

Health & Care Together

Autumn 2022 | Issue 3



In this issue:

Page 3

**Crisis cafés making
the difference**

Page 4

**Tackling health inequalities
in cancer screening**

And more!

Virtual wards bringing care closer to home

Putting patients and all we serve at the heart of what we do



How health and social care staff across Leicester, Leicestershire and Rutland are working together.

Welcome to the third edition of Health and Care Together, our quarterly system e-zine for those working in the Leicester, Leicestershire and Rutland Integrated Care System - as well as anyone else interested in our work.

Since the last issue, the legislation to put ICSs on a legal footing has come into being. Locally we continue to make good progress - there's a clear commitment to work together to make a real difference to the lives of the people and communities we serve.

In this magazine we have more great examples of our partnerships and collaboration, the underlying principles of our system, working in practice. Some are big and some are small - but all are having a positive impact. I hope you enjoy learning more about them through these short pieces, as told through the eyes of staff and people using the services.

Looking forward, we know that working together and putting people at the heart of all we do will be ever more important. Unprecedented is an often overused term, but in the context of the looming cost of living crisis it feels appropriate.

There's a real risk of more health inequalities and worsening health outcomes if greater numbers of people living in our communities are driven into poverty. This will also place yet more strain on already overstretched health and care services.

To this end I'm pleased that our Integrated Care Partnership - made up of the NHS, local authority partners and others - has agreed that one of its key immediate priorities will be working together to help tackle the cost-of-living crisis. A multi-agency workshop is planned on this during September, and more information will follow afterwards.



David Sissling

Independent Chair,
Leicester, Leicestershire
and Rutland ICS

In the meantime, we would love to hear your examples of other work that lives and breathes the values of our partnership so we can showcase them too. You can send your suggestions to the email address below.

Email:
llricb-llr.corporatecomms@nhs.net

In this edition

- | | |
|-------------------------------------|------------------------------|
| 3 Expansion of crisis cafés | 7 AI speeds diagnosis |
| 4 Tackling cancer inequality | 8 Hidden talents |
| 5 Virtual Wards | 9 Project Launch Fund |
| 6 Supporting young victims | |

Future editions

If you and your team have a story to tell about the health and wellbeing partnership across Leicester, Leicestershire and Rutland, email us at llricb-llr.corporatecomms@nhs.net

Free mental health and wellbeing support for all staff

Did you know that we have an LLR Staff Mental Health and Wellbeing hub which offers confidential and free of charge support for all health, emergency services and social care staff in Leicester, Leicestershire and Rutland?

Helpline

Staff can contact the hub's helpline:

Tel: 0116 2544388

Email: mhwb.hub@nhs.net

Visit the hub website for access to a wide range of advice and support:

www.llrstaffwellbeing.org

Crisis cafés making the difference



More people will be able to access mental health support closer to their homes thanks to the expansion of a network of crisis cafés.

A handful of the cafés – which offer drop-in support to people struggling with their mental health – have been up and running in Leicester and Loughborough for several years, but the network is rapidly expanding.

Eleven new cafés are due to open this year, with a further ten set to open during 2023, giving people across Leicester, Leicestershire and Rutland the ability to seek help in a non-medicalised setting and without having to travel long distances.

Saskya Falope, Deputy Head of Nursing for the Urgent Care Pathway at Leicestershire Partnership NHS Trust (LPT), said: “We know that getting help in a crisis can be difficult and we want to break down the barriers and make it much easier for people.

“The cafés give them somewhere, local to them, where they can talk to staff who are trained to listen, advise and give support.

“There is no need for an appointment. People can just turn up and will be welcomed with a drink and a biscuit while having the opportunity to talk with one of our trained recovery workers in a relaxed setting.”

One regular visitor to the café at the Marlene Reid Centre in Coalville, who wished to remain anonymous, said: “I was sectioned last year with serious mental health problems and I am now in recovery. I have weekly visits from

“There is no need for an appointment. People can just turn up and will be welcomed with a drink and a biscuit while having the opportunity to talk with one of our trained recovery workers in a relaxed setting.”

Saskya Falope
Deputy Head of Nursing for the Urgent Care Pathway



the community nurse but I’ve found this café a really useful resource alongside my current support especially as it is out of hours.

“I’ve spoken to the support staff and been really impressed with their knowledge and understanding of mental health. Each time I’ve come away feeling like my feet are touching the ground again after being in distress. This feels like a safe space to me now. It’s having someone to listen and care without the clinical environment and it helps me get out of the downward spiral.”

The cafés are funded by the NHS’s Leicestershire Partnership Trust (LPT) and are managed on a day-to-day basis by a number of voluntary and community sector organisations, such as the Marlene Reid Centre which runs the café in Coalville, led by LPT.

The newest cafés opened in Coalville in June, Lutterworth in July and in three city centre locations in early August.

Saskya added: “It’s fantastic to see these cafés opening all across our patch. They’re a fantastic example of partnership working between the NHS and the local community and voluntary sector. Working with partners at a local level in this way is vital as we know that they better understand the support that their local community needs.” ●

You can find out more about crisis cafés, and their locations, at www.leicspart.nhs.uk/service/crisis-cafes

Tackling health inequalities in cancer screening



Left to right: Richard Gray – Care Coordinator, Dr Leslie Borrill – Carillon Clinical Director, INT Chair for Charnwood Integrated Neighbourhood Team & Health Inequalities Clinical Lead, Kristy Mackinson – Head of PCN Development and Health Inequalities Management Lead

Community groups and public health staff are working together to improve access to cancer screening for all.

A new project – a partnership between Leicestershire County Council’s public health teams and community groups in Charnwood – is exploring the reasons behind poor uptake of cancer screening in some parts of the community.

The team have identified communities where attendance at cancer screening clinics is lower – Bangladeshi, Polish, the homeless community, travellers, sex workers and carers. They then ran a series of focus groups to understand the barriers people faced, and the things that would make it easier for them to attend.

The results are now being used to make changes to services and help improve uptake across all communities. For example, some GPs have offered extra clinics, extended their hours, arranged outreach support and provided information in other languages.

Project Lead, Dr Bharathy Kumaravel, said: “It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well.”

It is hoped that the project can be widened to include other areas within LLR over the coming months.

Dr Leslie Borrill, GP lead for Charnwood Integrated Neighbourhood Team, said: “We’re not doing our job properly if we don’t do all we can for every single

person in our community, a ‘one size fits all’ approach doesn’t work.”

Dr Anu Rao, LLR Place Clinical Director for Primary Care, agreed: “It has helped us understand what’s stopping people from engaging with our services and allowed us to develop appropriate solutions that are already having a positive impact.”

The team is now working with University Hospitals Leicester to adopt a similar approach to engaging with patients who fail to attend respiratory appointments and to fully understand the barriers they face. Further plans to explore other key priority areas in the community are also being considered.

Councillor Louise Richardson, lead member for Public Health at Leicestershire County Council, said: “One of the focus areas in our latest Public Health Strategy is building on the strength of people in our communities. We can only do that by working together - listening and learning. The individuals that came forward to the focus groups have played a crucial role in uncovering what more we can do to encourage people to attend screenings in a way that suits their needs and lifestyle.” ●

For further information on cancer screening, please check:

www.nhs.uk/conditions/nhs-screening



Bharathy Kumaravel,
Project Lead

“It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well.”

The barriers

A selection of responses to the study:

“If the information and tests come through the post we will do it, if it doesn’t come we will not.” Bangladeshi men’s group

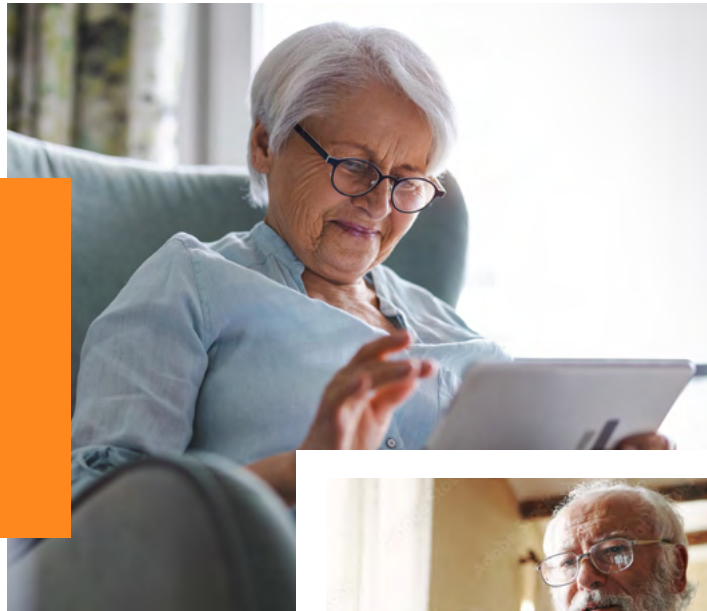
“At the best of times we don’t understand the importance of attending screening and usually there are many barriers to why we don’t attend. I feel if people could better understand in their own language what the screening involves, the importance of it and also hear from others about why they attend and the difference it can make, more people will go.” Mrs Begum, member of the Bangladeshi community

“I haven’t got much family around. I couldn’t do it at school time and I had to take my boys with me. It wasn’t a good experience taking my children with me.” Polish women’s group

“If you’re homeless, even if you got something wrong with you, they won’t hold you, they’ll just boot you back out and leave you on the street.” Homeless group. ●

Thousands of patients will avoid unnecessary hospital stays with the creation of nine new virtual wards.

Virtual wards bringing care closer to home



The wards, which are set to be up and running by the end of this year, will be available to people with a range of conditions – from cardiac complaints to diabetes and respiratory problems. Almost 300 patients will be on the virtual wards at any one time.

It follows a successful pilot for patients with covid and heart problems last year.

The new wards allow 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 an earlier, supported discharge.



Tracey Knight,
Virtual Ward
programme
manager

“This is about providing a better service for all patients.

“We know that avoiding lengthy stays in hospital, or avoiding hospital in the first place, leads to better outcomes for patients, reducing anxiety and stress and enabling them to recover surrounded by the comforts of home.

“It will also have a knock-on impact for those patients who do need to be in hospital, improving the flow of patients around the system, reducing delayed transfers of care and cutting waiting times.”

Around 120 staff will work across the 14 wards, with 75 of these being new recruits.

The virtual wards programme is being fully-funded by NHS England for the first year and is a key part of the NHS's Home First plan which is designed to help more patients receive the care they need in their own homes.

Around 120 staff will work across the 14 wards, with 75 of these being new recruits. These will be a mixture of UHL and LPT employees, along with some input from LOROS hospice staff for palliative care patients.

The technology is being provided by Spirit Health, who worked closely with the system on the original pilot ward.

Patients are given a tablet device and all the equipment they may need to monitor their condition. They will then be asked to carry out regular observations – for example, their temperature, and input the results.

In some cases, the technology used to perform the observations will transmit the data directly to the software platform, with no need for the patient to do anything.

These electronic records are closely monitored by staff who hold daily meetings to assess how patients are doing. Any unusual results, or a failure to log something, will send an immediate red alert to the team.



Four wards are already up and running – for covid, COPD, diabetes and atrial fibrillation – with the remainder due to be in place by December. It is hoped that by this winter up to 287 patients will be able to use the service at any one time. ●



Barry James,
Patient

Barry James, 72, of Glenfield, was part of the pilot scheme last year. After spending a month in hospital with heart failure he was able to return home and monitor his own condition, with regular support from specialist nurses. He said:

“I had a good experience in hospital but there's really nothing like being at home in familiar surroundings. I would choose that over hospital every time.

“I knew that if there was a problem I could pick the phone up to the specialist nurses at any time of the day. It was like a comfort blanket for me. I knew that people were always there keeping an eye on the observations I was providing and that they would be in touch as soon as there was a problem.”



Supporting young victims of violent crime

Over 400 young people have been helped by a new team created to support those who end up in hospital as a result of violent crime.

The Violence Intervention Project (VIP) sees a team of support workers based in Leicester Royal Infirmary's Emergency Department seven days a week, so they can quickly respond to young people when they are most in need.

Medical staff can alert the team to a patient who may need their help using NerveCentre, the hospital's digital system.

Bethany Shakiba, Team Leader, said: "We know if we can engage with young people while they're in hospital, or soon after, there's a greater chance we can help them find a way out of the problems they're facing."

"We work in a trauma-informed way, so we're interested in how they're doing as opposed to asking them lots of questions and interrogating them. We work with them to identify the support that might be needed."

The team, which works with patients aged 11 to 25, has been operational since the start of 2020. Following its success, a further team have also been based at the Euston Street custody suite in Leicester since

December 2021 and helped a further 300 young people.

Bethany explained: "We help for as long as they need us to. The average is about four months but for some people it has been over a year."

"We look at things like improving their outcomes in relation to education and employment, as well as their overall mental health and physical health."

"Sometimes it's home visits, but we'll often take them out to do activities – going out for food or to the fair, for example. It's about getting people out into the community and finding a space where they feel relaxed and happy to share what's on their mind."

The project, which is administered by the charity Turning Point, is funded by the Violence Reduction Network – a partnership of organisations and communities across LLR which aims to prevent and reduce serious violence.

Wendy Hope, Head of Quality and Safety for the LLR Integrated Care Board, said: "We know that by supporting and listening to these young people we can potentially help to prevent them from becoming drawn further and further into dangerous and violent behaviour."

"By finding out what is going on in their lives and taking a more rounded approach to the whole person we can prevent things escalating." ●

Liam*, 15, first came into contact with the team when he attended hospital after a fight at a leisure centre, during which he had punched someone in the face.

He had been the target of abuse and rumour spreading at school.

The team have worked with him on conflict resolution and the importance of making good decisions, and have helped him sign up to a boxing club, which he has been attending regularly. They have also worked with his school and his mum to help move him to another school where he can feel safer.

He is no longer afraid of leaving the house, is more active and can channel his frustrations into his sport. He has not been involved with the police since the initial incident and has a more positive outlook on his future.

*Not his real name.

Mark Williams, a consultant in the Emergency Department, said:

"As an ED clinician I regularly witness the devastating impact violent crime has on young people and their families."

"The work the project is doing is fantastic. They are changing people's lives, helping them to break out of that vicious circle of violence and crime, and it's great that we're able to provide this support."

Artificial intelligence (AI) is being used to support the diagnosis of suspected skin cancer, reducing waits for patients and enabling them to be seen closer to home.



Artificial intelligence speeding up skin cancer diagnosis

The new service was initially launched at Loughborough Community Hospital in March but a further three sites are now up and running – in Hinckley, Melton and in Leicester city.

It is the first time such technology has been available in the community, outside a major hospital setting, within Leicester, Leicestershire and Rutland.

The service uses technology from a company called Skin Analytics, called DERM, to analyse high quality images of lesions. It identifies cases which may be cancerous and require further investigation by a dermatologist and those that are safe to refer back to other services such as a GP.

Out of 421 patients referred during the first three months of the service, 151 (36% of patients) were able to be discharged without them needing to attend a hospital appointment. This has helped free up appointments for those patients who do require further investigations.

Dr Pawan Randev, GP and clinical lead for cancer for the Leicester, Leicestershire and Rutland Integrated Care Board, said: "It's been really exciting to see this technology being used. It speeds up the diagnostic process for suitable patients and helps to ensure they are only seen in our cancer diagnosis clinics if really necessary."

Patients who are over the age of 18 are referred to the service by their GP for assessment of a skin lesion, when there is a suspicion of skin cancer.

At the appointment, a healthcare professional takes photographs of each skin lesion using a smartphone with a special magnifying lens attached. These photographs are then encrypted and analysed by the AI DERM and may also be reviewed by dermatologists if further investigation is required.

The results are sent to the patient by letter within two to three weeks, or the patient may receive a telephone call asking them to attend a face-to-face consultation if required.

Lucy Drewery, 27, recently used the service in Loughborough. She said: "It was so much more convenient for me to come to Loughborough rather than driving to Leicester. The appointment was very quick and took less than 15 minutes."

Clinical Director of Skin Analytics, Dr Dan Mullarkey, said: "This is a great example of collaboration between teams across the Integrated Care System, working in unison to deploy an innovative pathway which we expect to better serve the local clinicians and population."

Leanne Marriot, Deputy Sister in the Outpatients department at Loughborough Community Hospital, said: "Our teams have gone above and beyond to help ensure we can provide this service for patients. As a result of their commitment and dedication the clinics are running smoothly, and it's proving to be a positive experience for both staff and patients." ●



“

The service is helping us to safely triage patients to the next appropriate step in their care. Patients with benign lesions can be seen closer to home for their photographs and given the reassuring news that they do not have cancer more quickly.

”

Dr Elizabeth Roberts,
Dermatology Consultant

36%

of patients were able to be discharged without them needing to attend a hospital appointment.



Supporting refugees to explore their hidden talents

The wealth of talent and expertise in our refugee communities is being unearthed for the first time through a new pilot scheme in LLR – Hidden Talents.



Working in partnership, the Integrated Care Board, University Hospitals of Leicester and national charity Growing Points, have developed a programme that aims to unlock and maximise the wealth of skills found in these populations and proactively support them to develop their skills in roles across the health and care sector.

Launched in April, the team is working hard to establish links in the local community and raise awareness of the career pathways available to them. This includes apprenticeships, healthcare assistant, clinical support worker and trainee nursing roles, or for those currently without ‘right to work’ status, such as migrant populations, work experience that will support their journey into future paid employment.

While the project is in its early stages, the team has seen its first candidate enrol onto the programme. Originally from South Africa, they are now working as a healthcare assistant at UHL, and two further applications for healthcare assistant roles and one maternity

Ann Johnson,
Director of Growing Points



“The Hidden Talents project has shown just what can be achieved with a shared philosophy and desire to support local refugee communities. Not only is this helping individuals achieve their potential, it’s supporting the NHS to continue to provide excellent care.”

care assistant role have also recently been agreed.

“What makes this scheme different is the package of support we are able to wrap around individuals, supporting them with English language skills, to give them the very best start to a career in health or care work, with a clear lifelong learning pathway,” said Anna Kendrick, Educational Lead, University Hospitals of Leicester.

Louise Young, Assistant Director of LLR Integrated Care Board Strategic Workforce Partnerships and Programmes, said: “As a major employer in LLR we have a duty to offer opportunities to all parts of our communities, and refugees have talents that often go unrecognised that we know could hugely benefit the health and care sector.

“This project is great for individuals, supports local economic recovery and starts to address health inequalities in our area too.”

Hidden Talents was first developed in partnership between the charity and Leeds Teaching Hospitals in 2013 and saw more than 70 people take up positions as clinical support workers. ●

Life-changing ideas made possible by Project Launch Fund



Over 120 projects designed to improve the lives of patients, carers and staff across LLR have become a reality thanks to an innovative grant-funding scheme. The Project Launch Fund scheme – run by the ICS – gave away almost £1.5m in funding to NHS and voluntary sector health organisations. The money will be used to help finance a wide range of improvement schemes ranging from better treatment areas to cancer patients to new community facilities for isolated people.

Nicci Briggs, former Finance Director for the Leicester, Leicestershire and Rutland ICS, said: “We know the people who have the best ideas are those closest to the patients and the communities they work in, and we also know that when people are able to put forward their ideas in a more informal way you get much more buy-in.

“We wanted to make it quick and easy for people to get access to funds so that they retained their enthusiasm and knew there would be an end result.”

The response exceeded all expectations with over 75 applications received in the first week and a total of 250 overall. Of these, 122 were actioned, with the remainder of the money set aside to look into creating a support network for unpaid carers, as this was a recurrent theme in several of the applications.

“It’s the first time we’ve run a scheme like this across all parts of the system so we did not know how well it would be received and how well it would filter into all the organisations, but we were amazed with the response,” said Nicci.

“One of the biggest benefits has been that we’ve been able to access communities that we may have struggled to reach in the past and that are affected by some of the biggest health inequalities.

“They feel like someone’s actually supporting them, and they also like the fact that we’re trusting them to deliver things without stepping in and managing it.” ●

Examples of projects that have been funded include:

Smoothie Sound System

The BrightSparks charity’s Smoothie Sound System music project helps some of the most vulnerable and isolated mental health service users in Leicester, including young men from BAME communities. The project provides performance, sound production and DJing opportunities to vulnerable and difficult to engage groups.

Their funding will be used to expand this service and is already helping to deliver weekly workshops at The Hope Centre in Leicester and weekly DJ-ing sessions on two wards at the Bradgate Mental Health Unit.

Tim Sayers, Arts in Mental Health Coordinator for LPT, said: “The transformation in some of our service users is really amazing. It gives people a chance to discover things that make them truly happy, gives them a purpose and the opportunity to be so much more than just someone with a serious mental illness. We offer people chances that they would usually be denied.”

Community phlebotomy

The Community Phlebotomy Service which provides care for housebound patients across Leicester, Leicestershire and Rutland, will use the funding for two infra-red vein finders.

The service visits patients daily in their own homes to take veinous blood samples as requested by GPs, specialist services or hospitals. Many patients are frail and have underlying health conditions and as a result it can be challenging to find their veins. The vein finders will improve patient care and experience by reducing discomfort, anxiety and stress. It will also transform the service by providing an ongoing solution for patients who often require repeat visits as their veins are extremely difficult to locate.

Bright Path Futures Project

The Bright Path Futures Project will help more non-English speaking female asylum seekers in Leicester have a voice, live independently and access the support they need to learn English. The funding will enable the team to expand their package of language learning videos, digital learning cards and workbooks with seven additional languages (Dari, Pashto, Ukrainian, Sorani Kurdish, Albanian, Romanian and Spanish), and to give more health and wellbeing targeted learning in the classes.

The health and wellbeing partnership for Leicester, Leicestershire and Rutland.



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



Leicester
City Council



University Hospitals
of Leicester
NHS Trust



Leicestershire
County Council



Leicestershire Partnership
NHS Trust



Rutland
County Council