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 lifestyles 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.

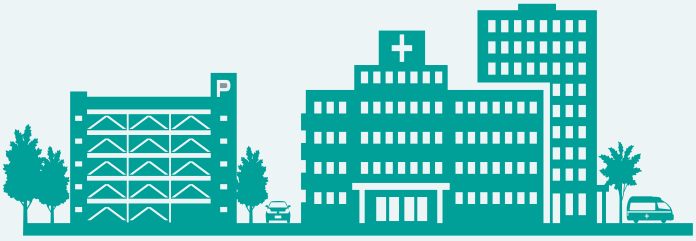
People can stay independent for longer because health providers, social care and community-based services will support those with the most complex needs.

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 extend 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 that 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%

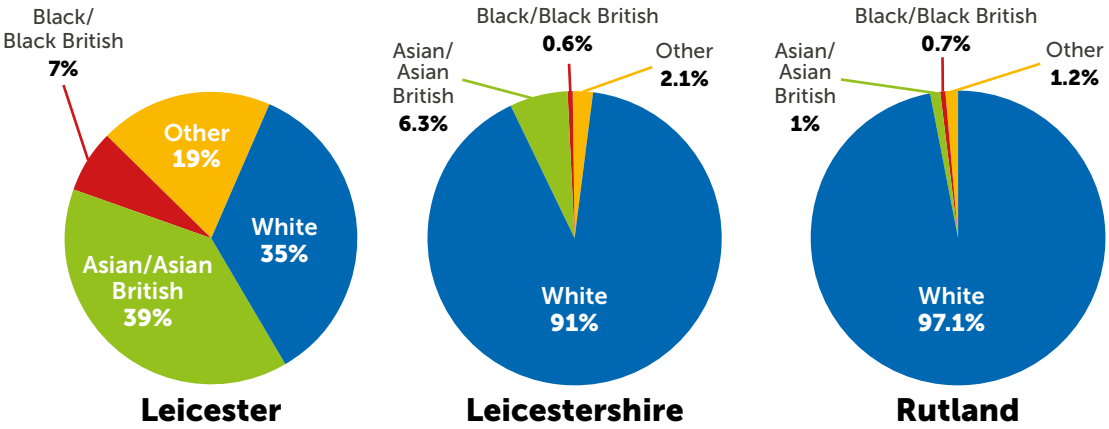
Polish
- Leicester 2%
- Leicestershire 0.4%
- Rutland 0%

Deprivation



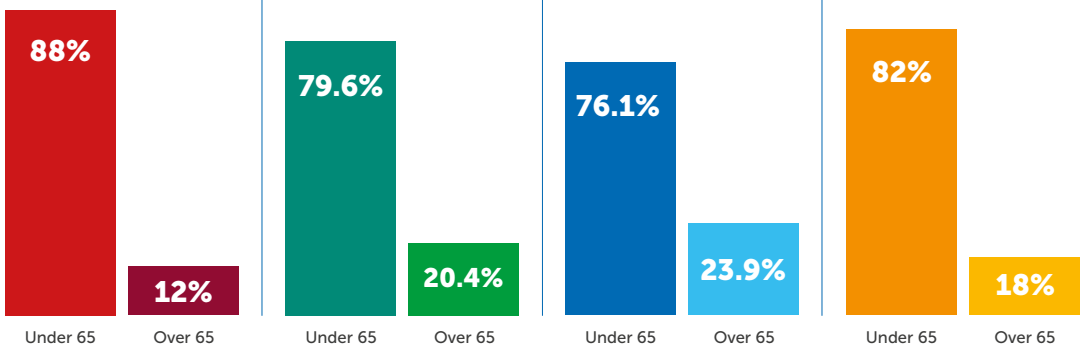
70k health and care staff

Ethnicity



Age





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.

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

NHS
University Hospitals of Leicester
NHS Trust

NHS
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.

Leicester City Council

Leicestershire County Council

Rutland County Council

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.