

# **Leicestershire Health Overview and Scrutiny Committee**

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## **Leicester, Leicestershire and Rutland Integrated Care System Overview**

1<sup>st</sup> September 2021

# Background

In November 2020 NHSEI published *Integrating care: Next steps to building strong and effective integrated care system across England*. It described the core purpose of an ICS as being to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

In February 2021 NHSEI made recommendations to Government to establish ICSs on a statutory basis and these proposals were adopted in the White Paper *Integration and innovation: working together to improve health and social care for all*. The Health and Care Bill, which enacts recommendations, has been considered by parliament in July 2021, first and second reading, and is currently going through the parliamentary process. The following slides provide an overview of the proposals.

# 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

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## 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

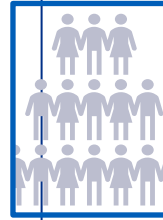
Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

# What does this mean for Leicestershire

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



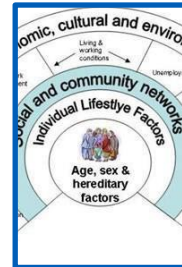
**Understanding and working with communities**



**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

Community based teams to keep people independent and well at home or in their communities

Working across organisations to organise a home and support for people who have been in long term hospital care

Delivery of the COVID vaccination programme

Moving some planned care into settings closer to where people live (not in acute hospitals)

Partnerships with the voluntary sector or deliver mental health support services

Community based service that ensures that only those that need a hospital stay go to hospital while others are supported at their home

# Priorities for Integration and Transformation in Leicestershire

- Procurement of Homecare for Leicestershire to strengthen integrated Home First delivery for Leicestershire residents
- Investment of Ageing Well funds to increase workforce within Community Response Service to support care pathways and timely hospital discharge
- Implement one model of care coordination across Leicestershire to remove unwarranted variation and improve equity of access

# Overview of the system 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 Integrated Care 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 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 ICB

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

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

Other membership is for local determination

# Working with people and communities

- ICB will build a range of engagement approaches into their activities at every level and to prioritise engaging with groups affected by inequalities
- The Health and Care Bill sets a legal duty for ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by continuation of the existing NHS trust duties in relation to patient and public involvement
- Working with a range of partners such as Healthwatch, the VCSE sector and experts by experience, the ICB should assess and where necessary strengthen public, patient and carers' voice at place and system levels
- Arrangements should enable genuine co-production
- Requirement for formal consultation to sit with the ICB
- Seven principles for how the system should work with people and communities have been set out (see next slide) and these should be used as a basis for developing a system-wide strategy for engaging with people and communities

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# Seven principles for how systems should work with people and communities

1. Use public engagement and insight to inform decision-making
2. Redesign models of care and tackle system priorities in partnership with staff, people who use care and support and unpaid carers
3. Work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners
4. Understand your community's experience and aspirations for health and care
5. Reach out to excluded groups, especially those affected by inequalities
6. Provide clear and accessible public information about vision, plans and progress to build understanding and trust
7. Use community development approaches that empower people and communities, making connections to social action

# Timeline

## End of Q1 PREPATION

- Understand guidance
- Develop plans to manage the change

## End of Q2 IMPLEMENTATION

- Recruitment and selection processes for the ICB 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
- ICB and ICP to be ready to operate in shadow form.
- Engagement on local ICB Constitution and governance arrangements for ICB and ICP
- 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 ICB
- Submit the any required documents for approval/agree
- Undertake the close down of CCGs and establish ICB