

IN Partnership

The stakeholder bulletin for the Leicester, Leicestershire and Rutland ICS

December 2021

WELCOME TO IN PARTNERSHIP

Welcome to this second edition of *In Partnership*, providing details of how the Integrated Care System (ICS) in Leicester, Leicestershire and Rutland (LLR) is taking shape.

Our emerging ICS is a partnership of local health and care organisations, including the three upper tier local authorities, that have come together to plan and deliver joined up services and to improve the health and wellbeing of people who live and work in the area. *In Partnership* brings you news, views and updates on partner organisations working together to better integrate care in LLR. We plan to publish this update approximately monthly.

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CHIEF EXECUTIVE APPOINTED TO OUR HEALTH AND CARE SYSTEM

Andy Williams, the current Accountable Officer of the area's three Clinical Commissioning Groups (CCGs), has been appointed as the Designate Chief Executive of the emerging Leicester, Leicestershire and Rutland Integrated Care System's (ICS) Integrated Care Board (ICB).

ICBs are partnerships of health and care organisations that come together to plan and deliver joined up services and improve the health of people who live and work in their area. They exist to improve outcomes in population health and healthcare; tackle inequalities in patient outcomes, experience and access; and enhance productivity and value for money.

As Chief Executive of the ICB, Andy will work with colleagues, communities and partners to deliver a long-term strategy to achieve these ambitions, while continuing to focus on shorter-term priorities including the continued vaccine rollout and elective (planned care) waiting list recovery.

Andy is no stranger to Leicester, Leicestershire and Rutland (LLR), having led the area's three CCGs since autumn 2019.

Prior to that, Andy held a number of senior leadership roles within a range of NHS organisations in both England and his native Wales.

David Sissling, Designate Independent Chair of the LLR ICS said: "Andy is an experienced senior leader who has already contributed much during his time in LLR. This includes helping our system navigate the immense challenges brought by the pandemic whilst delivering a step change in how partners work together. I have been impressed with his energy, dynamism and leadership.

"Andy shares a clear ambition to tackle health inequalities and improve the health, wellbeing and experiences of care for all local people – and of doing this with communities themselves. I look forward to working with him to turn these ambitions into reality."

Andy Williams said: "As a system we have much to be proud of but, given the clear challenges we face, the time is right to genuinely transform how services are organised and delivered so that patients and families have a better experience of care.

"We can only do this by breaking down barriers between organisations that have all too often prevented us doing what is in the best interests of patients and working across traditional boundaries. I am determined we will do just that, creating a thriving ICS with a strong place-based approach to delivery."

The appointment follows a rigorous national selection process led by NHS England and NHS improvement. It remains dependent on the passage of the Health and Care Bill, which contains a series of measures to formally establish ICS. Subject to any potential amendments to the Bill, this is expected to be from 1 April 2022.



RECRUITMENT UNDERWAY FOR NON-EXECUTIVES

Four designate non-executive positions on the LLR Integrated Care Board (ICB) are currently being recruited to – with a closing date of 5 December 2021.

As independent non-executives, the successful candidates will help to shape a long-term, viable plan for the delivery of the functions, duties, and objectives of the ICB, and for the stewardship of public money. Applicants need to live in the area served by the integrated care system or be able to demonstrate strong connections with it.

The roles include specific responsibilities for:

- Audit committee chair
- People and remuneration committee
- Quality, safety and transformation
- Health inequalities, public engagement, third sector and carers

For further details, please visit the NHS independent non-executive recruitment website. Downloads available include the applicant pack, appointment pack and role profiles.

NHS ENGLAND LEADER TWEETS PRAISE FOR LLR SYSTEM

NHS England Chief Executive Amanda Pritchard toured urgent community response teams in LLR in November and was full of praise for the care model being advanced.

The local urgent community response service brings together a number of health and care partner organisations, with the aim of delivering a two-hour urgent crisis response and reablement service within two days.

During her visit, Amanda tweeted this message: "I'm delighted to be here in Leicester, Leicestershire and Rutland ICS, hearing a bit about what people are doing to integrate care for their populations.

"I think I'm particularly impressed with what I've heard about the integrated crisis response team... What they have done is put in place a really integrated, multi-disciplinary team using skills from the NHS, colleagues from the council, CCG support, and they have invested over years in building a culture and way of working that now allows them to respond to patients within a few hours of getting a call.

"So, whether that is someone who has fallen at home or it's a referral from a GP, or even someone who is waiting for care from any other part of the system, they are able to get quickly to that patient, assess their needs, get what they need - be that handymen, equipment or specialist assessment - and in so many cases prevent that patient from going to hospital when they don't need to.

"Amazing work here and something that we're now planning to spread across the whole country over the next few years."

Thank you to everyone who hosted Amanda and her colleagues on the visit and we look forward to welcoming them back to the area very soon.



WINTER PLAN IN PLACE

A number of measures are being put in place to ensure the LLR health and care system is able to cope as best as possible with pressures on services this winter.

A combination of factors such as the ongoing Covid-19 pandemic, an expected increase in flu rates, and attempts to tackle backlogs in waiting lists, is set to see a big demand for health and care services locally, and nationally, through to spring.

Planning for winter has been a key task for the LLR urgent care system, supported by the urgent and emergency care team hosted by the local CCGs. The response will be delivered at all levels – from primary care, through to community services and the acutes, as well as in social care.

Addressing demand in primary care is a big focus for the winter plan, with efforts being made to ensure access and appointments are made available according to patient need – online, over-the-phone and face-to-face, including evenings and weekends, with an increased number of same-day appointments being offered.

Use of population health management data is allowing the system to look at variation between different GP practices and put in place support measures for practices where required. Other activities include expanding the administrative support workforce and a launch of a locum bank from December 21. Elsewhere in primary care, there are efforts to make greater use of the Community Pharmacy Consultation Scheme, which already has 52 GP practices signed up and more than 4,000 referrals made.

The Covid-19 vaccination programme has been very successful to date, with 801,602 first doses and 743,504 second doses administered, at the time of writing. A total of 221,116 people in LLR remain unvaccinated. The booster programme is underway with 44.4% of booster doses administered within LLR.

Vaccinations have been delivered through a mix of local vaccination sites, locality-based sites, pop-up and walk-in clinics. The CCG has also held clinics aimed at 'often overlooked' groups including those for whom English is not their first language.

Booster clinics are available across the area, with more community pharmacies coming on board, making booster vaccines more accessible.

Local plans for flu vaccination are in place and well established. Work is ongoing to target priority groups such as care home and housebound individuals, as well as staff working in the health and care sector. Latest figures for the over-65s population cohort population shows a flu vaccine rate of 47.5%.

As in previous years, communications and engagements leads across LLR will be working together on helping implement the national campaign on keeping well in winter, supplementing this with local messages. There is set to be a significant campaign on self-care and high-profile local advertising supporting NHS111 online.

ENCOURAGING VACCINE UPTAKE DURING THE FESTIVITIES

An important part of the winter plan is the Covid-19 vaccination programme – and health leaders across LLR are urging everyone to make sure they are fully vaccinated for the festive season.

The need to ensure the highest levels of protection in the community has been underlined more than ever recently with the arrival in the UK of the new Omicron variant.

In late November, partner organisations came together to stage a Big Vaccination Weekend, with extra clinics arranged making it easy to get the vaccine, including a pop-up clinic in Highcross Shopping Centre.

Meanwhile detailed work is beginning to take place within a small number of local areas, including with communities themselves, in which the overall level of vaccine take up has been lower than hoped.

Leicestershire County Council Public Health Director Mike Sandys said: “Unfortunately Covid rates have risen to their highest ever levels locally but the vaccine is the thing that is keeping the wolf from the door and reducing the pressure on the NHS locally.

“Getting your jabs and boosters continues to be absolutely the most effective way to protect ourselves, our friends and our families. This is so important going into the winter when people will be gathering indoors more often and there will be a greater risk of transmission.”

Leicester’s Director of Public Health, Professor Ivan Browne added: “With winter approaching and cases rising it’s vital that people get all of the vaccinations they are entitled to, to protect themselves and their families from Covid-19.

“Vaccination is still the best protection you can get against Covid-19, and I would urge anyone who hasn’t yet had all of their vaccinations to make arrangements to get them now.”

The Covid-19 booster vaccine ensures continued protection over the winter. Details of the booster programme were currently being reviewed at the time of writing.

Full information on the vaccine programme, including who is eligible and where the vaccine can be accessed, can be found at:

<https://www.leicestercityccg.nhs.uk/my-health/coronavirus-advice/coronavirus-vaccine/>



PROMOTING SELF-CARE THIS WINTER

Patients in LLR are being supported to look after minor ailments themselves, as part of a new campaign.

The campaign, called You and Your GP Practice, has been put together by the LLR CCGs to help patients get the care they need as quickly as possible.

Initially, the campaign will focus on self-care and features a series of seven animations advising people how to look after certain minor ailments and when to seek medical advice. The launch coincided with national Self-care Week in November 2021. Ailments covered included coughs, cold and flu, sore throat and back pain.

Self-care describes how individuals can look after their own health, including what they can do to treat minor conditions

themselves, avoiding the need to attend a GP practice. It encompasses looking after minor illnesses at home, as well as self-management of long-term conditions and prevention of ill health.

A survey of local patients carried out by the CCGs earlier this year, showed that patients would like more support in being able to look after their own health. Only 50% of respondents across LLR felt they had the confidence to self-care and 32% said they had less self-care information than they need.

Dr Nil Sanganee, a GP in Ashby, said: “If people are generally in good health, there is no reason why they can’t look after minor illnesses themselves. In most cases the illness will get better by itself and so an appointment with their GP practice isn’t usually required. This campaign

has been developed to build patients’ knowledge and confidence to look after minor illnesses themselves.”

Dr Sulaxni Nainani, a GP in Leicester, said: “If people have any long term conditions we would generally advise them to still contact their GP practice for advice if they develop a minor illness. This doesn’t need to be with a GP. There are a wide range of health professionals in practices nowadays such as advanced nurse practitioners, physician associates or clinical pharmacists, who are well qualified to advise patients and are often specialists in managing long term conditions.”

To find out more and view the animations, visit www.leicestercityccg.nhs.uk/you-and-your-gp-practice.

IN THEIR WORDS - INTERVIEW WITH RICHARD MITCHELL

Each month we sit down with someone from across the LLR health and care system to get their reflections on what the ICS means to them. In this third issue of *In Partnership*, we talk with Richard Mitchell, Chief Executive of University Hospitals of Leicester NHS Trust.

In October 2021, Richard Mitchell returned to the University Hospitals of Leicester NHS Trust (UHL) as Chief Executive, having previously worked at the Trust as Chief Operating Officer and Deputy Chief Executive. In between these appointments, Richard was Chief Executive of Sherwood Forest Hospitals for four years and was part of a team who won acute/specialist trust of the year in the Health Service Journal Awards 2020 and topped the NHS staff survey for acute trusts in the Midlands for the last three years. He has worked in a number of other senior operational roles including Guy's and St Thomas' and Imperial College Hospital, London.

The natural first question for Richard is: 'how is it going being back in Leicester?'

“This is week nine for me,” he says. “My family and I live in Leicestershire, my children were born at the Leicester General, and I am delighted to be back. It's clear that UHL, like all wider public services, is under huge pressure at the moment. We have clinical and non-clinical colleagues who have been working exceptionally hard for a long time and I'm grateful for that. This winter is going to be tough but I firmly believe the future will be a better one.”

Richard is asked what encouraged him to return to work in Leicester.

“I was at UHL between 2013 and 2017 before going up to work at Sherwood Forest Hospitals and I was really proud of what we achieved there. It was a high

performing trust and I could have happily stayed there and continued to be part of that team. However, I was really motivated by coming back into UHL and LLR which is, as I have said, our home. It's where many friends work and where family members have been cared for. I wanted to be part of a team that can make a difference for the people who use our services and who work in our services. I think LLR has all of the required parts to be a fantastic place to work and receive care.”

The integrated care system (ICS) in LLR has its priorities for improving services and improving the health and care of the population, and UHL has its own Trust strategic priorities, but what would Richard personally like to see improve in the way we provide healthcare?

“I'm driven by wanting to make a difference for the people who use our services and for the people who provide our services. I'm a firm believer that when you look after people in a meaningful way, it strengthens their ability to provide high quality services. A focus on the experiences of people who work in an organisation providing services can underpin huge progress around care provision.

“I would like the NHS to be a better employer for all. I would like there to be a greater consistency in terms of the lived experience of people who work in health service organisations. There's a huge variation in the lived experience of people who work for UHL, and there will be a huge variation between the people at UHL and in other organisations. We all spend a huge amount of time at work and we need to focus in a meaningful way on the wellbeing and welfare needs of our colleagues. When we get staff wellbeing into a better place, it will be good for people's own mental health, it will be good for their personal relationships, and it will be good for their ability to provide services to patients and the public.”

Just as it is early days for Richard leading UHL, it is also early days for the integrated care system in LLR, with the appointments process currently taking place for roles on the Integrated Care Board, but what would he like to see the ICS achieve in due course?

“I think the ICS is about improving access to our public services and improving the quality of services. It's about working in a joint way so that the people of Leicester, Leicestershire and Rutland feel that health and care are working together to benefit them.



“We want to be in a position where in four-to-five years' time, LLR is being recognised as one of the strongest integrated care systems in the country. We need to ensure that we are restoring our services effectively; that we are focusing on health inequalities; that we are collectively spending our money wisely; and ensuring that our services meet the diverse needs of our communities. An issue for UHL is that our senior leadership team at the moment does not reflect diversity in all of its forms. We want UHL to be at the centre of the community and over a period of time we need to strengthen the opportunities for people to work at UHL.”

With Covid-19, winter pressures, waiting list backlogs, and large-scale change programmes such as Building Better Hospitals (the multi-million pound proposals to transform acute and maternity services in Leicester's hospitals), Richard is not short of challenges as he embarks on his Chief Executive role at UHL. How will he fit in the priorities of the ICS alongside all the other imminent demands that come with leading one of the biggest hospital trusts in the country at this time?

“Working with partners is central to everything we're trying to do, whether it is delivering safe, timely care to patients; whether it's being a great employer and retaining and recruiting people; whether it is financial viability; or whether it is reconfiguration and the opportunity to build some fantastic new services for the people of LLR. We are so much stronger when we work together.

“UHL recognises the importance of its relationships with other health partners, local authorities, the voluntary sector, universities, the private sector and others. Working with partners is at the top of my agenda.

One of the advantages of working in LLR is that there's a real simplicity to the health partnerships. We have a single acute organisation, a single community mental health trust, a single CCG that will soon be an ICS, well-established primary care networks and good relationships with the local authorities and voluntary sector."

And how might the ICS improve patient flows between primary and secondary health care, and between health and social care?

"It should improve patient flows in a whole range of different ways – the key is in the title 'integrated care system'. ICSs are about organisations working together, integrating around people. Having budgets in a pooled resource will make things easier as we've got a shared pot of money, it binds us together. I think the ICS offers up opportunities to strengthen relationships and to strengthen trust between organisations. I think that's a good thing. If the ICS isn't improving the health and care of people and isn't

improving the flows of patients between organisations and offering more seamless opportunities, it's not doing its job effectively, and therefore we wouldn't be doing our job effectively."

NEXT STEPS FOR 'STEP UP TO GREAT MENTAL HEALTH'

The three local CCGs' governing body has considered the final report of the Step up to Great Mental Health public consultation, approving recommendations to begin implementation from January 2022. [Please check for governing body approval]

The consultation, which ran from May to August 2021, covered a range of services largely provided by Leicestershire Partnership Trust.

We asked people about proposals to invest in and improve adult mental health services for people in LLR when their need is urgent or when they need planned care and treatment. This included proposals for building self-help guidance and support, introducing a central access point, expanding and strengthening the role of crisis cafes, improving and expanding the crisis service, and expanding the hours and the use of the triage car.

Other service developments that were considered including introducing a mental health urgent care hub, introducing an acute mental health liaison service, joining up support for vulnerable groups, and joining up community mental health services.

The consultation received 6,650 responses from across the community – with the voluntary and community sector playing a vital role in helping to get the message out and encouraging people to have their say.

A total of 40 voluntary and community organisations were commissioned to reach out to 'seldom heard and often overlooked' communities to encourage and support them to participate (with a focus on protected characteristics of age, race, disability, pregnancy/maternity and sexual orientation).

More than 70 events were hosted by voluntary and community groups (online and offline) including events live-streamed via

Facebook Live and Instagram, focus groups with army and navy veterans, face-to-face interviews with prisoners and carers groups.

A huge range of activities were carried out in order to get as many people as possible feeding into the plans. These included media coverage, TV and radio advertising, social media promotion, briefings with MPs, engagement with hairdressers and beauty clinics, engagement with local business HR departments and engagement with local sports clubs.

In addition, there were staff briefings and written communications with Leicestershire Partnership, CCG and council staff that reached about 31,000 individuals.

All of the responses were collated and analysed by an independent third party – Midlands and Lancashire Commissioning Support Unit – which led to the report of findings. This will be submitted, along with the decision-making business case and the equality impact assessment, to the CCGs' governing body later this month.

The report of findings can be found at: <https://www.greatmentalhealthllr.nhs.uk/>.



Have an item that you would like including in the next issue of In Partnership, or a case study of integration in practice that could be highlighted?

**Please send your thoughts and ideas, as well as any feedback, to:
PressOfficeLLRCCGs@leicestershire.nhs.uk.**