



Leicester, Leicestershire
and Rutland
Integrated Care Board

Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Joint Forward Plan (JFP)

Draft for Engagement Summary slide deck

This set of slides offers a summary snapshot of the draft plan, the full draft plan can be accessed [here](#).

A proud partner in the:



Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership



Tell us what you think

These slides provide you with a guide to our draft 5-year Joint Forward Plan. Please share your views on our plan:

- Visit our [website](#) where you will find the draft 5 Year Joint Forward Plan.
- Respond to the survey [here](#).
- Email your comments to llricb-llr.strategyandplanningteam@nhs.net
- Write to the ICB at Leicester, Leicestershire and Rutland Integrated Care Board, Strategy and Planning Team, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB

Please respond by **Friday 7 June 2023**

All the feedback will be brought together into a Report of Findings, which we will publish and use to influence the next version of the 5-Year Joint Forward Plan.



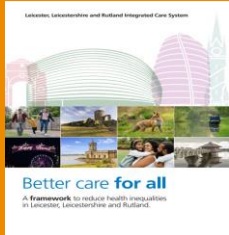
The structure of our plan

- Our 13 pledges to local people to improve health and wellbeing
- Our Plan on a page

Our Pledges to local people

Over the next 5 years, we will:

Improving health equity



Preventing illness



Keeping People well



Right care at the right time



Health and Wellbeing Hubs



Pledge 1

Improve the health

of our most deprived communities and **narrow the gap** between those who have the best and the worst health

Pledge 2

Spend more money on **preventing people becoming ill** in the first place

Pledge 3

Identify the **frailest in our communities** and wrap care and support around them

Pledge 4

Improve and maintain access to **routine general practice appointments**

Pledge 5

Reduce Category 2 (emergency calls such as stroke patients) **ambulance response times**

Pledge 6

Reduce and maintain waiting times in the **Accident & Emergency** department

Pledge 7

Provide more joined up, holistic and patient-centred care, **delivered closer to home**

Elective care



Learning Disability & Autism



Mental Health



Children & Young People



Women's Health, including Maternity



Our People



Pledge 8

Reduce **waiting times for hospital treatment**

Pledge 9

Increase the percentage of people on GP **learning disability** registers who receive an annual health check and health action plan

Pledge 10

Reduce **inequity in access to mental health services** across each of our neighbourhood

Pledge 11

Improve access to, experience of, and outcomes for **children and young people** - with a special focus on driving up health equity

Pledge 12

Listen to voices of women and girls to co-produce and transforms services.

Pledge 13

We will shape our people & services around the needs of people by **building a one team & culture** to maximise the people potential of the LLR population

Our progress in meeting these Pledges will be tracked and reported on at the ICB meetings in public

Our Vision: Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives

Our Principles : Everything we do is centred on the people and communities of LLR and we will work together with respect, trust, openness and common purpose to:

Ensure that everyone has equitable access to health and care services and high quality outcomes	Make decisions that enable great care for our residents	Deliver services that are convenient for our residents to access	Develop integrated services through co-production and in partnership with our residents	Make LLR health and care 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
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Our Delivery Priorities

Improve Health Equity	Preventing Illness	Keeping People Well	Right care at the right time	Health and wellbeing Hubs	Elective Care	Learning Disabilities and Autism	Mental Health	Children and Young People	Women's Health and Maternity	Our People
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Our Pledges to local people

Pledge 1 Improve the health of our most deprived communities and narrow the gap between those who have the best and the worst health	Pledge 2 Spend more money on preventing people becoming ill in the first place	Pledge 3 Identify the frailest in our communities and wrap care and support around them	Pledge 4 Improve access to GP appointments Pledge 5 Reduce ambulance Response times Pledge 6 Reduce A&E waiting times	Pledge 7 Provide more joined up, holistic and patient-centred care, delivered closer to home.	Pledge 8 Reduce waiting times for hospital treatment	Pledge 9 Increase the percentage of people on GP learning disability registers who receive an annual health check and health action plan	Pledge 10 Reduce inequity in access to mental health services across each of our neighbourhood	Pledge 11 Improve access to, experience of, and outcomes for children and young people - with a special focus on driving up health equity.	Pledge 12 Listen to voices of women and girls to co-produce and transforms services.	Pledge 13 We will shape our people & services around the needs of people by building a one team & culture to maximise the people potential of the LLR population.
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Delivered Across Our Life Course Approach

Best Start in Life

Staying Healthy and Well

Living and Supported Well

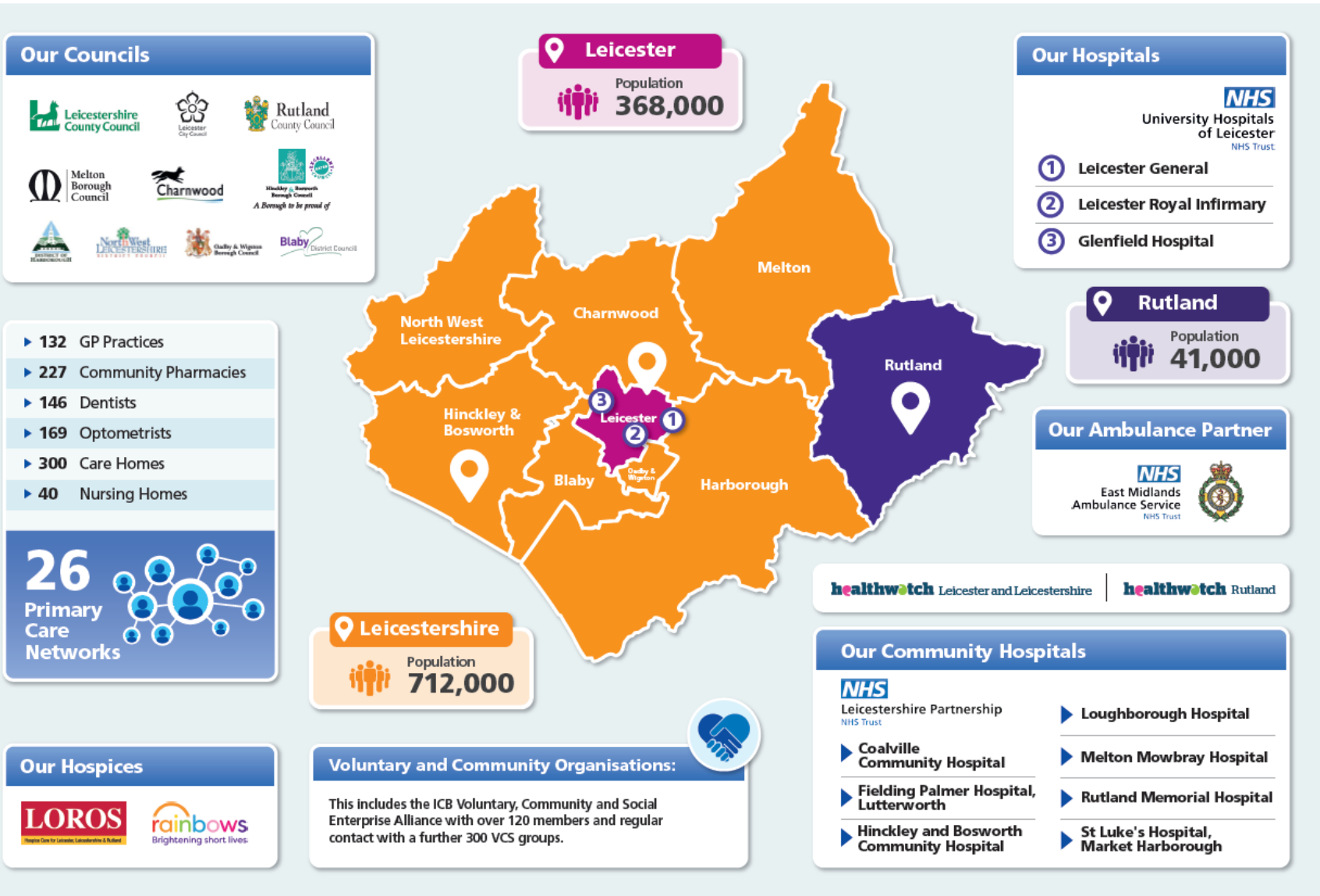
Dying Well



Chapter 1: Introduction

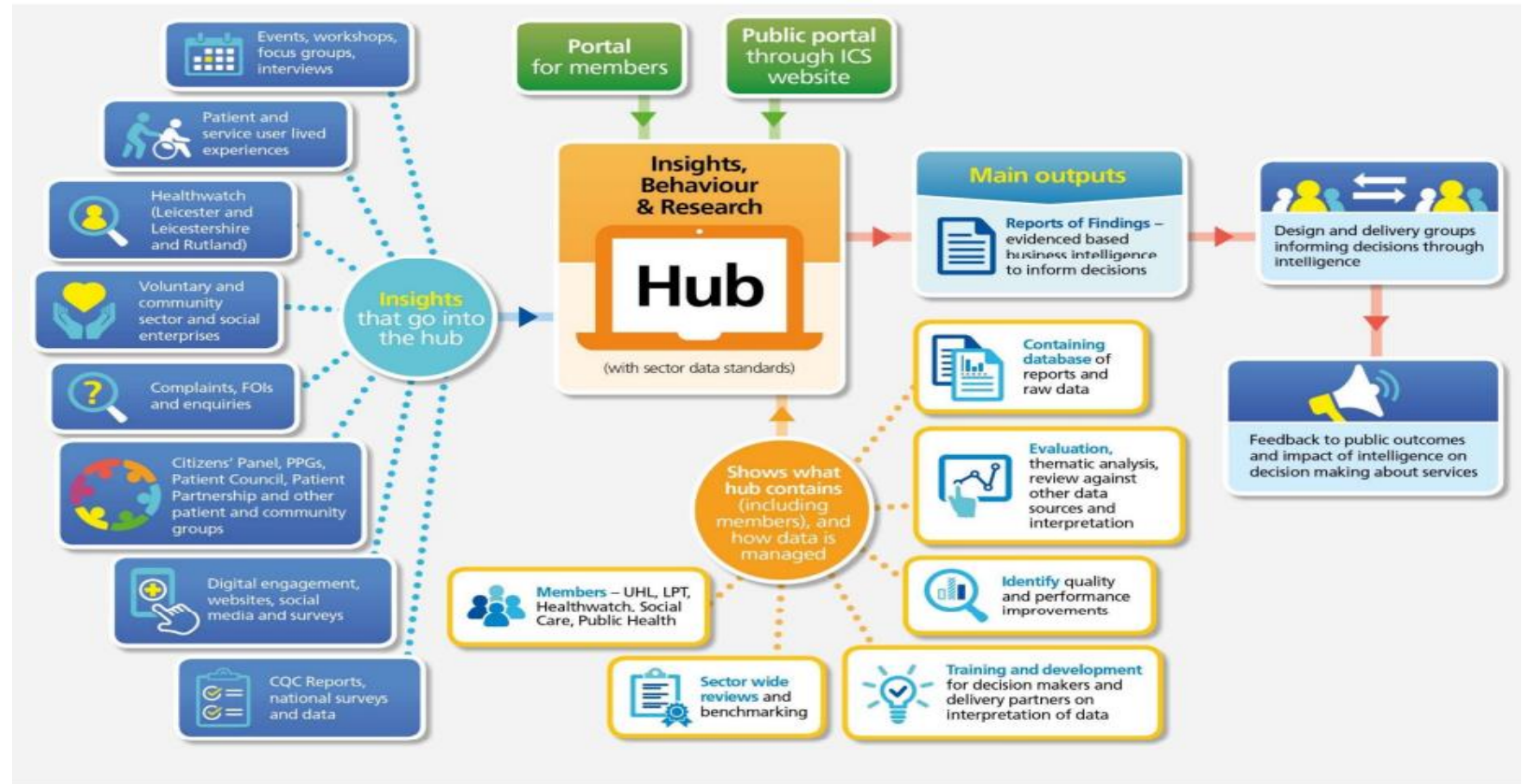
- Health and care landscape
- Insights and engagement

Our Health and Care Landscape



Insights and Engagement

This Plan is underpinned by firm foundations of involvement, engagement and co-production with people and communities, over the past years. It has been built on an inclusive learning culture, to understand the needs of our population and design services appropriate to those needs. In addition our system partners and Healthwatch Leicester and Leicestershire and Healthwatch Rutland have influenced this Plan, as have the insights from the three consultation exercises undertaken by our councils in respect of their Joint Health and Wellbeing Strategies.



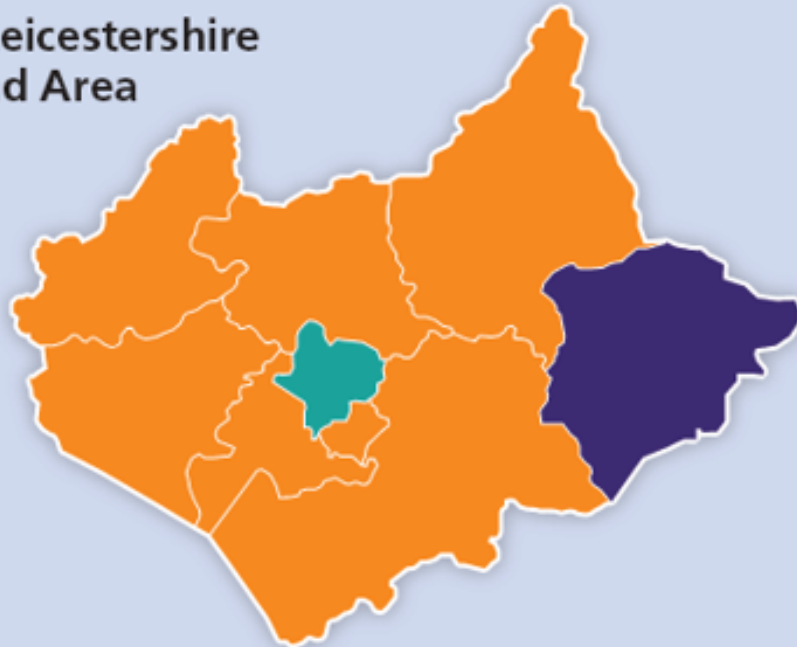


Chapter 2 – Where are we now

- Overview of health and wellbeing
- Our Performance
- Our Finances
- Our People

Overview of health and wellbeing

Leicester, Leicestershire and Rutland Area



Leicestershire

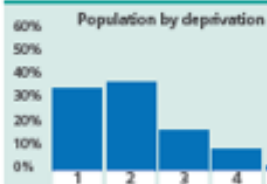
Population
712,300



1= most deprived

Leicester

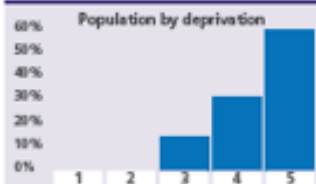
Population
368,000



1= most deprived

Rutland

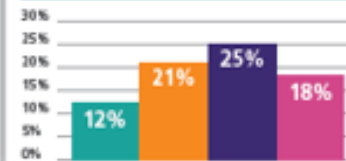
Population
41,000



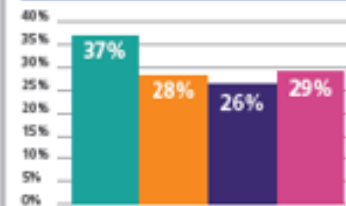
1= most deprived

Leicester City Leicestershire
Rutland England

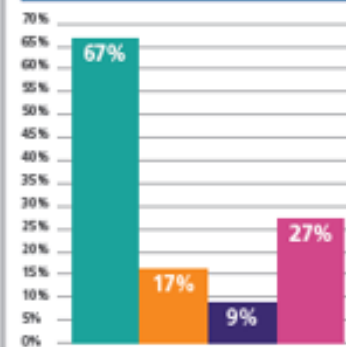
Over 65's (%)



Under 25's (%)



Population not White British (%)

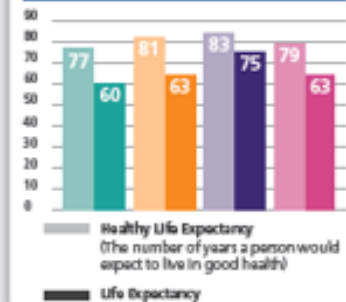


The number of years a person would expect to live in good health

Male Life Expectancy (Yrs)

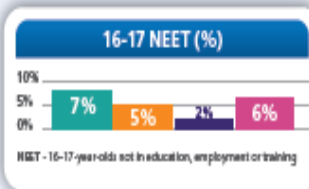
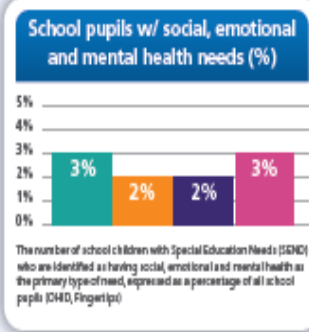
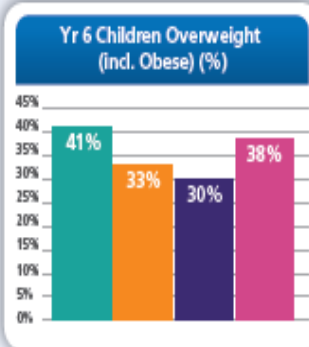
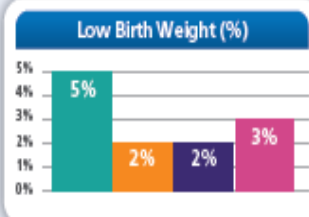


Female Life Expectancy (Yrs)

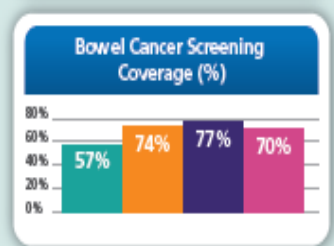
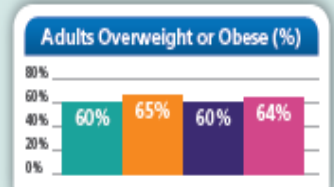
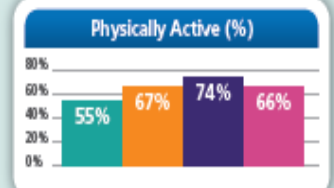
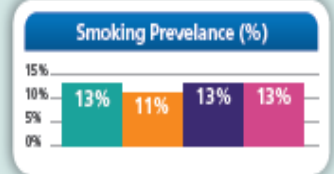


Overview of health and wellbeing

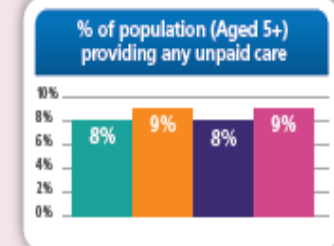
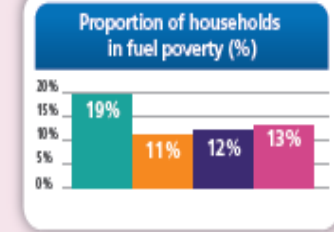
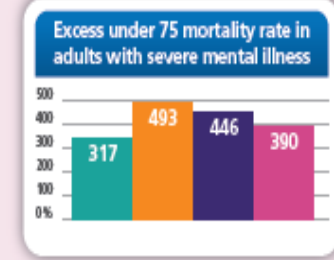
Best Start in Life



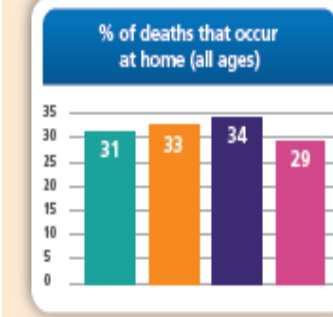
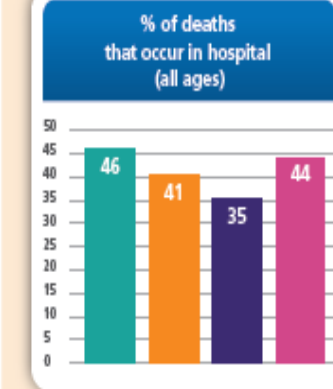
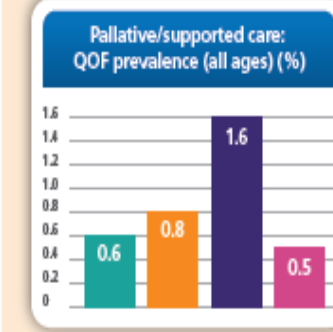
Staying Healthy



Living and Supported Well



Dying Well



Our Performance and Quality

Response Activity



Proportion of urgent community response referrals reached within

2 hours

is above threshold target of 70% standing at 85.7%

Bowel Cancer

Screening rates increased in Leicester, Leicestershire and Rutland from 2019 to 2021



Mental illness

Increase in the number of people with severe mental illness receiving a full annual physical health check and follow up compared to the same time last year 2022/23.



Out of Area Placements

LLR continues to meet **zero** for adult acute mental health out of area placements.



Community Pharmacy Consultation

Service numbers increased from 9/100,000 in March 2021 to **101/100,000** in March 2022 from general practice



General Practice

Number of GPs appointments per 10,000 weighted patients **has increased**



compared to 19/20 levels (rank 4 out of 42 ICs)

Cancer



Patients should wait a maximum of

62 days

to begin first definitive treatment following an urgent referral for suspected cancer from their GP. (November 2022 performance 38% against the 85% national target)

GP appointment

Percentage of patients describing their overall experience of making a GP appointment as good.

Rated **36 out of 42**

Integrated Care Boards



Breast Cancer



Following an urgent GP referral for suspected cancer, at least **93% of patients** should be seen by a specialist within two weeks. November 2022 performance 67% against the 93% national target)

Ambulance Handover

Clinical handover and offload should be completed within

15 minutes.



During 2022/23, LLR routinely has significant % of patients waiting >60 minutes for handover. Performance has improved which needs to be sustained.

Waiting times

52+ week waiters

At the end of November 2022, stood at 18,110. Throughout 23/24, LLR plans to decrease the number of patients waiting each month.

Care Quality Commission

LLR Provider ratings

UHL Rated 'Requires Improvement' overall

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement

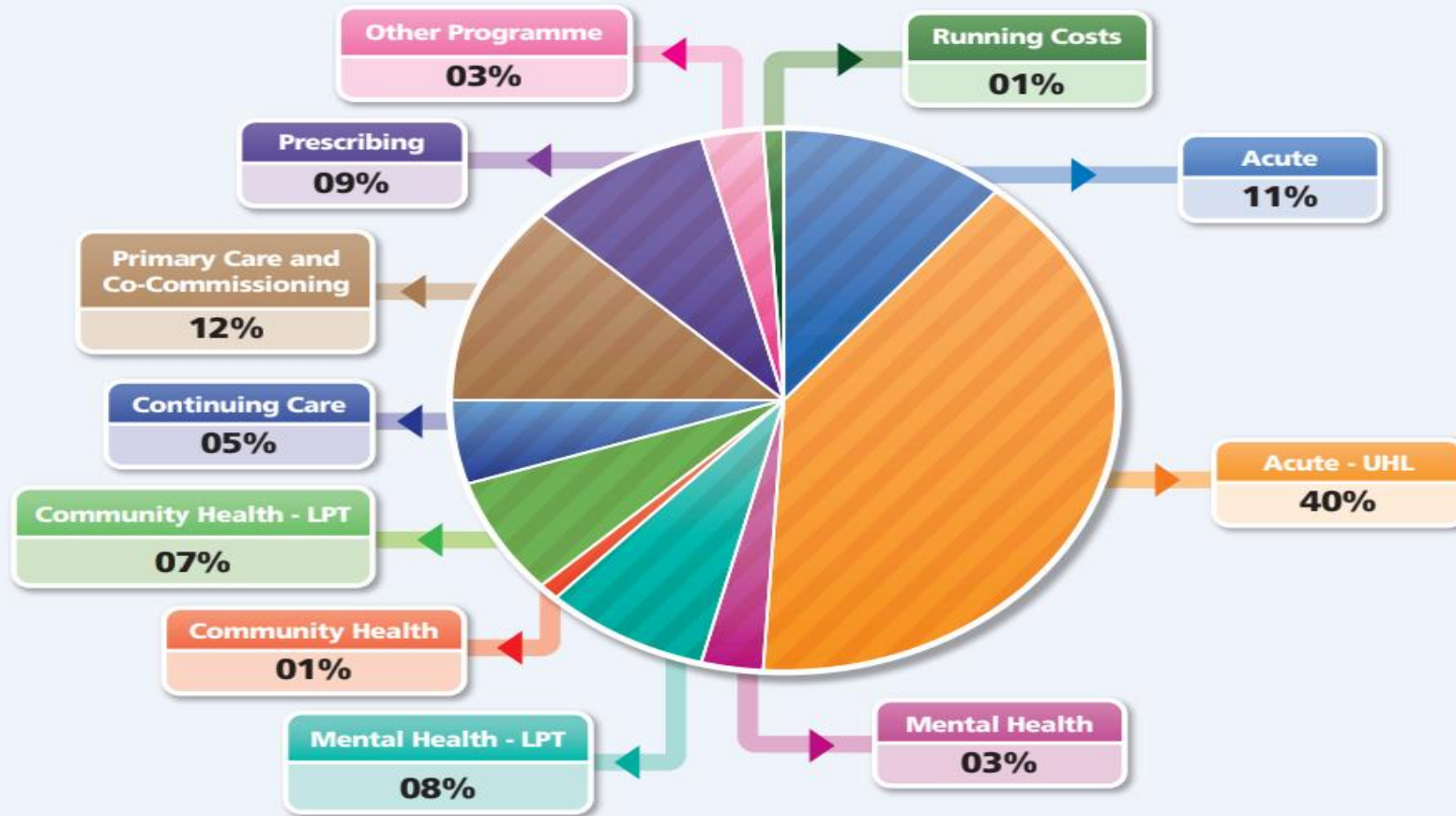
LPT Rated 'Requires Improvement' overall

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement

LLR GP Practice ratings

Outstanding	3
Good	119
Requires Improvement	6
Inadequate	4

Our Finances



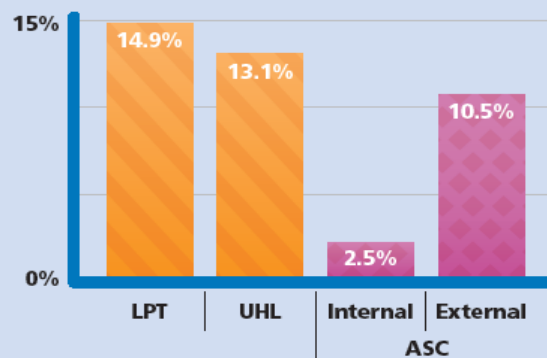
Total 2022/23 Plan Spend (000's)

£1,943,377

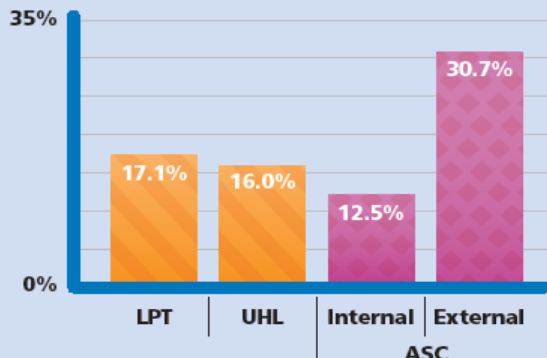
Our People



Vacancy rates

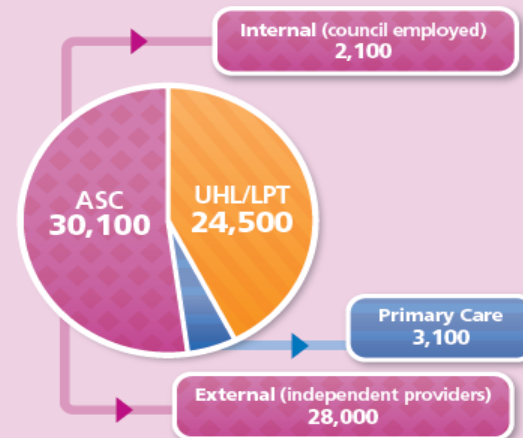


Turnover rates (November 2022)

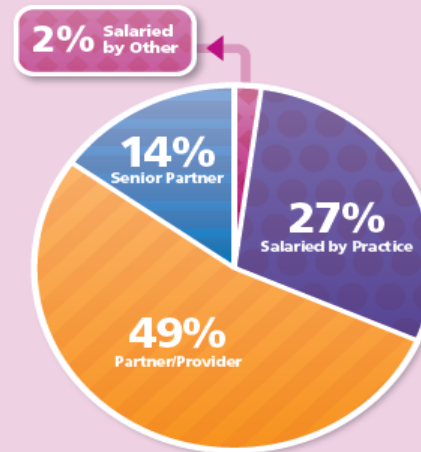


Combined health and adult social care workforce (Nov 2022)

57,700 WTE Whole Time Equivalents



General Practitioner



Between 2019 & 2022, there has been:



57% growth in health agency staff (smaller overall numbers)



7.7% growth in employed health (NHS) staff (bigger numbers)



Circa **530 GPs** December 2022 with an increasing number choosing a salaried career



Chapter 3 – Delivery Plan

Key points

- How we will deliver our commitments
- Our deliver priorities
- High level interventions and supporting insights
- Impact on equity in health
- Case studies to demonstrate evidence for improvement



Preventing Illness

Key points:

- Demand for health and care continues to outstrip capacity
- Leads to poorer experience and outcomes of care
- Need to invest more in prevention and encouraging healthier lifestyles, effectively manage long term conditions and frailty



Keeping People Well

Key points

- Use Population Health Management approaches
- Find and diagnose people with a long-term conditions early and interventions and take action prevent deterioration or development of further disease
- Ensure that people and their carer(s) are supported in the right place with the right care in a crisis.
- Use a structured and holistic care plan for people with multimorbidity and/or frailty, covering a range of interventions
- Provide in a local care setting, where possible, with the person's named GP supported by a care coordination function.

Keeping people well - Interventions

Intervention

Timeline

With a focus on improving health equity:

1. Undertake modelling to understand the qualitative and spend shifts that would result from delivering more up-stream evidence-based treatments
2. Drive up primary care identification of people with diseases (and their carers) to expected prevalence levels
3. Improve disease management in Primary care
4. Expand self-management and self-care programmes
5. Implement a proactive care framework

Successful implementation of 1 to 5, above, will allow us to:

6. Reduce the prevalence of an initial long-term condition leading to multimorbidity
7. Begin to slow the rate of increase in the incidence of long-term conditions

23/24

23/24 & 24/25

23/24 & 24/25

23/24 & 24/25

23/24 to 27/28

From 27/28

From 27/28



Right Care, Right Time, Right Place

Key points

- Insights highlights people find access to most care, particularly same-day care, GP primary care, is challenging, complex and frustrating,
- Easiest access point at times being the Emergency Department.
- Every part of our urgent care pathway is under constant pressure and people access services
- Our ambition is to create an integrated same-day access service based on local needs across primary and urgent and emergency care.

Right Care, Right Time, Right Place - Interventions

Intervention	Timeline
Urgent and emergency care and Homefirst	
<ol style="list-style-type: none"> 1. Streamline to a single point of access for same-day urgent care 2. Implement an Urgent Care Coordination Hub 3. Implement the LLR Integrated Discharge Hub 4. Implement the Urgent Treatment Centre (UTC) model across LLR 	<p>23/24 & 24/25 23/24 to 25/26 23/24 24/25</p>
Primary Care	
<ol style="list-style-type: none"> 5. Increase primary care capacity to meet demand for services 6. Streamline access processes including digital access 7. Optimise triaging to appropriate services, including pathways wider than primary care 8. Support PCN development, expansion and maturity, with a particular focus on PCNs that are experiencing difficulties 9. Develop an transition pathway for PCNs to evolve into INTs (Fuller stocktake report) 10. Undertake PCN estate reviews, leading to understanding of and proposed projects for estate development (Primary Care Estate Strategy) 	<p>23/24 & 24/25 23/24 & 24/25 23/24 & 24/25 23/24 & 24/25 23/24 & 24/25 23/24 (?)</p>
Personalisation	
<ol style="list-style-type: none"> 11. Develop a Personalisation Strategy 12. Increase Social Prescribing Link Worker capacity and referrals 13. Liberty Protection Safeguards service: <ol style="list-style-type: none"> a) Develop and deliver training in identifying need b) Implement Liberty Protection safeguards service 14. Embed a working culture that embraces personalisation as the default approach to supporting people 15. Implement processes to create All Age Continuing Care Model 	<p>23/24 23/24 23/24 24/25 to 25/26 From 23/24 From 23/24</p>



Integrated community health & wellbeing hubs

Key points

- Need to systematically create and embed teams across health and care with local communities.
- Local pilots demonstrate that our teams working in partnership leads to better outcomes for patients, a focus on holistic, person-centred care and a better experience for teams delivering services.

Integrated community health and wellbeing hubs – Interventions

Intervention	Timeline
1. Home First Design Group to lead engagement with all partners to ensure ownership and agreement of approach	23/24
2. Complete the development of Community Health and Wellbeing Plans	23/24
3. Agree geography, location, number and sequencing of Hubs across LLR	23/24
4. Undertake a baseline assessment of current health and care staff capacity and skills, based on agreed hub sequencing	23/24 to 25/26
5. Develop a comprehensive understanding of current primary care and community health and care estate	23/24
6. Establish first wave hubs, based on agreed hub sequencing	23/24
7. Develop delivery plans to roll-out all Hubs between 2023/24 and 2025/26	23/24
8. Establish subsequent wave hubs, based on agreed hub sequencing	24/25 & 25/26

Optimal Pathways for Elective Care

Key points

- The impact of Covid -19 has impacted services as well as people's health
- Waiting times are significantly longer than pre – pandemic
- We have taken and will continue to take action to reduce lists to pre-pandemic levels. For example:
 - Since March 2022, over 50,000 people, who would have been waiting over 78 weeks by April 2023 for their care, have been treated
 - By January 2023, the total number of patients waiting for elective care decreased by 13,500 to 114,795
 - As of April 2023, the number of patients waiting over 62 days for their cancer treatment is half of what it was in November 2022.
 - Over the next 1 to 3 years, we expect waiting lists to stabilise, waiting times to further improve and additional capacity to become available.

Elective care - Interventions

Intervention	Timeline
1. Begin activity flows through East Midlands Planned Care Centre with further capital work to be fully operational in 24/25	23/24
2. Build Community Diagnostic Centre 2 at Hinckley for activity to be delivered in 24/25	23/24
3. Implement a range of community diagnostics in 13 PCNs and introduce GP direct access to diagnostics	23/24
4. Invest in the Referral Support Service to support early triage and shorter outpatient waiting times	23/24
5. Transformation of first tranche specialty end-to-end pathways	23/24
6. Deliver 2023/24 elective priorities including a reduction in 62+ day cancer and 65+ week wait RTT	23/24
7. Strengthen the LLR productivity programme in outpatients, theatres and diagnostics working with the National GIRFT team to meet recommendations	23/24
8. East Midlands Planned Care Centre to be fully operational	24/25
9. Community Diagnostic Centre 2 at Hinckley to be fully operational	24/25
10. Expand the range of community diagnostics to a wider cohort of PCNs	24/25
11. Expand the Referral Support Service for both Elective and long-term condition patients in the community	24/25
12. Transformation of second tranche specialty end-to-end pathways	24/25
13. Deliver 2023/24 elective priorities including 52+ week wait RTT	24/25
14. Work with EMCA to implement targeted lung health checks	24/25
15. Develop case for Community Diagnostic Centre 3 if required	25/26 & 26/27
16. To become a net importer of activity to the East Midlands Planned Care Centre supporting the wider Region	25/26 & 26/27
17. Transformation of third tranche specialty end-to-end pathways	25/26 & 26/27



Learning Disabilities & Autism

Key points

- People with a learning disability and/or autism (LDA) face significant inequalities in health.
- Our learning from deaths reports tell us that if you live in LLR with a LD, your life will be up to 25 years shorter than others
- Our LLR LDA Collaborative is applying a person-centred, proactive, preventative and population health management approach
- The approach better brings together service users, carers, families, health, social, community and independent partner organisations, enabling services to wrap around the person's needs.
- This provides timely care and supports interventions, better care co-ordination and preventing escalation.

Learning Disabilities and Autism – Interventions

Intervention	Timeline
1. Reduce adult and children mental health inpatient numbers through regular review of plans, with system escalation for individuals with a delayed discharge	23/24
2. Reduction in the use of out of county inpatient mental health hospitals	23/24
3. Increase the percentage of people on GP learning disability registers who receive an annual health check and health action plan	23/24
4. Learning from Deaths Reviews (LeDeR) completed within 6 months and learning shared on a quarterly basis with system partners enabling improvement in services.	23/24
5. Continue to address health inequalities and deliver on the Core20PLUS5 approach	23/24 to 24/25
6. Optimisation of autism assessment services	23/24
7. Ensure appropriate quality assurance processes are in place across the collaborative to strengthen local LDA community health and social care services	23/24 to 24/25
8. Implement No Wrong Door Themes	23/24 to 27/28



Mental Health

Key points

- One in four adults experience at least one diagnosable mental health problem in any given year
- Life expectancy of people with severe mental illnesses can be up to 20 years less than the general population.
- Across LLR, there are long waits and fragmented support and
- People also experience longer than average mental health hospital stays.
- We are making significant levels of investment into mental health services as part of the response to 'Step up to the Great Mental Health' public consultation

Mental Health – Interventions

Intervention

1. Reorganise and expand mental health provision into eight neighbourhood teams across LLR
2. Establish a new neighbourhood approach for children and young people
3. Deliver a modernised workforce model across all agencies in each neighbourhood
4. Reorganise mental health inpatient provision to deliver high quality and financially sustainable provision
5. Deliver expanded, seamless and accessible psychological therapies step 2, 3 and 4

23/24

24/25 to 26/27

23/24 to 25/26

23/24 to 25/26

23/24 to 25/26



Children and Young People

Key points

- A growing number of children are living longer with life-limiting and/or complex health conditions.
- There are also a significant number of children and young people who attend hospital services but could better be cared for within a community or home setting
- There is duplication of services leading to a lack of cohesion, as well as financial and workforce inefficiencies.
- The impact of Covid19 and the continuing pressure on services has resulted in delays in access to treatment and increased waiting lists.
- Our vision for children and young people is for an equitable health service which is safe, personalised, kinder, professional and more family friendly
- Every child and young person to have early access to care as close to home.

• NOTE: A CYP summit is taking place in May 2023, involving key stakeholders, the outcomes of which will need to be reflected in this chapter. Therefore, this chapter narrative and interventions are subject to changes.

Children and Young People – Interventions

Intervention	Timeline
1. Develop a Children and Young People's System Partnership `Collaborative`	23/24
2. Promote the voice of children and young people and their participation in strategic and operational developments	23/24
3. Address parity of esteem with fair share investment and strategic focus on CYP across LLR partners	23/24 – 24/25
4. Develop an LLR Children's and Young people's (CYP) System Strategy	23/24 – 24/25
5. Improve health equity through a system-wide CORE20PLUS5 programme	24/25 – 28/29
6. Improve neurodevelopmental pathways and services for children and young people	24/25 – 28/29
7. Promote opportunities for integrated working and collaborate across different settings and organisations	24/25 – 28/29
8. Improving the use of technology to empower CYP and their families, supporting them to better manage their own conditions and support more virtual models of care	25/26 – 28/29
9. Improve access to mental health services for CYP and develop trauma-informed approaches across all services and practice	25/26
10. Develop solutions to managing demand for children's urgent and emergency care and remove barriers to accessing acute and community paediatric care pathways	25/26 – 28/29
11. Working with regional and local networks to transform paediatric critical care pathways	23/24 – 27/28



Women's Health, including Maternity

Key points

- In LLR women live longer than men but spend a significantly greater proportion of their lives in ill health and disability compared with men.
- Insufficient focus is placed on women-specific issues such as miscarriage or menopause.
- In LLR services for women's health are fragmented or duplicated across multiple pathways and organisations.
- We are making a commitment to improve the health of women across LLR; through better coordinated and tailored services.
- Our vision for maternity services across LLR is for an equitable service which is safe, personalised, kinder, professional and more family friendly;
- Every woman should have access to information to enable her to make decisions about her care
- Mothers and babies to be able access support that is centred around their individual needs and circumstances.

Women's Health – Interventions

Intervention	Timeline
Women's Health	
<p>1 Establish a Women's Health Collaborative to transform the current fragmented and un-coordinate care into better access, quality, experience and outcomes for women</p> <p>2 To build relationships with women's groups ensuring that we understand their needs and they have a voice in planning services across health care.</p> <p>3 Lead East Midlands Assisted Fertility Policy review and undertake an options appraisal to agree how we will meet new assisted conception recommendations in women's health strategy.</p> <p>4 Work with system leaders to agree local models for implementation of women's health hub across LLR, to provide social, emotional and health support including sexual health , menopause and social prescribing</p>	<p>23/24</p> <p>23/24</p> <p>23/24 to 27/28</p> <p>23/24 to 27/28</p>
Maternity	
<p>5 Listening to women and staff with compassion.</p> <p>6 Support our workforce.</p> <p>7 Develop and sustain a culture of Safety.</p> <p>8 Meeting and improving standards and structures.</p>	<p>23/24</p> <p>23/24-26/27</p> <p>23/24-26/27</p> <p>23/24-25/26</p>



Chapter 4 – Our Approach

In this chapter, we describe the building blocks that, put together, provide the essential framework within which we can deliver our preventive work, keep people well, improve health equity and deliver the best possible health and care for local people. We describe how we will make the best use of research, evidence, tools and techniques. We also address how we will maximise the benefits of new digital technologies, make sure our estate is fit for purpose and used effectively, as well as how we will harness the benefits from adopting a ‘green’ approach. The chapter is structured across the following areas with links to further related strategies and plans:

- Our approach to improving health equity
- Our approach to Population Health Management
- Our approach to Quality Improvement
- Our approach to transformation
- Our approach to digital and data
- Our approach to the estate
- Our ‘Green’ approach
- Our approach to research and innovation
- Our approach to supporting broader social and economic development (anchor institutions)



Chapter 5 – Our Finances

- Historical financial challenges must be addressed for us to become financially sustainable in the longer term.
- The actions in the plan are aligned to our financial strategy and are integral to support the system in achieving better health care outcomes for our population, tackling health inequalities and contributing to system financial sustainability.
- Our aim is to achieve system financial balance whilst simultaneously delivering tangible improvement in outcomes and health equity.

Chapter 6 – Our People

Key Points

- We have a combined health and adult social care workforce of 57,700 – this is our greatest asset in providing local health, mental health and care services.
- These past three years have seen an unprecedented demand on services, as well as on our people, who adapted and responded
- As we recover and respond to a post-pandemic environment, we face several challenges:
 - Attracting new talent to ensure we have a growing future pipeline of recruits
 - Filling current vacancies; and
 - Retaining the workforce and skills we currently have.
- Our People Strategy is delivering intervention programmes to enable attraction, recruitment, retention and supply of people by ensuring we are looking after our people's health and wellbeing, as well as creating a compassionate and thriving culture.



Chapter 7 - Governance

Chapter 7 explains how the system infrastructure that underpins delivery is constructed and how we plan to monitor and assure delivery of the plan through the System Delivery Partnership.