and dental primary care services as delegated by NHS England. Members highlighted some challenges in respect of access to dental primary care services, a theme which will be explored further at a future meeting. Mr Sissling advised that the first joint committee of the five East Midlands ICBs had taken place to support collaborative working in respect of the recent delegated functions. Furthermore, it was highlighted that specialised commissioning functions would be devolved to individual ICBs in April 2024.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update from the LLR Integrated Care Board.
<p>HWP/23/10</p>	<p>Updates from Health and Wellbeing Boards (Verbal)</p> <p>Local authority colleagues provided an update following respective Health and Wellbeing Board meetings.</p> <p><u>Leicestershire County Council</u></p> <p>Councillor Richardson provided an update following the Leicestershire Health and Wellbeing Board reporting in particular that the Board had received and considered the LLR HWP Integrated Care Strategy and 5 Year Joint Forward Plan. Other areas of update included the Healthy Weight Strategy, the LLR Combatting Alcohol and Drugs Partnership, the Better Care Together Fund and Section 75 agreement.</p> <p><u>Leicester City Council</u></p> <p>Dr Packham advised that the Leicester Health and Wellbeing Board had met in January 2023 and March 2023. The meetings focused on approval of the Health and Wellbeing Strategy delivery plan; update on inequality by ethnicity regarding maternal mortality rates; winter response in particular a review of the successes and innovations of partnership working; report on children and young people and the challenges faced; the evolution of place-based partnerships; and the Board also discussed the cost-of-living crisis and received an update on fuel poverty and the work of fuel poverty advisors.</p> <p><u>Rutland County Council</u></p> <p>At the January 2023 meeting of the Rutland Health and Wellbeing Board, a concern was raised regarding the lack in availability of NHS dentists across Rutland. This is necessitating patients to seek private treatment. It was noted that longer waiting times for appointments will also affect children. Ms Prema</p>

ITEM	LEAD RESPONSIBLE
<p>advised that there are national contracting issues and so the situation is not easily resolvable at system-level. It was noted that access to NHS dental services is also an issue in the City and the County.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the updates provided. 	
<p>HWP/23/11 Voluntary, Community and Social Enterprise Alliance briefing (Paper C)</p> <p>Ms Venables introduced the briefing outlining the progress and outputs of the Voluntary, Community and Social Enterprise Alliance in LLR. The Alliance is a formal, strong and mutually beneficial partnership created to address health inequalities, empower communities and embed their voices into the heart of the health and care system. The core focus of the Alliance is on health prevention, population health management, reducing health inequalities, receiving evidence based insights and business intelligence, and enabling high quality communications and involvement of people.</p> <p>An overview of support and delivery of the following five key projects was noted:</p> <ul style="list-style-type: none"> • Engaging women and families through the Maternity Voices Partnership to improve maternity and neonatal services. • Engaging South Asian communities to improve outpatient clinics at University Hospitals of Leicester NHS Trust. • Engaging communities within a 1-mile proximity of A&E Leicester and on main arterial routes into Leicester, involving people in making better decisions about their health, preventing illness and caring for themselves, thus avoiding the A&E department. • Engaging people to actively volunteer to shape and improve services at their local GP practice. • Engaging people to shape the future of community services in Hinckley and Bosworth. <p>Members welcomed the report and recognised the importance of the work of the Alliance in encouraging engagement from across the LLR population and communities. In response to a query, Ms Venables confirmed that work was in progress with children and young people (CYP) and families in respect of prevention and resilience. A CYP Specialist post has also been created and is a joint post between the NHS and Local Authority.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE for assurance the report on the Voluntary Community and Social Enterprise Alliance. 	
<p>HWP/23/12 LLR Health and Wellbeing Partnership Integrated Care Strategy (Paper D)</p> <p>Due to the pre-election period, Members approved a soft launch of the Strategy into the public domain and would commence engagement post- local elections. The Strategy would be considered for approval by the HWP in August 2023 subject to the feedback received through the engagement process.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the LLR Health and Wellbeing Partnership Integrated Care Strategy Update. • APPROVE the planned engagement phase as outlined within this paper. 	<p>Sarah Prema</p>

ITEM		LEAD RESPONSIBLE
HWP/23/13	<p>Future role of the LLR Health and Wellbeing Partnership (Verbal)</p> <p>Members recognised that the work of the Collaboratives is fundamental to the delivery of health and care across all partners and therefore some oversight by the HWP would be welcomed going forward. It was suggested that priorities could be determined on a rolling basis over one to two years. Children and Young People’s services was nominated as the first area of particular interest. Ms Prema advised that strategic conversations are taking place regarding resources for CYP services at system level, however the ICB commissions parts of the services directly, therefore there is a role for both the ICB Board and the HWP to collectively solve issues such as resources for prevention.</p> <p>Members were reminded that the ICB is an NHS organisation and the HWP is a forum bringing together NHS and LA partner organisations from across LLR and it has no delegated accountability or decision making powers other than to approve the Integrated Care Strategy. Officers also expressed caution and advised against creating numerous governance layers for considering partnership programmes, acknowledging a robust governance arrangement already exists at each place-level.</p> <p>Mr Sissling summarised that there is scope to develop the role of the HWP as below:</p> <ul style="list-style-type: none"> • To review and explore whether some collaborative programmes would benefit from oversight at the HWP. • To review opportunities to streamline approval processes where appropriate to do so. • To consider areas of commonality such as anchor institutions and CYP, to be clear on where it is possible to come together without overriding current responsibilities. • The ICB is to look to the HWP for navigation, direction, and prioritisation of system wide areas of concern. <p>Ms Prema advised that a request has been made to establish a strategic executive working group serving both the ICB and HWP and that executive officers would give some consideration to agenda items for future meetings including anchor institutions.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the proposal for further exploration at a future meeting. 	Sarah Prema
HWP/23/14	<p>Any Other Business and Review of the Meeting</p> <p>There were no items of other business.</p>	
	<p>OBDate and Time of next meeting:</p> <p>The next meeting of the LLR Health and Wellbeing Partnership will be held on Thursday 17 August 2023 at 1:00pm, venue to be confirmed.</p> <p>The meeting closed at 14:31pm.</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 September 2023	Status
HWP/22/29	15 December 2022	A discussion on equality, diversity and inclusion	Cllr Sam Harvey	To coordinate the development of an overarching statement on anti-racism.	April 2023	A verbal update is to be provided at the next meeting.	Amber
HWP/23/12	20 April 2023	HWP Integrated Care Strategy	Sarah Prema	The Integrated Care Strategy to be presented at the meeting in August 2023 for approval.	August 2023	The item is on the agenda for the meeting taking place in September 2023. Action complete	Green
HWP/23/13	20 April 2023	Future role of the LLR Health and Wellbeing Partnership	Sarah Prema / Executive Working Group	Executive officers give consideration to agenda items for future meetings including anchor institutions, collaborative programmes that would benefit from oversight at the HWP.	August 2023	Work programme on the agenda for the meeting taking place in September 2023. Request for action to be closed.	Amber

C

Leicester, Leicestershire and Rutland Integrated Care System

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	11 September 2023	Paper:	C
Report title:	LLR Health and Wellbeing Partnership – ensuring positive impact		
Presented by:	David Sissling and Cllr Louise Richardson Co-Chairs, LLR Health and Wellbeing Partnership		
Report author:	David Sissling and Cllr Louise Richardson Co-Chairs, LLR Health and Wellbeing Partnership		
Executive Sponsor:	-		
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:			
<p>The LLR Health and Wellbeing Partnership is asked to:</p> <ul style="list-style-type: none"> • APPROVE that work should proceed to clarify the role, membership and resources of the Officer Group. • APPROVE the proposed revisions to the nature of the formal meetings of the HWP. • APPROVE the proposal regarding reporting arrangements to the HWBs and the ICB Board. 			
Purpose of the report:			
<ol style="list-style-type: none"> 1. The Health and Wellbeing Partnership (HWP) was established on a statutory basis on July 1st, 2022. 2. Initial work involved the clarification and formal confirmation of the Terms of Reference, Membership and Chairing of the HWP. In essence a relatively small formal decision-making group works alongside a wider, supporting forum with membership from the three Health and Wellbeing Boards and the Integrated Care Board. 3. Priorities for collective attention and action were proposed by the wider forum and approved formally by the HWP in July 2022. 4. Work to develop an Integrated Care Strategy proceeded during the latter part of 2022 and into 2023. This Strategy has been supported by each of the Health and Wellbeing Boards and the Integrated Care Board. It has also been approved in principle by the HWP, with final approval later in this meeting. 5. The Strategy sets out a limited number of priorities for action. The HWP is invited, through its consideration of paper E, to adopt these priorities and to consider options for effective implementation. 6. This paper, prepared by the HWP Co-Chairs, recognises the progress which has been made by the HWP since its establishment. It does, however, seek to prompt a discussion regarding the arrangements which should be established to ensure the HWP can operate with necessary focus, purpose and impact. 			

7. We would propose that the role of the Officer Group referenced in paper E is further clarified. This Group could serve to ensure the decisions made by the HWP are effectively taken forward and translated into action. The Group would report back to the HWP, setting out progress and raising any issues which require collective responsive action.	
8. We would also propose that consideration should be given to possible changes to budgetary and financial arrangements to enable alignment with agreed work programmes.	
9. The nature of the formal meetings of the HWP should be revised with brief written (rather than verbal) updates from constituent bodies. This will provide more time for assessment of progress against the identified priorities and for consideration of any other matters which are relevant to the work of the HWP.	
10. The HWP will produce a brief summary report at the conclusion of each meeting which will be taken to each of the Health and Wellbeing Boards and the ICB Board.	
11. The Health and Wellbeing partnership is invited to discuss the above and approve: <ul style="list-style-type: none"> • That work should proceed to clarify the role, membership and resources of the Officer Group. • The proposed revisions to the nature of the formal meetings of the HWP. • The proposal regarding reporting arrangements to the HWBs and the ICB Board. 	
Appendices:	N/A
Report history and prior review and date:	N/A

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>	The report supports partnership working.
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?	Not specifically in relation to this report.
e) Has due regard been given to the Public Sector Equality Duty?	Consideration is given in compiling and implementing the Integrated Care Strategy.

D

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	11 September 2023	Paper:	D
Report title:	LLR Health and Wellbeing Partnership Integrated Care Strategy Update		
Presented by:	Sarah Prema, Chief Strategy Officer		
Report author:	Jo Grizzell, Senior Planning Manager		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer		
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 Leicester, Leicestershire and Rutland Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> APPROVE the LLR Health and Wellbeing Partnership Integrated Care Strategy 			
Purpose and summary of the report:			
The purpose of this report is to seek approval of the LLR Health and Wellbeing Partnership Integrated Care Strategy.			
Appendices:	<ul style="list-style-type: none"> Appendix 1 – Leicester, Leicestershire and Rutland Health and Wellbeing Partnership Integrated Care Strategy 		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	<ul style="list-style-type: none"> LLR Health and Wellbeing Partnership meeting on 15th December 2022 LLR Health and Wellbeing Partnership meeting on 20th April 2022 		

The report is helping to deliver the following strategic objective(s) – please tick all that apply:		
1. Improve outcomes	Improve outcomes in population health and healthcare.	<input checked="" type="checkbox"/>
2. Health inequalities	Tackle inequalities in outcomes, experience and access.	<input checked="" type="checkbox"/>
3. Value for money	Enhance productivity and value for money.	<input checked="" type="checkbox"/>
4. Social and economic development	Help the NHS support broader social and economic development.	<input checked="" type="checkbox"/>
5. NHS Constitution	Deliver NHS Constitutional and legal requirements.	<input checked="" type="checkbox"/>

Conflicts of interest screening		Summary of conflicts <i>(detail to be discussed with the Corporate Governance Team)</i>
<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) 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.
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 'Health 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

Monday 11th September 2023

Introduction

1. Members will recall that 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. However, this was not mandated. <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>
2. A report was presented to the LLR Health and Wellbeing Partnership at its meeting on 20th December 2022 along with an initial draft for engagement of the Strategy. Feedback was provided. However, the Strategy was not approved at that meeting. It was agreed that further work was needed to strengthen areas within the Strategy, and it would be brought back to the next meeting on 20th April 2023.
3. It was also agreed that there would be further engagement with the three Health and Wellbeing Boards.
4. It should be noted that the Strategy takes account of existing Health and Wellbeing Strategies. It is underpinned by the recently published Leicester, Leicestershire and Rutland 5-Year Plan.
5. The draft strategy the strategy has been through a period of development then engagement and is now ready for approval.

Accountability and reporting

6. Accountability and delivery of the health elements within the Strategy sit with the Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Plan.
7. Accountability and delivery of non-health elements will sit with the three local authority Health and Wellbeing Boards via their individual Health and Wellbeing Strategies.
8. It is proposed that an annual progress report is provided to the LLR Health and Wellbeing Partnership.

Recommendations:

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

- **APPROVE** the LLR Health and Wellbeing Partnership Integrated Care Strategy



**Leicester, Leicestershire
and Rutland**

Health and Wellbeing Partnership



Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Our Integrated Care Strategy
2023-2028

**DRAFT VERSION 5.4
FOR APPROVAL**

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Foreword

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

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

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

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

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

<Signature> <Signature>	<Signature>	<Signature>	<Signature>	<Signature>
David Sissling	David Sissling	Councillor Sarah Russell	Councillor Louise Richardson	Councillor Diane Ellis
Chair, Leicester, Leicestershire and Rutland Health and Wellbeing Partnership	Chair, Leicester, Leicestershire and Rutland Integrated Care Board	Chair, Leicester City Health and Wellbeing Board	Chair, Leicestershire County Health and Wellbeing Board and Co-Chair, Leicester, Leicestershire and Rutland Health and Wellbeing Partnership	Chair, Rutland County Council Health and Wellbeing Board

Chapter 1: Introduction

1.1 Who we are

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

1.2 Who has this document been written for?

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

1.3 Purpose of this Strategy

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

Working together, over the next five years, we have agreed to focus on:

Focus 1: Improving health equity

Focus 2: Preventing illness and helping people to stay well

Focus 3: Championing integration

Focus 4: Fulfilling our role as 'Anchor' organisations

In the shorter term (2023-2025) we will also focus on two additional issues:

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

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

Supporting our Places and Districts to deliver their Priorities

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

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

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

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

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

Table 1 Summary of LLR JHWS alignment to ICS Transformational Priorities

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

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

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

1.4 Our Vision, Principles and Priorities

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

Our Vision

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

Our Principles

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

Ensure that everyone has equitable access to health and care services and high quality outcomes

Make decisions that enable great care for our residents

Make the LLR health and care system a great place to work and volunteer

Develop and deliver integrated services in partnership with our residents

Make the LLR health and care system a great place to work and volunteer

Use our combined resources to deliver the very best value for money and to support the local economy and environment

Our Priorities



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.



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

2  **Staying healthy and well** 

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

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

3  **Living and supported well** 

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

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

4  **Dying well** 

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

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

How we will work together

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

Table 2: How Health and Wellbeing Partners will work together

Person-centred focus	1. We will meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health, social care and allied organisations.
	2. Citizens are integral to the design, co production and delivery of services.

	3. We involve people, communities, clinicians and professionals in decision making processes.
	4. We will take collective action to release funds for prevention, earlier intervention and for the reduction in health inequalities.
	5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities are embedded in all that we do.
Subsidiarity	6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. The 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 taxpayer.
Collaboration	8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling inequitable 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.
Sustainability	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. 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.

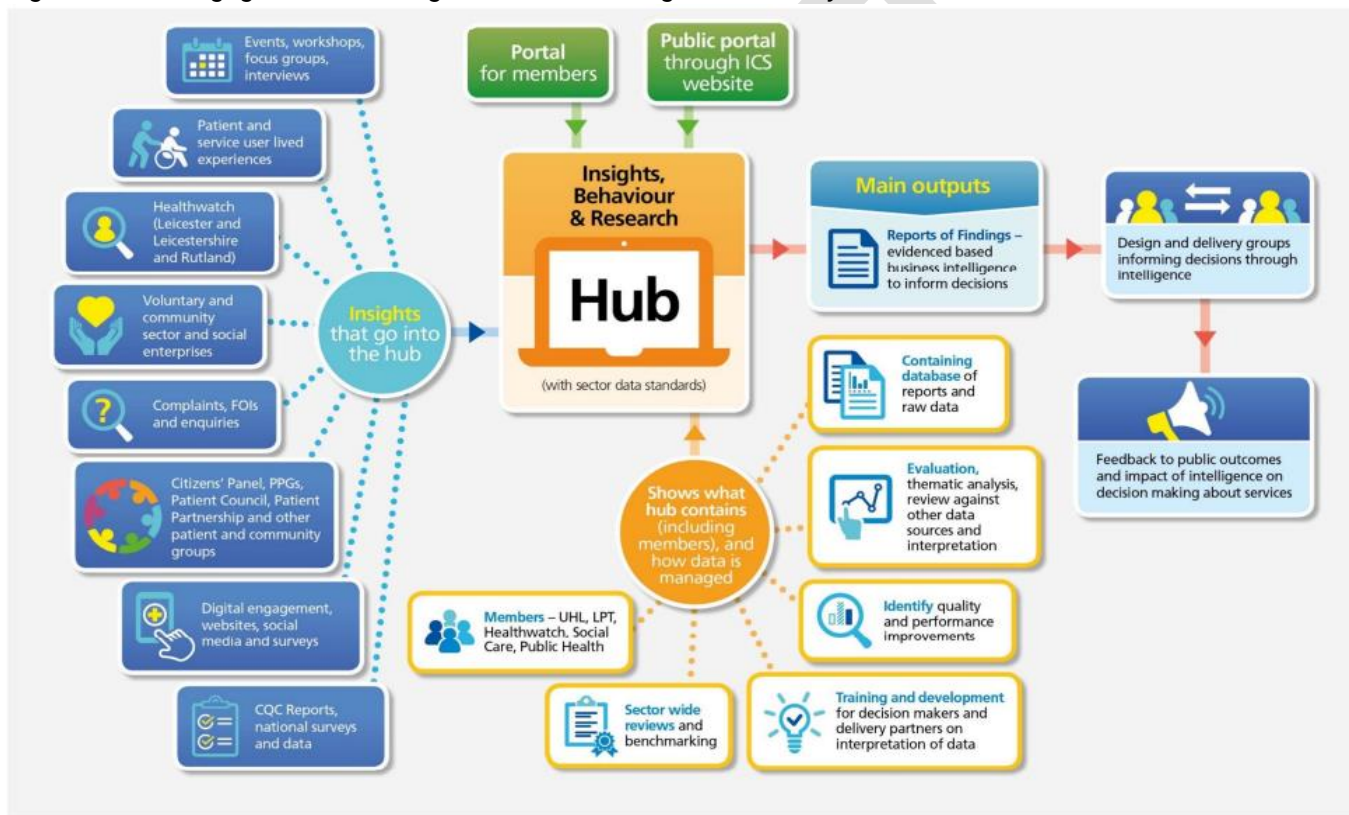
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1.5 How we have used insights and engagement to develop this strategy

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

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

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



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

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

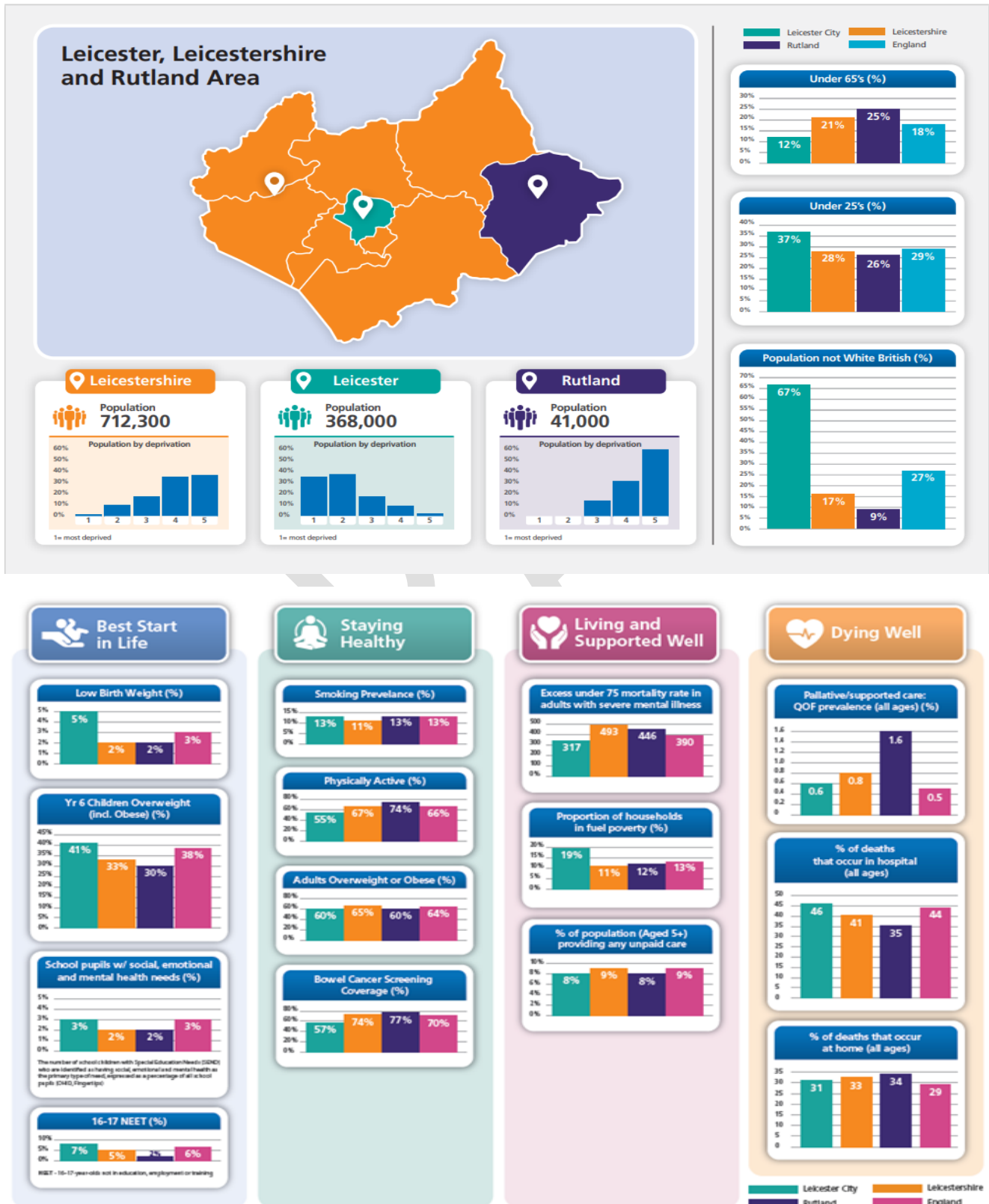
Figure 2: How insights and engagement have influenced this Strategy



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

Chapter 2: Overview of health and wellbeing

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



Chapter 3: Key areas of focus

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

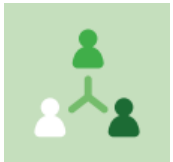
Working together, over the next five years, we will focus on:



Focus 1: Improving health equity



Focus 2: Preventing illness and helping people to stay well



Focus 3: Championing integration



Focus 4: Fulfilling our role as 'Anchor' organisations

In the shorter term (2023-2025) we will also focus on two additional issues:



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



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



Focus 1: Improving Health Equity

What do we mean by health equity?

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



Why focussing on this is important to us

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

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

Actions we will take

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

At LLR level, we will:

Action 1: Apply our [Health Inequalities Framework](#) principles across our three Places

Action 2: Make investment decisions across LLR that reflect the needs of different communities

Action 3: Establish a defined resource to review health inequalities across LLR

Action 4: Ensure people making decisions have expertise of health inequity and how to reduce it

Action 5: Understand the impact of Covid-19 on health inequalities, to allow effective and equitable recovery.

Action 6: Improve data quality and use to enable a better understanding of and reduce health inequity

Action 7: Health equity audits will inform all commissioning or service design decisions

Action 8: Staff will be trained to understand and champion approaches to reducing health inequalities.

Example of JHWS actions include:

Infant mortality in Leicester: Tackling higher than the national average infant mortality by reducing the risk factors by targeting new mothers and families with support and information.

Implementing 'proportionate universalism' in Leicestershire: Interventions will be targeted with

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

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

What does success look like?

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

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



Case Study



Improving health equity – Covid19 vaccine hesitancy in St Matthews



What was the issue?

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

Intervention

In-reach pop up clinic at a local faith centre

Community engagement:

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

Impact

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

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

Applying the learning

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



Focus 2: Preventing illness and helping people to stay well

What do we mean by Prevention?



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

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

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

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

Why focussing on this is important to us

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

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

Actions we will take

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

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

At a LLR level, we will:

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

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

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

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

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

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

What does success look like?

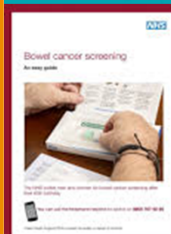
If we are successful in driving effective action, we expect to see the following:

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

Case Study



Preventing illness –
Tackling health
inequalities in cancer
screening



**Bowel cancer
screening (easy-read)**

What was the issue?

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

Intervention

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

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

Impact

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

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

Applying the learning

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



Focus 3: Championing Integration

What do we mean by Integration?

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



Why focussing on this is important to us

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

Actions we will take

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

At a LLR level, we will:

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

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

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

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

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

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

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

What does success look like?

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

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

Case Study



Championing integration – *Early Help* to children and families



What was the issue?

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

Intervention

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

Impact

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

Applying the learning

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



Focus 4: Fulfilling our role as *Anchor* organisations

What do we mean by an ‘Anchor’ organisation?

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit
In England alone, the NHS spends £7.7bn every year on goods and services.



Using buildings and spaces to support communities
The NHS occupies 6,253 sites across England on 6,500 hectares of land.



Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



References available at: www.health.org.uk/sector-anchors
© 2019 The Health Foundation.

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

Why focussing on this is important to us

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

Actions we will take

We will:

Action 1: Widen access to quality careers and work ([see Enabler 2](#))

Action 2: Maximise the use of our buildings and space to support local communities

Action 3: Purchase more locally and for social benefit

Action 4: Work more closely together to learn, spread good ideas and model civic responsibility

Action 5: Each Partner will deliver their organisation's Green Plan commitments

Action 6: Consider how we can balance meeting people's needs, with environmental and economic sustainability.

What does success look like?

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

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



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

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

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



Why focussing on this is important to us

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

Actions we will take

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

We will:

- Action 1:** Establish a task and finish group to co-ordinate action across our partner organisations, sharing learning, co-ordinating communication messaging and focussing on key groups
- Action 2:** Ensure a unified focus on key groups, including those who are 'just about managing'
- Action 3:** Better co-ordinate work with voluntary and faith-based organisations, as well as link workers, local area coordinators and social prescribers, to support key groups
- Action 4:** Actively reach out to regional and national partners, sharing, gathering and implementing best practice and schemes
- Action 5:** Look after our staff, helping them directly, as well as informing and signposting them to support
- Action 6:** Consider medium and longer term interventions that will support cost-of-living resilience amongst key groups

Case Study



Cost of living – *Supporting people in fuel poverty*

Intervention

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



Impact - An individual case:

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

What was the issue?

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

Applying the learning

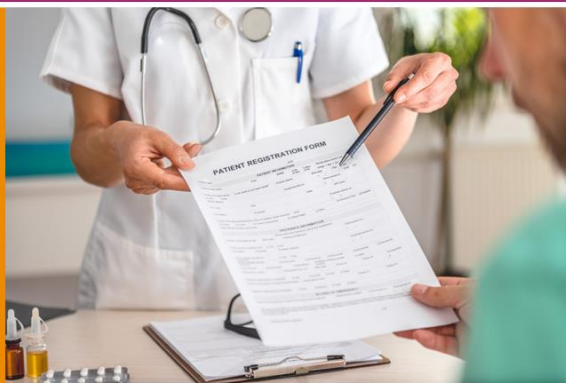
The link between poor heating and health is well established with many people experiencing poor health outcomes as a result of lack of heating. Living in cold damp homes also has a significant impact on mental health and wellbeing, and impacts directly and indirectly on a range of social and wider determinants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

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Case Study



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



What was the issue?

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

Intervention

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

Impact

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

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

Applying the learning

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

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

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Chapter 4: Enabling this Strategy to be delivered

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

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

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

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



Figure 3: How Population Health Management works

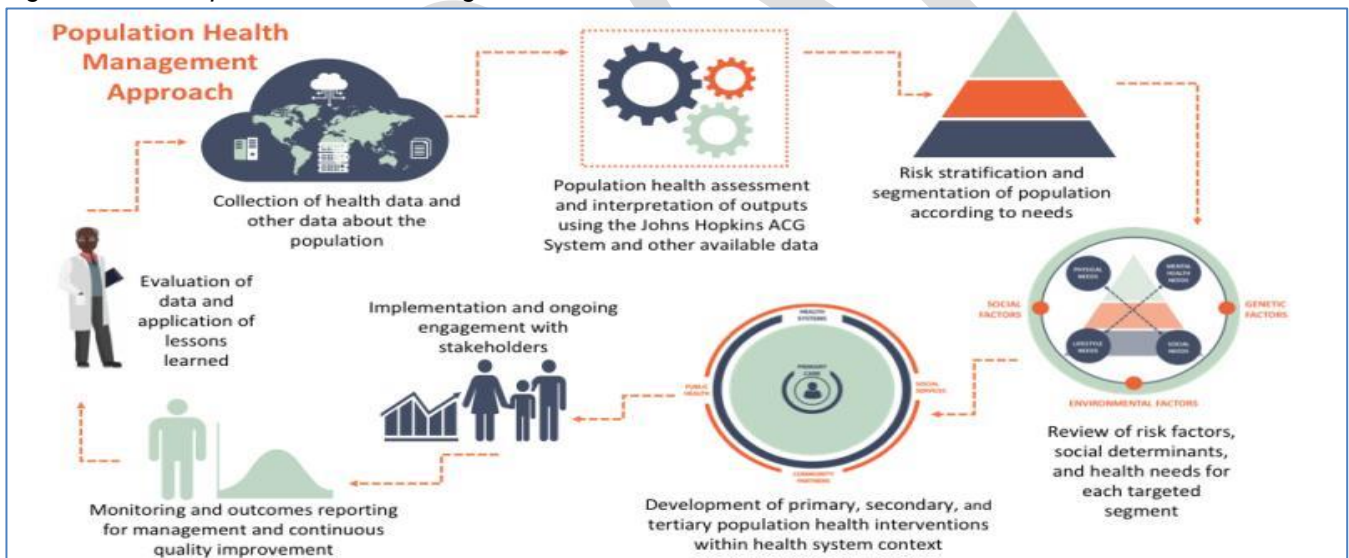
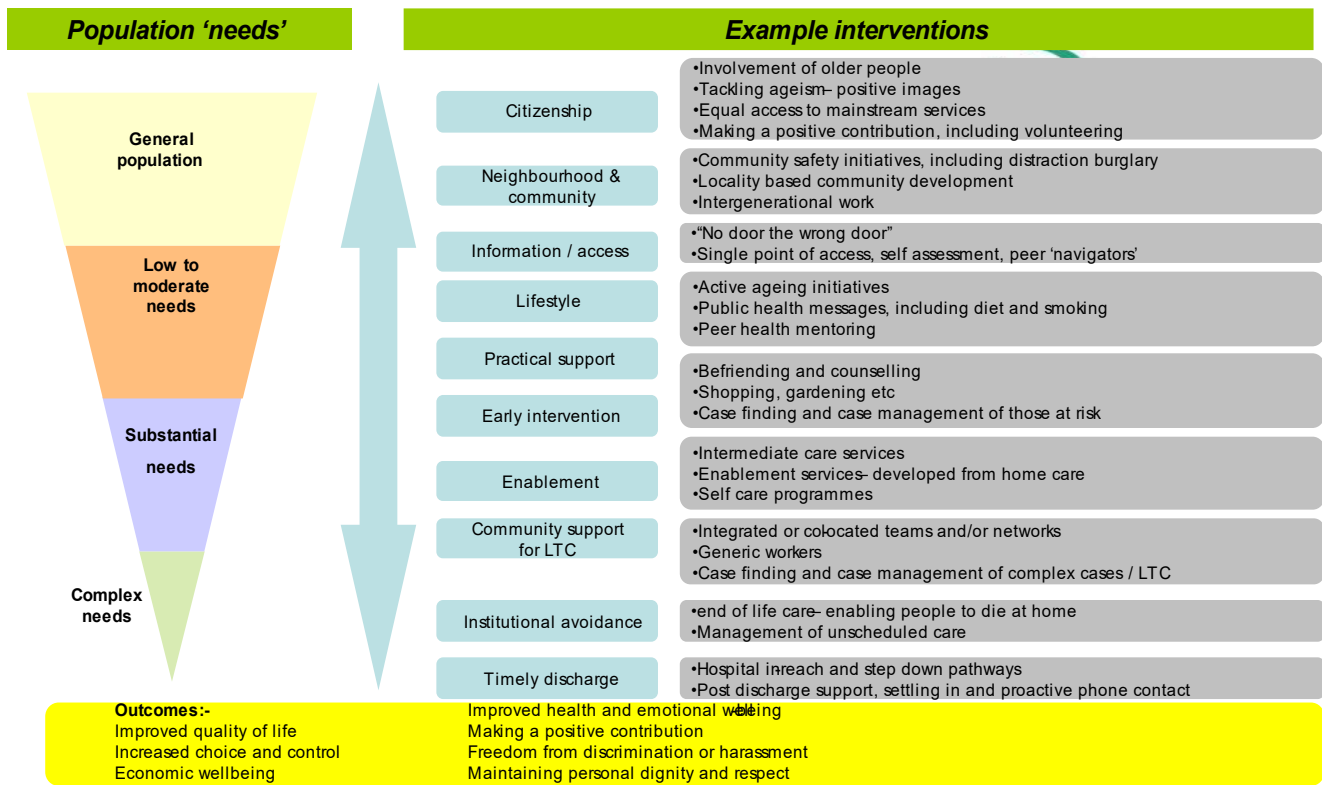


Figure 4, below, demonstrates how a PHM approach can be used to segment a population, understand that population needs and develop interventions to support people at each stage.

Figure 4: Using a PHM approach to deliver bespoke interventions



Case Study

Population Health management – better end-of-life support

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

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

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

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

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



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

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

taught us that we deliver the best care to local people when we work together. We will prioritise the following:

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

This will be achieved through:

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

Case Study



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



What was the issue?

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

Intervention

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

A holistic programme that includes:

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

Impact

The programme is ongoing, however, reported impacts include:

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

Applying the learning

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

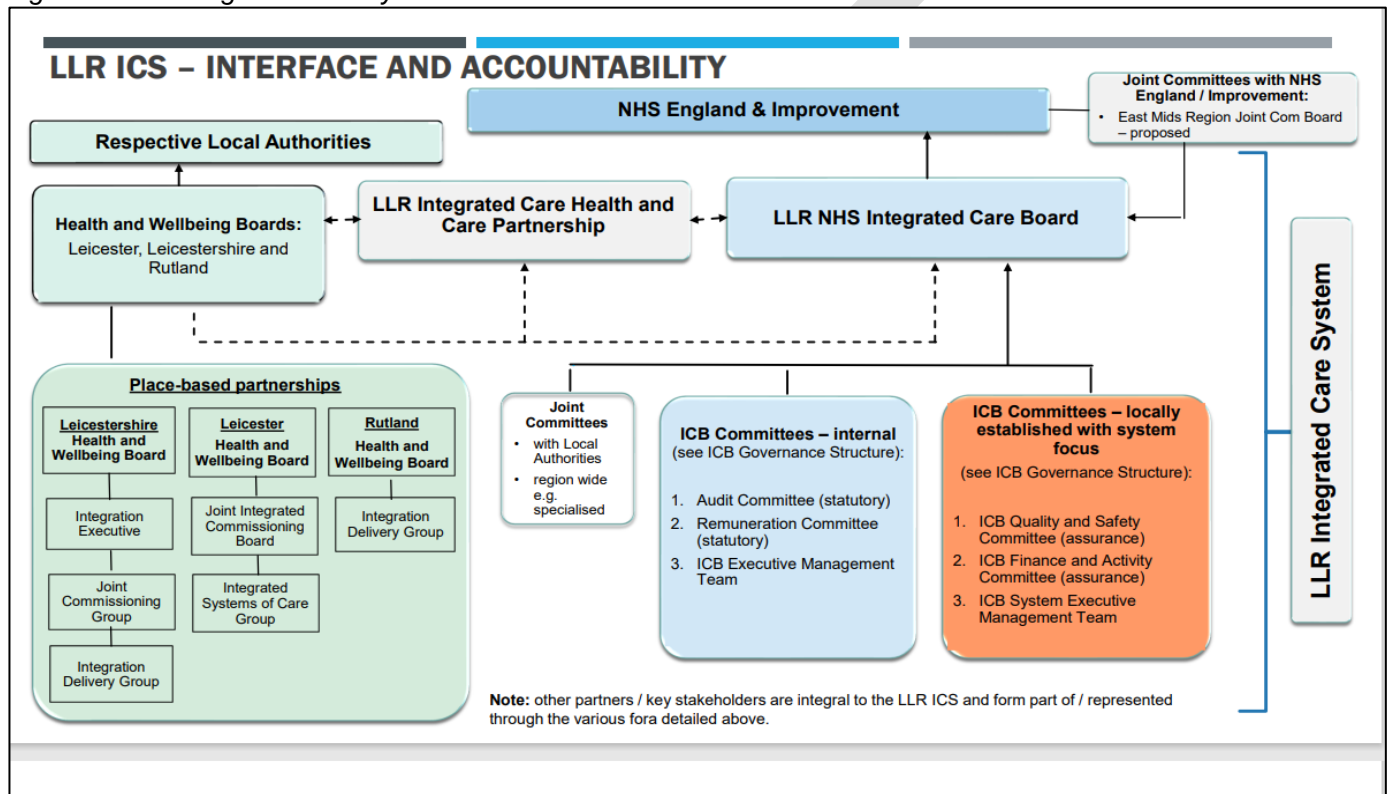
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Enabler 3: Good Governance

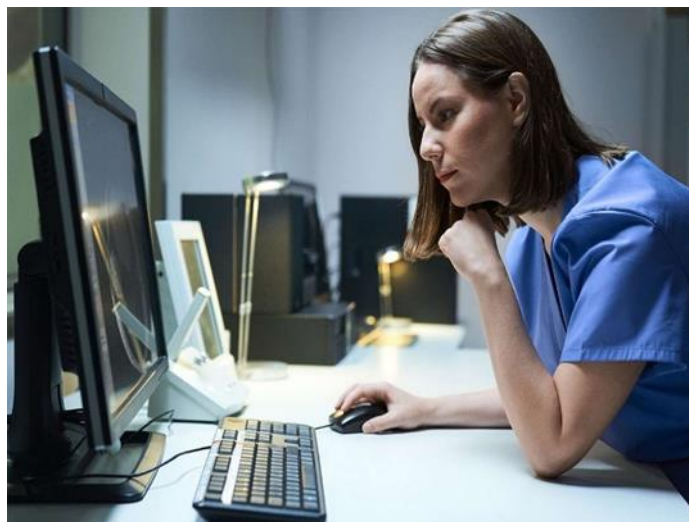
We have put in place governance arrangements that facilitate, support and hold to account our Partnership for the delivery of this Strategy, as illustrated in Figure 5, below.



Figure 5: LLR Integrated care System Governance model



Enabler 4: Digital, data and information sharing



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

Our vision for improving data and information sharing:

Data sharing: Our data sharing across health and care will be vastly improved by the LLR Shared Care record. Initially commencing within primary, secondary, acute and emergency care settings, this will, in 2023, be joined by care homes, hospices and community pharmacies.

This care record programme will deliver a unified

view of a person-centred health and social care record across LLR with the aim to provide health and social care professionals with information to support direct care. We will also explore ways of making sure how information from organisations outside of Leicester, Leicestershire and Rutland works with systems within LLR.

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

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

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

Our citizens: We want to:

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

Enabler 5: Research and innovation

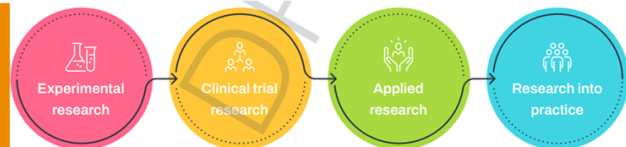
We know that research can change as well as save lives. It is only through research that we can develop better treatments and care as well as improve diagnosis and prevention. Every year thousands of people from all ages and backgrounds volunteer for research studies taking place across LLR. In 2019–2020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

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

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

Research into practice in LLR

Developing new treatments for cancer – Immunotherapy for mesothelioma



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

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

Further information and reading

LLR Health and Wellbeing Partnership:

[Tackling health inequalities](#)
[Integration in action](#)
[Collaboratives](#)
[Health Inequalities Framework](#)

Leicester City Council:

[Joint Health and Wellbeing Strategy](#)
[JSNA](#)
[Benefits and other support](#)
[Smart Leicester](#)

Rutland County Council:

[Joint Health and Wellbeing Strategy](#)
[JSNA](#)
[Communications and Engagement Strategy 2022-27](#)
[Cost of living support](#)
[Digital Rutland Strategy 2019-2022](#)

Leicestershire County Council:

[Joint Health and Wellbeing Strategy](#)
[JSNA](#)
[Engagement standards](#)
[Find help with cost of living](#)
[People Strategy 2020-2024](#)

Leicestershire Partnership NHS Trust:

[Mental health support - Leicestershire Partnership NHS Trust \(leicspart.nhs.uk\)](#)

NHS England:

[Population Health and the Population Health Management Programme](#)

LLR Integrated Care Board:

[ICB People and Communities Strategy 2022/24](#)
[ICB 5 Year Joint Forward Plan](#)
[Looking after our people](#)
[Green Plan](#)
[Primary Care Strategy](#)
[Get in the know about local health services](#)
[Functions and decisions map](#)
[LLR Digital Strategy](#)
[LLR ICS Embedding Research into Practice discussion document](#)

The Health Foundation:

[The NHS as an anchor institution](#)

The King's Fund:

[Anchor Institutions and how they can affect people's health](#)
[What is a population health approach?](#)

Statistics on social determinants of health:

[Index of Multiple Deprivation \(IMD\)](#).

Bank of England:

[Financial Stability Report](#)

NHS 111 Online

[Get help for your symptoms](#)

NHS Services

[Services near you](#)

NHS App

[NHS App and Account](#)

Our health and wellbeing partnership

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

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

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

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

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

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

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

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



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

<https://leicesterleicestershireandrutlandhwp.uk>

E

Leicester, Leicestershire and Rutland Integrated Care System

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	11 September 2023	Paper:	E
Report title:	Work Programme and Priorities for the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Presented by:	Sarah Prema, Chief Strategy Officer, LLR ICB		
Report author:	Sarah Prema, Chief Strategy Officer LLR ICB with senior representatives from the local authorities		
Executive Sponsor:	As above		
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:			
<ul style="list-style-type: none"> • DISCUSS and APPROVE the proposed priorities for the partnership and an associated work programme. 			
Purpose of the report:			
This report sets out relevant matters of strategic context and invites the Partnership to confirm its priorities for collective action and to approve an associated work programme, both in relation to day-to-day business and regular development sessions.			
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?	Yes
e)	Has due regard been given to the Public Sector Equality Duty?	Yes

Work Programme for the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Background

1. The Leicester, Leicestershire and Rutland Health and Wellbeing Partnership was established in July 2022. 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 social and economic development in the area.
2. At a local level LLR agreed that the Health and Wellbeing Partnership will be a collaborative forum that will discuss and agree collective action where:
 - The issue can only be tackled at system level and in partnership between a wide range of LLR organisations.
 - A system level discussion and oversight will add value to work at place level or through collaborative provider arrangements.
3. In July 2022 the Health and Wellbeing Partnership agreed their priorities, pending the development of its strategy, were:
 - The cost-of-living crisis
 - Access to services – to enable equitable public access to the right services
 - Anchor approach – ensuring we use our collective public sector resources to support the Cost-of-Living crisis, reduce inequalities and enhance social and economic development across LLR.
4. Over the past six months the partnership has also developed its strategy which sets out the key areas of focus. This is due to receive final approval at the 11th September 2023 public meeting. The key areas of focus include all the priorities set out in paragraph 3. As such the strategy will serve to define the priorities of the Health and Care Partnership. The priorities set out in the strategy are:
 - ✓ Improving health equity
 - ✓ Preventing illness and helping people to stay well
 - ✓ Championing integration
 - ✓ Fulfilling our role as Anchor organisations and as an Anchor system
 - ✓ Cost of Living Crisis
 - ✓ Making it easier for people to access the services they need.
5. The Partnership is invited to discuss options for effective implementation of action to address the above. This could, for example, involve programmes of work specific to each of the above on a whole population basis or, alternatively, focus action on one particular group e.g., children and young people or those facing mental health challenges.
6. The partnership is supported by an officer group made up of representatives from the partner organisations. Their role it is to support the working of the partnership. This paper has been developed by that group and sets out a proposed work programme for the partnership over the next twelve months. The group will clearly have a strong role in developing and implementing action plans to address the agreed priorities. Appendix One provides a list of officers involved in the group.

7. The partnership currently meets quarterly consisting of both a formal public meeting and a development session.

Future focus of the partnership

8. The partnership’s work programme needs to focus on the delivery of the strategy. Therefore, the following is a proposed structure of work.

Formal Public Meetings – regular items
Updates from each of the Health and Wellbeing Boards
Updates from the Integrated Care Board
Half yearly and yearly updates on the progress with the Health and Care Partnership Strategy – December (half yearly); June (Yearly)
Proposals that come from the development sessions of the partnership
Progress reports on proposals from development sessions of the partnership
Discussion on proposals from partner organisations that have a system impact

Development Sessions – programmed through the year
<p>Explore areas where the system can add value - for example:</p> <ul style="list-style-type: none"> ➤ Health Inequalities – September 2023 ➤ Cross cutting proposals – i.e., those proposals that would be enhanced by having a system view – for example Women’s Health Hubs – September 2023 ➤ Prevention – could explore setting up a Prevention Collaborative that reports into the Health and Care Partnership that looks at cross system actions – December 2023 ➤ Anchor approach – contributing to social and economic factors – December 2023 ➤ Childrens Collaborative – March 2024 ➤ Sharing and working together on innovation – March 2024 <p>Exploration of ad hoc issues which arise where a collaborative system responsive approach would be beneficial.</p>

Recommendations:

The Health and Care Partnership is asked to:

APPROVE the priority areas for collective action and agree the approach, including a work programme, which should be adopted to enable effective action and implementation.

Membership of the Health and Care Partnership Officer Group

Martin Samuels	Strategic Director Social Care and Education
Ivan Brown	Director Public Health, Leicester City Council
Kim Sotsky	Strategic Director Adults and Health
Dawn Godfrey	Strategic Director Childrens and Families
Mike Sandys	Director Public Health Leicestershire County Council and Rutland County Council
Jon Wilson	Director Adults and Community, Leicestershire County Council
Jane Moore	Director Childrens and Family Services, Leicestershire County Council
Sarah Prema	Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board