

IN Partnership

The stakeholder bulletin for



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership



November 2022

WELCOME TO IN PARTNERSHIP

Welcome to this latest edition of In Partnership, the newsletter for the Integrated Care System (ICS) in Leicester, Leicestershire and Rutland (LLR).

Our 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.

INCLUDED IN THIS ISSUE:

Collaborative launched to improve lives of people with learning disabilities and/or autism

ICON campaign to help parents better understand and support crying babies

Virtual wards service extended

Support for cost of living and keeping warm this winter

Relaunch for mental health support service

Artificial intelligence speeds up skin cancer diagnosis

Major cash boost for local medical research

ICS progress and possibilities – interview with Andy Williams

COLLABORATIVE LAUNCHED TO IMPROVE LIVES OF PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM

A collaborative to address health inequalities and transform the lives of people with learning disabilities and/or autism (LD&A) across Leicester, Leicestershire and Rutland (LLR) has now been formally agreed.

Led by Leicestershire Partnership NHS Trust (LPT), and in partnership with Leicester, Leicestershire and Rutland Integrated Care Board (ICB), the LDA Collaborative will build on recent work to co-ordinate and improve services.

The LDA Collaborative will embrace the closer working arrangements between the local NHS, Leicester City Council, Leicestershire County Council, Rutland

County Council and other stakeholders including voluntary and community organisations.

Individuals with lived experience and carers will play a significant role, ensuring that improvements in provision and support will be based on their needs.

Significant progress has already been made by the Collaborative, which includes reducing the number of long-term LD&A hospital patients by 25% since 2019, increasing supported accommodation, and working towards ensuring all people with a learning disability in LLR receive an annual health check. Additionally, members of the LDA Collaborative have led on 25 quality improvement initiatives.



The LDA Collaborative's aims include:

- Ensuring everyone with a learning disability has a health check undertaken each year
- Person-centred, proactive and preventative care being delivered
- Access to specialist services and early intervention when needed
- Admission to an acute mental health hospital only when necessary, and timely discharge
- Co-ordinated health and social care across the system
- Systematic learning from any deaths of people with LD&A
- More support to families, such as having a key worker
- Working with neighbourhoods and the voluntary sector to reduce health inequalities.

David Williams, Director of Strategy and Business Development, LPT, said:

"Currently, people with a learning disability or autism have a shorter life expectancy than other people. Forming a Collaborative builds on our commitments to work together to champion better outcomes for everyone with a learning disability or autism.

"For too long there have been gaps in care pathways - people don't always get the integrated care they deserve. Working together as a Collaborative demonstrates our commitment to removing those gaps and barriers, ensuring everyone can access integrated care and lives and outcomes can be improved."

Caroline Trevithick, Chief Nurse and Deputy Chief Executive Officer, LLR ICB, said:

"We know how important it is to improve the quality of care for people with a learning disability and autism and how the quality of services deteriorates when we allow people to fall in the gaps created by organisational silos. This Collaborative has already demonstrated how working together with people at the heart of their work has started to make real improvements to the quality of the care we provide for our population."

Laura Smith, Acting Assistant Director, Learning Disability and Autism, LPT, said:

"We believe that all people with a learning disability and/or autism have the fundamental right to live good, fulfilling lives, within their communities with access to the right support from the right people at the right time."

This Collaborative brings that belief closer to happening. By combining the work of local authorities, NHS providers and commissioners into one virtual team, we have already removed barriers and provided more seamless, flexible, person-centred services."

ICON CAMPAIGN TO HELP PARENTS BETTER UNDERSTAND AND SUPPORT CRYING BABIES



Health and care partners in LLR are raising awareness among parents of how best to respond to a crying baby as part of a new video campaign:

<https://youtu.be/DN9Ark7YSM8>

The teaching aid video seeks to reinforce the ICON campaign message of:

- I – Infant crying is normal
- C – Comforting methods can help
- O – It's OK to walk away
- N – Never, ever shake a baby.

The video shows professionals explaining about the ICON approach to parents, when they will expect to receive campaign messages and how to access further resources.

Research suggests that some parents and caregivers can lose control when a baby's crying becomes too much. Some can go on to shake a baby, which can cause abusive head trauma, leading to brain injuries, significant long-term health and learning disabilities, or even death.

Speaking at the launch, Leicester's Deputy City Mayor for Social Care, Cllr Sarah Russell, said: "Any parent will know how stressful it can be when a baby cries but infant crying is normal and it will stop. It's so important that we all promote the simple messages of the ICON programme, which are aimed at supporting parents and, crucially, preventing young babies from coming to harm. I'm very pleased that local organisations are all working together to reinforce this vital message."

Nurse, health visitor and founder of ICON, Dr Suzanne Smith, said: "Anyone who needs help and is struggling to cope - don't continue to struggle. Help is available from your midwife, health visitor, GP or go online and there are more resources on our ICON website."

Lyn Quinnell, Public Health Nursing Lead, LPT, said: "There are many reasons

why babies cry and as you get to know your baby, you'll start to tune in to their different cries, spot cues and will be better able to anticipate what they need. For example, they may cry to let you know they're hungry, tired, uncomfortable, overwhelmed, need comforting or even to tell you they're bored.

"Sometimes there may not be an obvious reason. You may notice they cry more around six-to-eight weeks old, which is completely normal. If this is happening, it is OK if you need to leave them for a moment to take some time to calm down, as long as they are safe. Most importantly, remember: never shake your baby."

Further advice is available from the website: www.healthforunder5s.co.uk



VIRTUAL WARDS SERVICE EXTENDED

A new virtual wards service, which enables patients to receive treatment at home instead of in hospital, has been extended to support patients with a wider range of health conditions.

Local organisations have worked together to put the service in place, including the LLR Integrated Care Board (ICB), University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust, DHU Healthcare, LOROS, and technology providers Spirit Health and Dignio.

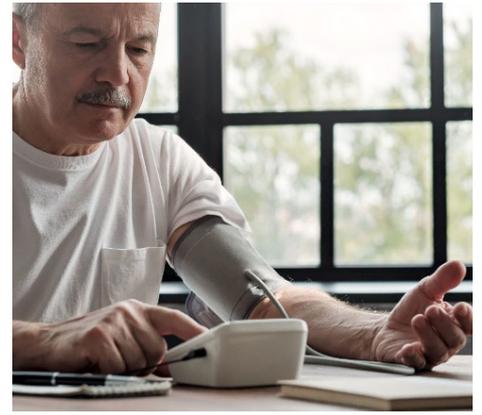
A virtual ward is a team of professionals working to manage a group of patients in the community. It allows patients to get the care they need at home, safely and conveniently, rather than being in hospital. Using a combination of remote monitoring by healthcare professionals and home visits, virtual wards can help prevent hospital admissions or allow for patients to go home earlier, while still receiving support.

Virtual wards are already in place for patients who have an irregular heart rate,

people with the lung condition COPD, and those recovering from Covid. New conditions to be added to the virtual wards include asthma, heart failure and diabetes. By December, it is hoped that 231 patients will be able to be looked after by the virtual wards service.

Dr Gurnak Dosanjh, GP and ICB virtual wards clinical lead, said: "Virtual wards are all about putting the patient experience at the centre of healthcare. We have seen that being at home can have a positive impact on recovery and mental wellbeing. We also know that staying in hospital longer than necessary can have a detrimental effect on health and independence. Extending the virtual ward service will enable us to provide safe clinical care for more patients in the comfort of their own surroundings."

Rachna Vyas, Chief Operating Officer, LLR ICB, said: "The virtual wards service is a key part of our winter plans to ensure that people are only in hospital when they really need to be. Since December 2020, when the first virtual wards for Covid patients were established, 1780 bed days have been saved, which is the number of days where a patient is at home when



they would otherwise have been in a hospital bed."

Christine Di-Palma, who has been treated on the virtual ward for the lung condition COPD, said: "It's given me peace of mind and security, knowing that someone is watching my numbers, and will phone me up if my numbers are not what they should be. There's a respiratory nurse on the end of the phone and they know what you're talking about, they understand. They can gauge whether you need further help or not."

SUPPORT FOR COST OF LIVING AND KEEPING WARM THIS WINTER

Health and care partners in LLR recognise that the current economic situation and cost of living crisis means more people may be struggling to afford to feed themselves and their families and keep warm this winter, which can have a serious detrimental impact on their physical and mental health.

This is why we have committed to working together to maximise our resources to tackle some of the problems people face. This includes all 16 of Leicester's libraries acting as 'warm spaces' where people are welcome to gather and spend time in the warm without having to put their heating on at home.

The buildings have registered with the national warmwelcome.uk website, which aims to log all buildings up and down the country where people can go to keep warm during the energy crisis, and will soon launch an interactive map of Warm Welcome spaces.

The city council's Warm Welcome initiative is part of a range of measures the council is taking to help people with the cost of living, including providing grants to community groups to help them support people, and administering the Government's £3.4million household support fund to ensure help is given to the city's most vulnerable households.

Assistant City Mayor for Neighbourhoods and Public Health, Cllr Vi Dempster, said: "We don't want anyone to feel cold or alone during this awful cost of living and energy crisis. It's a situation likely to particularly hit the most vulnerable members of our society, and we are determined to help."

Meanwhile, an extra £3.6m of Government cash is enabling Leicestershire County Council to step up the support it can provide. The money will be used to offer £1.5m emergency food and fuel support – triple the amount allocated last year – and will ensure 14,000 children across the county have free school meal vouchers during the Christmas, February half term and Easter holidays.

The national funding takes the council's wide-ranging support package to £14.8m and is on top of community fridges, innovative 'green homes' schemes, energy efficiency advice and help for foodbanks and charities, all of which are helping to bring down household bills.

Councillor Louise Richardson, Cabinet Member for Health and Wellbeing, said: "With energy, food and other prices soaring, people across Leicestershire are clearly having their wallets severely squeezed. Although we're not in position to control the major economic factors driving costs, we can help provide important support and are committed to doing so."

Information about these schemes and more, including details of Rutland County Council's Crisis Fund, can be found on the LLR Health and Wellbeing Partnership website: <https://leicesterleicestershireandrutlandhwp.uk/cost-of-living/>

RELAUNCH FOR MENTAL HEALTH SUPPORT SERVICE

The NHS and local authorities in LLR joined forces to launch the newly recommissioned Mental Health Wellbeing and Recovery Support Service on World Mental Health Day (10 October 2022).

The service will see £1million per year invested across LLR over the next five years to provide advice, guidance and support for people's emotional and mental health. There is no need for an appointment and people can simply pick up the phone to get started.

There are four partners delivering the service, with each provider allocated to a part of the city and/or counties. These providers are Mental Health Matters, P3, Nottinghamshire Community Housing Association and Life Links.

Once someone has contacted their provider, a recovery worker will help tailor the support needed. This can be one-off advice or ongoing, face-to-face support lasting several sessions. Each of the

providers is based in the community and employs recovery workers.

The service is funded by the NHS and the local authorities in LLR.

Councillor Vi Dempster, Chair of the City Health and Wellbeing Board, said: "Looking after your mental health is vital and I would urge anyone to get in touch with this service if they feel that they need help. There is a lot of pressure on all of us at the moment and sometimes we just need to talk to someone who can offer that vital support and guidance, before it affects our mental health. We know that people find it difficult to know where to go, so we want this be their first point of contact for any issues that are affecting their mental health."

Chair of the Health and Wellbeing Board in Leicestershire, Councillor Louise Richardson, said: "It is so important that all organisations come together in partnership to tackle the very real issue of mental health. Having speedy, early access to help and support when needed is vital and prevents things getting worse."

Rutland County Council's Cabinet Member for Health, Wellbeing and Adult Care, Cllr Sam Harvey, added:

"Due to the affects that the pandemic and lockdown have had on our communities, now followed by the cost of the living crisis that is hitting all households, it is more important than ever to ensure that the right support is available for mental health issues."

Further information from the LPT website: <https://www.leicspart.nhs.uk/service/mental-health-wellbeing-and-recovery-support-service-mhwrss/>

ARTIFICIAL INTELLIGENCE SPEEDS UP SKIN CANCER DIAGNOSIS

Artificial intelligence (AI) is being used to support the diagnosis of suspected skin cancer for patients in LLR.

The new service, first introduced from Loughborough Community Hospital in March 2022, is now also available in Melton Mowbray, Hinckley and Leicester city. The treatment aims to reduce delays in skin cancer detection so that cancer can be treated quickly. It is the first time that this pioneering technology has been available in the community, outside of a major hospital within LLR.

Leicester's hospitals are working with a health tech company, Skin Analytics, to provide the dermatology service, which uses AI technology, called DERM, to analyse high quality images of suspected cancer lesions. The screening identifies cases which may be cancerous and require priority investigation by a dermatologist, and those that are safe to refer back to other services such as the patient's GP.

Out of 1,349 patients referred during the first five months of the service, 549 (41% of patients) were able to be discharged or signposted to other dermatology services without them needing to attend an urgent cancer appointment. This has helped speed up appointments for those patients who do require further investigations by a dermatologist.





Pioneering research into medical advances in Leicester has received a welcome boost, with the National Institute for Health and Care Research (NIHR) announcing £26 million over the next five years for an NIHR Leicester Biomedical Research Centre (BRC).

NIHR Biomedical Research Centres are partnerships between healthcare professionals and academics in the country's leading NHS trusts and universities. The NIHR Leicester BRC is a partnership between the University Hospitals of Leicester NHS Trust, University of Leicester, Loughborough University and University Hospitals of Northamptonshire NHS Group.

The combined research teams in Leicester, Loughborough and Northampton will work together to develop ground-breaking treatments, diagnostics, prevention and care for people who have a wide range of diseases.

The investment from the NIHR will mean that research into illnesses linked to respiratory diseases (affecting the lungs), cardiovascular diseases (hearts and circulation), type 2 diabetes, chronic kidney disease and the consequences of inactivity will continue to push boundaries of knowledge in clinical medicine.

Three new speciality areas will join the NIHR Leicester BRC for the first time:

- Personalised cancer prevention and treatment
- Environment – looking at how the environment impacts on long term health conditions
- Using data to better understand multiple long-term health conditions and factors specific to the health of ethnic minority populations.



It has been five months since the launch of the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) on 1 July 2022 and ICB Chief Executive Andy Williams can reflect on much early progress and the potential for further, more significant developments. Following a largely seamless transition from the former local Clinical Commissioning Groups, the ICB is in a good place to build on its early foundations.

"The transition from the CCGs to the ICB went very smoothly," says Andy Williams. "We had done a lot of work to create a single staff team and to get that team in the right shape to suit the structure of the ICB. We had been through a change process and that had been difficult for colleagues but it meant that at the point of establishing the ICB, it was much simpler than it would otherwise have been. I was very thankful to colleagues who had done such a good job to ensure all aspects of the transition such as governance and finance were in place for the go-live.

"The Board has now formed, the organisation has met several times, we are starting to settle into a pattern of working and good progress is being made. The dominant issues for us currently are operational – such as winter planning,

flu and Covid vaccinations, and elective (planned care) recovery – and we are responding well to those challenges, along with our partners."

In replacing the CCGs, the ICB is now responsible for planning, arranging and ensuring the availability and quality of health services to local people. Working in greater collaboration to maximise the benefits of partnership working for the local population, the ICB is made up of representatives from local NHS organisations and local authorities.

"The governance of an ICB is more straightforward than the CCGs. That is not a criticism of the CCGs but we had three of those and we have one ICB. The relationships between the ICB and other partners is now defined in statute. We're not trying to double-run two or more systems, we have just the one way of doing things, and the composition of the Board includes our partners now which makes direct conversations easier. I would not over-state the difference this has made but the move to an ICB has certainly helped rather than hindered.

"One of the things we are just learning about is how to still recognise the importance of individual organisations even though we are working in partnership – where does an organisation's accountability start and finish as distinct to a partnership obligation? We are making progress with this issue and with enhancing our partnerships in general.

"We were fortunate that we had started down this road of improving partnership working before the launch of the integrated care system (ICS) and this journey has simply continued. There has been continuity here. We have really good partnership working in place to manage the big issues, for example, we have a winter board, an elective board, a collaborative for people with learning disabilities/autism, we are increasingly putting together a collaborative for arrangements with children's services, and about to start work on what a place-based collaborative (in Rutland) might look like. All this partnership

working has continued to develop."

With 2022 drawing to a close, Andy Williams has a message of gratitude to all colleagues who have helped launch the ICB and establish the foundations of the ICS.

"I would like to give a huge thank you to the staff who work within the ICB but also to our partners. They have been tremendous in supporting the establishment of this new organisation and way of working.

"I am conscious that we have focused, quite rightly, on the 'here and now' of the operational agenda – with winter coming, on elective recovery issues and the financial situation – and as a consequence, we have yet to really start to get a grip on some of the wider issues – such as health and wellbeing and tackling health inequity. Work is carrying on in those spaces but our agenda has been very operationally focused. The message to partners therefore is 'bear with us' – these wider issues remain important and will be highlighted as we draw up our plans in the second half of the financial year.

“ Finally, I am mindful that this is a tough time for everybody, and that is as true for the staff who work in health and social care as those receiving the services. However, no matter how much pressure we come under, there are innumerable examples of where we are making great, innovative change, while all the time delivering extraordinarily high levels of activity to a very high standard. We need to recognise the contributions of individuals and teams across the health and care sector who continue to achieve great things.”



Do you 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: llricb-llr.corporatecomms@nhs.net