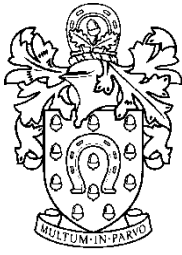


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Rutland County Council

Catmose Oakham Rutland LE15 6HP

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Minutes of the **SPECIAL MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held via Zoom on Tuesday, 22nd February, 2022 at 2.00 pm

PRESENT

1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation, LLR CCGs
3.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
4.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
5.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
6.	John Edwards	Associate Director for Transformation for Mental Health, Leicestershire Partnership NHS Trust
7.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
8.	Sandra Taylor	Health and Wellbeing Integration Lead, RCC
9.	Vivienne Robbins	Consultant in Public Health, RCC

APOLOGIES:

10.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
11.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
12.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
13.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
14.	Simon Down	Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner

ABSENT:

15.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
16.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland

PORTFOLIO HOLDER PRESENT:

17.	Councillor D Wilby	Portfolio Holder for Education and Children's Services
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OFFICERS PRESENT:

18.	John Morley	Strategic Director for Adults and Health (DASS)
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19.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
20.	Sarah Prema	Executive Director of Strategy and Planning, LLR CCGs
21.	Adhvait Sheth	Strategic Planning Manager, LLR CCGs
22.	Charlotte Summers	Integration and Transformation Manager, LLR CCGs
23.	Jane Narey	Scrutiny Officer

IN ATTENDANCE:

24.	Councillor P Ainsley	Chair of the Primary Care Task and Finish Group
25.	Councillor R Powell	County Councillor

1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the special meeting of the Rutland Health and Wellbeing Board. Apologies were received from Melanie Thwaites, Simon Down, Mark Powell, Louise Platt and Fiona Myers, who had sent a representative, John Edwards

2 DECLARATIONS OF INTEREST

There were no declarations of interest

3 PETITIONS, DEPUTATIONS AND QUESTIONS

The Clerk confirmed that one question had been received from Mr Godfrey Jennings.

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Mr Godfrey Jennings joined the meeting at 2.32 p.m.

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Mr Jennings addressed the Board with his question regarding the Joint Health and Wellbeing Strategy. Councillor Harvey gave a verbal response and confirmed that a full written response would be sent to Mr Jennings and would be published with the minutes.

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Mr Godfrey Jennings left the meeting at 2.38 p.m.

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4 QUESTIONS SUBMITTED AT SHORT NOTICE

The Clerk confirmed that one question had been submitted at short notice from Mrs Susan Pickwoad who was not present at the meeting due to the earlier IT issues.

The Clerk confirmed that details of Mrs Pickwoad's question and the response would be sent to her and published with the minutes of the meeting.

5 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions with notice from members.

6 JOINT HEALTH AND WELLBEING STRATEGY AND PLACE LED DELIVERY PLAN

Report No. 42/2022 was received from Councillor Harvey as the Portfolio Holder for Health, Wellbeing and Adult Care. During the discussion, the following points were noted:

- Councillor Harvey informed members that the Board could not legally endorse the Joint Health and Wellbeing Strategy (JHWS) as this would require the Board to make a decision, which it was not legally allowed to do whilst meeting virtually. It was agreed to defer the decision to the next meeting of the Rutland Health and Wellbeing Board on the 5th April 2022 when the meeting would be held in person in the Council Chamber at the Council offices in Oakham.
- The strategy and delivery plan were detailed but remained evolving working documents that were flexible to adapt and change as the reconfiguration of UHL (University Hospitals of Leicester) progressed.
- Rutland had a clear vision and a comprehensive delivery plan as detailed in Appendix B.
- Key performance indicators were identified in Appendix D, including current values to serve as baselines. It was noted that this was just the beginning of the journey for Rutland so the document would evolve as the journey progressed, including developing core quantified targets with involved partners in line with the confirmed timing and scope actions in the plan.
- A quarterly update report would be submitted to the Rutland Health and Wellbeing Board.
- Patient access to all services was being investigated including the availability of public transport, with the aim of equitable access for all.
- It was suggested that the delivery plan should include a 'crisis plan' to cover such things as a pandemic or other health emergency.
- Staff shortages within the health service were noted and it was proposed that there should be a focus on staff training including the offer of training and development to graduates and school leavers.
- Cross border working remained an issue and work was ongoing locally between neighbouring areas regarding integration to ensure a smooth transition for patients from Rutland to other areas and vice versa.
- The role of the Rutland Health and Wellbeing Board was being reviewed and this would give the opportunity to develop the Board into something ideal for Rutland moving forward. The groups reporting into the Health and Wellbeing board were also being extended to facilitate ongoing collaboration and ensure that there was clear ownership and accountability around delivery of the strategy's seven priorities.
- It was important that the public should be kept informed and included in the conversations regarding the development of the Board and the integration work being discussed.
- It was proposed that to monitor the progress of the plan, an annual update on the Joint Strategic Needs Assessment (JSNA) and the JHWS should be reviewed in detail by the Rutland Health and Wellbeing Board i.e. what had worked well or needed more work, what had changed as a result and how this would inform future priorities.

RESOLVED:

That the Committee:

- a) **NOTED** the context and purpose of the Joint Health and Wellbeing Strategy (JHWS).
- b) **NOTED** the report detailing the outcomes of the JHWS consultation exercise.
- c) **AGREED TO DEFER** the endorsement of Rutland Joint Health and Wellbeing Strategy and its associated initial Delivery Plan, attached at Appendices A and B of this report, including: an extension to the life of the strategy from three to five years (2022-27); and adjustments to the structure of the Delivery Plan's priorities.
- d) **AUTHORISED** the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch, working with local stakeholders.
- e) **APPROVED** the proposed evolution of the Health and Wellbeing Board, including adopting the 'Do, sponsor, watch' approach to prioritising actions, reviewing the terms of reference of the board and subgroups and developing an engagement strategy including a participation group to support development of the board.

7 UPDATE ON STEP UP TO GREAT MENTAL HEALTH

A verbal update was received from John Edwards, Associate Director for Transformation for Mental Health, Leicestershire Partnership NHS Trust. During the discussion, the following points were noted:

- Details of the immediate priority areas would be distributed to the group once approved by the LPT Board at the end of March 2022.
- Governance for mental health would consist of place-based delivery groups which would cover all ages i.e. children, young people and adults. A draft document would be distributed in March 2022 for review.
- Projects would be created around a place or system that would work for the population of Rutland.
- £1m in grant money was available across Leicester, Leicestershire and Rutland (LLR). The funding would be reviewed by the relevant panel in March 2022 for deployment/allocation.
- A 'Mental Health Neighbourhood Lead' would be allocated in Rutland to bring partners together. It was agreed that it would be a good for this person to link in with Rutland's Family Hub development. A feasibility study including physical space for the Family Hub was to be done so it would be good to feed into this study regarding a possible space for the mental health groups. It was agreed that the Family Hub Programme Manager would link in with Emma Jane Perkins, Head of Community Care Services to take this matter forward.
- Investment in adult social care roles had been made by Leicestershire County Council to ensure sufficient resources to cover LLR.
- Rutland was to be used as an 'innovation site' to bring partners to work locally together. This would be a good start to equalize mental health with physical health and provide more mental health support services in the community.
- It was suggested that the plan needed to include the mental health care provided by the military to serving members and veterans. Councillor Harvey reported that the Rutland Health and Wellbeing Board was in discussions with the armed forces to have a representative at future meetings.
- It was noted that mental health support in Rutland should include support for men and particularly men working in agriculture e.g. farmers, labourers etc.

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John Edwards left the meeting at 3.00 p.m.

The Chair paused the meeting for a break at 3.00 p.m. and re-started the meeting at 3.10 p.m.

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8 PRIMARY CARE TASK AND FINISH GROUP: PRELIMINARY REPORT

The preliminary report from the Primary Care Task and Finish Group was presented by Councillor Ainsley, Chair of the Primary Care Task and Finish Group. During the discussion, the following points were noted:

- Over 900 responses were received as part of the patient survey, which had been undertaken via leaflet distribution, face-to-face meetings and telephone conversations as well as online.
- The Task and Finish Group continued to collate information for publication in the final report.
- The final report would detail recommendations and proposed actions for each committee before being presented to the Rutland Health and Wellbeing Board and Council.
- The feedback from patients differed between the various medical practices and had been very informative.
- The preliminary report had been distributed to the medical practices, the Integrated Care System (ICS) and the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCG).
- Dr Fox, Clinical Director of the ICS and Rachna Vyas, Executive Director of Integration & Transformation at the LLR CCG had attended the meeting of the Primary Care Task and Finish Group on the 21st February 2022. Their presentation and the subsequent discussion were both interesting and informative in equal measure and showed their depth of knowledge regarding the proposed Joint Health and Wellbeing Strategy.
- Councillor Ainsley publicly thanked everyone for their assistance in the production of the report and confirmed that the Local Authority would welcome the opportunity to continue working in close collaboration with all stakeholders to ensure that the voice of Rutland residents was heard in such matters as community healthcare and integrated services.
- It was confirmed that the recommendations from the Primary Care Task and Finish Group would need to link in with the Joint Health and Wellbeing Strategy.
- Engagement with the community should be continued and improved. The community had commented that they had been informed of the Joint Health and Wellbeing Strategy but had not been involved in the discussions regarding the how, what and why.
- Concern was expressed regarding the housing growth and the number of care homes planned for Rutland. It was reported that no definitive numbers were available due to the lack of a Local Plan from the local authority.
- Councillor Ainsley confirmed that an asset review was being undertaken by the Council but that the estates plan within the JHWS also needed to be considered by the Task and Finish Group.
- Councillor Ainsley agreed that the communication between GP practices should be improved including the sharing of good practice.

RESOLVED

That the Committee:

- a) **REPEATED** the patient survey within 12 months when the health services were more 'back to normal' as the changes made by the GP practices were recent and were done whilst staff were under immense pressure from the Covid pandemic.

9 DATE OF NEXT MEETING

Tuesday, 5th April at 2.00 p.m. in the Council Chamber, Catmose and via Zoom - <https://us06web.zoom.us/j/88171089954>

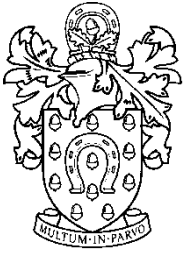
Agreed Agenda Items:

1. New Terms of Reference
2. Rutland Joint Health and Wellbeing Strategy (Place Led Plan)
3. Changes to Transport for Accessing Health Care (inc. the new Bus Service Improvement Plan)
4. Primary Care Task and Finish Group: Final Report

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Chairman closed the meeting at 4.37 pm.

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PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

MEETING: Special Health and Wellbeing Board

MEETING DATE: 22 February 2022

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Question with notice	Mr Godfrey Jennings	20 Newtown Road Uppingham LE15 9TS

DETAILS

The Implementation Plan, as presented to the Adults & Health Scrutiny Committee on 17th February 2022, is nothing more than a list of aspirations. It is notable that no reference is made about the future of RMH or any possible equivalent facility, which appears to be an ominous harbinger for Rutland, given the Government’s objective of seeking to place more non-acute care closer to patients. The outputs expected from the current Plan are ill-defined and typically within unspecified timescales and with no associated financial budget. Responsibility for delivery is also not clearly defined.

It follows that it is not possible for either Councillors or residents to assess progress or outcomes against any properly detailed plan. The absence of necessary detail in the Rutland Plan stands in stark contrast to the submissions of Leicester / Leicestershire.

Why then should Rutland residents have any confidence that when the Plan is submitted for review by the ICS it will be afforded the same degree of consideration of health priorities as that given to Leicester and Leicestershire?

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Question with short notice	Mrs Susan Pickwood	2 The Tannery, Barrowden, Rutland, LE15 8EA

DETAILS

What are the plans for Rutland Memorial Hospital, what services will be offered there and will this include additional diagnostics and out-patient consultations?

RESPONSE TO BOTH QUESTIONS

I can confirm that we have looked at plans from across the country to see exemplars of plans. It is worth pointing out that Leicester City Council updated their existing strategy; we chose to rewrite. That being said, their delivery plan encompasses 16 pages of detail but they too do not give specific timeframes or finer detail on measurable outcomes.

Our delivery plan stretches to 41 pages and does include overlining details of the lead funding and indicative timescales. Some elements are still unknown as it is a developing plan.

The plans for Rutland Memorial Hospital (RMH) and the services offered will be detailed by the Rutland Strategic Health Group as part of the Joint Health and Wellbeing Strategy. The Rutland Health and Wellbeing Board will receive regular reports on the proposed plans for RMH and the progress of those proposed plans.

I can draw your attention to 4.2.2 and 4.2.3 of the Initial Delivery Plan, which specifically talks of work around Rutland Memorial Hospital and the delivery of services within our community.

I will finish by giving reassurance that under the Integrated Care System, Rutland is a Place in its own right and will be given the same consideration as the other two places. Indeed partners around the table share that view.

Councillor S Harvey
Portfolio Holder for Health, Wellbeing and Adult Care

A bright future for health, care and wellbeing in Leicester, Leicestershire and Rutland

A brief introduction to the Leicester, Leicestershire and Rutland Integrated Care System

The NHS is one of the best healthcare systems in the world, but it is under extreme pressure to meet the demands of a growing, ageing population, and more people with complex and long-term conditions than ever before.

Our health system needs to adapt to meet people's changing needs and lifestyles, and provide them with the very best care, in the very best place for them.

That's why everyone involved in health and care across Leicestershire and Rutland – from local councils to community organisations, hospitals to GP surgeries – has been working together, to create a health service that is fit for the future.

The new Integrated Care System gives us the opportunity to build upon the improvements we've already made and do more to address the long-standing health inequalities that continue to exist across our system.

It will enable us to focus on:

- **Health and wellbeing**
Addressing differences in life expectancies, helping people to make more informed lifestyle choices, such as those around smoking and obesity, and ensuring everyone is able to access appropriate health and care close to their home.
- **The best possible care**
Ensuring hospitals and community health and care providers are supported to keep up with demand and continue to provide high quality services. We want to do more to reduce waits for some treatments and procedures as well as improve access to primary care and support people to live independently for as long as possible.
- **Finance and funding**
Health and care costs are increasing – our old buildings are expensive to maintain, it's more difficult to recruit staff and keep them, and there is greater demand on services than ever before. Working together allows us to share resources and plan services in a more efficient, cost-effective way, that is also better for the communities we serve.

What is an Integrated Care System (ICS)?

Integrated Care Systems are new partnerships between the organisations that meet health and care needs across an area – for example, hospitals, GPs, local councils, charities and community organisations.

They aim to remove the divisions between different parts of the health and care services which have, in the past, meant that too many people experienced disjointed care. More joined-up working will provide a more seamless service, remove the distinction between mental health and physical health, and make it easier to access the services you need.

We all want to see better, more joined-up care from our health and care services across Leicester, Leicestershire and Rutland, and we are committed to making this happen for our communities now, and for generations to come.

We will work together to ensure everyone in our three counties has a healthy and fulfilling life, reducing the inequalities that currently exist across the patch. By working together, pooling our knowledge and removing the barriers and bureaucracy in the current system, we can ensure that every member of our population has access to the health and care services they need.

We began looking at these challenges before the pandemic but the importance of working together to make a real difference has been brought into stark focus by the experiences during it. Now, more than ever, it is time to make a lasting change which will benefit every resident of Leicester, Leicestershire and Rutland, not just in the coming months and years but for decades to come.



The aim, purpose and principles of our ICS



Our aim

Our aim is to deliver a health and care system in Leicester, Leicestershire and Rutland that tackles inequalities in health and delivers and improves the health and wellbeing and experiences of local people and provides value for money.

Our purpose

We have a clear purpose:

To work together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives.

Our principles

As a system, we have committed to working together with respect, trust and openness, to:

- Ensure that everyone has equitable access and high-quality outcomes
- Make decisions that enable great care
- Make decisions and deliver services as locally as possible
- Develop and deliver services in partnership with our citizens
- Make the Leicester, Leicestershire and Rutland health and care system a great place to work and volunteer
- Use our combined resources to deliver the very best value for money and to support the local economy and environment



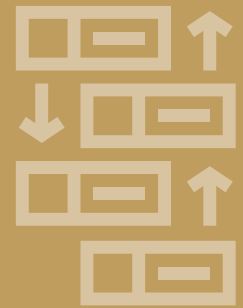
COVID-19 has further highlighted many of the known health inequalities that exist for people across LLR as well as shining a light on new ones. These are significant challenges that can only be addressed by the NHS, local government and voluntary and community sector working together to tackle the wider determinants of ill health that often lead to poorer health outcomes.



Andy Williams
Designate Chief Executive
Leicester, Leicestershire and
Rutland ICS



Our priorities



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.



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.



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.



4



Dying well

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



This will be seen on the ground with quicker diagnosis, care closer to home in improved facilities, higher quality services, earlier intervention in long-term conditions, improved wellbeing, more digital healthcare options where appropriate, and greater integration between healthcare providers so patients have seamless care between organisations.

Knowing your area to give you the very best care



Our new system will operate at three levels, building a better knowledge of the needs of people, so that:

Patients receive more care closer to home, including some outpatient and diagnostics procedures.

People can stay independent for longer because health providers, social care and community-based services will support those with the most complex needs.

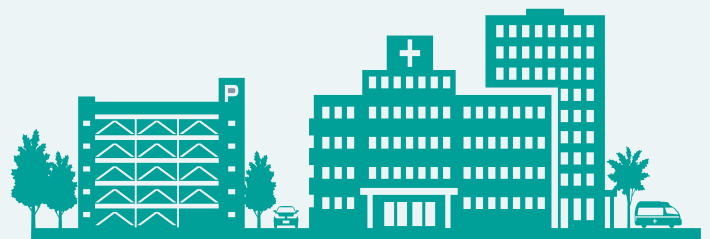
Neighbourhood

'Neighbourhoods' are the cornerstone of our ICS. Based on 25 groups of GP practices, known as primary care networks, they work together to manage care close to home for populations of 30-50k patients. They develop multidisciplinary teams working with councils, the community and voluntary sector, to care for those with long-term conditions. GPs, practice and community nurses and staff will work with partners to wrap care around the most vulnerable.



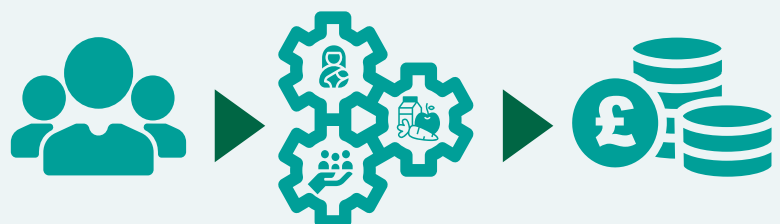
Place

At the 'place' level, care alliances, including hospitals, local authorities (Health and Wellbeing Boards), urgent care, mental health and community services, transport providers and the newly formed primary care networks, plan the delivery of healthcare in response to local need.



System

At a system level the statutory Integrated Care Body and its partners will analyse need, set priorities and desired health outcomes, and allocate funding.



The people of Leicester, Leicestershire and Rutland

We serve a large and diverse population. Leicester, Leicestershire and Rutland has a population of more than 1.1 million. Of these around 360,000 people live in the city of Leicester and 40,000 in the county of Rutland.

In some wards within the city up to 80% of residents are from ethnic minority groups. Leicester is a growing city with a younger than average population, in part due to its two universities as well as the high number of children who call it home.

Rutland has an older population, on average, with nearly 24% aged over 65.

Typically Leicester is characterised by its high levels of ethnic diversity, with more than 50% of the city's population belonging to an ethnic minority, and high levels of migration into the city.

Leicestershire and Rutland are less diverse, with around 10% and 3% respectively belonging to ethnic minority groups.

Leicester's diversity also extends to a number of other communities including a significant Lesbian, Gay, Bisexual and Trans (LGBT) population, as well as being a 'City of Sanctuary' welcoming asylum seekers and refugees. Recently this has seen Leicester receive a number of Afghan refugees, with our system responsible for ensuring they were safe and looked after following their initial arrival into the country.



Our health challenges

We have many stark health inequalities across our area.

In Leicester we serve some of the poorest areas of the country alongside some of the most affluent in Rutland.

Leicester is ranked as the 32nd most deprived local authority area in the country (out of 317). Just over a third (35%) of our residents live in an area classified as being in the most deprived 20% nationally.

Although Leicestershire and Rutland are not particularly deprived there are some small pockets of significant deprivation for a proportion of the population, particularly in parts of Loughborough and Coalville.

Rutland is more affluent than England as a whole. However, issues regarding rurality and access contribute to inequalities of other kinds.

Often the localities with the highest deprivation are also those with the highest number of citizens from ethnic minority backgrounds.

In Leicestershire life expectancy for both men and women is slightly above the national average and in Rutland men tend to live for around 1.4 years longer than national average for both men and women. Whilst life expectancy is improving in Leicester it is not rising as fast as nationally. Women live 1.2 years less than the national average and men 2.3 years less.

On average more than 17 years for men and 25 years for women are spent in poor health, whilst life expectancy varies significantly across the city with a difference of 8.3 years for men and 5.9 years for women between areas with the highest deprivation and the least deprived areas. This unacceptable gap drives our relentless determination to put reducing health inequalities at the forefront of our strategy for the ICS.

The people of LLR – at a glance

LLR population
1.1m

Leicester



360k

Leicestershire



700k

Rutland



40k

Languages

English

Leicester **72.5%**
Leicestershire **96%**
Rutland **98.2%**

Gujarati

Leicester **11.5%**
Leicestershire **0.9%**
Rutland **0%**

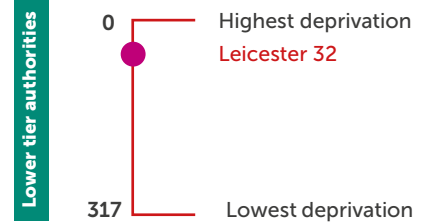
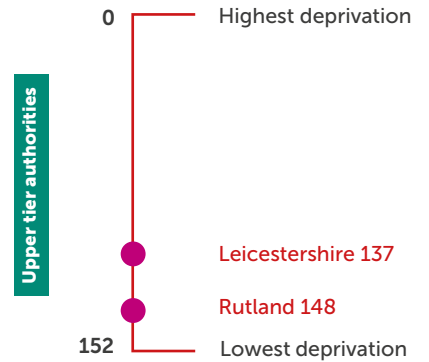
Punjabi

Leicester **2.4%**
Leicestershire **0.4%**
Rutland **0%**

Polish

Leicester **2%**
Leicestershire **0.4%**
Rutland **0%**

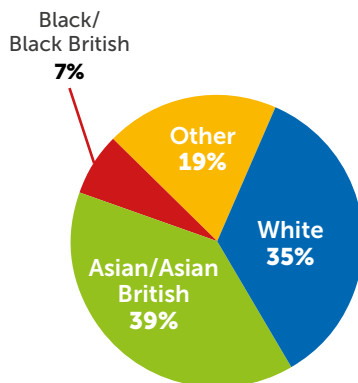
Deprivation



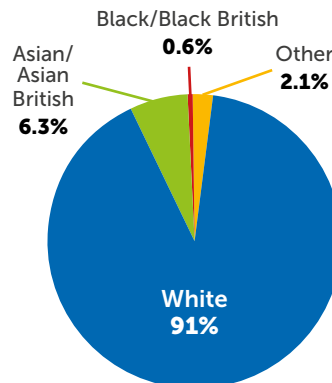
70k
health and
care staff



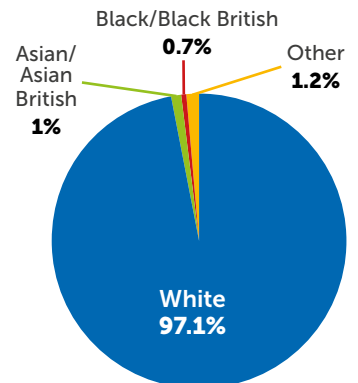
Ethnicity



Leicester



Leicestershire

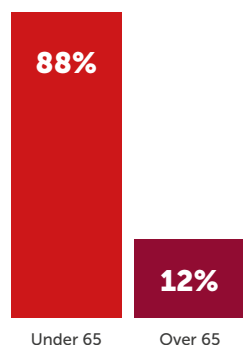


Rutland

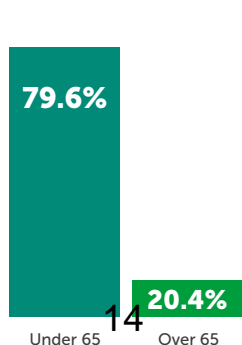
Age



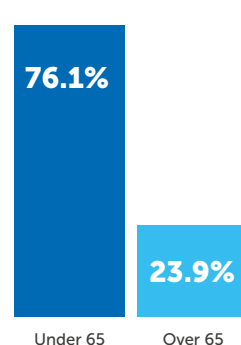
Leicester



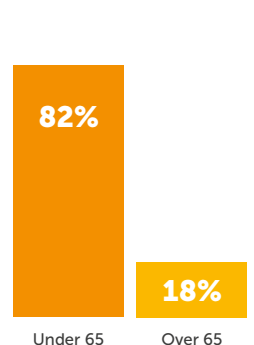
Leicestershire



Rutland



UK



Our partnership

Our partnership brings together NHS and council partners with the voluntary, community and social enterprise sectors, to plan services and provide funds to address the needs of our population.

NHS statutory bodies

These organisations run and coordinate our hospitals and community care facilities, mental health services, community nursing, health visiting teams and GPs.

Our three Clinical Commissioning Groups have been working together under a single management structure and aligned governance arrangements for some time. From July 2022 these organisations will be replaced by a new statutory Integrated Care Body, subject to the passage of the Health and Care Bill through parliament.



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



University Hospitals
of Leicester
NHS Trust



Leicestershire Partnership
NHS Trust

Local authorities

Our current ICS boundary has common boundaries with three upper tier local authorities; Leicester City Council, Leicestershire County Council and Rutland County Council.

The city and county councils in our patch have responsibility for the support and care of the vulnerable, elderly and disabled in the community.



Wider partners and stakeholders

General practice, NHS providers, local government and the third sector are the foundation of our ICS. As a key delivery partner our general practices, of which there are more than 130 across 25 Primary Care Networks, will have a key role for locality and place based working that will integrate services and ensure they meet the needs of our diverse communities. Representatives of the voluntary and community sector are also actively engaged with ICS partners in shaping and supporting local services, along with Healthwatch.

LLR
activity
per
year



11k
births



6.4m
GP appointments



137k
elective (planned)
operations



193k
UHL emergency
attendances



101k
emergency
admissions



1.1m
outpatient
appointments

Our governance

Our governance arrangements

As a system we are jointly developing our future governance arrangements, bringing together existing partnership working in line with emerging guidance. Development work is being undertaken on the following:

ICS Health and Wellbeing Partnership

This brings together health and care organisations, along with other partners, in a statutory committee to develop a single strategic vision and strategy for the system which sets out how the wider health needs of the local population of LLR will be met, informed by Joint Strategic Needs Assessments (JSNAs).

Integrated Care Board

The Integrated Care Board will take on NHS planning functions held by current CCGs. The ICB will have its own leadership team, including chair and chief executive, and will also include members from NHS Trusts, local authorities and general practice. The ICB will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. This plan must have regard to the ICS Partnership Board's integrated care strategy.

Place

We have three established places: Leicester, Leicestershire and Rutland and six localities (One for each of Leicester and Rutland, and four for Leicestershire). These will link with each of the three Health and Wellbeing Boards to translate the priorities of the ICS Partnership Board's integrated care strategy into local action to reduce health inequalities.

Collaboratives

We are developing our provider collaborative arrangements in active consultation with providers, building on current collaboration.

Our ICS in action

Our ICS is about more than strategies and plans. It is about building on existing collaboration and making services better for patients. Below are three brief examples of how, by working more closely together than ever before, partners across Leicester, Leicestershire and Rutland are making a real difference to the health and wellbeing of our population.

Working together to keep care home residents safe

Primary care, community care, secondary care, ambulance service and social care personnel are all working together in new ways to promote a community response and reduce the need for care home residents to be admitted to hospital as a result of falls, delirium, pressure injuries and Covid-19 part of the Pre-Transfer Clinical Discussion and Assessment (PTCDA) scheme.

Led by geriatricians and GPs, a discussion takes place between all relevant parties when a care home resident is deemed at risk of hospitalisation to explore safer alternatives. If staying in the care home the patient is visited by either a GP or geriatrician with a special interest in care home medicine to put an appropriate package of care and support in place.

During the initial period the initiative has led to the appropriate avoidance of 577 hospital admissions and 2,885 bed days, the saving of 730 ambulance journeys, and financial savings of at least £395,245. Most importantly, it has kept many frail people in a supportive and safe environment rather than in a hospital unnecessarily.

Harnessing the use of technology on virtual wards

Across LLR, the Covid-19 pandemic has helped to drive forward a rapid expansion of remote monitoring schemes, allowing clinical teams to keep track of patients with chronic conditions safely and in the comfort of their own home. The scheme is a partnership between University Hospitals of Leicester, Leicestershire Partnership Trust, the CCGs and Spirit Healthcare.

Inspired by efforts to establish 'virtual wards' for heart and lung patients after the pandemic began, work has been taking place to extending the use of technology across more care pathways including heart failure and COPD. The technology is set up to help patients self-manage their condition at home while giving them support and reassurance that the monitoring equipment will ensure their clinical teams can act swiftly if their health deteriorates.

In the first year more than 900 patients were supported, including 700-plus with heart failure and COPD. Fifty patients with heart failure and respiratory conditions were supported in the first six months through the digital rehabilitation pathway, while 172 Covid-19 patients have been discharged after a hospital admission with remote monitoring at home during an initial five-month period.

Rapid response service supports fallers

An innovative partnership between health and social care partners is helping to dramatically reduce the level of unscheduled hospital admissions amongst frail and older people, many of whom have suffered a fall at home. Initially launched in Leicester, the Integrated Crisis Response Service (ICRS) has been so successful it has now also been rolled out across Leicestershire and Rutland.

The ICRS is a 24/7, 365-day solution that responds to patients within two hours of a call from a home or referral by a GP. It brings together health services, mental health services for older people and therapy services. The model offers up to 72 hours of support, which includes care, assessment, risk management and wraparound services such as equipment, assistive technologies and handyperson to make necessary changes to the patient's home to reduce the risk of further falls.

In many cases that is preventing the patient from going to hospital when they don't need to. Data from Leicester suggests that before Covid-19 more than 1,750 fallers were being supported each year, with only 8% needing to go to hospital after intervention.

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