HSJ intelligence

INVESTIGATION SAMPLE

Leicester, Leicestershire and Rutland ICS (Better Care Together)

Author: Annabelle Collins, Senior Correspondent

Published: 8 February 2022

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An example of one of the deep dive, exclusive investigations into the strategic priorities of a Trust/STP

KEY POINTS

- LLR became an ICS in March 2021
- It has one acute trust, one community/mental health trust and one ambulance trust
- It has had a typical covid experience for an ICS
- The trust is behind in establishing its integrated care board
- An East Midlands-wide provider collaborative may evolve
- UHL likely to play a key role in coming years in the patch
- Working with UHL on its financial stability is key
- Big push to improve care efficiency
- ICS wants to rebalance system and invest more in community and primary care
- Implementing interim measures to improve delivery while waiting for new hospital programme capital and key dates is a priority

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Introduction:

Leicester, Leicestershire and Rutland integrated care system (also known as Better Care Together Leicester) covers a population of 1.1 million.

It includes two provider trusts – University Hospitals of Leicester Trust and Leicestershire Partnership Trust – the East Midlands Ambulance Service Trust and three local councils – Leicester City Council, Leicestershire County Council and Rutland County Council. They are all upper-tier local councils and cover around 400,000, 700,000 and 40,000 people respectively.

LLR ICS does not have an established board or hold board meetings, and its application to become an ICS was only granted in March 2021. It had historically poor relationships between partners and improving them is a priority of the ICS' accountable officer, Andy Williams, who was appointed at the end of 2019.

The system's experience during the pandemic has been in-line with the national average. Pressure was highest during the winter 2021 wave in which around 30 per cent of general and acute beds were occupied by covid patients.

A major challenge for the ICS is the £100m debt of its largest provider partner; UHL. Last year the trust was embroiled in a major financial scandal, and it is yet to produce accounts for the last two financial years. Historically the system has also struggled with delivery – particularly urgent care.

UHL was allocated £450m in 2019 as part of the government's 'new hospitals programme' and working with the trust on this major reconfiguration is a priority for the system.

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How the ICS will operate

Although Mr Williams was appointed joint accountable officer of the three clinical commissioning groups that make up the ICS (Leicester City, West Leicestershire and East Leicestershire and Rutland), they never legally merged. They will all be subsumed into the ICS in July 2022.

Mr Williams is now ICS chief executive designate and David Sissling, another experienced NHS leader with local knowledge, has been appointed chair.

The current priority is to establish the ICS' integrated care board, which will hold most of the power within the system. LLR is behind its neighbours in doing this. For example, Nottingham and Nottinghamshire has been publishing board papers since 2018. The region's trusts have historically strong ties, and the system has had stable leadership since its STP days, allowing them to propel forward joint working arrangements.

All the board's executive posts have been filled, except for the medical director post. Interviews to appoint four non-executives are ongoing. It is expected that a representative from both UHL and LPT will have a seat on the ICB. Some ICSs are giving providers only one board seat which is then revolved between organisations.

Public board meetings are due to begin in March.

Three 'places' are likely to be established. These will be Leicester city, Leicestershire County and Rutland, making them coterminous with the ICS' three local authorities.

The other crucial ICS committee, the 'integrated care partnership' board is yet to be established, but a selection of NHS, social care and council partners are meeting informally in shadow form already.

The ICS is not focussed on creating a provider collaborative due to its small membership size; there is a simplicity to the LLR system that few others have.

Leicestershire Partnership Trust already has a long-standing relationship with neighbouring Northamptonshire Healthcare, and now shares a chief executive in Angela Hillery. This arrangement could evolve with time to include UHL, particularly as the system wants to undertake more diagnostic and elective work in the community.

UHL has already started to explore forging stronger relationships with neighbouring Nottingham University Hospitals. They recently submitted a collaborative bid to NHS England with NUH to host the children's cardiac and neurosurgery and renal operational delivery networks for the East Midlands. This could lead to the development of an East Midlands Provider Collaborative.

UHL has recently appointed a new chief executive, Richard Mitchell, and new chair, John MacDonald, - both from Sherwood Forest Hospitals Trust. They will be important figures in the LLR ICS.

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FURTHER PRIORITIES

Getting a handle on finances and delivery

The finances of UHL and the LLR ICS are intrinsically linked, as a large part of the system deficit is attributable to the acute trust. Therefore, the ICS must work closely with UHL to help get its finances back on track.

At the beginning of 2021 the National Audit Office found that former leaders at UHL had adjusted its finances rather than accurately reflect the severity of the trust's economic situation. UHL should have reported a £102m deficit rather than the £55m one it declared. The auditor Grant Thornton was unable to sign off the 2019-20 accounts, and they still have not been finalised.

> *"At the beginning of 2021 the National Audit Office found that former leaders at UHL had adjusted its finances rather than accurately reflect the severity of the trust's economic situation."*

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A national investigation remains ongoing

Concerns were expressed by former UHL CFO Simon Lazarus that partnership working with the system was weak and a priority is developing stronger links between the recovery of UHL and the wider system.

The trust has a financial recovery plan of around £100m to achieve and there are estimates it could take at least four years to rebalance the system's finances.

The UHL financial team led by deputy director of finance Simon Linthwaite and colleagues from the system have been meeting weekly and are working on a medium-term financial plan. The trust is seeking a new CFO.

> *"The trust has a financial recovery plan of around £100m to achieve and there are estimates it could take at least four years to rebalance the system's finances"*

There is ongoing efficiency work looking at how urgent and emergency care is provided at UHL.

The system has adopted an approach called 'more good days'. The first step in this process is defining what a 'good day' in care looks like (eg how many primary care appointments available, how many urgent social care house-calls available, how many acute beds available).

The ICS has created a dedicated team for the project, led by SRO executive director of integration and transformation at LLR Rachna. The team uses an electronic system flow board to assess what capacity and resources are available across the region. This allows it to address prevention and flow issues, rather than simply attempting to increase the number of beds.

The ICS is looking at other aspects of care efficiency. For example, it has set up multi-partner 'design groups', which focus on specific care portfolios. There are groups working on ophthalmology, muscular skeletal care, electives, and children's care. These are studying where money is mainly spent within each portfolio to see if care can be provided more efficiently. This could include more care being done in the community and cutting the number of outpatient follow-ups where they are found to be unnecessary.

The ICS also wants to increase the spend on prevention and primary care over the next 18 months. This work includes ensuring patients who need extra support are referred to local services to make lifestyle changes such as stopping smoking and managing weight. It also covers developing new approaches to supporting self-care at home; and facilitating better diabetes care in conjunction with Leicester Diabetes Centre.

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Cementing capital plans

UHL was recently designated a 'pathfinder' trust as part of the government's new hospitals programme. As one of the first eight trusts in line for significant funding from government, UHL will receive money to reconfigure its Royal Infirmary and Glenfield sites.

The trust has drawn up a seven-year plan to deliver the project, which will also see the creation of new stand-alone maternity and children's hospitals.

Most of UHL's General Hospital site will be released for redevelopment, including new housing. It will retain a community hub to support care delivery.

The project's business case is at pre-outline stage. Rider Levett Bucknall have been appointed cost and project advisors, BDP is supplying the design team, PwC is acting as commercial advisors and Capsticks is providing legal advice.

LLR has been working with UHL on the reconfiguration to put some interim steps in place. These include a cleaner separation between planned and non-elective or urgent care. Failure to do this in the past has impacted on the trust's ability to cope with emergency pressures and work on waiting lists. Interim changes include investing in mobile facilities to provide primary care support for the Royal Infirmary's emergency department and planning a protected 'green' pathway for non-covid/non-emergency work on the General and Glenfield sites