

Leicester, Leicestershire and Rutland Integrated Care Partnership

Meeting Title	Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership	Date	Wednesday 31 January 2024
Meeting no.	5	Time	9:30am – 11:00am
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/24/10	Welcome and Introductions	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	Verbal	9:30am
HWP/24/11	Apologies for Absence: <ul style="list-style-type: none"> • Cllr Diane Ellison (Rutland County Council) • Dawn Godfrey (Rutland County Council) • Mark Andrews (Rutland County Council) • Janet Underwood (Rutland Healthwatch) • Sarah Prema (LLR ICB) – Ket Chudasama deputising 	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	Verbal	9:30am
HWP/24/12	Notification of Any Other Business	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	Verbal	9:30am
HWP/24/13	Declarations of Interest	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	Verbal	9:35am
HWP/24/14	To consider written questions received in advance from the Public in relation to items on the agenda	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	verbal	9:35am
HWP/24/15	Minutes of the meeting held on 17 January 2024	To approve	David Sissling / Cllr Louise Richardson (Co-Chairs)	A	9:45am
HWP/24/16	Matters arising and actions for the meeting held on 17 January 2024	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	B	
UPDATES					
HWP/24/17	Highlights from recent meetings of the NHS LLR Integrated Care Board	To receive	Caroline Trevithick (Chief Executive, LLRICB)	C	9:50am
HWP/24/18	Updates from the respective Health and Wellbeing Boards: <ul style="list-style-type: none"> • Leicestershire County • Leicester City • Rutland County 	To receive	Cllr Richardson / Cllr Russell / Mike Sandys	D1 D2 Verbal	9:55am
HWP/24/19	Update from the Executive Officer's Group	To receive	Ket Chudasama (Deputy Chief Strategy Officer, LLRICB)	E	10:10am
HWP/24/20	Briefing note: LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28	To receive	Amit Sammi / Kerry Kaur (LLR ICB)	F	10:25am

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
HWP/24/21	Update on Women's Strategy and Health Hubs	To receive	Rachna Vyas (Chief Operating Officer, LLRICB)	G	10:40am
HWP/24/22	Update on the Workwell Programme	To receive	Louise Young (Deputy People Officer, LLRICB)	H	10:50am
GOVERNANCE ARRANGEMENTS					
HWP/24/23	Review of LLR Health and Wellbeing Partnership terms of reference	To approve	Daljit Bains (Head of Corporate Governance, LLRICB)	I	10:55am
ANY OTHER BUSINESS					
HWP/24/24	Items of any other business and review of meeting	To receive	David Sissling / Cllr Louise Richardson (Co-Chairs)	Verbal	11:00am
<p>The next meeting of the LLR Health and Wellbeing Partnership meeting will be held on Thursday 18 April 2024 at <u>2:00pm</u> (venue to be confirmed).</p> <p>Dates for future meetings: Thursday 15 August 2024 at 1:00pm</p>					

A

**Minutes of the Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership (i.e., the Integrated Care Partnership) meeting
held in public on Wednesday 17 January 2024
12.30pm – 1.30pm, MSTeams**

Present:

Mr David Sissling	NHS LLR Integrated Care Board Chair and Co-Chair of the meeting
Cllr Louise Richardson	Chair, Leicestershire Health and Wellbeing Board and Co-Chair of the meeting
Cllr Sarah Russell	Chair, Leicester City Health and Wellbeing Board
Cllr Tim Smith	Cabinet Member for Childrens Services, Rutland County Council (<i>deputising for Cllr Diane Ellison</i>)
Dr Caroline Trevithick	Chief Executive, NHS LLR ICB
Mr Ket Chudasama	Deputy Chief Strategy and Planning Officer, NHS LLR ICB (<i>deputising for Ms Sarah Prema</i>)
Ms Angela Hillery	Chief Executive Officer, Leicestershire Partnership NHS Trust
Mr Mike Sandys	Director of Public Health for Leicestershire County Council and Rutland County Council
Ms Kim Sorsky	Strategic Director for Adults and Health (DASS), Rutland County Council
Mr David Williams	Group Director of Strategy and Partnerships, Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust
Dr Janet Underwood	Chair, Healthwatch Rutland
Ms Harsha Kotecha	Chair, Healthwatch Leicester and Leicestershire

In attendance:

Ms Alice McGee	Chief People Officer, NHS LLR ICB
Ms Louise Young	Deputy Chief Officer, People and Transformation, NHS LLR ICB
Mrs Daljit Bains	Head of Corporate Governance, NHS LLR ICB
Ms Charlotte Gormley	Corporate Governance Officer, NHS LLR ICB (minute taker)

No members of the public were in attendance.

ITEM	LEAD RESPONSIBLE
<p>HWP/24/01</p>	<p>Welcome and Introductions Mr David Sissling welcomed all to the meeting of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership.</p> <p>Mr Sissling and Councillor Richardson would Co-Chair the meeting. Co-Chairing arrangements would rotate on a yearly basis between the Chairs of the respective LLR Health and Wellbeing Boards.</p>
<p>HWP/24/02</p>	<p>Apologies for absence Apologies for absence had been received from:</p> <ul style="list-style-type: none"> • Cllr Diane Ellison, Chair, Rutland Health and Wellbeing Board • Sarah Prema, Chief Strategy Officer, NHS LLR ICB • Rachna Vyas, Chief Operating Officer, NHS LLR ICB • Rob Howard, Director of Public Health, Leicester City Council • Jon Wilson, Director of Adults and Communities, Leicestershire County Council • Jane Moore, Director of Children and Family Services, Leicestershire County Council • Dawn Godfrey, Strategic Director of Children and Families, Rutland County Council

ITEM	LEAD RESPONSIBLE
	<ul style="list-style-type: none"> Richard Mitchell, Chief Executive Officer, University Hospitals of Leicester NHS Trust <p>The meeting was confirmed as quorate.</p>
HWP/24/03	<p>Notifications of Any Other Business There were no items of additional business.</p>
HWP/24/04	<p>Declarations of Interest on Agenda Items No specific declarations were noted on agenda items.</p>
HWP/24/05	<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/24/06	<p>Minutes of the meeting held on 11 September 2023 (Paper A) The minutes of the LLR Health and Wellbeing Partnership meeting held on 11 September 2023 were 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 meeting held on 11 September 2023.
HWP/24/07	<p>Matters arising and actions for the meeting held on 11 September 2023 (Paper B) Progress against the actions was acknowledged. It was noted that all actions were satisfactorily completed or in progress.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> RECEIVE the action log, noting the progress made.
HWP/24/08	<p>WorkWell Vanguard (Pilot) Service – LLR Expression of Interest (Paper C) Ms Young introduced the item, advising that the WorkWell initiative had been developed by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). The initiative aimed to tackle ill-health related economic inactivity and support individuals with a disability or long-term health conditions to start, stay and succeed in work.</p> <p>The LLR Health and Wellbeing Partnership was invited to approve the proposed LLR WorkWell Service model and partner organisations were invited to provide letters of support for submission with the expression of interest by 22 January 2024. It was further recommended that the Partnership support the proposal for a joint Senior Risk Officer (SRO) arrangement between Health and the Local Authority.</p> <p>It was noted that a detailed implementation plan would continue to be developed following submission of the expression of interest. Additionally, a set of principles would be developed to underpin the LLR approach of proportionate universalism. The proposed membership of the WorkWell Leadership Team had been updated to include representatives from primary care and Leicestershire Partnership NHS Trust.</p>

ITEM	LEAD RESPONSIBLE
<p>If successful, the initiative would inform the LLR Integrated Work and Health Strategy, building on existing services without duplication. It was anticipated that the initiative would benefit a minimum of 1000 participants over two years. Referrals would be received through a variety of pathways including the job centre and primary care. During discussion, it was suggested that the Citizens Advice Bureau be included as an additional source of referrals.</p> <p>Ms Young confirmed that Key Performance Indicators (KPIs) and outcomes for the pilot were yet to be agreed. As such, there remained a level of flexibility to shape the implementation plan as needed. For example, the plan could maintain an emphasis on supporting individuals currently out of work in returning to the workforce. The scheme could also be applied to those working limited hours due to ill health, to support a transition into working longer or full-time hours. The expression of interest would not contain detail on how the service would be operationalised or prioritised.</p> <p>Furthermore, members were assured that access to the service would be delivered via a digital hub and coaches within Primary Care Networks (PCNs), increasing access for individuals in rural areas. This reflected the place-based approach. If successful, there would also be an opportunity to work with partners in response to local need, such as the presence of DWP partners in Rutland. It was agreed that the expression of interest would include points on transport, access, and the place-based approach.</p> <p>It was confirmed that LLR had been successful in a bid for £90k to provide financial support to the Leadership Team. The funding would be distributed between organisations from December 2023 to March 2024. Members recognised the time and resources which would continue to be committed to the development of an expression of interest and implementation plan for the WorkWell Service.</p> <p>Members supported the proposal, noting the documents would be finalised prior to the submission deadline of 22 January 2024. It was confirmed that the service model and membership of the WorkWell Leadership Team would be reviewed further.</p> <p>Mr Sissling thanked Ms Young for championing the scheme and highlighted that the initiative was a good example of joint working, co-design, and engagement.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the proposal, noting governance for this initiative is via the Integrated Care Partnership. • SUPPORT the expression of interest, noting the final and full submission will be shared prior to 22 January 2024. • APPROVE the proposed LLR WorkWell Service model, noting a full delivery plan will be developed, on confirmation of successful vanguard status. • SUPPORT the proposal for a joint SRO arrangement between Health and Local Authority, ensuring integrated governance, leadership, and delivery of this partnership programme throughout its funding period. 	

ITEM		LEAD RESPONSIBLE
HWP/24/09	Any Other Business and Review of the Meeting There were no other items of business.	
Date and Time of next meeting: The next meeting of the LLR Health and Wellbeing Partnership would be held on Wednesday 31 January 2024 at 9:30am, NSPCC National Training Centre (Back Conference Hall), 3 Gilmour Close, Leicester, LE4 1EZ. The meeting closed at 1:15pm.		

DRAFT

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 31 January 2024	Status
HWP/22/29	15 December 2022	A discussion on equality, diversity and inclusion	Cllr Sam Harvey Sarah Prema	To coordinate the development of an overarching statement on anti-racism.	April 2023 December 2023 31 January 2024	Verbal update to be provided at the meeting by a member of the Executive Officers' Group.	Amber
HWP/23/22	11 September 2023	LLR HWP – ensuring positive impact	Sarah Prema	The membership and purpose of the Executive Officers' Group would be further developed.	December 2023 31 January 2024	Verbal update to be provided at the meeting by a member of the Executive Officers' Group.	Amber
HWP/23/26	11 September 2023	Work Programme and priorities for the Health and Wellbeing Partnership	Sarah Prema / Executive Officers' Group	Topics for December's development session to cover Anchor Institutions, including their role in promoting LLR as a place to work, and access to mental health services for children and young people.	December 2023 End January 2024	The joint development session in December was stood down and will now be taking place on 31 January. The re-scheduled meeting covers the topics agreed. Action complete	Green
HWP/23/26	11 September 2023	Work Programme and priorities for the Health and Wellbeing Partnership	Sarah Prema / Executive Officers' Group	A long list of topics to be drafted by the Executive Officers' Group to assist and contribute items to the LLR HWP forward planner.	End January 2024	Item on the agenda for the January 2024 meeting for consideration by the LLR HWP.	Amber

C

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	C
Report title:	Update from the NHS LLR Integrated Care Board		
Presented by:	Caroline Trevithick, Chief Executive, LLR ICB		
Report author:	Daljit Bains, Head of Corporate Governance, LLR ICB		
Executive Sponsor:	Caroline Trevithick, Chief Executive, LLR ICB		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> RECEIVE for information the update from the NHS LLR Integrated Care Board. 			
Purpose of the report:			
1. This report provides a summary of the key areas of discussion and outcomes following the recent meetings of the LLR Integrated Care Board held in public.			
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>		Not specifically in relation to this report.
b) Does the report highlight any resource and financial implications?		Not specifically in relation to this report.
c) Does the report quality and safety implications?		Not specifically in relation to this report.
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?		Not specifically in relation to this report.

Update from the NHS LLR Integrated Care Board

Introduction

1. This report aims to provide the LLR Health and Wellbeing Partnership with a summary of the key updates, decisions, and outcomes following the recent meeting of the LLR Integrated Care Board (LLR ICB) held in public in December 2023. The report also covers emerging risks or issues.

Challenges across the LLR system

1. The ICB Board has received regular updates and reports recognising the number of challenges faced across the LLR system, including demand on the urgent and emergency care pathway heading into winter, the impact of industrial action, and the increasing financial challenges across the system.
2. Progress against plans have been reviewed on a regular basis through the System Delivery Partnership group. Key updates reported to the ICB Board included work by the Children and Young People's (CYP) Partnership with a focus on immunisations, oral health, and collective delivery of the winter plan. An obesity pilot had also started to show results, evidencing a reversal of co-morbidities in deprived areas. Additionally, health checks for individuals with Learning Disabilities (LD) were being completed earlier, with a focus on medication reviews to reduce risk.
3. Operational and financial planning for 2024/25 has also commenced and the Board received and continues to receive regular progress reports on emerging risks, mitigations, and actions taken.

Maternity and Neo-Natal Voices Partnership (MNVP)

4. At each meeting of the ICB Board, there is an opportunity to listen to a patient story or to showcase innovative programmes of work or showcase programmes which demonstrate positive collaborations across partner organisations.
5. In December 2023, the ICB Board received an update from the Maternity and Neo-natal Voices Partnership. The recent reports and investigations into maternity services had evidenced the need to listen to and understand the issues that were important to women in order to make positive change. The ICB Board welcomed the presentation, acknowledging the value of the MNVP and its contributions to the maternity improvement programme.

LLR ICB Workforce Race Equality Standard (WRES) and LLR ICB Workforce Disability Standard (WDES) (2022-2023)

6. In December the ICB Board approved the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and associated actions plans in preparation for publication.

ICB Board Assurance Framework 2023/24 review

7. The ICB Board formal reviews the ICB's Board Assurance Framework to review the progress against actions to mitigate strategic risks. Positive assurances had been identified in respect of the strategic relating to Emergency Planning, Resilience and Response (EPRR) and therefore the Board approved for the residual risk score to be reduced.

8. The ICB Board asked the executive management team to consider whether the prevention agenda needs to be reflected in the ICB BAF.

Recommendations

The LLR Health and Wellbeing Partnership is asked to:

- **RECEIVE** for information the update from the LLR Integrated Care Board.

D1

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	D1
Report title:	Leicestershire Health & Wellbeing Board Update		
Presented by:	Cllr Louise Richardson, Chair, Leicestershire Health and Wellbeing Board		
Report author:	Victoria Charlton – Health & Wellbeing Board Manager		
Executive Sponsor:			
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> RECEIVE and NOTE the update report for the Leicestershire Health & Wellbeing Board 			
Purpose and summary of the report:			
<p>The report is intended to provide the LLR Health & Wellbeing Partnership with a summary update on the Leicestershire Health & Wellbeing Board since the last LLR HWP meeting in September 2023.</p> <p>The report will include:</p> <ul style="list-style-type: none"> Points of note from the 31 October 2023 HWB meeting A summary of the HWB Development Session in December themed around the Mental Health priorities within the Joint Health & Wellbeing Strategy Update on the (HWB subgroup) Staying Healthy Partnership priorities Future developments 			
Appendices:	<ul style="list-style-type: none"> N/A 		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	<ul style="list-style-type: none"> 		

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 type="checkbox"/>
5. NHS Constitution	Deliver NHS Constitutional and legal requirements.	<input 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.		N/A
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.		N/A
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.		N/A
d) Does the report demonstrate patient and public involvement? If so, provide which page / paragraph this is outlined in within the report.		
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.		

Leicestershire Health & Wellbeing Board Update Report

31st January 2024

Introduction

1. This report is to provide the LLR Health and Wellbeing Partnership with an update for the Leicestershire Health and Wellbeing Board.

Health & Wellbeing Board Meeting – 31st October 2023

2. The Board approved the proposal to re-establish the JSNA Oversight Reference Group and governance arrangements. This will enable the Board to have greater oversight of each JSNA cycle, ensuring the prioritisation of chapters can be scheduled appropriately to inform the Board's strategic thinking and the commissioning of services across Leicester, Leicestershire and Rutland. This will allow for any new topics that are emerging to be considered and any new approaches to the presentation of data that the Health and Wellbeing Board wishes to explore.
3. The Reference Group will review and discuss the current list of JSNA chapters scheduled within the cycle to 2025 and bring back any suggested changes/additions to the Board for approval.
4. The membership list for the Reference Group is in the process of being finalised with the first meeting planned for early March 2024.

Development Sessions

5. Following feedback from the HWB development session in July, it was agreed development sessions provided a safe space for partners to have open and honest discussions regarding current challenges and 'wicked issues'. A forward plan of development sessions have been scheduled, as detailed below, which will be held in between the formal Board meetings away from the public eye. Each session will be themed on the life course priorities within the Joint Health and Wellbeing Strategy (JHWS):

Development Session	HWB Meeting	JHWS Priority
7 th December 2023	29 th February 2024	Mental Health
21 st March 2024	23 rd May 2024	Dying Well
27 th June 2024	26 th September 2024	Best Start for Life
24 th October 2024	5 th December 2024	Staying Healthy, Safe & Well
30 th January 2025	TBC	Living and Supported Well

6. Focus will be on understanding the challenges and opportunities at both system and neighbourhood level and what that means for Place and the role of the HWB.
7. The sessions are not intended to duplicate or mirror the work already going on within each subgroup but to provide a platform to unpick the wider issues. Relevant HWB members and non-members will be invited to the sessions based on their area of expertise to reduce the risk of development session fatigue and ensure the right people are around the table.
8. To provide a neutral perspective an external facilitator will support and facilitate the first round of development sessions and any pre-planning meetings. It is anticipated that any future development sessions will be led by the subject lead for that life course.

9. The first session was held on the 7th December 2023 and themed on Mental Health as a cross cutting within the JHWS. Attendance and contributions from partners was positive with good and representation across System, Place and Neighbourhood.
10. The development session provided a safe environment for partners to raise the challenges and sensitive issues currently faced and included a valuable exercise to map the mental health governance across each sector (LA/Health/Districts/VCSE), highlighting potential gaps and opportunities to collaborate and reduce the risk of duplication. Greater links with the VCSE was identified as well as the need to review the Joint Commissioning Group, which sits within the Integration Executive (IE), a subgroup of the HWB.
11. More work to identify overlapping priorities and to understand some of the challenges highlighted will be explored further, including the recommendations for the HWB, put forward by partners.
12. A report to update the Board on progress with be presented at the February Board.
13. The next development session themed on the JHWS Dying Well/End of Life priorities is scheduled for the 21st March 2024. A planning session with key partners will be held early February to shape the content for the agenda and it is hoped the draft LLR EoL Strategy will be presented at the February HWB to feed into the main development session discussions.

Health and Wellbeing Board Subgroups

14. The Staying Healthy Partnership (SHP), one of the subgroups to the HWB, have agreed to focus on three of the cohorts highlighted within the recommendations of the Health Inequalities JSNA: Women's Health, Learning Disabilities (specifically Annual Health Checks) and Homeless (specifically those living in temporary accommodation).
15. Presentations on each area was given by key colleagues across the wider system to help inform discussions.
16. The aim of the SHP will be to focus on each cohort from a preventative/early intervention perspective and look at how by working better together, as a collective and within each organisation, outcomes can be improved.
17. Actions have been agreed following the last session on 11th January 2024 and it is intended to provide an update on progress to the HWB later in the year.

Future Developments -

18. Content for a HWB website and HWB Newsletter is currently being developed with plans for them to go live early spring/summer.

Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **RECEIVE** the contents of the report.
- **NOTE** the contents of the report.

D2

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	D2
Report title:	Health and Wellbeing Board Update September 2023 – January 2024		
Presented by:	Cllr Sarah Russell, Chair Health and Wellbeing Board, Leicester City Council		
Report author:	Dr Katherine Packham – Consultant in Public Health, Leicester City Council Diana Humphries – Programme Manager, Health and Wellbeing Board, Leicester City Council		
Executive Sponsor:	NA		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> RECEIVE for information. 			
Purpose and summary of the report:			
<p>This report outlines the content of Leicester’s Health and Wellbeing Board meetings since the last LLR HWP meeting. This is with the purpose of providing an update of what has been discussed and any outcomes around this. Table 1 provides an overview of all of the items brought to the meeting. The general themes of the last 3 meetings have been:</p> <ul style="list-style-type: none"> - Business meeting: items around the Health Care and Wellbeing strategy’s delivery plan, CURE programme evaluation (tobacco dependency treatment service within acute, mental health and maternity hospital settings), and support for people experiencing homelessness with complex needs. - Winter pressures meeting: items from a health perspective e.g., vaccinations and primary care capacity; as well as items around social care pressures and public health initiatives. - Business meeting: a range of items around community work e.g., Leicester Mammals, Wellbeing Champions Network and Healthwatch annual report. Furthermore, a presentation around Active Leicester Strategy and BCF Q2 update. 			
Appendices:	Appendix 1: Link to the agenda and minutes for Leicester Health and Wellbeing Board: Browse meetings - Health and Wellbeing Board (leicester.gov.uk) https://cabinet.leicester.gov.uk/ieListMeetings.aspx?Clid=728&Year=0?health%20and%20wellbeing%20meetings		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	Verbal updates for board activity provided previously. This is the first written report submitted.		

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 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 type="checkbox"/>
4. Social and economic development	Help the NHS support broader social and economic development.	<input type="checkbox"/>
5. NHS Constitution	Deliver NHS Constitutional and legal requirements.	<input 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? <i>If so, state which risk and also detail if any new risks are identified.</i>	N.A
b) Does the report highlight any resource and financial implications? <i>If so, provide which page / paragraph this can be found within the report.</i>	N.A
c) Does the report highlight quality and patient safety implications? <i>If so, provide which page / paragraph this is outlined in within the report.</i>	N.A
d) Does the report demonstrate patient and public involvement? <i>If so, provide which page / paragraph this is outlined in within the report.</i>	N.A
e) Has due regard been given to the Public Sector Equality Duty? <i>If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report.</i>	N.A

Health and Wellbeing Board Update

Introduction

1. Health and Wellbeing Board, represents and addresses health and wellbeing needs in Leicester by bringing together key partners from across the health and social care system to meet, in public, to discuss the issues which face Leicester’s residents, and to identify and agree ways to address them collaboratively. Meeting agendas, minutes and webcasts of individual meetings are publicly available on the Leicester City Council website.
2. Table 1 features the overview of items brought to Leicester Health and Wellbeing Board since the 21st of September 2023.

Table 1

Meeting	Item	Description
21 September	Joint Health, Care and Wellbeing Delivery Plan progress update – February – July 2023	This update reflected progress highlights, next steps, and key risks against the six ‘do’ priorities outlined in the strategy which were selected, through a public consultation, for initial focus, and for which a full action plan has been developed to run from 2023-2025.
21 September	Acute CURE Tobacco Dependency Evaluation	Update on the delivery and progress of the Acute CURE Tobacco Dependency Service delivered across the University Hospitals of Leicester as part of the NHS Long Term Plan Prevention agenda for Tobacco Dependency. This programme requires joint efforts across the system to effectively address high smoking rates in Leicester.
21 September	Meeting the needs of Complex People	An update on positive progress since the original presentation in January 2023 to the Board that set out the significant health and service challenges of meeting the complex needs of people experiencing homelessness.
23 November	Winter Planning Update	Summarise planning to manage Winter pressures across LLR in 2023/ 2024 and provide an update on the COVID-19 and flu vaccination programme for the eligible population residents within Leicester, Leicestershire and Rutland.
23 November	Primary Care Capacity Planning over winter period	Overview of the NHSE Primary Care Recovery Plan (PCARP) and the commitments to patients therein, and provide assurance to Board that, through the development and implementation of LLR ICB’s “System-level Access Improvement Plan”, (SLAIP),
23 November	Vaccinations & Immunisations	An overview of the performance of the 2023/34 Covid-19 and flu vaccination programme covering the City of Leicester. An update on the new approach to shingles vaccination Measles NHSE as commissioners and transition to systems by 2025/26.
23 November	Winter Planning – Adult Social Care	Summary of the actions in place locally to support a resilient social care system that is able to provide people and their carers with the support they will get this Winter.
23 November	Public Health Initiatives and Winter Plans	Programmes and initiatives outlined to address critical winter issues. This ranged from health impacts of cold weather to food poverty etc.

Meeting	Item	Description
18 January	Leicester Mammias HWB Update	Overview of the Leicester Mammias Service: Leicester Mammias is a city based First 1001 Critical Days organisation, that provides breastfeeding support to families across the city, with a focus on those experiencing any vulnerabilities or living in areas of social deprivation.
18 January	Community Wellbeing Champions Project	Introduction of the work by Community Wellbeing Champions (CWC) Project, which was set up by Public Health in light of Covid-19 to support community engagement efforts in relation to the pandemic and wider health and wellbeing needs.
18 January	Healthwatch LLR: Together: We are making care better report	An introduction into Healthwatch and an update of the work undertaken recently and plans for the upcoming year. Some exploration of where HWB can support and where engagement may be valuable in terms of the HWB strategy.
18 January	Active Leicester Strategy – Turning the Tide on Inactivity	A presentation on the Active Leicester Strategy, which was published in summer 2023. In response to the strategy action plan, the report will also shine a light on Active Leicester's response to the strategy, with a pilot approach that is being adopted at Aylestone Leisure centre.
18 January	Better Care Fund Q2 Update	Overview of BCF, its background and how it is currently managed. Position of BCF at Q2 is highlighted with some examples of achievements, challenges and case studies given.
18 January	AOB item St Johns Ambulance	Overview of St Johns ambulance which provides First Aid service for the Evening and Night Time Economy. Match funded by BID Leicester and OPCC / Community Safety Partnership.

Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **NOTE** the content of the report which outlines Leicester Health and Wellbeing Board activity since September 2023.

E

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	E
Report title:	Update from the Executive Officer's Group		
Presented by:	Ket Chudasama, Deputy Chief Strategy and Planning Officer, LLR ICB		
Report author:	Ket Chudasama, Deputy Chief Strategy and Planning Officer, LLR ICB		
Executive Sponsor:	Sarah Prema, Chief Strategy Officer, LLR ICB		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> RECEIVE an update on the discussion from the Executive Officers Group 			
Purpose and summary of the report:			
<ol style="list-style-type: none"> The purpose of this report is to provide an update on the work priority areas for joint action to be progressed by partners on behalf of the Health and Wellbeing Partnership (HWP). The report outlines the key aspects of the discussion and summarises the emerging principles. The Executive Officers Group will consider feedback from the Development Session and propose priority areas for joint action to the next HWP meeting. 			
Appendices:	<ul style="list-style-type: none"> N/A 		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	<ul style="list-style-type: none"> Executive Officer's Group – 24 January 2024 		

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.	Once priority actions areas are selected a review of their impact upon the BAF will be undertaken
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.	Once priority actions areas are selected a review of the resource required to undertake the work and the associated financial impact will be produced
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.	N/A. Once priority actions areas are selected a review of their impact upon quality and patient safety will be undertaken
d) Does the report demonstrate patient and public involvement? If so, provide which page / paragraph this is outlined in within the report.	N/A Once priority actions areas are selected a review of their impact upon patient and public involvement will be undertaken
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.	N/A Once priority actions areas are selected a review of their impact upon the Public Sector Equality Duty will be undertaken

Update from the Executive Officer's Group

31 January 2024

Introduction

1. The purpose of this report is to provide an update on the work priority areas for joint action to be progressed by partners on behalf of the LLR Health and Wellbeing Partnership (HWP).

Background

2. At its last meeting, the HWP discussed how it could 'add value' through the collective consideration of system and place-based collaborative work. By identifying a limited number of priorities, best practice could be scaled up or options for addressing 'wicked' issues can be developed with partners.
3. The Executive Officers of the NHS, Local Authorities and Public Health met with the Chair and Co-Chair of the HWP to discuss how this could practically be taken forward.

Key headlines from the Executive Officer's Group meeting on 24 January 2024

4. The key discussion points from the meeting were:
 - a. The next HWP Development Session on 31 January 2024 will be focussing upon Children and Young People and Anchor Institutions. It was felt that this discussion was timely, as it will provide useful insight to the scope and format of future topics and identification of priority areas.
 - b. There were several suggestions as to whether priority areas should be focussed upon:
 - i. a particular programme area eg children's services;
 - ii. a cross-cutting theme from the Integrated Care Strategy eg digital / information sharing;
 - iii. a service gap for a particular population cohort that is created as services are accessed across partners;
 - iv. a strategic ambition that has a much broader societal and environmental impact eg improving air quality;
 - v. Increased visibility and awareness of the work of Partnerships and Collaboratives as they develop an increasing role across the system;
 - vi. Where the scale of financial opportunities are greater.
 - c. Priorities should not duplicate work that is already being undertaken and reported across existing governance arrangements. Examples of this include where action is taken at a place-level and reported into Health and Wellbeing Boards.
 - d. Financial and staff resources are significantly limited and where possible to be sourced from existing resources across partner organisations.
 - e. Focus should be upon a small number of priority areas where positive impact can be made working collectively to help drive integration.

- f. The group summarised a number of emerging principles from the discussion to identify priority areas, where:
 - i. work is not already being undertaken;
 - ii. practical and impactful actions are prioritised and 'added value' can be evidenced;
 - iii. the people who would benefit from joint partnership working can range from a large or smaller cohorts of the population;
 - iv. governance and reporting of progress is not onerous;
 - v. Select two or three areas maximum, to enable dedicated focus upon delivery of actions.
5. The Executive Officers' Group will consider feedback from the Development Session and propose priority areas for joint action to the next HWP meeting.

Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **RECEIVE** an update on the discussion from the Executive Officers' Group

F

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	F
Report title:	Briefing note: LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28		
Presented by:	Kerry Kaur, Head of Integration and Transformation, LLR ICB Amit Sammi, Head of Strategy and Planning, LLR ICB		
Report author:	Kerry Kaur, Head of Integration and Transformation, LLR ICB Dr Ricky Inamdar, LLR ICB Clinical Lead for Community Care Amit Sammi, Head of Strategy and Planning, LLR ICB		
Executive Sponsor:	Rachna Vyas, Deputy Chief Executive & Chief Operating Officer, LLR ICB		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The Leicester, Leicestershire and Rutland Health and Wellbeing Partnership is asked to: <ul style="list-style-type: none"> • RECIEIVE and NOTE the update on the development and next steps of the LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28 			
Purpose and summary of the report:			
The purpose of this report is to inform the LLR Health and Wellbeing Partnership of the development and next steps of the LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28.			
Appendices:	<ul style="list-style-type: none"> • Appendix 1 – Taskforce Membership 		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	Report endorsed by LLR Palliative and End of Life Care Task Force Leadership and Community Care Partnership		

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.		Not in the context of this report

LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28

Introduction

1. The reforms within the Health and Care Act 2022 conferred new legal responsibilities on Integrated Care Boards (ICBs) to commission high quality, safe palliative care services. The duty ensures that the palliative and end of life care needs of people of all ages, with progressive illness or those nearing the end of their lives, and their loved ones and carers, receive the care and support they need to live and to die well.
2. NHS England issued Palliative and end of life care: Statutory guidance for integrated care boards (ICBs) in order to support ICBs with their duty to commission palliative care services within integrated care systems (ICSs).
3. NHS England expect all ICBs to produce and publish a Palliative and End of Life Care Strategy that sets out key priorities and actions that will guide and underpin delivery of these responsibilities. The LLR Integrated Care System has already identified dying well and end of life care as a key priority area.
4. The LLR Health and Wellbeing Partnership and the LLR ICB have both adopted the life course approach, from 'Best start in life' to 'Dying well' with a commitment to ensure patients have a personalised, comfortable, and supported end of life with personalised support for carers and families.
5. Our three upper-tier local authorities (also known as our Places) have also worked with partners to develop their respective Joint Health and Wellbeing Strategies (Leicester City Council JHWS; Rutland County Council JHWS; Leicestershire County Council JHWS) that focus on the specific challenges in each of their areas. All three strategies include a specific mention to the importance of dying well. Furthermore, all three places have recently updated their respective Joint Strategic Needs Assessments (JSNAs) in relation to end of life care.
6. The Ambitions for Palliative and End of Life Care: A national framework for local action was developed by a partnership of national organisations across the statutory and voluntary sectors. It sets out a nationally agreed vision to improve end of life care through partnership and collaborative action between organisations at local level. The framework is built upon six ambition areas each with a statement to describe the ambition in practice as detailed in figure 1 below. The ambitions and framework are recognised as the agreed national standard to ensure that everyone has the best possible experience of dying, death and bereavement. ICBs are statutorily required to undertake the self-assessment in order to identify progress and gaps against the six ambitions commitments.

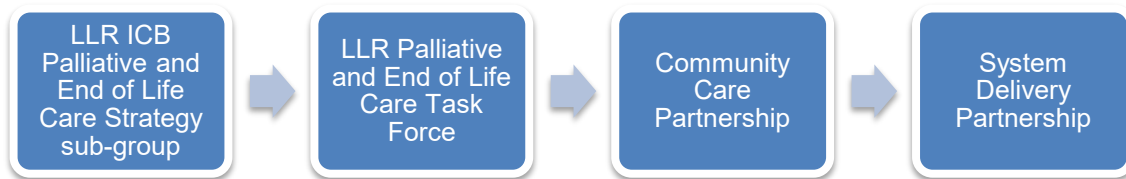


Figure 1- Ambitions for palliative and end of life care

7. The framework is a self-assessment toolkit that encourages local systems to undertake a deep dive reflective exercise to collectively determine their current level of delivery of services against ambitions. It identifies areas of good practice and strengths and equally areas where greater focus and resources are needed to fully realise and deliver the ambition. The six ambitions also offer a purposeful structure on which a strategy can be developed.
8. A systemwide LLR Palliative and End of Life Care Task Force (reporting into the Community Care Partnership) was established post-pandemic to define, plan and deliver a longer-term end of life care pathway across the health and care system. The taskforce brings together system partners to collectively raise, discuss, troubleshoot issues and challenges, and realise opportunities impacting end of life care in LLR. The taskforce led on the self-assessment review and has a central role in delivering the strategy.

Progress to date

9. A sub-group of the taskforce was established to lead the development of the LLR ICB Palliative and End of Life Care Strategy.



10. The sub-group led the comprehensive review and analysis of three key inputs in order to determine the 10 strategic priorities that currently form the basis of the draft strategy:

Key inputs to determine strategic priorities:

- Findings and recommendations from JSNAs for end-of-life care
- Outputs of ambitions for palliative and end of life care self-assessment framework
- Existing insights and feedback from patients/public alongside direct input from frontline clinicians involved in palliative care.

11. The ten strategic priorities are detailed below in figure 2 along with an analysis of which of the six national ambitions they intersect with. The priorities have been endorsed by the LLR Palliative and End of Life Care Task Force.







LLR PEOC Priorities	Ambition 1 	Ambition 2 	Ambition 3 	Ambition 4 	Ambition 5 	Ambition 6 
1) Improve health equity in PEOC service planning, provision and outcomes		✓	✓			
2) Map currently available PEOC services across settings to identify gaps	✓	✓	✓	✓		
3) Improve service provision where gaps identified, including for: <ul style="list-style-type: none"> • Bereavement support • Anticipatory prescribing • Social care offer 	✓	✓	✓	✓		
4) Improve systems for early identification of people at EoL	✓		✓	✓		
5) Improve advanced care planning	✓		✓	✓		
6) Improve record sharing and inter-operability of data systems across settings				✓		
7) Improve care transition between settings	✓	✓	✓	✓	✓	✓
8) Improve information, communication and engagement: <ul style="list-style-type: none"> • support available; • self-management; • access and signposting; • service offer; • promoting discussion about death and dying; • culturally appropriate information 	✓	✓	✓	✓	✓	✓
9) Provide a consistent and comprehensive training and resilience offer for staff, carers and volunteers (including recruitment), and monitor take-up across settings			✓		✓	✓
10) Improve carer support			✓		✓	✓

Figure 2 - LLR ICB Palliative and End of Life Care Strategic Priorities

Next Steps

12. A series of system wide workshops will now take place now in order to further test the priorities and to begin scoping the actions and interventions needed to deliver the priorities, including funding and phasing. This work will inform the production of a delivery plan that will underpin the strategy. Accountability and delivery of the strategy will sit with the LLR Palliative and End of Life Care Task Force.
13. Once a complete draft strategy has been produced a comprehensive engagement exercise will be undertaken in Q4 of 2023/24 to ensure the strategy resonates with system partners and key stakeholders including Health and Wellbeing Board, Local Authorities, and Healthwatch. In addition, we will also work with a range of organisations and groups to ensure we understand what matters most to people. This will include the Voluntary, Community and Social Enterprise sector, Patient Participation Groups, Public and Patient Involvement Assurance Group, Citizens' Panel and other patient and public groups,
14. Feedback will be used to refine the strategy prior to a final draft strategy being presented to both the LLR HWP and the LLR ICB for endorsement and support during Q1 of 2024/25.

Recommendations:

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

- **RECIEIVE** and **NOTE** the update on the development and next steps of the LLR ICB Palliative and End of Life Care Strategy 2023/24 – 2027/28

Links

[NHSE England Palliative and end of life care: Statutory guidance for integrated care boards \(ICBs\)](https://www.england.nhs.uk/publication/palliative-and-end-of-life-care-statutory-guidance-for-integrated-care-boards-icbs/)

<https://www.england.nhs.uk/publication/palliative-and-end-of-life-care-statutory-guidance-for-integrated-care-boards-icbs/>

[Dying well – Priority LLR Health and Wellbeing Partnership](https://leicesterleicestershireandrutlandhwp.uk/)

<https://leicesterleicestershireandrutlandhwp.uk/>

[Leicester's Care, Health and Wellbeing Strategy 2022-2027 – Health Ageing](https://www.leicester.gov.uk/content/leicester-s-care-health-and-wellbeing-strategy-2022-2027/theme-5-healthy-ageing/)

<https://www.leicester.gov.uk/content/leicester-s-care-health-and-wellbeing-strategy-2022-2027/theme-5-healthy-ageing/>

[Leicestershire Joint Health and Wellbeing Strategy – Dying well](https://www.healthandcareleicestershire.co.uk/wp-content/uploads/2023/03/W0089-HWB-strategy40pp-19d.pdf)

<https://www.healthandcareleicestershire.co.uk/wp-content/uploads/2023/03/W0089-HWB-strategy40pp-19d.pdf>

[Rutland Health and Wellbeing Strategy - Ensuring people are well supported in the last phase of their lives](https://www.rutland.gov.uk/sites/default/files/2023-10/Health%20and%20Wellbeing%20Strategy%202022-2027_0.pdf)

https://www.rutland.gov.uk/sites/default/files/2023-10/Health%20and%20Wellbeing%20Strategy%202022-2027_0.pdf

[Leicester Joint Strategic Needs Assessment \(JSNA\) – End of life care](https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/jsna/adults-joint-strategic-needs-assessments/end-of-life-care/)

<https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/jsna/adults-joint-strategic-needs-assessments/end-of-life-care/>

[Leicestershire Joint Strategic Needs Assessment - End of Life Care and Support](https://www.lsr-online.org/uploads/leicestershire-eol-jsna-final.pdf?v=1666176714)

<https://www.lsr-online.org/uploads/leicestershire-eol-jsna-final.pdf?v=1666176714>

[Rutland Joint Strategic Needs Assessment - End of Life Care and Support](https://www.lsr-online.org/uploads/end-of-life-care-and-support.pdf?v=1666177105)

<https://www.lsr-online.org/uploads/end-of-life-care-and-support.pdf?v=1666177105>

[Ambitions for Palliative and End of Life Care: A national framework for local action](https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-a-national-framework-for-local-action-2021-2026/)

<https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-a-national-framework-for-local-action-2021-2026/>

Appendix 1 – LLR Palliative and End of Life Care Task Force Membership

LLR ICB
UHL
LTP
NHS England
LOROS
Rainbows
Rutland County Council
Leicestershire County Council
Leicester City Council
EMAS
DHU
Marie Curie

G

Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	G
Report title:	Update on Women's Strategy and Health Hubs		
Presented by:	Rachna Vyas – Chief Operating Officer, LLR ICB		
Report author:	Katie Connor – LLR Women's Transformation Manager		
Executive Sponsor:	Rachna Vyas – Chief Operating Officer, LLR ICB Melanie Thwaites – Head of Women's Maternity and Neonates Transformation		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to: <ul style="list-style-type: none"> RECEIVE the following report for information relating to the Women's Programme in Leicester, Leicestershire and Rutland. 			
Purpose of the report:			
To provide information to the Health and Wellbeing Board detailing progress on delivering elements of the National Women's Health Strategy across Leicester, Leicestershire and Rutland; specifically focussing on priorities as set out in the ICB's 5-year plan and Operational Plan and the delivery of Women's Health Hubs.			
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 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 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 quality and patient safety implications outlined
d) Does the report demonstrate public involvement?		EOI process did not involve a patient representative, however successful EOI's had demonstrated that patient/public engagement would occur in the development of the hub pilots alongside patient and family feedback built into the reporting/evaluation process. X2 EOIs demonstrated feedback from patients who have attended the current women's provision pilots in situ, as well as all successful EOIs demonstrated data related to the public.
e) Has due regard been given to the Public Sector Equality Duty?		Women's Hubs outlines the fair opportunity for women to access this service, however the women's hub is not accessible for men. Due regard for the LGBTQ+ has been considered specifically addressing that this will be available for any person who has 'women's issues' i.e. transgender women.

Update on the Women's Strategy and Health Hubs

Introduction

1. The Department of Health and Social Care released the Women's Health Strategy in August 2022. The strategy sets out a 10-year ambition to boost health outcomes for all women and girls and radically improve the way in which the health and care system engages and listens to them.
2. The strategy sets out how we will improve the way in which the health and care system listens to women's voices, and boost health outcomes for women and girls. It takes a life course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life.
3. The Women's Transformation Team was officially formed in June 2023 including a Women's Transformation Lead to spearhead and link the system together to deliver priorities focused on improving health for the female population of Leicester, Leicestershire and Rutland.
4. Local priorities identified (based on national health strategy) include:
 - Establishing a Women's Partnership to deliver system transformation.
 - Engaging and Empowering Women: Build relationships with women's groups ensuring that we understand their needs and they have a voice in planning services across health care and reduce inequalities.
 - Supporting women's health in the workplace.
 - Improving access to NHS fertility treatment for all couples including female same-sex couples and assessing the use of non-clinical access criteria locally.
 - Implementation of women's health hubs across LLR to provide social, emotional and health support including sexual health, menopause and social prescribing.

Women's Partnership and System Engagement

5. We recognise that the programme is in its infancy, however since the Women's Transformation Team has formed, it has concentrated on developing a robust governance structure as well as taking the programme on 'the road' presenting to key groups across the system to ensure the women's programme is a priority on various agendas.
6. In line with our 5 year-plan and operational plan, we have established a Women's Operational Group to bring colleagues from across the healthcare and wider system to improve outcomes for women and girls. We are in the process of morphing this group into the Women's Partnership where clinical pathways and opportunities for transformation/improvement will be scheduled through deep-dives, addressing risks and challenges relating to women's health and continuing to nurture relationships across the system.
7. One of our proudest achievements over the last 6 months has been not only the promotion of the programme, but the engagement and valuable relationships built within the system including public health in the City and County, Primary Care, VCSE organisations and Domestic Violence Networks. To add to this, we are actively embedded within key meetings which shown to have a cross-cutting theme of women's health including public health's Health Inequalities partnership, Rutland's Armed Group and all 3 place-based boards (*this list is expansive*).

Women's Health Hubs

8. An expression of interest for Primary Care Networks to bid on hosting a women's health hub took place between August and September 2023, where a panel of colleagues from across the system including ICB transformation, public health, primary care and health inequalities assembled and chose 3 hubs which will span across Leicester, Leicestershire and Rutland.
9. All 3 hubs utilise a slightly different model to each other to tailor their services to the populations they will provide interventions for, and all include the core offer as set out in national core specification. Models include a one stop shop, a hybrid virtual/clinic and a clinic with outreach elements.
10. We are currently going through internal ICB processes to agree sign-off, ensuring expected impacts such as addressing health inequalities and women's health improvements such as access are highlighted.
11. One of the key deliverables we aim to achieve will be how the hubs offer support across the system including scoping training and upskilling areas for the wider workforce on women's health. Discussions have begun in how webinars can be adapted for public use to provide education and simple messages on elements of health and wellbeing for all-ages.
12. Another ongoing piece of work progressing is around gathering the health inequality data and population health management data to support a women's health dashboard, as well as linking in with the engagement intelligence already in place with girls and women across Leicester, Leicestershire and Rutland; both which will feed into the women's health hubs process and the shaping of these services.

Other successes to mention relating to key programme deliverables:

- i. **We will work with the voluntary sector and our mental health providers to ensure women have access to emotional, mental health and wellbeing services including maternal mental health.**

A mapping exercise will take place to focus on existing hubs pathways and understanding what is offered for girls and women across Leicester, Leicestershire and Rutland. Providers of services VCSE and within the community will also be invited and scheduled across the year to present at the women's partnership, to scope opportunities for collaboration and pathways through the hubs and existing services where appropriate.

- ii. **Build relationships with girls/women's and maternity groups ensuring that they have a voice in decision making across the healthcare system in shaping services that are right for them.**

Initial discussions have begun to scope an engagement strategy across Leicester, Leicestershire and Rutland utilising existing analysis already in place but also linking into new initiatives such as the CYP engagement project to gain views on the younger population including females.

- iii. **Hold a number of engagement events which will have a key focus on screening education and prevention.**

The Women's Transformation team hosted a women's health summit in September 2023 and invited workforce and organisations across Leicester, Leicestershire and Rutland

which focussed on prevention opportunities, priorities and engagement with our workforce and wider public.

iv. All women will get a core off of advice and support around menopause, including education and management.

This is being addressed through the Women’s Health Hubs but we are also actively involved in a regional Menopause Toolkit Pilot currently in Primary Care with a view to use learning from this to expand into other areas such as pharmacy ad VCSE where appropriate.

As mentioned above, there will be a suite of webinars available to women to provide education and key health and wellbeing messages.

v. Explore options around the digital delivery of a digital offer for girls and women, including a singular place of tools and resources to support them.

A single platform is being scoped; however, we are keen to utilise what may already be in place and expand upon this provision; therefore, this will be looked into initially.

vi. Work with the wider partnerships to promote the safety of women in our communities.

The Women’s Transformation Lead has attended workshops on domestic violence and the services/pathways on offer. A representative from the Domestic Violence Reduction Network is part of the Women’s Partnership membership.

vii. Key links made with cancer and gynaecology workstreams to address cross-cutting themes and opportunity for collaboration.

Challenges:

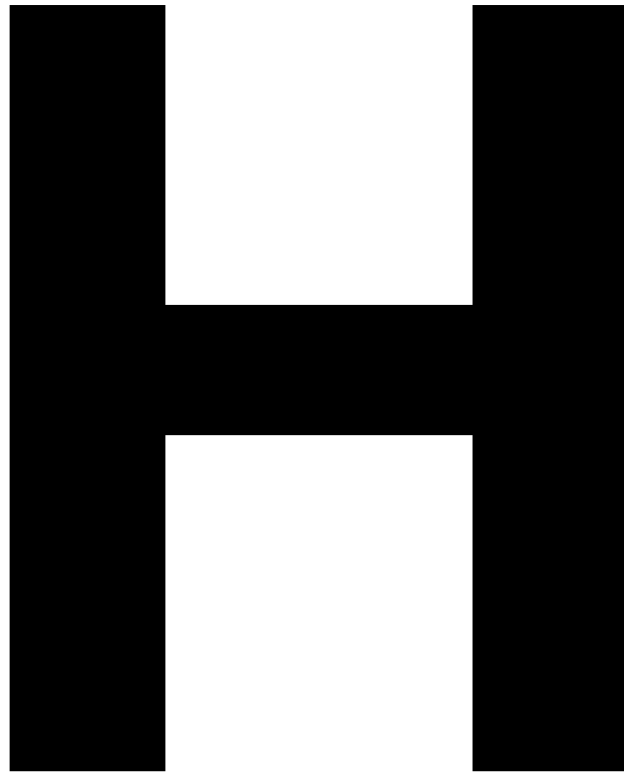
Issue Risk Challenge	Mitigation
Women’s: Challenge Delivery capacity (team)	LLR system has recognised this agenda as important and made the active decision to allocate specific capacity within the ICB. However this is limited and work is underway within the Women’s Operational Delivery Group to agree local priorities and realistic timelines on what and when areas of work can be progressed, utilising a matrix approach.
Women’s: Challenge Implementation of IVF NICE guidance	We currently do not deliver NICE guidance in relation to IVF. In an aim to try to resolve some of the local issues we have in relation to this there, is an assisted fertility policy review underway within the East Midlands to try to agree a joint approach in how we consistently deliver appropriate and fair opportunities. Locally we have also experienced a shortage in donor sperm for fertility treatment; to help address this we have instigated a local pilot to address this, which spans over 12 months. Progress reporting on pilot: 1. Update to the systems Women’s Partnership scheduled for June 2024 2. Update to the ICB’s Clinical Executive in September 2024

Women's: Challenge Commissioning and funding arrangements with public health including contraception	Current commissioning of sexual health services is fragmented across Public Health, Primary Care and Acute commissioned providers. We are working as a women's partnership to overcome some of these boundaries and improve access for women
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Recommendations:

The LLR Health and Wellbeing Partnership is asked to:

- **RECEIVE the following report for information** relating to the Women's Programme in Leicester, Leicestershire and Rutland.



Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	H
Report title:	WorkWell Vanguard (Pilot) Service – LLR Expression of Interest Update		
Presented by:	Louise Young Deputy Chief Officer, Leicester Leicestershire, and Rutland Integrated Care Board (LLR ICB)		
Report author:	Louise Young Deputy Chief Officer, LLR ICB		
Executive Sponsor:	Caroline Trevithick, Chief Executive Officer, LLR ICB Alice McGee, Chief People Officer, LR ICB		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Health and Wellbeing Partnership is asked to: <ul style="list-style-type: none"> • RECEIVE and note the paper. 			
Purpose and summary of the report:			
<p>The report provides a brief update with regards the LLR WorkWell Vanguard expression of interest. This follows the paper received at the previous extraordinary meeting of the Integrated Care Partnership for support and approval of the LLR Vanguard submission, and in particular the proposed service model.</p> <p>WorkWell is an initiative developed by the Department for Work & Pensions (DWP) and the Department of Health & Social Care (DHSC), to drive forward the mission set out in last year's Levelling-Up White Paper, to improve employment opportunities everywhere.</p> <p>The initiative links primarily to the ICS health inequalities and people agenda through supporting routes into employment, and the wider societal occupational health agenda. Department of Work and Pensions cite, good work is an important driver of health and wealth for families and communities, benefitting wider society through increased productivity, and laying the groundwork for levelling up local communities.</p> <p>The focus of WorkWell is to support people with a disability and those with long term health conditions to start, stay and succeed in work. An individual's disability or health condition should not define whether they remain in the workplace, yet long-term sickness is the most common reason for economic inactivity in the UK.</p> <p>Through WorkWell, the key aim to tackle rising ill-health related economic inactivity. Through a minimum 1000 participants with disabilities or health conditions across LLR will have the opportunity to access:</p> <ol style="list-style-type: none"> An early-intervention work and health assessment service, with low-intensity holistic support for their health-related barriers to employment (such as employer liaison and work and health coaching); and 			

b. A single, joined-up view and gateway into the services that are available locally to tackle their specific needs. This could include healthcare professionals, community sector services, health promotion programmes, more intensive employment support, and much more.

The report sets out an overview and progress of the LLR ICS WorkWell submission.

Appendices:	<ul style="list-style-type: none"> • Appendix 1 - LLR WorkWell Leadership Team Membership • Appendix 2 - WorkWell Service Model / User Journey
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	<ul style="list-style-type: none"> • 17 January 2024 – LLR HWP meeting - Full Report - WorkWell Vanguard (Pilot) Service – LLR Expression (LLR ICP19/01/24)

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 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? <i>If so, state which risk and also detail if any new risks are identified.</i>	
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.	
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.	
d) Does the report demonstrate patient and public involvement? If so, provide which page / paragraph this is outlined in within the report.	
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.	

WorkWell Vanguard (Pilot) Service – LLR Expression of Interest

31 January 2024

Introduction

1. This report provides a brief update with regards the LLR WorkWell Vanguard expression of interest. This follows the paper received at the previous extraordinary meeting of the Integrated Care Partnership for support and approval of the LLR submission, and in particular the proposed service model.
2. This initiative links primarily to the ICS health inequalities agenda through supporting routes into employment (people), and the wider societal occupational health agenda. Department of Work and Pensions cite good work is an important driver of health and wealth for families and communities, benefitting wider society through increased productivity, and laying the groundwork for levelling up local communities.
3. The focus of WorkWell is to support people with a disability and people with long term health conditions to start, stay and succeed in work. An individual's disability or health condition should not define whether they remain in the workplace, yet long-term sickness is the most common reason for economic inactivity in the UK.
4. DWP and DHSC have recognised that collaboration is vital to achieve these goals and that Local Authorities, Jobcentre networks and Integrated Care Systems know their local populations and services best. They will draw on new and existing support in local areas, joining up health services, local organisations, and job centres.
5. ICBs, local authorities, and local jobcentre networks are expected to play a central role in vanguards coming together to co-produce WorkWell Services. Local partners will convene partnerships across a wider group of organisations to design and deliver the pilot WorkWell Service.
6. Vanguards will be offered the opportunity to test new government work and health interventions through small scale pilots, for example, new ways of providing people receiving a fit note with timely access to work and health support.

Proposed LLR Vanguard Pilot Expression of Interest

7. ICBs were invited to apply to become a vanguard Site and deliver a WorkWell service locally to a minimum of 1000 Participants over two years. This is in partnership with all identified stakeholders.
8. The LLR expression of interest was submitted 22nd January 2024, with letters of support from the following Partners:
 - Leicester City Council
 - Leicestershire County Council
 - Rutland County Council
 - DWP
 - Leicestershire Partnership NHS Trust
 - University Hospitals of Leicester NHS Trust
9. Through provision of an accessible integrated health and care work well service, we intend to create a sustainable model to support local communities to thrive, and individuals to stay or re-enter work. This aligns well to the delivery of ICS strategic ambition to support the economic

and social recovery of local populations, achieved through an integrated health and job support tailored to need.

Geography

10. A Work well leadership team, established 15 December 2023, has led the development of the pilot model and expression of interest on behalf of LLR Integrated Care Partnership (see Appendix 2). Appendix 3 sets out a proposed service model and user journey.
11. The WorkWell service will operate within the LLR ICB area of Leicester City, Leicestershire and Rutland. Across the LLR ICB area there will be a specific focus on those areas with the highest levels of economic inactivity and long-term conditions, particularly musculoskeletal disorders and mental health.
12. Looking at the three upper tier authority areas of Leicester City, Leicestershire and Rutland within LLR ICB the focus is on:
13. **In Leicester City**, the whole of the Leicester City Council area. Leicester is an area of significant economic deprivation, with three quarters of the population living in one of the top 40% most deprived areas nationally. Around 13,000 people in the City aged between 16-64 are currently claiming unemployment benefit, which equates to around 5.2% of the population.
14. **In Leicestershire County**, within the seven district areas that make up Leicestershire, the focus will be those neighbourhoods (Middle Layer Super Output Areas - MSOAs) identified within the Health Inequalities Joint Strategic Needs Assessment (JSNA) as high priority due to levels of socioeconomic need, under 75 mortality or life expectancy significantly worse than England. These are:
 - Charnwood: Loughborough Lemyngton & Hastings, Storer and Queens Park, University, Shelthorpe & Woodthorpe, Syston West and Shepshed East.
 - Harborough: Market Harborough Central.
 - Hinckley and Bosworth: Barwell, Hinckley Central and Hinckley Clarendon Park.
 - North West Leicestershire: Agar Nook, Coalville.
 - Oadby and Wigston: Wigston Town, South Wigston.
15. **In Rutland** the focus will be on six lower super output areas (LSOAs) classified as 'rural village and dispersed household', leading to potential barriers to employment linked to physical access. The six are within the top 10% deprived nationally for the 'barriers to housing and services' domain of the Index of Multiple Deprivation. These are Greetham, Exton, Martinsthorpe, Lyddington, Ketton and Braunston & Belton.

Identification of Participants and Referrals

16. Individuals will be identified and referred to the pilot sites through areas of high prevalence for economic activity, and GP issued Fit Note Data. Analysis of GP-issued Fit Note data (April – June 2023 - NHS Digital) offers a reasonable benchmark broadly of the targeted cohort numbers struggling to stay in, and/or potentially about to leave work, where a work well intervention is deemed beneficial to outcomes.

FIT NOTES ISSUED BY GP PRACTICES ACROSS LLR 44,916:	NUMBER OF SICKNESS EPISODES (LLR) 20,079
Leicester City - 18,622	1 st episode - 10,005 (49.8%)
Leicestershire - 15,065	2 nd episode - 4,038 (20.1%)
Rutland - 11,229	3 rd episode - 2,126 (10.6%)
	4 th episode - 1,234 (6.1%)
	5 th or more episodes - 2,676 (13.3%)

Table 1

Principles Underpinning the LLR WorkWell Service Offer

17. The principles underpinning our WorkWell service offer are:

- It builds on existing initiatives and services already in place and mapped through DWP/Local Intelligence, adding capacity to existing services.
- It provides a digital referral hub, with 2 pathways of support:
 - building 'back to employment' into health pathways, and,
 - building 'back to health' into employment pathways.
- Adopts 'proportionate universalism', with a focus on health conditions/disability (MSK, Mental health, LD for example), to ensure it accounts for local community groups within each 'place' that may otherwise be overlooked.
- Employment, Fit Note and other relevant data, as referred to in Section 2.1- 2.3, will act as an indicative benchmark of potential numbers of the LLR population who may benefit from the service.
- User Journey (see diagram below) is predicated on a 4-step model, reflective of national user journey.
- Training for all to ensure each pathway is fully supported and integrated, e.g. Making Every Contact Count training for job centre personnel.

WorkWell Funding for Vanguard

18. The national WorkWell grant funding will be calculated based on the number of participants a vanguard chooses to support through the work Well programme at a unit cost of £800.

19. Additional funding of £320,000 in 2024/24 and £220,000 in 2025/26 will be available for additional leadership and management costs. Successful Vanguards will be required to profile participant volumes and leadership funding across the delivery period of the grant with clear outcome and success measurements.

20. If successful the Vanguard will be required to build a delivery and implementation plan between April 2024 – September 2024. During this design period Vanguards will be able to claim up to 10% of their total grant funding during this prior.

21. It is expected that the programme will commence delivery in October 2024 and the programme, along with funding will continue until March 2026. Funding will be split into 2 parts:

- 60% will be fixed and available regardless of actual participant volumes.
- Remaining 40% based on number of actual starts on the programme, with the 40% only being available if a vanguard meets its profiled volume for the quarter.

22. The funding to Vanguard Partnerships will be awarded to ICBs and it is for the ICB in partnership with lead LAs and the local Jobcentre network to determine the most appropriate geography and funding allocations for the WorkWell service in their ICS area.

Next Steps

23. If successful in the expression of interest stage, the following actions will be expected:

- Grant Applicants notified of outcome Early April 2024.
- Grant funding agreement issued.
- Joint SROs appointed (ICS/Local Authority).
- Implementation period (01/04/24 – 30/09/24), to develop operational delivery plans.
- Funding Period 01/04/24 - 31/03/26
- Determine reporting schedule to ICP.

Recommendations

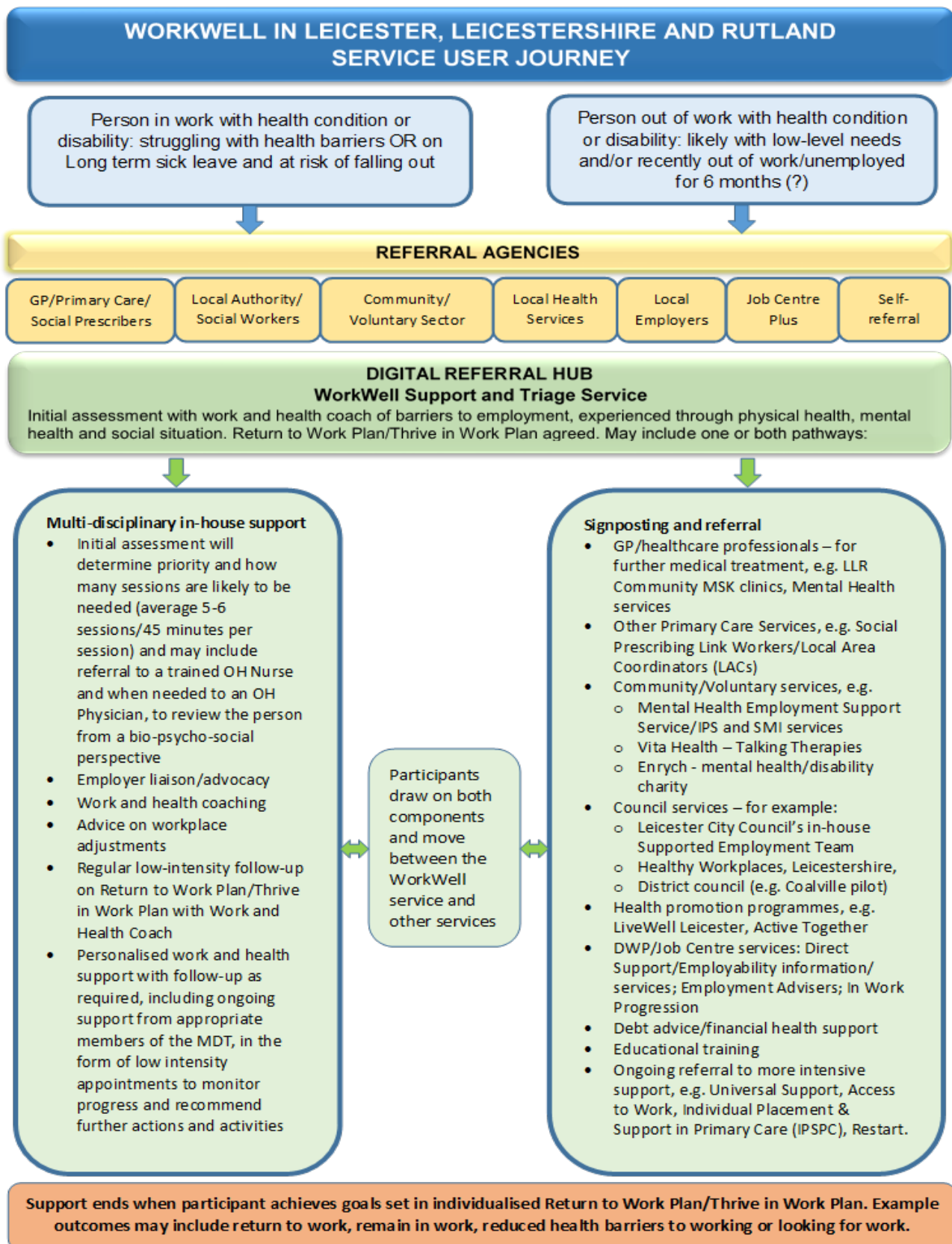
The LLR Health and Wellbeing Partnership is asked to:

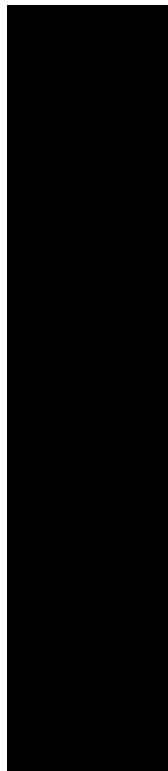
- **RECEIVE** and note the paper.

APPENDIX 1: MEMBERSHIP OF WORK-WELL LEADERSHIP TEAM

NAME/TITLE	ORGANISATION
Louise Young Deputy Chief Officer - People & Workforce (Work-Well Lead & Interim SRO)	LLR ICB
Amit Sammi Head of Strategy & Planning	LLR ICB
Kate Galoppi Director of Adult Social Care & Commissioning	Leicester City Council
Bev White Lead Commissioner – Social Care & Education	Leicester City Council
Indy Lahel Assistant Director Strategic Commissioning - Adults and Communities	Leicestershire County Council
Rob Howard – Represented by their teams. DPH	Leicester City Council
Mike Sandys – Represented by their teams. DPH	Leicestershire & Rutland County Councils
Jenna Parton Public Health Portfolio Principal	Leicestershire County Council
Mel Maiden Public Health	Leicestershire County Council
Victoria Rice Business Intelligence Team	Leicestershire County Council
Sarah Rudkin Economic Growth Team	Leicestershire County Council
Mitch Harper, Strategic Lead, Rutland	Rutland County Council
Jo Ives Economic Regeneration Team	Leicester City Council
Laura French Consultant in Public Health - Engagement, Partnerships, Inequities & Communities (EPIC) Team	Leicester City Council
Jin Bans Programme Manager Wider Determinants of Health Public Health	Leicester City Council
Vlad Iorga Associate Director for Total OH-MH-WB	UHL
Dr Charlie Goss Clinical Director - OH	UHL
Chris Edwards Disability Employment Adviser Leader	DWP - Leicester & Leicestershire
Brendon Downie Strategic Partnership Manager	DWP – North & East Midlands
Steve Pinchbeck JCP Leicester City Partnership Manager	DWP
Sean Meehan Health & Wellbeing Programme Lead	DHSC – OHID (Midlands)
EOI through LLR Alliance	VCSE Alliance
Rosie Klair, Specialist MH Services Manager	LPT
Alison Morgan, Adult Service and Health	Rutland County Council
Dr Ralph Mitchell, GP and LLR Community MSK Lead	Primary Care

APPENDIX 2: WORK-WELL SERVICE MODEL / USER JOURNEY





Name of meeting:	Leicester, Leicestershire and Rutland Health and Wellbeing Partnership		
Date:	31 January 2024	Paper:	I
Report title:	LLR Health and Wellbeing Partnership terms of reference		
Presented by:	Daljit Bains, Head of Corporate Governance, LLR ICB		
Report author:	Daljit Bains, Head of Corporate Governance, LLR ICB		
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 LLR Health and Wellbeing Partnership is asked to:			
<ul style="list-style-type: none"> • APPROVE the terms of reference for the LLR Health and Wellbeing Partnership as at Appendix 1. 			
Purpose of the report:			
<ol style="list-style-type: none"> 1. The LLR Health and Wellbeing Partnership (HWP) is required to review its terms of reference on an annual basis. 2. The initial review of the terms of reference, undertaken by the Head of Corporate Governance (LLR ICB), has identified that the terms of reference remain current, and they continue to reflect the national guidance, the membership and local governance arrangements as agreed by the partner organisations. 3. The formal meetings of the LLR HWP continue to be held in public. This will mean that the meeting agenda and papers will be published on the LLR HWP website: www.leicesterleicestershireandrutlandhwp.uk. Members of the public may also attend to observe the business of the meeting being conducted and ask a question(s) in advance of the meeting. Members of the public will be able to find further details on the website www.leicesterleicestershireandrutlandhwp.uk. 4. As previously agreed, the schedule of meetings is as per the table below and the forward planner will be updated for consideration at the next meeting. 			
Meeting date		Details	
18 April 2024		<ul style="list-style-type: none"> • Meeting in public (2:00pm – 3:30pm) 	
15 August 2024		<ul style="list-style-type: none"> • Meeting in public (1:00pm – 2:30pm) • Joint development session to be confirmed (2:45pm – 5:00pm) 	
19 December 2024		<ul style="list-style-type: none"> • Meeting in public (1:00pm – 2:30pm) • Joint development session to be confirmed (2:45pm – 5:00pm) 	

5. The LLR HWP members are requested to consider the content of the terms of reference as at Appendix 1 and advise if there are any amendments to be made. Subject to such amendments, the LLR HWP members are requested to approve the terms of reference at Appendix 1.	
Appendices:	<ul style="list-style-type: none"> Appendix 1 – LLR Health and Wellbeing Partnership terms of reference
Report history and prior review and date:	<ul style="list-style-type: none"> August 2022 – Founding Members approved the governance arrangements and the extended membership of the jointly formed statutory committee. December 2022 – LLR HWP approved the terms of reference.

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)? If so, state which risk and also detail if any new risks are identified.	No
b) Does the report highlight any resource and financial implications?	No
c) Does the report quality and safety implications?	No
d) Does the report demonstrate public involvement?	Membership includes Healthwatch representatives and reports to the LLR HWP would consider and take due regard of public engagement and involvement as appropriate.
e) Has due regard been given to the Public Sector Equality Duty?	The work of the Health and Wellbeing Partnership will ensure it gives regard to the Equality Duty through its strategy and policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

Appendix 1

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Terms of Reference (v4, January 2024)

1. CONSTITUTION

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

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

The terms of reference set out the membership, the remit and responsibilities of the HWP. A summary of the expectations of integrated care partnerships are as listed below with further detail available via the following link: www.gov.uk/government/publications/integrated-care-partnerships-engagement-findings/integrated-care-partnership-icp-engagement-summary :

- **Expectation 1:** ICPs will drive the direction and policies of the integrated care system (ICS).
- **Expectation 2:** ICPs will be rooted in the needs of people, communities, and places.
- **Expectation 3:** ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
- **Expectation 4:** ICPs will support integrated approaches and subsidiarity.
- **Expectation 5:** ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilise local data and insights.

2. PURPOSE

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

3. DELEGATED AUTHORITY

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

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

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

4. MEMBERSHIP AND ATTENDANCE

Membership

The Committee members shall be appointed by the Statutory Organisations.

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

Members

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

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

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

Chair and co-Chair

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

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

5. MEETING QUORACY AND DECISIONS

The HWP shall meet four times a year and meetings will be held in public unless matters need to be considered in a closed session. Additional meetings may be convened on an exceptional basis at the discretion of the Chair of the meeting in consultation with the co-Chair. At least five clear working days' notice will be given when calling meetings. Joint development sessions will be convened between the HWP, LLR Integrated Care Board and the Health Wellbeing Boards at agreed intervals.

Quoracy

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

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

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

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

Decision making and voting

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

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

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

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

6. PRINCIPLES AND RESPONSIBILITIES

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

The HWP will:

- a) Act in the best interest of people, patients and the system as a whole rather than representing individual interests of any one constituent partner.
- b) Adopt an inclusive approach to enable co-production of the integrated care strategy. To work together to enable local place alliances and to hear the voices of citizens, frontline staff and partner organisations to inform strategic thinking and planning.
- c) Ensure that citizens, communities, frontline staff and key stakeholders are engaged and involved in the design, co-production and delivery of services.
- d) Strive for our leadership to be representative of the population, focusing on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
- e) Support the triple aim: better health for everyone, better care for all and efficient use of resources.
- f) Consider how the partnership can support the social and economic development of the area and environmental sustainability.
- g) Encourage innovation and signpost ways to develop and spread that innovation.
- h) Support and encourage decision making at place level and create the environment across the ICS for collaboration locally and, where appropriate, at system level.
- i) Work together at system level to improve wellbeing, healthy life expectancy, health equity and reduce health inequalities and improve outcomes across LLR reflecting the commitment to the LLR Health Inequalities Framework by

partners across the system. This may include receiving reports from the Collaboratives established by the NHS where outcomes may impact the wider system.

- j) Influence wider determinants of health including creating healthier environments and inclusive and sustainable economies.
- k) Take collective action to prioritise prevention and earlier intervention for the benefits of the health of the population and of system efficiency.
- l) Promote mobilisation of resources and assets in the community and system and across place-based partnerships.
- m) Translate system level priorities to place by taking system actions that are needed at place level back to Health and Wellbeing Boards, or other place-based boards, to improve the health of local populations. For example, place-led delivery of the LLR Health Inequalities Framework or developing a population health management.
- n) Work on issues that need solving at system level and in partnership with other organisations to bring about solutions and change to solve these issues. This might include issues that can only be solved at system level, or areas where solutions may be more effective and efficient if addressed at system level.
- o) Actively role model and promote the values and leadership standards of the ICS through engaging in honest, respectful and open dialogue, seeking to understand all perspectives and recognising individual organisations' priorities alongside priorities and decision making at system level.
- p) Adhere to a collective model of accountability. Member will hold each other mutually accountable for respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.
- q) Develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
- r) Ensure development of 'one version of the truth' to be used by partners across the system by openly and transparently pooling information to enable an accurate and complete position to be determined.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The HWP is jointly formed by the NHS and the Local Authorities and accountability is maintained through the statutory and local frameworks. Therefore, the HWP will ensure it operates in collaboration with the LLR ICB and the respective Health and Wellbeing Boards. The minutes of the HWP meetings shall be formally recorded.

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

8. BEHAVIOURS AND CONDUCT

Values

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

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

- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We foster a culture of constructive challenge
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population and our staff and we serve as a conduit between the HWP and NHS LLR ICB and the respective Cabinets.

Equality and diversity

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

9. DECLARATIONS OF INTEREST

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

10. SECRETARIAT AND ADMINISTRATION

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

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

11. REVIEW

The HWP will review its effectiveness at least annually.

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

Date of approval: agreed by LLR Health and Wellbeing Partnership, **XX**

Date of next review: **xx**