

Leicester Health and Wellbeing Board

Leicester, Leicestershire and Rutland Integrated Care System Overview and Draft LLR ICS Purpose, Principles and Priorities

29th July 2021

Integrated Care Systems – What are they?

Enabling transformation of health and care:

- Joining up and co-ordination of health and care
- Proactive and preventative in focus
- Responsive to the needs of local populations

Grounded in the following:

- Planning for populations and population health outcomes and reducing inequalities and unwarranted variation
- Building on system and place based partnerships
- Subsidiarity and local flexibility
- Collaboration

Integrated Care Systems will:

- Improve outcomes in the population
- Tackle inequalities in outcomes, experience and access
- Support partners input into the broader social and economic development of the area through an anchor approach
- Enhance productivity and value for money

Our system

Integrated Care System: Leicester, Leicestershire and Rutland

Place

Leicester

Leicestershire

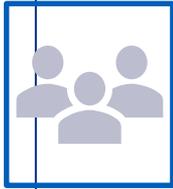
Rutland

Neighbourhoods

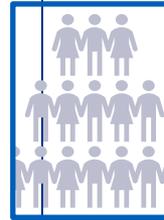
Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

What does this mean for Leicestershire

This is not a new approach – it is a continuation of what we have been doing:



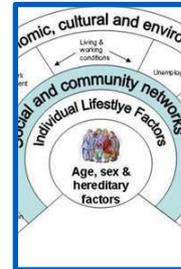
Understanding and working with communities



Population health management approach



Joining up and coordinating services



Addressing social and economic determinants of health and wellbeing and reducing health inequalities

Examples of what we have been doing in Leicester to integrate services

Home First: an integrated service to respond within 2 hours to people who are at risk of being admitted to hospital

Mental Health: integrated teams working alongside GP practices focused on patients with Long Term Conditions

Health Transfer Team: integrated work between social care and acute services to reduce discharge delays

Co-location: social care and community services co-located at the Neville Centre improving patients care through better co-ordination

Care Navigation: neighbourhood-based team working to support people in a range of areas – health; social care and wider services

Voluntary Sector: joint work with a number of voluntary sector organisations to provide support to particular groups

Priorities for Integration and Transformation in Leicester

Neighbourhood Teams:
develop further the
integrated team offer –
primary care; social care;
community care; voluntary
sector

Health Inequalities:
implement the local health
inequalities investment fund

Joined Up Data: improve the
sharing and quality of data
across health and social care

Communities: build on the
joint community based work
undertaken during COVID to
support health and wellbeing

Mental Health: embed
mental health services at a
local level

Health and Wellbeing:
refresh the Health and
Wellbeing Strategy

Overview of ICS infrastructure



Place infrastructure

Governance at 'place'

Clinically led with an 'independent' chair, multi-professional



Stronger representation from ICS GP's / PCN colleagues

Place programme lead, tied into ICS and each design group

Stronger leadership from primary care to ensure place outcomes are met

"Integrating care" Nov 2020

The ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

1. Access clear advice on **staying well**;
2. Access a range of **preventative services**;
3. Access **simple, joined-up care and treatment** when they need it;
4. Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
5. Access proactive support to keep as well as possible, where people have **additional needs or at high risk**; and
6. To expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**

System infrastructure

Integrated Care System

Accountable for improving the health outcomes of the population

LLR ICS NHS Board

- Takes on CCG statutory responsibilities
- Lead integration within the NHS
- Bring together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population
- Joint working arrangements should be the norm
- Shared strategic priorities within the NHS
- Wider partnership working to tackle population health and enhance health and care services

LLR ICS Health and Care Partnership

- NHS and local government as equal partners
- Joint action to improve health and care services
- Influence the wider determinants of health and broader social and economic development
- Develop an integrated care strategy for whole population
- Support place and neighbourhood-level engagement

Membership

Health and Care Partnership Group

Jointly appointed Chair

Representatives from local authorities responsible for social care

NHS Representation – at least one from the ICS

Other membership is for local determination but could include wider representation from LAs and NHS; VCSE sector; HealthWatch; and other organisations that can contribute to the agenda of the group

LLR ICS NHS Board

Independent Chair and minimum of 2 non-executive directors

ICS Chief Executive; ICS Director Finance; ICS Nursing lead; ICS Medical Director; NHS Trust Representative; Primary Care Representation; Local Authority Representation

Other membership is for local determination

Timeline

End of Q1 PREPARATION

- Understand guidance
- Develop plans to manage the change

End of Q2 IMPLEMENTATION

- Recruitment and selection processes for the ICS NHS body chair and chief executive
- Develop delivery model and governance model including system and place proposals
- Continue with delivering the plans for the change

End of Q3 IMPLEMENTATION

- Carry out the recruitment and selection processes senior management team
- ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form.
- Engagement on local ICS Constitution and governance arrangements for ICS NHS body and ICS Partnership.
- Continue with delivering the plans for the change

End of Q4 TRANSITION

- Complete due diligence for staff and property transfers from CCGs and other NHS staff transfers to new ICS NHS body
- Submit any required documents for approval/agreement
- Undertake the close down of CCGs and establish ICS

The full Integrated Care Systems: design framework can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

Draft LLR ICS Purpose, Principles and Priorities

Background

- The Leicester, Leicestershire and Rutland Integrated Care System Health and Care Partnership Group has developed its draft Purpose, Principles and Priorities through a series of workshops with partners.
- Each workshop built on the previous discussion to finalise proposals.
- Support was provided through a Task and Finish Group, of partners, between workshops to refine the proposals.
- At the final workshop on 17th May 2021 members were asked to provide any final comments before consideration by the Health and Care Partnership Group on 17th June 2021.
- The Health and Care Partnership Group asked for the Purpose, Principles and Priorities to be considered by Health and Wellbeing Boards before final approval was given by the Group.
- Therefore the Leicestershire Health and Wellbeing Board is asked for their comments and feedback on the proposed draft LLR ICS Purpose, Principals and Priorities.

Purpose

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

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

Transformational Priorities

Transformational Priorities

We will transform the following areas ensuring we take steps to improve the equity of access and outcomes

Best Start in Life

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

Staying Healthy and Well

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

Living and Supported Well

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

Dying Well

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

Operational Priorities

Operational Priorities – We will:

Work together across health and local authorities to deliver the COVID vaccination programme and winter Flu programme ensuring maximum uptake

Recover services across all sectors of our partnership that have been affected during the pandemic improving our communication with our residents as we do this

Deliver changes to UHL hospitals and transform our mental health services ensuring appropriate local delivery

Work together across health and care to transform access to the health and care services we provide, with a focus on primary care, urgent care, chronic conditions and mental health services

Note: these priorities will be the focus of the LLR ICS NHS Board to deliver working with partners as necessary