

**Minutes of the LLR System Leaders Group**  
**Thursday 25 February 2021**  
**8.30 – 10.00**  
**By Teams**

**Present:**

Mr David Sissling	Independent Chair
Councillor Lee Breckon	Lead Member for Health, Leicestershire County Council
Mr Jon Wilson	Director of Adult Social Care, Leicestershire County Council
Councillor Vi Dempster	Lead Member for Health, Leicester City Council
Mr Ivan Browne	Director of Public Health, Leicester City Council
Mr Martin Samuels	Strategic Director Social Care and Education, Leicester City Council
Mr Jon Morley	Director of Adult Social Care, Rutland County Council
Mr Andy Williams	Chief Executive, LLR CCGs
Professor Azhar Farooqi	Chair, Leicester City CCG
Professor Mayur Lakhani	Chair, West Leicestershire CCG
Dr Vivek Varakantam	Chair, East Leicestershire, and Rutland CCG
Ms Sarah Prema	LLR CCG Executive Director of Strategy and Planning
Ms Rebecca Brown	Acting CEO, UHL
Mr Karamjit Singh	Chair, UHL
Mr Richard Henderson	Chief Executive, EMAS
Mrs Pauline Tagg	Chair, EMAS
Mr Stephen Bateman	Chief Executive, DHU Health Care
Mr David Whitney	Chair, DHU Health Care
Ms Angela Hillery	Chief Executive, LPT
Mrs Cathy Ellis	Chair, LPT
Dr Aruna Garcea	City PCN Representative
Dr Hilary Fox	East Leicestershire and Rutland PCN Representative
Dr Anu Rao	Leicestershire PCN Representative
Mr Evan Rees	Chair, Patient and Public Involvement Assurance Group
Dr Janet Underwood	Chair, Rutland Healthwatch
Mrs Harsha Kotecha	Chair, Leicester, Leicestershire Healthwatch
Councillor Oliver Hemsley	Leader Rutland County, Council

**Apologies for Absence:**

Councillor Alan Walters,	Lead Member for Health, Rutland County Council
In Attendance:	
Vicki Lowe	Executive Assistant (Note taker)

ITEM		LEAD RESPONSIBLE
1/25022021	<p><b>Welcome and Introductions</b></p> <p>Mr Sissling (Independent Chair) welcomed all partners to the inaugural meeting of the LLR System Leaders Group.</p> <p>Mr Sissling explained that the meeting will include a brief reflection on the progress which has been achieved to date, an</p>	

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	overview of key current issues and consideration of priorities for future joint working.	
2/25022021	<p><b>Terms of Reference Leicester, Leicestershire and Rutland System Leaders Group</b></p> <p>Paper A provided the Terms of Reference of the Leicester, Leicestershire and Rutland System Leaders Group for review and approval.</p> <p>Mr Sissling noted that the proposed change of name was to bring it in line with national policy.</p> <p>In summary the following suggestions were made on the TOR:</p> <ul style="list-style-type: none"> <li>• To review and increase the representation from PCNs to ensure it appropriately covers the population. The proposal was to increase from 3 to 4 representatives ensuring that both Rutland and East Leicestershire had individual representation.</li> <li>• To include a representative from Local Government Children’s Services.</li> <li>• To ensure sufficient involvement/representation from the third sector. (Mr Rees was a Director of VAL and offered his service to the group in this regard).</li> <li>• For the County Public Health to be represented.</li> </ul> <p>It was agreed, for the above comments to be considered and relevant options should be shared with Board members for approval.</p> <p>It was RESOLVED:</p> <ul style="list-style-type: none"> <li>• To APPROVE a change of name to “LLR Health Care Partnership Board”.</li> <li>• To CONSIDER amendment to the Terms of Reference taking account of the suggested amendments above.</li> </ul>	
3/25022021	<p><b>The Journey So Far</b></p> <p>Mr Williams presented an outline of the Journey So Far. He reflected on where we started as an STP, the steps taken to bring partners together and the lessons to learn going forward. Mr Williams highlighted in particular:</p>	

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	<ul style="list-style-type: none"> <li>• The way of working in LLR has positively evolved in the direction that is now set out in the White Paper.</li> <li>• Our success in building on existing partnership relationships and working together with purpose and ambition.</li> <li>• The benefits of recognising the different governance models that exist in the NHS and Local Government and the associated need to establish appropriate arrangement for the ICS.</li> <li>• The adoption of an approach based on subsidiarity; the critical importance of Place, defined by our 3 upper tier Local Government Authorities and the significance of our localities and neighbourhoods.</li> <li>• The effective response to the COVID pandemic. This has been characterised by collaboration and joint working.</li> <li>• The key ambitions going forward which are aligned with the White Paper.</li> </ul> <p>Mr Sissling thanked Mr Williams for the reflections and commented that it was timely to take stock of the positive work undertaken to date- both to celebrate achievement and to guide future direction.</p> <p>Mr Sissling invited comments:</p> <p>The LLR System Leaders Group noted in particular:</p> <ul style="list-style-type: none"> <li>• It was time to move away from the internal boundaries and focus on ICS level partnerships. This would allow us to tackle health inequalities and improve patient care together. A strong vision will be required for the ICS which will need to include a determination to tackle health inequalities</li> <li>• It would be important to embrace the diversity in the partnership group- enabling healthy debate and positive decisions.</li> <li>• It was important to recognise the ongoing pressure on all those who have been working tirelessly on the pandemic over the last 12 months.</li> </ul>	

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4/25022021	<p>Mr Sissling thanked all for the observations and comments which would be taken into the subsequent agenda item on purpose, principles, and priorities. There will be a need to regularly check that the relationships in the ICS are productive and that our agreed priorities deliver benefit for local people.</p> <p>It was RESOLVED</p> <ul style="list-style-type: none"> <li>To RECEIVE the reflections on the Journey so far.</li> </ul> <p><b>Update on Integrated Care System Application and Single Clinical Commissioning Application (Paper B2)</b></p> <p>Ms Prema talked through the process and timelines for LLR to become an ICS by April 2021. The final application (Appendix 2) is now in its final stages of approval and will be presented to the NHSE/I Executive Board on 16 March 2021 by the Regional Team.</p> <p>There has been a request from NHSE to strengthen the covering letter for further clarity on the system's state of readiness to become an ICS. The System Leaders Group were asked to APPROVE the revised version of the letter (Appendix 3).</p> <p>Ms Prema invited comments on the application process:</p> <p>In discussion the LLR System Leaders Group noted in particular:</p> <ul style="list-style-type: none"> <li>A suggestion to strengthen the application letter by referencing LPT as part of the East Midlands mental health network demonstrating collaboration in the planning and delivery of specialist services  <b>To refer to the above in the ICS application covering letter.</b> <span style="float: right;">SP</span></li> <li>A request to include LLR CCG chairs on the signatory list to the application letter.  <b>To add Chairs to the signatory list to the ICS application covering letter.</b> <span style="float: right;">SP</span></li> <li>A clarification that there was not a requirement for the financial strategy to be finalised at application stage.</li> </ul> <p>It was RESOLVED</p> <ul style="list-style-type: none"> <li>TO NOTE the progress with both the ICS and Single CCG application</li> <li>TO APPROVE the revised system letter for the ICS application.</li> </ul>

ITEM		LEAD RESPONSIBLE
5/25022021	<p><b>Integrated and Innovation: Working Together to Improve Health and Social Care for All – Summary of White Paper</b></p> <p>Ms Prema gave an overview presentation on the new legislation proposed in the White Paper (Paper B1) and described the implications for LLR as the ICS developed.</p> <p>Mr Sissling thanked Ms Prema for the detailed summary.</p> <p>It was confirmed as a general working principle that the materials submitted to the LLR Health Care Partnership Board can be shared in respective organisations.</p> <p>Mr Sissling invited the group to comment or make any observations on the White Paper.</p> <p>In discussion, the following key points were noted:</p> <ul style="list-style-type: none"> <li>• The importance of learning from the experience of other systems.  <b>To share two reports from other systems that have gone through the process of becoming an ICS a) Surrey and Heartlands Healthcare Partnership and, b) Bedfordshire, Luton and Milton Keynes.</b></li> <li>• To ensure that the governance arrangements are lean and flexible recognising the prospect of further guidance as legislative processes proceed</li> <li>• The positive opportunities to prioritise place-based working. Several areas to consider in the development of Place arrangements were noted including: <ul style="list-style-type: none"> <li>- Each of our Places have very distinctive features and characteristics. We cannot adopt a “one size fits all” approach</li> <li>- To allow and support innovation through PCNs.</li> <li>- To ensure the arrangements for the Place Based Groups and the ICS Service Design Groups are aligned.</li> <li>- The importance of delivering within Place as close to the population as possible. This will require effective development at a locality or neighbourhood level</li> </ul> </li> </ul>	SP

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	<ul style="list-style-type: none"> <li>- To build on the broader partnerships that exist at Place based level with an emphasis on public engagement.</li> <li>• To aim for levelling up of clinical outcomes for all patients.</li> <li>• To consider patients in peripheral areas that are using other hospitals outside LLR</li> </ul> <p>A discussion took place regarding provider collaborative arrangements. All agreed that the development of provider collaboratives would need to be an early priority for ICS development work. Learning and thinking from other system across the Midlands will be an important in this process.</p> <p>Mr Sissling noted that the observations and comments made above will be carried forward into the proposed work on purpose, principles and priorities.</p> <p>It was RESOLVED</p> <ul style="list-style-type: none"> <li>• To RECEIVE the presentation on The White Paper.</li> </ul>	
6/25022021	<p><b>Purpose Principles and Priorities</b></p> <p>Paper C provided a proposed framework and facilitation approach to ICS development.</p> <p>Mr Sissling summarised the proposals. Firstly, to organise a series of webinars for non-executives, Local Government colleagues and third sector representatives. These would enable engagement and provide opportunities for contributions to the development of the ICS. And secondly that the Health and Care Partnership take time over the coming weeks to discuss and agree the purpose, principles and priorities of the ICS. There will be three organised sessions with conclusions being referred back to the next formal Health and Care Partnership Meeting for adoption in June 2021.</p> <p>In discussion on the above the LLR Health Care Partnership noted in particular:</p> <ul style="list-style-type: none"> <li>• The need to engage effectively to ensure the voice of the public and service users could be heard in the proposed processes</li> <li>• The existing links and connections to local communities which Local Government can bring into the discussions.</li> </ul>	

<b>ITEM</b>		<b>LEAD RESPONSIBLE</b>
	<ul style="list-style-type: none"> <li>The ongoing work on a Health inequalities framework which would be a key reference point in the next phase of development</li> </ul> <p>Mr Sissling emphasised also the importance of being ambitious, imaginative but realistic in this important work.</p> <p>It was RESOLVED</p> <ul style="list-style-type: none"> <li>To SUPPORT the proposal to implement engagement processes and to pursue joint work which will enable the Health and Care Partnership to agree the purpose, principles and priorities of the ICS.</li> </ul>	
<b>7/25022021</b>	<b>DATE TIME OF NEXT MEETING: Thursday 17 June – 10.00 – 12.00</b>	