

# IN Partnership

The stakeholder bulletin for the Leicester, Leicestershire and Rutland ICS

May 2022

## WELCOME TO IN PARTNERSHIP

Welcome to this sixth 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 and unitary 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.

### INCLUDED IN THIS ISSUE:

Legal basis for integrated care systems takes step forward

Improving flow across the LLR health and care system

Funding scheme awards £1million to transform care

Grants awarded to boost mental wellbeing

Local study to understand organ damage after Covid-19

CQC recognises further improvements at Leicestershire Partnership

In their words – interview with Professor Ivan Browne

## LEGAL BASIS FOR INTEGRATED CARE SYSTEMS TAKES STEP FORWARD

In April, the Health and Care Act 2022 completed the parliamentary process and received Royal Assent.

This is a welcome and important step on the journey towards establishing Integrated Care Systems (ICSs) on a statutory footing, which will take place on 1 July 2022 as communicated in the NHS 2022-23 priorities and operational planning guidance.

This next phase of system development builds on the evolution of local partnerships and collaborative ways of working over several years, emerging from Sustainability and Transformation Partnerships.

The vision for greater integration was laid out in the Five Year Forward View and then the NHS Long Term Plan in 2019. The Bill builds on this, while also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients.

It marks an important step in the government's health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackling long waiting lists built up during the pandemic, and addressing some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health.

David Sissling, Integrated Care Board (ICB) Chair Designate for Leicester, Leicestershire and Rutland (LLR), said: "This is a key moment for health and social care services in LLR as well as elsewhere across the country. These changes build on what we have been doing locally over the last two years and puts collaboration on a legal footing to deliver truly joined up care for our patients and service users.

"We welcome the bill which supports our focus to tackle health inequalities and ensure better ways for people to access health and care services."

By building on lessons learnt during the pandemic, we will support our staff to make the impactful changes set out in the Long Term Plan. This bill ensures we can work together as a system to rebuild from the pandemic and tackle backlogs, all while supporting each other for the benefit of our public."

1 <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

## IMPROVING FLOW ACROSS THE LLR HEALTH AND CARE SYSTEM



A renewed focus on making the health and care system more efficient is seeing improvements in the flow of patients into and out of hospital and between other services in LLR.

Plans being advanced by representatives from a number of different partnership organisations aim to achieve a 65% improvement in average clinical handover time at the Royal Infirmary's Emergency Department during 2022-23. This target would see the average clinical handover time reduced to just under 28 minutes by the end of the financial year.

Local health and social care leaders are seeking to ensure that people receive the

right level of care in the right location, improving the experience for people using services and for our teams providing care. Leaders are looking at things such as how we assess risk in patient care and how we step up and down levels of care. This focus covers services provided in our hospitals, in the community and in people's homes.

Initial work is already beginning to achieve results. At the time of writing this plan, the average clinical handover time was one hour 17 minutes but by the end of April 2022, this had reduced to 57 minutes, although this figure continues to change daily.

Recent highlights have seen more patients being seen by teams in the community, diverting people away from hospital emergency services, and a doubling of patients accessing reablement in the county. All this work is beginning to help tackle the issue of some people having long waits for their care and treatment needs, a problem that was exacerbated by the Covid-19 pandemic.

Future actions include new initiatives in primary care (GP practices) to contain demand and a seven-day discharge service across health and care designed to enable safe and timely discharge from hospital.

The LLR System Flow Partnership, tasked with this work, has stated that the improvements are due, in part, to taking a fundamentally different approach to urgent and emergency care, "no longer fixating on the challenges faced at the emergency department and our ambulance door but seeing these as a symptom of systematic and long-standing transformation needs outside of the scope of a traditional 'urgent and emergency care board'."

## FUNDING SCHEME AWARDS £1MILLION TO TRANSFORM CARE

A scheme set up in LLR to fund projects that have the potential to transform people's care has awarded almost £1million in less than two months.

The fund, open to anyone working in the NHS and health-related voluntary sector in LLR, is designed for bright ideas which have a long-lasting, sustainable impact. It has attracted almost 200 bids – with 75 approved so far.

Thousands of patients awaiting radiotherapy treatment at the University Hospitals of Leicester will benefit from speedier treatment, increased dignity and comfort through new privacy screens and skylights after a bid for £14,000 was supported. Other successful schemes include £6,300 to support the echocardiography department at Glenfield Hospital, which will use the funding for a handheld cardiac ultrasound machine to help them quickly perform scans on patients at their bedside or wherever they may be in the hospital.

£2,000 has also been awarded to the LPT Community Phlebotomy Service, which provides care for housebound



patients across Leicester, Leicestershire and Rutland, to fund two infra-red vein finders. The service visits patients daily in their own homes to take venous blood samples as requested by GPs.

Meanwhile more than 30 bids have been supported from voluntary and community organisations from right across the city and two counties to enable them to improve and extend their work and help reduce inequalities.

The #ProjectLaunchFund has the potential to invest up to £2million and remains open for new idea submissions. The application process on the LLR Academy website is simple, with no long forms or complicated entry requirements. Decisions will be made on a fortnightly basis so that ideas can be quickly put into action.



## GET THE BALL ROLLING TACKLES MALE SUICIDE



Getting Help in Neighbourhoods, the innovative scheme that will see around £3million being spent in local areas by charitable, voluntary and community groups to increase the support available for mental health and wellbeing, has announced its first grant recipients.

Nearly £800,000 has been awarded in round one to 28 local groups across LLR to spend on their own projects, new or existing, to support people with their mental health and wellbeing.

This NHS-funded scheme has been organised in partnership between the LLR clinical commissioning groups, Leicestershire Partnership,

Leicestershire County Council, Leicester City Council and Rutland County Council. It is administered by Leicestershire and Rutland Community Foundation, an organisation that strengthens local communities by grant-giving to local charities and voluntary groups.

The fund received a good number of applications which were assessed by a diverse panel of experts from different local and national organisations against set criteria. The grants awarded ranged from £5,000 up to the maximum of £50,000.

## HUGE BOOST FOR LOCAL HEALTH RESEARCH

A new study has launched in Leicester investigating the extent to which Covid-19 damages organs.

Led by the National Institute for Health Research (NIHR) Leicester Biomedical Research Centre – a partnership between Leicester's Hospitals, the University of Leicester and Loughborough University – the COSMIC study will use MRI scans of participants, along with health records and blood tests, to compare the organs of people who have never had Covid-19 to those who have previously been infected.

Covid-19 is largely thought of as a respiratory disease which primarily affects the lungs but other studies have indicated

that the virus can damage other organs, including the heart, brain, liver and kidneys. Researchers now want to know how Covid-19 causes this damage, with the aim to find potential treatments.

Dr Ranjit Arnold, who is leading the COSMIC study in Leicester, said: "We know that how poorly someone becomes during and after Covid-19 infection depends on many factors, including their age, socio-economic background, and whether they have other health conditions.

"Teasing out how much organ damage is due to the virus itself rather than these other underlying health conditions is key

to improving our understanding of how Covid-19 can affect the organs. To do this, we will ask a large group of people who haven't had Covid-19 but may have similar underlying health conditions to participants we've recruited in trials so far, to make comparisons."



## CQC RECOGNISES FURTHER IMPROVEMENTS AT LEICESTERSHIRE PARTNERSHIP

The Care Quality Commission (CQC) has published a report following an unannounced inspection of the acute wards for adults of working age and psychiatric intensive care units at Leicestershire Partnership NHS Trust (LPT), which took place in February 2022.

The CQC has moved LPT's ratings up in this core service in recognition of improvements in the two key domains inspected – safety and responsiveness.

The safety domain has moved up from 'inadequate' to 'requires improvement' and the responsive domain has moved up from 'requires improvement' to 'good'.



The inspection focused on whether the following actions had been taken by LPT since the 2021 inspection:

- Making it easier for patients to call for help in an emergency
- Ensuring that people no longer had to sleep in shared accommodation
- Protecting patients' privacy and dignity.

The CQC report concluded that "the trust have met all actions required in the enforcement action issued at the last inspection". To find out more, visit the LPT website .

# IN THEIR WORDS

# INTERVIEW

## WITH

# PROFESSOR

# IVAN BROWNE

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 sixth issue of In Partnership, we talk with Professor Ivan Browne, Director of Public Health at Leicester City Council. Born and raised in Leicester and someone still living in the city, he is responsible for public health services in Leicester, with a duty to improve public health.

For the past two years he has been at the forefront of the city's response to Covid-19. An honorary degree was awarded by Loughborough University in 2021 in recognition of his outstanding contribution throughout the pandemic.

Ivan started as a consultant in public health in Leicester in December 2009. He became deputy director of public health in 2016, before being promoted to director of public health in 2019. Prior to working in Leicester, Ivan carried out his public health training within the West Midlands and, once qualified, went on to work in a regional public health team dedicated to addressing the risks posed by chemical and environmental hazards on the health of the population. Ivan is also the Deputy Lord-Lieutenant for Leicester, Leicestershire and Rutland.

### Family matters

Ivan's parents are from Antigua and were part of the Windrush Generation that settled in Leicester.

His mother was a nurse at Leicester Royal Infirmary and his father was a builder, having worked on many university and hospital buildings around the city.

"My family have always appreciated Leicester, it's a welcoming city. Coming from a migrant family, migrant health has naturally always interested me, it speaks to my history



as it does for many people working in the LLR system. New populations are coming in now, contributing to all aspects of the city, and I think that is something we really need to celebrate in terms of who we are. I am very much a product of this city and a product of the NHS. I have a sister who has also worked in the NHS and my wife is a local GP who works in the city."

### Early career

"Getting through institutions, particularly as a migrant, can be difficult. Sometimes people accept you, sometimes people don't, and I went through school being told about deficits and what I couldn't do.

At school I was asked by my career teacher what I wanted to do as a career, and I said 'surveyor' because my dad was a builder. I was told 'no, you can't be a surveyor'. So, I spoke about my interest in cars and said I'd like to be a mechanic. They told me 'no, you can't be a mechanic'. There was a lot of boot and shoe manufacturing around at the time and I was told to consider something like that, in a factory."

Ignoring these instructions, Ivan was supported by his family to complete a mechanics apprenticeship before studying for O and A levels at college, completing his A levels within just one year of study. He went to university to study environmental health before completing a masters in public health, having become interested in the study of the health of a population.

"Around that time the professor on my masters course would write to me every

Christmas asking whether I had moved into public health yet, she was very insistent. Eventually I saw an opportunity to re-train in public health medicine and in 2003 I began my career in public health."

### The Covid response

The city of Leicester will be very grateful that Ivan did indeed pursue a career in public health. As we emerge from the depths of the Covid-19 pandemic, he is able to reflect on the most challenging time of his professional career. Leicester was the first areas to have a local lockdown imposed and spent longer in lockdown than any other city. Ivan helped his team and colleagues in partner organisations navigate these circumstances successfully, setting a strong example for other authorities to follow. He led the city through pioneering projects to tackle the virus, that were replicated in other areas, including a local test and trace scheme.

"You've heard my history and how proud I am of this city but I think that resilience was galvanised over the course of Covid. That's not to say that we're not damaged, that we're not hurt, that we're not having to now catch up on so many things, and that we didn't stop the casualties and impact on people's health and wellbeing, but the desire to do the right thing in this city was profound.

"If we can't do an ICS (integrated care system) now, we'll never be able to. Due to Covid, we've had to all work together to deal with a collective problem. We did things that we were never able to do before, things that we've previously spent ages banging our heads against a wall, things like sharing data, doing things in the local authority that were previously NHS, and doing joint engagement. We were very solutions focused and could sort things out with just a quick phone call. Don't get me wrong, governance and policies are all massively important, but there has been a real focus on outcomes. Our thoughts became

focused on how we help the person down the road who can't get to a testing station, can't get vaccinated or can't get food. We were down to compassion at the individual level trying to resolve people's problems.

**"While responding to Covid was the most challenging part of my career, in some ways, it was the best part of my career, because it gave me a belief that we could do stuff, that we could actually move the dial on things.**

So, if there's anything that I want to keep or build on, around the ICS, it's that we don't pack away all of the good things we've progressed during Covid."

#### **Public health focus – a personal perspective**

"The one thing that is always towards the front of my mind, and that has been particularly highlighted by Covid, is the inverse care law – 'the fact that those that need it the most, are often the last to get it'. Sometimes I feel like a kid by saying 'it's just not fair, it's just not fair'. Covid has shone

a real light on this, and if there is one thing I want to have a good crack at tackling, it's this. Can we make sure that the limited services we've got are being received by those in the most need, that they have the best access to them? I feel that the ICS gives us a better shot at doing this.

"Are organisations doing their own thing at trying to crack this or are we working together as a system to try to break the inverse care law? Are some organisations doing their own thing while GPs and hospitals just wait to see who turns up through the door? Why is it that for things like knee and hip replacements, and lots of other care and treatments, there is a direct inverse link between your level of deprivation and your chance to get a knee and hip replacement? Why would that be? We can ask that question as a system, not pointing the finger at anyone, but we need to ensure the right people are coming through the door.

"It's important too that we hit people's priorities. In public health we love data – everyone loves data because data tells us that the problem is 'x' and so we know that we have to tackle the problem of 'x'. Let's say 'x' is the incidence of diabetes and so therefore we know that's what we have to tackle. But then you go to the public and they say things like 'we recognise diabetes is

a huge problem but my major problem right now is the cost of living, the cost of heating, the mental health of me and my children, drugs and alcohol'. Yes, diabetes is a problem but the way to engage is to address underlying issues. We need to engage and we need to hit people's priorities. Public health is trying to adapt to this new landscape."

#### **The ICS role in improving public health**

**"What is positive is that I have never heard as many conversations about inequalities in the NHS as I am hearing now. The next step is to see that we are not only talking about inequalities but putting our money where our mouths are, and working on this together.**

We're not sure what more money might be available but that shouldn't stop us from starting our work on this.



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:  
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