IN Partnership

The stakeholder bulletin for the Leicester, Leicestershire and Rutland ICS

February 2022

INCLUDED IN THIS ISSUE:

WELCOME TO IN PARTNERSHIP

Welcome to this fourth edition of *In Partnership*, providing details of how the Integrated Care System (ICS) in Leicester, Leicestershire and Rutland (LLR) is taking shape.

Our emerging ICS is a partnership of local health and care organisations, including our upper tier and unitary local authorities, that have come together to plan and deliver joined up services and to improve the health and wellbeing of people who live and work in the area. In Partnership brings you news, views and updates on partner organisations working together to better integrate care in LLR.

JULY LAUNCH FOR THE INTEGRATED CARE BOARD

NHS Planning Guidance released towards the end of 2021 has confirmed that the target date for the establishment of the new Integrated Care Boards (ICBs) nationally will now be 1 July 2022. This replaces the previous target date of 1 April 2022.

The Planning Guidance states that this new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

This means that the three local Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland (LLR) will continue as statutory bodies until 30 June 2022, subject to the passage of legislation.

During this period:

- **CCGs nationwide will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business collaboratively in cases where there are multiple CCGs within an ICS footprint, through existing governing bodies**
- **CCG leaders will work closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting**
- **NHS England and Improvement will retain all direct commissioning responsibilities not already delegated to CCGs.**

In LLR we were well prepared for the establishment of the ICB in April; the move to launching on 1 July allows us more time to complete recruitment to the new Board and establish the new ways of working ahead.

MORE APPOINTMENTS MADE TO INTEGRATED CARE BOARD

The Integrated Care Board has moved a step further forward in its development following several more key appointments.

We are pleased to confirm the appointment of Dr Nil Sanganee as Director of Medicine. Nil is currently a partner at the Castle Medical Group and a GP trainer and medical student tutor for the Royal College of GPs.

We have also recruited four Non-Executive Members (NEDs) following a comprehensive selection process.

These are:

Darren Hickman, Non-Executive Director (Audit Committee)

Simone Jordan, Non-Executive Director (People and Remuneration Committee)

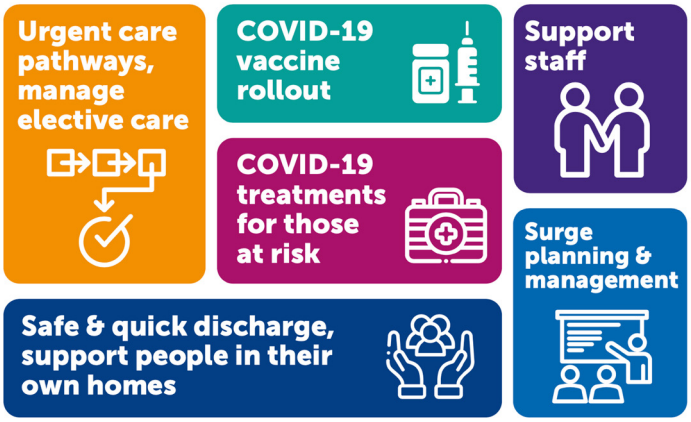
Professor Azhar Farooqi OBE, Non-Executive Director (Health Inequalities, Public Engagement, Third Sector and Carers)

Pauline Tagg MBE, chair of East Midlands Ambulance Service NHS Trust

Darren is currently a Non-Executive Director of Leicestershire Partnership NHS Trust and consultant specialising in governance, risk and audit. Simone is a Visiting Professor at Nottingham Business School and has a strong background in HR, transformation and organisational change. Azhar is the current chair of Leicester City CCG and a GP at East Leicester Medical Practice with particular interest in ethnic minority health issues. Meanwhile Pauline is the chair of East Midlands Ambulance Service NHS Trust and previously worked in the acute sector for over 35 years as a nurse, midwife and senior leader.

Appoints remain subject to pre-employment checks and the passing of legislation to formally create ICS's.

RESPONDING TO THE OMICRON COVID-19 PEAK



The health and care community has risen to the challenge of the new Omicron Covid-19 variant over the December festive season and into the start of the new year. The sheer weight of infections means that while Omicron is milder, patient numbers in hospital have been going up.

Daily cases nationally of coronavirus topped 200,000 on some January days, leading to a subsequent rise in the numbers of people with Covid-19 in hospital, and reduced staffing levels in the sector, with staff off sick and/or isolating. It has been a hugely challenging time for us all and we are indebted to all colleagues for everything they have done, and continue to do, to care for our communities.

As news of the potential impact of the Omicron variant spread, we put in place a series of measures, aligned to our routine winter planning, to ensure we were as well prepared as possible to deal with Covid-19, while keeping as many other services running as normal as possible.

Our response has been based on six key priority areas set out by NHS England. They are:

1. **Ensure the successful ramp up of the vital Covid-19 vaccine programme**
2. **Maximise the availability of Covid-19 treatments for patients at highest risk of severe disease and hospitalisation**
3. **Maximise capacity across acute and community settings, get as many people as possible home from hospital safely and quickly and support them in their own homes**
4. **Support patient safety in urgent care pathways across all services and manage elective care**
5. **Support staff and maximise their availability**
6. **Make sure that surge plans and processes are ready to be actioned if required.**

A set of guiding principles for colleagues was also agreed, linking in with these priority areas. This has included treating the most urgent first; using risk stratification to avoid admissions; keeping people independently safe at home; using positive risk taking to avoid admission and safe discharge that avoids patients' health deteriorating.

In recent weeks, we have progressed many activities to respond to the pressures of winter and coronavirus. These actions have included:

- **Invested significantly in primary care to increase the number of appointments available for patients, including face-to-face where appropriate, and improve the overall experience of general practice.**
- **Making a significant investment to provide a winter loyalty incentive for eligible face-to-face adult social care support workers and ancillary staff as a one-off retention payment in March 2022 to help maintain staffing levels and keep social care working effectively.**
- **Running our large vaccination sites 15 hours per day, seven days per week. Capacity at Leicester's Hospitals' Hub has been increased by more than 5,000 slots**
- **Setting up a Covid-19 Medicine Delivery Unit providing assessment over the phone by an expert clinician, leading to a course of treatment at home or in hospital**
- **Expanding the use of our successful virtual wards and 'hospital at home' models to prevent patients requiring admission in the first place, or facilitating earlier discharge where appropriate**
- **Trying to eliminate ambulance handover delays and inappropriately long waits to be seen in the emergency department, including promoting our urgent community response pathway**
- **Mobile facilities for services such as MRI and CT scanning and referrals of cardiac and respiratory patients to independent providers in place in a bid to keep services on track as much as possible**
- **Supporting elective activity, with a vanguard theatre and ward at Glenfield Hospital, providing flexibility across a range of day case work, some complex, in a number of specialities**
- **Making best use of the Central Access Point for individuals seeking mental health support at any time of the day or night**

HOW CAN WE BEST IMPROVE PEOPLE'S HEALTH AND WELLBEING WITHIN THE NEXT DECADE?

A core component of improving people's lives in LLR through partnership working is the implementation of health and wellbeing strategies.

These strategies are developed at the scale of unitary local authorities and bring together organisations responsible for making decisions about health, wellbeing and care services. These organisations include councils, public health, the NHS, Healthwatch, police, the voluntary and community sector and other agencies.

Health and Wellbeing Boards are responsible for seeing how we can best meet the needs of the local population and tackle health inequalities and this is accomplished through the various health and wellbeing strategies.

There is a health and wellbeing strategy for Leicester City, a strategy for Leicestershire and a strategy for Rutland. All have been out to consultation at the start of this new year, seeking to gain a wide input of views to inform and further improve the plans.

On the following pages are summaries of each strategy. For more information, please visit the websites:

- Leicester health, care and wellbeing delivery plan 2022-27
- Leicestershire joint health and wellbeing strategy 2022-32
- Rutland joint health and wellbeing strategy 2022-27

HEALTH, CARE AND WELLBEING DELIVERY PLAN FOR LEICESTER

Leicester is one of the 20% most deprived districts/unitary authorities in England and about 23% (17,725) children live in low-income families. Healthy life expectancy in Leicester is around 60 years for men and 59 years for women. This means men have on average 17 years and women have 22 years of their overall life expectancy where their health is not good. Compared with peer areas, Leicester men and women have the third and fourth lowest rates of healthy life expectancy

In order to improve the city's health and wellbeing, and to take advantage of the new opportunities provided by the ICS and an increased focus on 'place' areas, a delivery plan has been produced, building on the current Leicester City Joint Health and Wellbeing Strategy.

The plan aims to embrace partnership working across local health and care organisations to:

1. **Reduce health inequalities**
2. **Improve access to services**
3. **Address unjustified differences in health outcomes**
4. **Strengthen joint working between health, care and wellbeing services**

The plan's priorities are:

1. **Healthy Places** - making Leicester the healthiest possible environment in which to live and work. This includes improving the built environment; improving access to GPs and community health and care services; supporting efforts to establish a 'carbon-neutral' city; and ensuring that communities in the city are mental health and dementia-friendly.
2. **Healthy Start** - giving Leicester's children the best start in life. This includes a focus on the critical 1,001 first days of life; lessening the effects of poverty on children and young people; and empowering health self-care in families with young children.
3. **Healthy Lives** - encouraging people to make sustainable and healthy lifestyle choices. This includes reducing levels of unhealthy weight across all ages; increasing early detection of heart, lung disease and cancer; promoting independent living for people with long term conditions; and improving support for carers.
4. **Healthy Minds** - promoting positive mental health within Leicester across the life course. This includes improving access for children and young people to mental health and wellbeing services; improving access to local mental health services for adults; reducing social isolation in adults; and working towards having no deaths from suicide in the city.
5. **Healthy Ageing** - enabling Leicester's residents to age comfortably and confidently. This includes promoting independence for frail older people and reducing the number of falls for people aged 65-plus in the city.

Some of these priorities will be progressed city-wide while some will require a local focus through the integrated neighbourhood teams.

In support of the priority areas, a number of guiding principles have been developed that partner organisations are expected to adhere to. These are:

- Ensuring improving health and wellbeing is forefront, in particular for communities who have had poorer health outcomes in the past
- Building on feedback already received from the people of Leicester on what is important to them on health and care services being delivered
- Taking a strengths-based approach, building on existing community and voluntary sector resources/services that are in place
- Looking at new ways of building our local health and social care workforce
- Ensuring priorities are supported by clear measures of progress.

The plan priorities are to be reviewed by the Leicester City Health and Wellbeing Board in March 2022, where public consultation feedback will be considered. A more detailed first-year action plan to progress the priorities is expected in April 2022. The action plan will be reviewed annually during the strategy's five-year term.

JOINT HEALTH AND WELLBEING STRATEGY FOR LEICESTERSHIRE

The strategy's vision is to: "Give everyone in Leicestershire the opportunity to thrive and live happy, healthy lives." It seeks to ensure the communities of Leicestershire have the opportunity to have the best health and wellbeing they can across the life course. This includes putting equal weight on people's mental and physical health and ensuring there are healthy places, cultures and environments to support this. The strategy aims to embed a strength-based approach to allow individuals, families and communities to support each other, aim high and thrive.

It is recognised that health and wellbeing is generally good in Leicestershire compared with England overall, however there are significant inequalities and challenges in certain communities. Health inequalities are underpinned by the circumstances in which people are born, live, work and grow, and evidence suggests that people from affluent communities in Leicestershire live more than eight years longer for men and more than five years longer for women than those living in the most deprived. It is also expected that the population of Leicestershire will grow by 20% by 2043 with the biggest increase expected in the 60-plus age group.

Strategic priorities are:

1. **Best start for life:** "To allow our children to have the best start for life, we will prioritise a range of actions covering the broader children's age range of 0-19 years (or 0-25 years for special educational needs and disability)."
2. **Staying healthy, safe and well:** "Prevention is always better than cure, and good health and wellbeing is an asset to individuals, communities and the wider population. Therefore, we want to give everyone in Leicestershire the opportunity to live happy, healthy, safe and long lives without illness or disease for as long as possible."
3. **Living and supported well:** "As people age, become unwell or develop one or more long term conditions, it is important that they are supported to live as independently as possible, for as long as possible while maximising their quality of life. We will help them live as well as possible for as long as possible."
4. **Dying well:** "End of life is an inevitable part of the life course, but we know that it is a difficult subject for many people to openly acknowledge and discuss. We want to support Leicestershire to understand, normalise and plan for this stage of life to ensure everyone has choice about their care and treatment, and support for loved ones and carers."

For each of these areas, the strategy has identified specific priorities to focus on achieving, along with evaluating, regular monitoring of progress and taking feedback from residents and communities.

In addition, the strategy sets out a number of cross-cutting priorities to be addressed. These are improving people's mental health and wellbeing, reducing health inequalities and recovering from the impact of Covid-19.

A number of principles have also been established to help guide the delivery of the priorities. These are:

- Providing person centred care and support
- Embedding prevention in all that we do
- Enabling independence and self-care to support those that have chronic conditions to manage them effectively, stop or delay disease progression and prevent development of further multi-morbidity
- Health and equity in all policies approach
- Prioritising mental and physical health equally
- Supporting Covid-19 pandemic recovery
- Trauma informed approach – ensuring that trauma-informed practice is carefully considered through service delivery.

Public consultation on the draft strategy closed on 23rd January, with feedback being presented to the February Health and Wellbeing Board for consideration alongside the final strategy for sign off. A delivery plan is in development to map out the detailed actions required in support of commitments made in the strategy.

HEALTH AND WELLBEING STRATEGY FOR RUTLAND

The Rutland Health and Wellbeing Board vision is to see: "Safe, healthy, happy and caring communities in which people start well and thrive together throughout their lives." In essence, the goal is: "people living well in active communities".

Rutland is seen as a healthy place to live where local people enjoy some of the best health in England. Despite this, the county is not without some challenges, and the Board wants to improve health and wellbeing for everyone, particularly those facing disadvantages or already living with ill health.

Nearly 40,000 people live in Rutland. Compared to nationally, Rutland has a significantly higher proportion of the population aged 65 years and over. The overall population is expected to grow by five per cent to 42,277 by 2025.

Local data shows there are inequalities in health and in access to health and wellbeing services between different areas within Rutland. There are specific groups in Rutland which tend to have poorer health than the wider population or lower take-up of health and wellbeing services. These groups may include people with learning difficulties children with special educational needs, the Armed Forces community, the prison population and some farming communities.

The strategy for the next three years has set out six priority areas for action. These are:

1. **The best start to life:** "We recognise that stable and supportive childhood sets the foundation for future physical and mental health, especially in the period from conception to the first two years of life."

2. **Healthy and independent for as long as possible:** "We want to encourage people to keep healthy, happy and active for as long as possible. This benefits not only the individual but the whole community. For those people living with mental or physical ill health, or caring for those with ill health, we want to ensure that they still able to live their best lives."

3. **Reducing health inequalities:** "We know that people living in more deprived areas or specific groups, such as gender, ethnicity, disabilities, children in care or with those with special education needs and military, often have poorer health outcomes. We want to address some of the unfair and unjust health inequalities in our society."

4. **Equitable access to health and wellbeing services:** "We want to bring a wider range of services closer to Rutland residents, who often need to travel long distances for such services. This will include diagnostic and planned care and use of digital technology."

5. **Preparing for population growth and change:** "We know that a growing and ageing population will increase the demand for services, particularly around Oakham and Empingham. We are looking at how to best provide infrastructure and services (including GP practice-based), and ensuring our workforce keeps pace in terms of size and skills."

6. **Ensuring people are well supported in the last phase of their lives:** "We want to support people in Rutland to have as good a quality of life, for as long as possible. When the time comes, we want to ensure individuals, families and carers receive the support they need at the end of someone's life. We also want to encourage an open culture where people feel more comfortable talking about dying and bereavement as a natural part of life."

IN THEIR WORDS – INTERVIEW WITH ANGELA HILLERY

Each month we sit down with someone from across the LLR health and care system to get their reflections on what the ICS means to them. In this fourth issue of In Partnership, we talk with Angela Hillery, Joint Chief Executive of Leicestershire Partnership Trust (LPT) and Northamptonshire Healthcare NHS Foundation Trust (NHFT) and hear insights from across ICS boundaries.

Angela, who has worked in the NHS for more than 30 years, was appointed Joint Chief Executive in 2019, delivering leadership across both Trusts. She has held a variety of leadership positions during her career and has been chief executive of NHFT since 2013. Angela has a clinical background as a speech and language therapist and has served on the national management board of the Royal College of Speech and Language Therapy. In 2021 she was named in the HSJ top 100 leaders list.

Angela begins the interview by responding to how she copes with having two demanding role responsibilities, in a dual role leading two NHS trusts in the East Midlands.

> It comes down to having good teams supporting you, doesn't it? First, you've got to want to do it. Secondly, you've got to believe it's helpful to do it. And thirdly, you've got to have good teams to enable you to do it.

I see the benefits of this role for both organisations. Initially, we started with NHFT providing some targeted support for LPT, in response to the Care Quality Commission (CQC) findings, but it soon became obvious that there was a mutual benefit. That's when the Trust Boards took the decision to mark the relationship by becoming a group. The purpose of the group is not to merge or to create one organisation, it is to gain a focus, get stronger together and better support our local populations.

"We have about eight priorities at the moment that give us a collective ambition to focus on things together, issues like improving our approaches to equality and diversity, promoting talent management and leadership development. It is hard work leading both organisations but I thrive on it, I enjoy it and I feel that it's making a difference."

In response to the previous CQC findings at LPT, and due to the need to set a new direction, Angela is leading on the Step up to Great strategy and transformation programme. It has the vision of "creating high quality, compassionate care and wellbeing for all" and sets out organisational values of "compassion, respect, integrity and trust".

"I became Joint Chief Executive in 2019 and it has been a good journey so far. When I joined LPT, it clearly had challenges around its CQC ratings. It was 'inadequate' for being 'well-led' and it had a number of 'inadequate' core services. A lot of that was due to issues of governance and risk but also culture. A lot of my work has been on refreshing and resetting governance and risk and on beginning to change culture and how we work with partners. I'm pleased to say when we were inspected again, we have moved 'well-led' from 'inadequate' to 'requires improvement'. There's a lot of positives in there but there is more to do including eradicating our dormitory accommodation on our estate. In 'well-led' we are significantly stronger on governance and risk management and the CQC described a very strong executive team. We obviously want to get 'good' overall, and we know that changing culture is a longer piece than a year or two, but I'm pleased with the progress so far and proud of our staff who have been responding and adapting during the Covid pandemic.

"Culture is something I feel very strongly about. We have had a culture programme called Our Future, Our Work, and when that was first started, we had about 90 change champions working with us across the organisation to support change. People stepped forward to volunteer for this from all different roles and areas across the organisation. They have helped us to develop the leadership behaviours in our vision and ensure that these have been co-produced with staff. I think what was really important for us in our CQC inspection was that staff really knew our strategy, Step up to Great; they recognised it and understood it in relation to themselves.

That is all part of cultural change and being part of an organisation that's aspiring to improve. I do feel that obviously, there's always more to do, there's no doubt about that. During this time, as I said earlier, we've also been dealing with the Covid pandemic, so that has affected our plans. We certainly didn't see that coming."

The focus of this In Partnership newsletter is very much on the development of partnership working within the Leicester, Leicestershire and Rutland (LLR) integrated care system (ICS). In this series of interviews, we regularly ask organisational leaders about their views on how the ICS in LLR is developing and their aspirations for the future. What is slightly different in the perspective that Angela brings is that her work crosses the border of two ICSs – LLR and Northamptonshire.

"There are similarities and differences in the LLR and Northamptonshire approaches," Angela explains, "but fundamentally the focus in both has to be on relationships.

Senior leaders, system partners and community partners must focus on relationships because you have to create a high trust environment through which you're going to enable the transformation. Whatever policy context you are in, it comes down to the relationships that you're building and forming and the trust and climate you're creating.

"There's a different level of maturity in some of the work. The collaborative working in Northamptonshire on mental health is far more mature because we've been working on it for longer but the learning disabilities work in LLR is more advanced and will help Northamptonshire. What we have done is influence the development of collaboratives in both patches, so I have a director of strategy across both organisations and we have taken and influenced the concepts of collaboratives into both systems.

Where we are lead providers in the region on certain areas such as adult eating disorders in LLR or CAMHS in Northamptonshire, we have used that experience to work this through into the ICSs. LLR and Northamptonshire have different populations, demographics and complexities, and different local authority structures, but we have seen the benefits of taking a perspective that straddles the borders, and now we need to take the next steps on the ICS journey."

Angela is asked on her personal hopes for what the LLR ICS will achieve. "For me, a major priority is tackling health inequalities – there is a need to understand this more at a senior level, to see how we can make a difference, and establish a collective set of outcomes that we're trying to strive for. I don't want us to become overly-bureaucratic; I want us to be agile and trust and empower the organisations on our behalf, and that comes back to why relationships are so important.

> "I want to see the mental health collaborative formed and delivering improved outcomes, and the same for learning disabilities. I also I think we've got a big role to play in terms of the urgent emergency care pathway. That's where we need to work with all partners across health and social care to transform services because issues over urgent and emergency care are affecting all our population and our resources."

And how should the ICS work in order to achieve the change required?

"We need to think about people and be person-centred. If this is our guiding principle, we must work in integrated ways, across organisational boundaries, because individuals, individual services or individual organisations cannot achieve this on their own. While I need to improve the CQC rating for our Trust, which is an important step, that won't necessarily improve outcomes for people collectively.

"I would also like to highlight the importance of diversity and inclusion. That is a big part of my cultural work, as the Chief Executive for both organisations I am the executive sponsor for our BAME Networks and I meet the networks' members regularly, and we have a strategic priority across the group on 'together against racism'. Having an inclusive culture is a very important piece for me and important also as it fundamentally affects patient care. If people do not feel valued or included, that affects the care they can provide. A few years ago, I did reverse mentoring and that was a fundamental shift for me – it gave me insight into people's experiences that I didn't realise and it has been a constant driver ever since."

You can read more about LPT's vision and values and the Step up to Great strategy on the Trust website: https://www.leicspart.nhs.uk/about/values-visions/

Have an item that you would like including in the next issue of In Partnership, or a case study of integration in practice that could be highlighted?

Please send your thoughts and ideas, as well as any feedback, to: PressOfficeLLRCCGs@leicestershire.nhs.uk.