

DEVELOPING THE LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SYSTEM

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 16TH NOVEMBER 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

Underpinned 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



WHAT WILL BE THE DIFFERENCE WITH INTEGRATED CARE SYSTEMS?

- ✓ **Removing barriers:** enabling organisations to work collaboratively by removing barriers to better co-ordinate and transform and deliver services resulting in improved outcomes and or experience.
- ✓ **Easier to provide seamless care:** to a growing older and multi-morbidity population. The ICS will allow us to remove barriers and better co-ordinate the work of general practices, community services, social services and hospitals to meet people's needs.
- ✓ **Improves our ability to tackle health inequalities and implement preventative care:** enabling the NHS and local authorities and other partners to work together to better address social, economic, and environmental determinants of health.
- ✓ **Better use of resources:** we can more easily pool and share staff, knowledge, technology, data, expertise and financial resources.
- ✓ **Reduce duplication:** the better use of resources should also reduce duplication, thereby makes the most efficient use of the limited resources available.
- ✓ **Greater flexibility:** funding will be allocated at system level bringing greater flexibility on how this is used to support transformation and delivery of services.

OUR SYSTEM

Integrated Care System: Leicester, Leicestershire and Rutland

Place

Leicester

Leicestershire

Rutland

Neighbourhoods

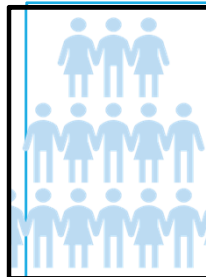
Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

WHAT DOES THIS MEAN FOR LEICESTER, LEICESTERSHIRE AND RUTLAND

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



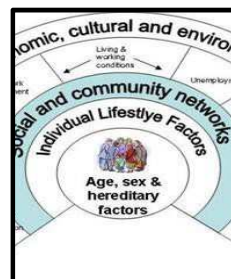
Understanding and working with communities – using JSNA, information and public insights to drive improvements in health and wellbeing



Population health management approach – to support improvement in outcomes, enable better joined up care and impact on health inequalities and wider determinants of health



Joining up and coordinating services – developing an integrated plan for each place which improves outcomes – both at place and neighbourhood



Addressing social and economic determinants of health and wellbeing and reducing health inequalities – how we can use the assets of the local public sector to improve outcomes and reduce inequalities

EXAMPLES OF WHAT WE HAVE BEEN DOING IN LEICESTER, LEICESTERSHIRE AND RUTLAND TO INTEGRATE SERVICES

Home First: an integrated service to respond 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

Discharge: integrated work between social care and acute services to reduce discharge delays

Co-location: social care and community services co-located 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, LEICESTERSHIRE AND RUTLAND

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
Strategies

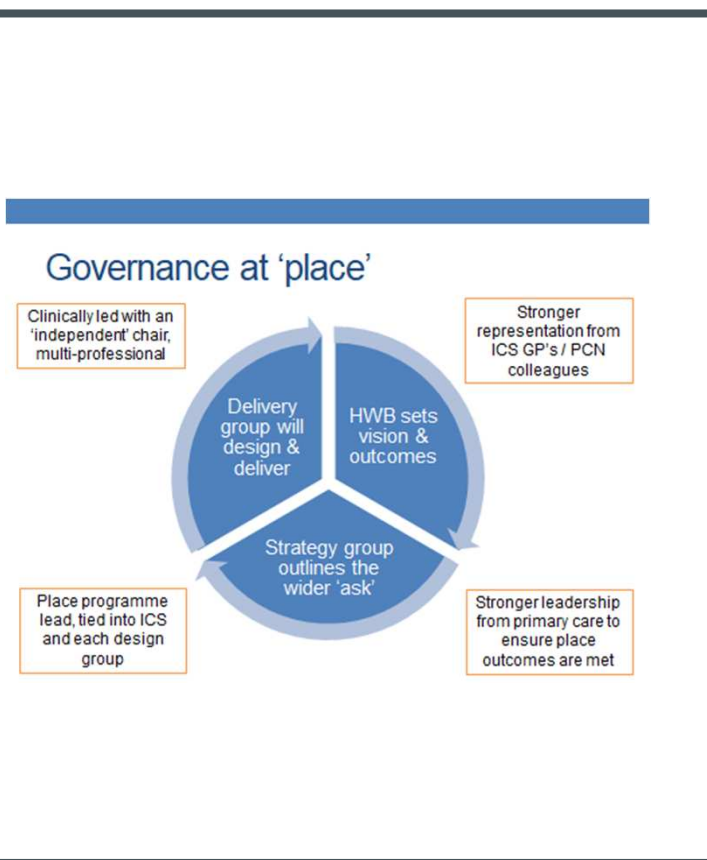
OVERVIEW OF ICS INFRASTRUCTURE





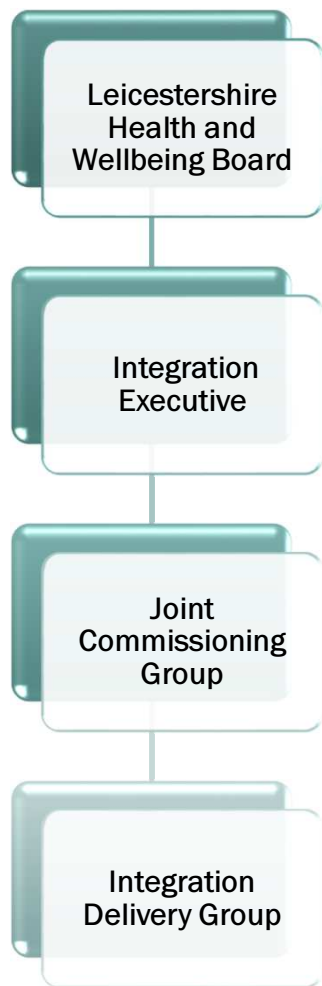
PLACE

HIGH LEVEL RESPONSIBILITIES OF EACH PLACE GROUP

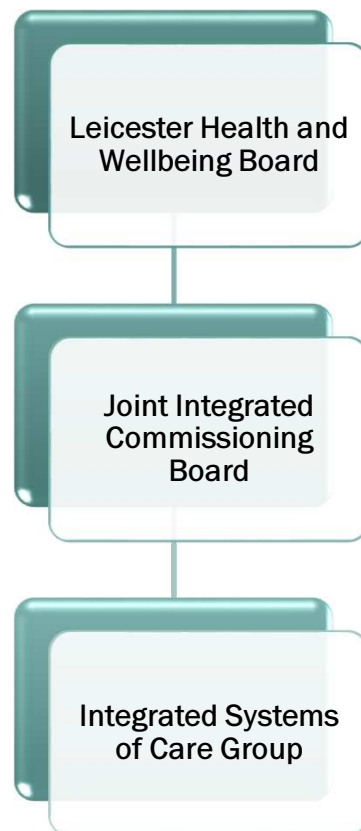


- Our Health and Wellbeing Boards will develop strategic plans for the improvements in population health and wellbeing at Place level.
- Strategic Partnership Groups will develop operational plans to enact the strategy.
- Delivery will be led by each of the **delivery groups**, with accountability to the place-led Strategic Partnership Groups. The delivery group will also be responsible for any neighbourhood and sub-neighbourhood modifications, based on local intelligence and need.

DRAFT PLACE BASED GOVERNANCE



Leicestershire



Leicester



Rutland



SYSTEM INFRASTRUCTURE

SYSTEM INFRASTRUCTURE

Integrated Care System

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

LLR ICS NHS Board

(takes on CCG statutory responsibilities)

- Day to day running of the ICS including strategic planning, allocation decisions and performance
- Develop a plan to address the health needs of the population
- Set strategic direction for the system
- Develop and deliver revenue and capital ensuring value for money and enhancing productivity
- Secure the provision of health services

Integrated Care Partnership

- Equal partnership across health and local government
- Facilitate joint action to improve health and care services and to influence the wider determinants of health and support broader social and economic development.
- Develop an integrated care strategy covering relevant health and care aspects, addressing inequalities and tackling the wider determinant of health and wellbeing. This will align with the strategic plans of the Health and Wellbeing Boards.

PROGRESS AND NEXT STEPS

Progress	Next Steps
<ul style="list-style-type: none">✓ Designate Chair in place✓ Discussions in relation to Integrated Care Partnership role and membership have taken place – proposals being finalised✓ Place arrangements discussed✓ Draft governance for Integrated Care Board✓ Development of governance documents underway✓ Resources and plan in place to manage the transition from CCGs to ICB✓ ICS Purpose, Principles and Priorities agreed✓ Clinical leadership proposals being developed	<ul style="list-style-type: none"><input type="checkbox"/> Complete Executive recruitment<input type="checkbox"/> Complete Non-Executive Director appointments<input type="checkbox"/> Finalise and approve ICB governance and related documents<input type="checkbox"/> Finalise and approved ICP governance<input type="checkbox"/> Finalise and approve place arrangements<input type="checkbox"/> Continue with due diligence work<input type="checkbox"/> Progress detailed plan to close down the CCGs and establish the ICB<input type="checkbox"/> Finalise clinical leadership within the ICS<input type="checkbox"/> Continue to develop our approach to collaborative working