Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership




Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Our Initial draft strategy for engagement

2022-2027

DRAFT VERSION 4.1 30.11.22

Contents

Foreword

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

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

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

This Strategy also underpins and supports our three Places - Leicester, Leicestershire and Rutland - each of which have their own distinctive characteristics, challenges and priorities, many of which are best addressed locally.

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

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

Who we are

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

Who has this document been written for?

This is a public document setting out the Health and Wellbeing Partnership's strategy for the next five years and is, therefore, designed to be read by anyone with an interest in local health and care.

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

Purpose of this Strategy

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

Working together, over the next five years, we will focus on:
Focus 1: Reducing Health Inequalities
Focus 2: Preventing illness and helping people to stay well
Focus 3: Championing integration
Focus 4: Fulfilling our role as 'Anchor' organisations

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

Supporting our Places to deliver their Priorities

Our three Places - Leicester, Leicestershire and Rutland - each have their own distinct characteristics, challenges and opportunities. Each Place, therefore, has its own Joint Health and Wellbeing Strategy (JHWS) aimed at delivering four LLR priorities (Figure 1), as these priorities are best addressed at a Place or community level.

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

Figure 1: Our LLR Transformational Priorities

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

Each JHWS details the strategic vision and priorities for each respective place. Due to the varying demographics and needs of each place, it is not unexpected that there are some differences across each of these strategies in terms of priorities and timescales. Table 1 summarises some of the key priorities across the LLR JHWS's as aligned with the ICS life course transformational priorities (Figure 1).

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

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

Table 1 Summary of LLR JHWS alignment to ICS Transformational Priorities

	Strategic priority		
ICS priority	**Leicester**	**Leicestershire**	**Rutland**
	5 years (2022-2027)	**10 years (2022-2032)**	**5 years (2022-2027)**
Best Start in Life	Healthy Start	Best Start for Life	The best start for life
Staying Healthy and Well	Healthy Lives	Staying Healthy, Safe and Well	Staying healthy & independent: prevention
	Healthy Places		Preparing for population growth & change
Living and Supported Well	Healthy Ageing	Living and Supported Well	Healthy ageing & living well with long term conditions
			Equitable access to health & wellbeing services

Dying Well	Healthy Ageing	Dying Well	Ensuring people are well supported in the last phase of their lives
Cross Cutting Themes	Healthy Minds	Improved Mental Health	Supporting good mental health
	Working together to enable everyone in Leicester to have opportunities for good health and wellbeing	Reducing health inequalities	Reducing health inequalities
	Covid impact considered within theme areas.	Covid Recovery	Covid -19 Recovery

[NOTE: TABLE TO BE DESIGNED]

Further information and reading:

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

Our Vision and Principles

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

Our Vision

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

Our Principles

Principles Everything we do is centred on the people and communities of LLR and we will work together with respect, trust, openness and common purpose to		
Ensure that everyone has equitable access to health and care services and high quality outcomes	Make decisions that enable great care for our residents	Deliver services that are convenient for our residents to access
Develop integrated services through co-production and in partnership with our residents	Make LLR health and care a great place to work and volunteer	Use our combined resources to deliver the very best value for money and to support the local economy and environment

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

How we will work together

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

Table 2: How Health and Wellbeing Partners will work together

Person-centred focus	1. We will meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health, social care and allied organisations.
	2. Citizens are integral to the design, co production and delivery of services.
	3. We involve people, communities, clinicians and professionals in decision making processes.
	4. We will take collective action to release funds for prevention, earlier intervention and for the reduction in health inequalities.
	5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
Subsidiarity	6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. Expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
	7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer.
Collaboration	8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.
	9. Through formal and informal collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources.
	10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.
	11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.
Mutual Accountability & Equality	12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities. We accept that diverse perspectives may create dissonance, which we will seek to address, moving to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the Partnership.
	13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.
	14. We develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	15. We will pool information openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system.
	16. We work in an open way and establish clear and transparent accountability for decisions, always acting in service of the best outcomes for the people of LLR.
Sustainability	17. We will strive to will strive to reduce the impact of our actions on our environment, and work towards building a healthy living and working environment for all our population and staff.

[NOTE: TABLE TO BE DESIGNED]

Overview

Place holder for infographics (page 1 of 2)

NOTE:

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

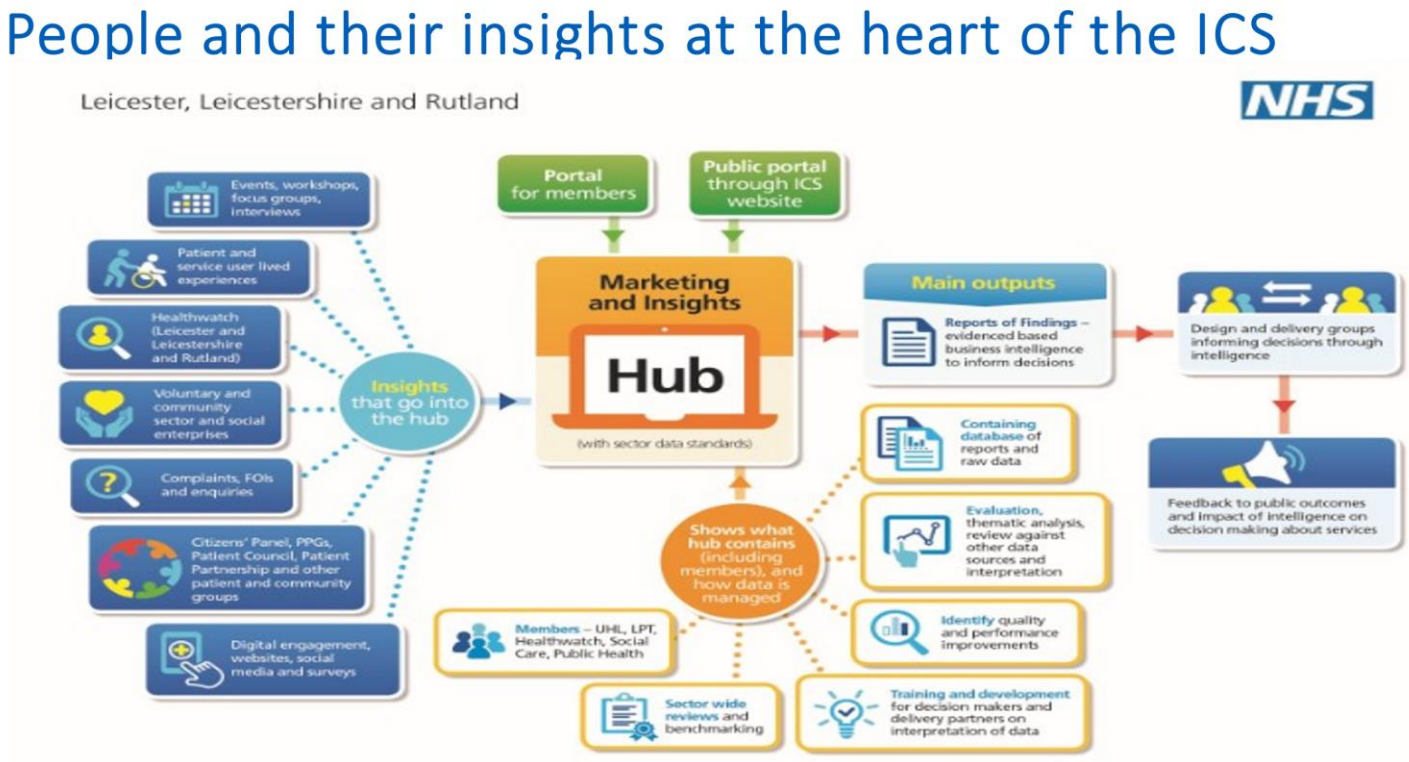
Place holder for infographics (page 2 of 2)

How we have used insights and engagement to develop this strategy

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

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

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



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

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

Figure 3, below, identifies some of the ways we have obtained insights and views. We plan to continue to engage with our Partners to validate our understanding of what matters most to people, before this initial draft is approved at our Partnership meeting in December 2022. Then, in early 2023, we will continue to engage with wider stakeholders and the public to ask if there is anything else we need to think about to improve services. This will lead to an updated version being re-approved later in 2023.

Figure 3: How insights and engagement have influenced this Strategy

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

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

Further information and reading:

Leicester City Council:

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

Rutland County Council:
Communications and Engagement Strategy 2022-27

Leicestershire County Council:
Engagement standards

Key areas of focus

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

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

Focus 1: Reducing Health Inequalities

Focus 2: Preventing illness and helping people to stay well

Focus 3: Championing integration

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

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

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

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

Focus 1: Reducing Health Inequalities

What do we mean by health inequalities?

Health inequalities are avoidable and unfair differences in health between different groups of people. Health inequalities concern not only people's health but the differences in care they receive and the opportunities they have to lead healthy lives.

Why focussing on this is important to us

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

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

Actions we will take

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

At LLR level, we will:

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

Example of JHWS actions include:

Infant mortality in Leicester: Tackling higher than the national average infant mortality by reducing the risk factors through targeting new mothers and families with support and information.
Implementing 'proportionate universalism' in Leicestershire: Interventions will be targeted with the aim of bringing those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes.
Focus on areas and specific groups in Rutland: To ensure all people have the help and support they need, the focus is on those living in the most deprived areas and households of Rutland, as well as some specific groups (for example the military, carers and learning disability population and those experiencing

significant rural isolation).

What does success look like?

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

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

A local case study

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

Our Approach

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

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

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

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

▶ Design of intervention in partnership with community

In Reach Pop Up Clinic

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

Community Engagement

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

▶ Rate after interventions

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

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

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

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

Feedback from staff and patients

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

▶ How we have applied this learning elsewhere

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

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

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

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

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

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

Further information and reading:

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

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

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

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Focus 2: Preventing illness and helping people to stay well

What do we mean by Prevention?

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

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

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

Why focussing on this is important to us

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

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

Actions we will take

Many preventative actions are determined and delivered nationally (for example, government policy to protect citizens, some screening programmes), regionally (for example, through the East Midlands Cancer Alliance) and locally (for example, through our council's public health teams). Our Place JHWS also focus on prevention, for example, promoting the health benefits of sustainable transport and improving air quality in Leicester, improving the offer of a health check in Rutland, and reducing the number of falls that people over 65 experience across Leicestershire

At LLR level, we will:

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

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

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

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

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

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

What does success look like?

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

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

A local case study

Tackling health inequalities in cancer screening

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

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

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

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

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

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

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

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

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

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

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

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

Bharathy Kumaravel, Project Lead

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

The barriers

A selection of responses to the study:

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

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

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

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

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

Further information and reading:

NOTE: To be included

Focus 3: Championing Integration

What do we mean by Integration?

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

Why focussing on this is important to us

People are living longer and often with one (or more) long-term health conditions. This means that people increasingly need long-term care and support from lots of different services and a variety of professionals. Integrated care is critical to doing this successfully. Our partner organisations also face budget pressures and, while integrating care may not necessarily save money, it will help us to make better use of our limited budgets to improve people's care experience, improve outcomes and drive down health inequalities.

Actions we will take

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

At LLR level, we will:

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

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

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

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

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

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

What does success look like?

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

- Improvements in peoples reported experience of the services that they receive
- Improvements in outcomes and a reduction in health inequalities
- Demonstrable improvements in system value for money through shared ownership, accountability and streamlined services
- Partner organisations coalesce, support and celebrate delivery against our shared outcomes.

A local case study

An integrated approach to promoting health and wellbeing in Rutland

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

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

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

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

Further information and reading:

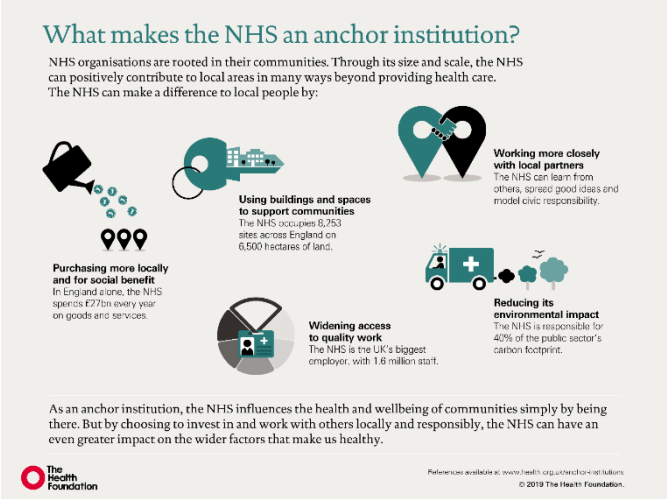
Collaboratives

LLR Health and Wellbeing Partnership:
Integration in action

Focus 4: Fulfilling our role as *Anchor* organisations

What do we mean by an 'Anchor' organisation?

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



NOTE. Need different image

Why focussing on this is important to us

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

Actions we will take

We will:

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

What does success look like?

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

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

A local case study

Hidden Talents Pilot – Refugee Apprentice Programme

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

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

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

Further information and reading:

The Health Foundation:
The NHS as an anchor institution

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

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

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

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

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

Why focussing on this is important to us

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

Actions we will take

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

We will:

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

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

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

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

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

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

A local case study

NOTE: Place Holder for case study

Further information and reading:

Bank of England:
Financial Stability Report

Leicestershire County Council:
Find help with cost of living

Leicester City Council:
Benefits and other support

Rutland County Council:
Cost of living support

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

What do we mean by access?

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

Why focussing on this important to us?

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

Actions we will take:

We will:

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

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

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

What does success look like?

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

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

Further information and reading:

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

NHS Services
Services near you

NHS 111 Online
Get help for your symptoms

NHS App
NHS App and Account

A local case study

CASE STUDY
Identification of Unregistered Patients Programme

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

Our Approach

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

Design of Intervention in Partnership with Community

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

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

Rate after Interventions

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

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

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

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

Enabling this Strategy to be delivered

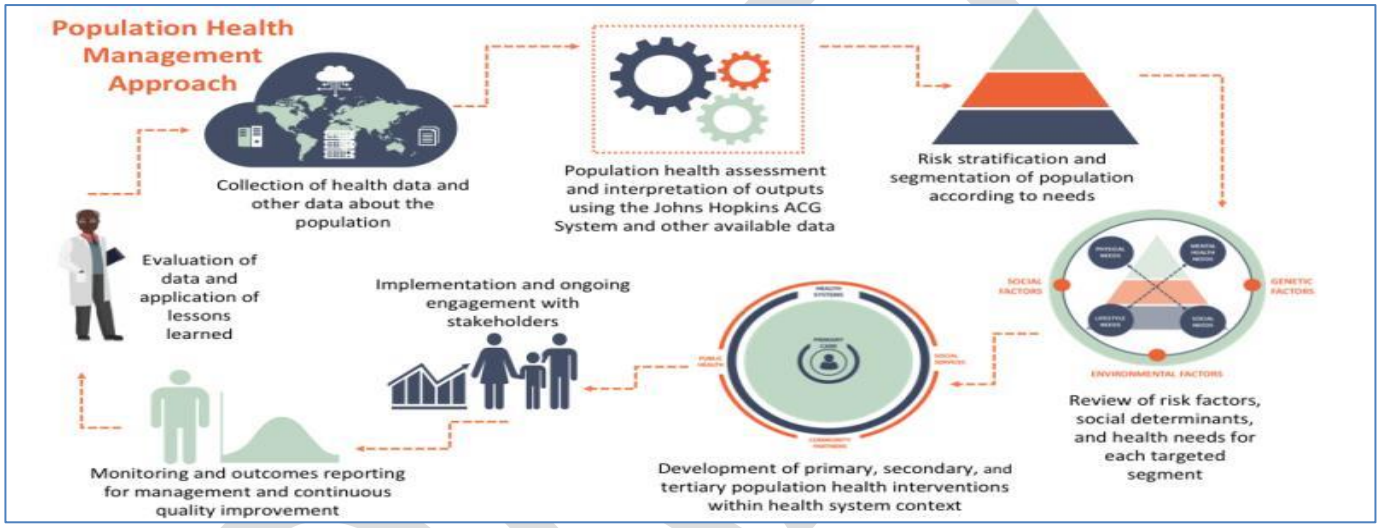
Below are the key enablers to help us to achieve our key areas of focus.

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

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

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

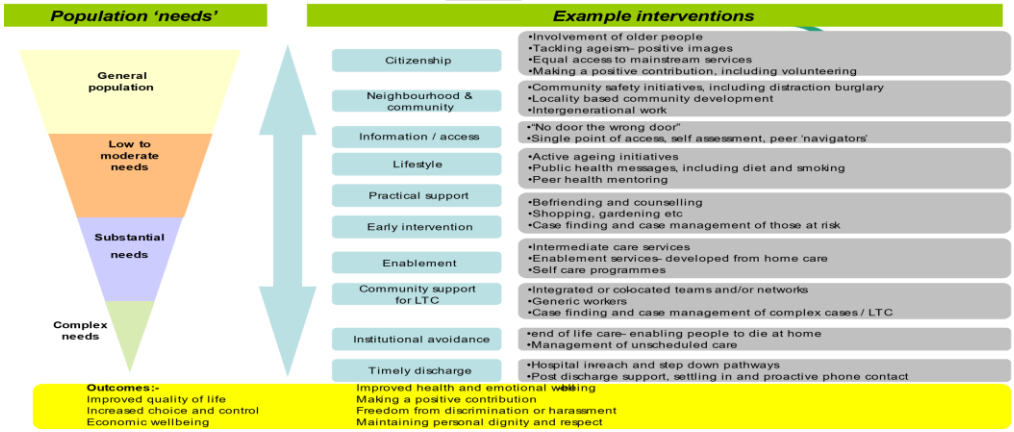
Figure 4: How Population Health Management works



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

Figure 5, below, demonstrates how a PHM approach can be used to segment a population, understand that population needs and develop interventions to support people at each stage.

Figure 5: Using a PHM approach to deliver bespoke interventions



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

A local case study

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

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

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

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

Further information and reading:

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

NHS England
Population Health and the Population Health Management Programme

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

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

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

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

workforce modelling and integration. The recent experience of Covid 19 has taught us that we deliver the best care to local people when we work together. We will prioritise the following:

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

This will be achieved through:

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

Further information and reading:

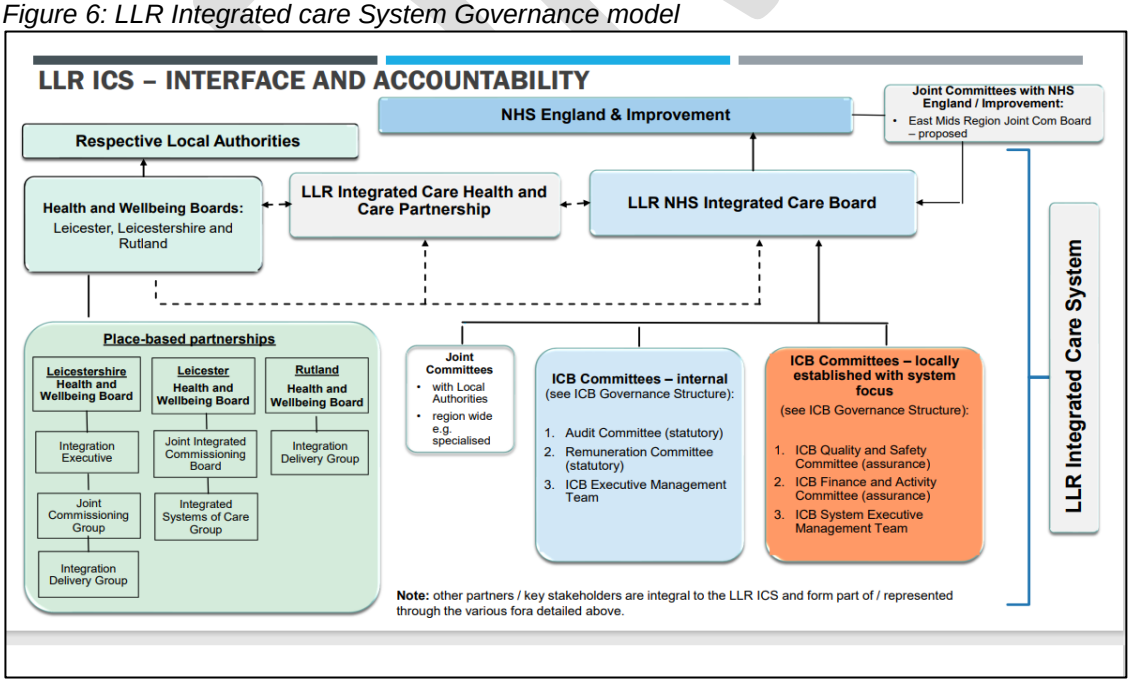
LLR Integrated Care Board:
Link needed to LLR People Plan

Leicestershire County Council:
People Strategy 2020-2024

Enabler 3: Good Governance

We have put in place governance arrangements that facilitate, support and hold to account our Partnership for the delivery of this Strategy, as illustrated in Figure 6, below.

Figure 6: LLR Integrated care System Governance model



Further information and reading:

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

Enabler 4: Digital, data and information sharing

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

Our vision for improving data and information sharing:

Data sharing: Our data sharing across health and care will be vastly improved by the LLR Shared Care record. Initially commencing within primary, secondary, acute and emergency care settings, this will, in 2023, be joined by care homes, hospices and community pharmacies. This care record programme will deliver a unified view of a person-centred health and social care record across LLR with the aim to provide health and social care professionals with information to support direct care.

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

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

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

Further information and reading:

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

Enabler 5: Research and innovation

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

COVID-19 has shown clearly the importance of research in tackling major health issues. LLR received national and international acclaim to their response to COVID-19. More than 29,000 people took part in COVID-19 research at UHL alone, more than recruited from the whole of Scotland and over 95% of

COVID-19 patients in the first wave were recruited to a least one study with over 50% entering interventional trials.

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

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

Our Partners

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

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

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

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

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

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

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

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

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

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

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

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

https://leicesterleicestershireandrutlandhwp.uk