



**CABINET – 24 APRIL 2023**

**LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH AND  
WELLBEING PARTNERSHIP DRAFT INTEGRATED CARE  
STRATEGY**

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

**PART A**

**Purpose of the Report**

1. The purpose of this report is to provide feedback for the Cabinet to consider submitting to the Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership (HWP) on the draft Integrated Care Strategy.
2. The Cabinet is asked to agree comments to be submitted on the draft Strategy.

**Recommendations**

3. It is recommended that the comments set out in paragraphs 15 to 23 of this report be approved as the views of the County Council on the draft Integrated Care Strategy, to be submitted to the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership.

**Reasons for Recommendation**

4. The LLR HWP has approached the County Council as a key stakeholder/member of the LLR HWP in order to gain feedback on an early draft of the Integrated Care Strategy.

**Timetable for Decisions (including Scrutiny)**

5. It is the responsibility of the LLR HWP to approve the final version of the Integrated Care Strategy and it is expected that this will be done by autumn 2023 at the latest.

**Policy Framework and Previous Decisions**

6. Following the establishment of Integrated Care Systems (ICSs) in July 2022, Integrated Care Partnerships (ICPs) were formed to bring together a broad set of partners including NHS organisations, local authorities, voluntary and community sector, and others, with the aim of improving the health, wellbeing, and care of their local area.

7. Locally the ICP was renamed and is now referred to as the LLR Health and Wellbeing Partnership (LLR HWP). The LLR HWP was formed in August 2022 and is responsible for producing an Integrated Care Strategy setting out how the health and wellbeing needs of the population in the ICS area will be met.
8. The [government guidance](#) sets out a number of criteria for the LLR HWP to consider when developing the Strategy. This includes ensuring the LLR HWP Strategy is underpinned and shaped by the Joint Local Health and Wellbeing Strategies (JLHWS) developed through each of the three Health and Wellbeing Boards which are the Place-based leaders within the LLR System.
9. It was agreed that further engagement with the three Local Authority Health and Wellbeing Boards would be undertaken in the first quarter of 2023 to gain feedback. A final Strategy will be presented to the LLR Health and Wellbeing Partnership for approval by autumn 2023 at the latest.
10. Whilst the Strategy defines the priorities across the wider LLR ICP, it also aligns to the Safe and Well outcome in the Council's Strategic Plan (2022-26). The Strategy contains priorities that may impact on the Council's aims of improved healthy life expectancy and reduced health inequalities (see Focus 1 and 2 in the LLR HWP Strategy).

### **Resource Implications**

11. There are no direct resource implications arising from this feedback. However, it is likely that the Strategy will influence future resource allocations across the LLR HWP.

### **Circulation under the Local Issues Alert Procedure**

12. None.

### **Officer(s) to Contact**

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## **PART B**

### **Background**

13. The LLR HWP has shared an early draft of the Integrated Care Strategy with key stakeholders including the Health and Wellbeing Board and the County Council. Stakeholders are invited to respond to the initial draft and provide feedback before a formal engagement with a wider set of partners takes place, led by the HWP.

### **Proposed Council feedback**

14. Proposed comments to be submitted on behalf of the Council are set out in paragraphs 15 to 23 below for the Cabinet's consideration. Feedback has been grouped according to key themes for ease of consideration.

### **Strengths of the Strategy**

15. The emphasis on workforce and the commitment to ongoing engagement with local people is welcomed. The Council recognises the importance of the areas of focus set out in the draft Strategy including an emphasis on prevention and health equity and more immediate focus on the cost of living crisis alongside access to services.

### **Areas of concern/action**

#### ***Governance and structures***

16. The Strategy implies that it underpins place-based plans. This is not the case; the ICP Strategy should build on and complement the Joint Health and Wellbeing Strategies as per the government guidance.
17. It is noted that key partners such as district councils and the voluntary, community or social enterprise (VCSE) sector are not recognised within the Strategy and as members of the ICP which is a weakness in the Partnership and the Strategy. It is noted that District Councils have made representations to this effect to the HWB.
18. It is noted that the themed sub groups known as 'collaboratives' feed directly into the Integrated Care Board (ICB) but it is considered that they should feed into the HWP as they are formed of agencies across the Partnership rather than the NHS alone.
19. The governance structure is not clear in relation to the joined-up approach across neighbourhood, place and system. The draft Strategy needs to be clearer as to how actions across neighbourhood, place and system come together to avoid duplication of work and maximise impact.

***Health inequalities and prevention***

20. Whilst there is reference to reducing health inequalities in the draft Strategy, there should be more reference to the wider determinants of health (such as education, employment and housing) as ways of preventing health inequalities. Collaboration is needed between agencies that could benefit from a system-led approach.

***Finance and workforce***

21. The Strategy is ambitious. However, the financial plan for the ICB for 2023/24 is yet to be published and therefore it is uncertain how the ambitions of the Strategy may be tempered by the continued financial challenges faced by the local health system.
22. Additionally, it is known that ICBs across the country have been tasked with reducing their headcount by in the region of 20% to 30% over the next two years. It is not clear what impact this will have on the ability of the ICB to deliver the commitments in the Strategy and the potential impact on services and communities. The LLR HWP should seek clarity from the ICB before giving formal approval to the Strategy.

***Mental health***

23. It is considered that there should be more emphasis on mental health in the Strategy. Mental health should be accorded the same prominence as physical health, but this is not reflected in the current draft.

**Proposed Response**

24. The Cabinet is recommended to submit the above comments to the HWP as the views of the County Council.

**Equality Implications**

25. There are no equality implications directly arising from the recommendations in this report. The draft Strategy does prioritise reducing health inequalities, which are often experienced by people due to their protected characteristics and their life experiences, environment, and opportunities.
26. The ICB (as lead agency drafting the Strategy) advises that any service reconfigurations or changes arising from the delivery of the Strategy will have equality impact assessments undertaken as per local processes and statutory duties.

**Human Rights Implications**

27. There are no human rights implications arising from the recommendations in this report.

**Background Papers**

Minutes of the Health and Wellbeing Board meeting held on 23 February 2023  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=7289>

**Appendix**

Draft LLR Health and Wellbeing Partnership Integrated Care Strategy

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