



Health Inequalities Conference

Research Priorities for the Leicester, Leicestershire and Rutland Integrated Care System

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Deputy Chief Medical Officer
LLR Integrated Care Board

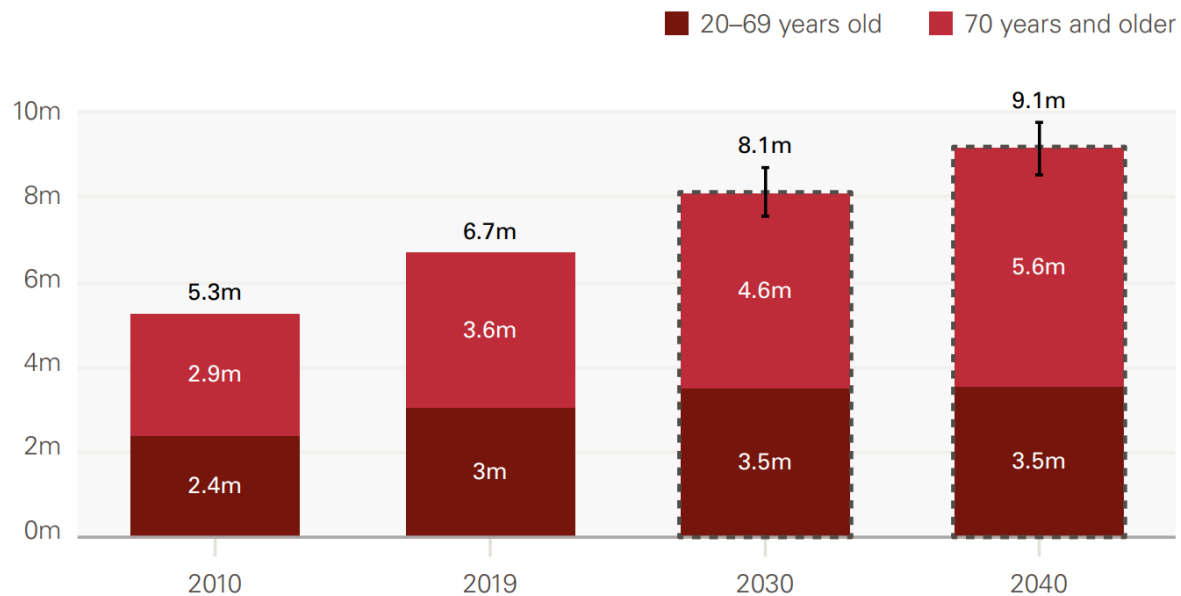


UNIVERSITY OF
LEICESTER

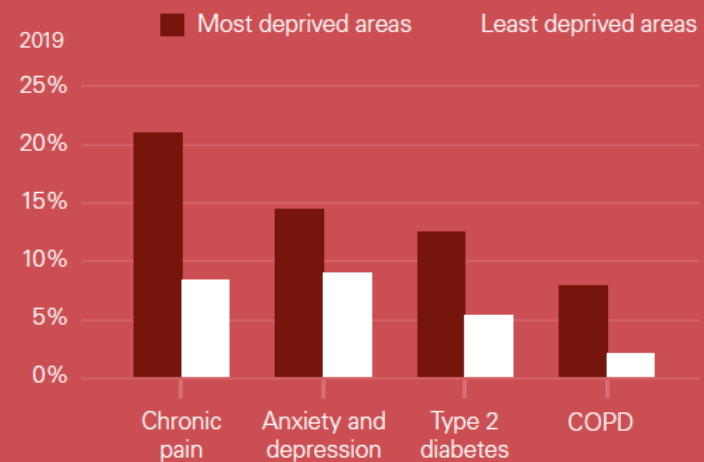


If We Do Nothing – Health in 2040

Figure E2: The estimated number of people living with major illness in England, past and projected



A handful of long-term conditions are contributing most to health inequality



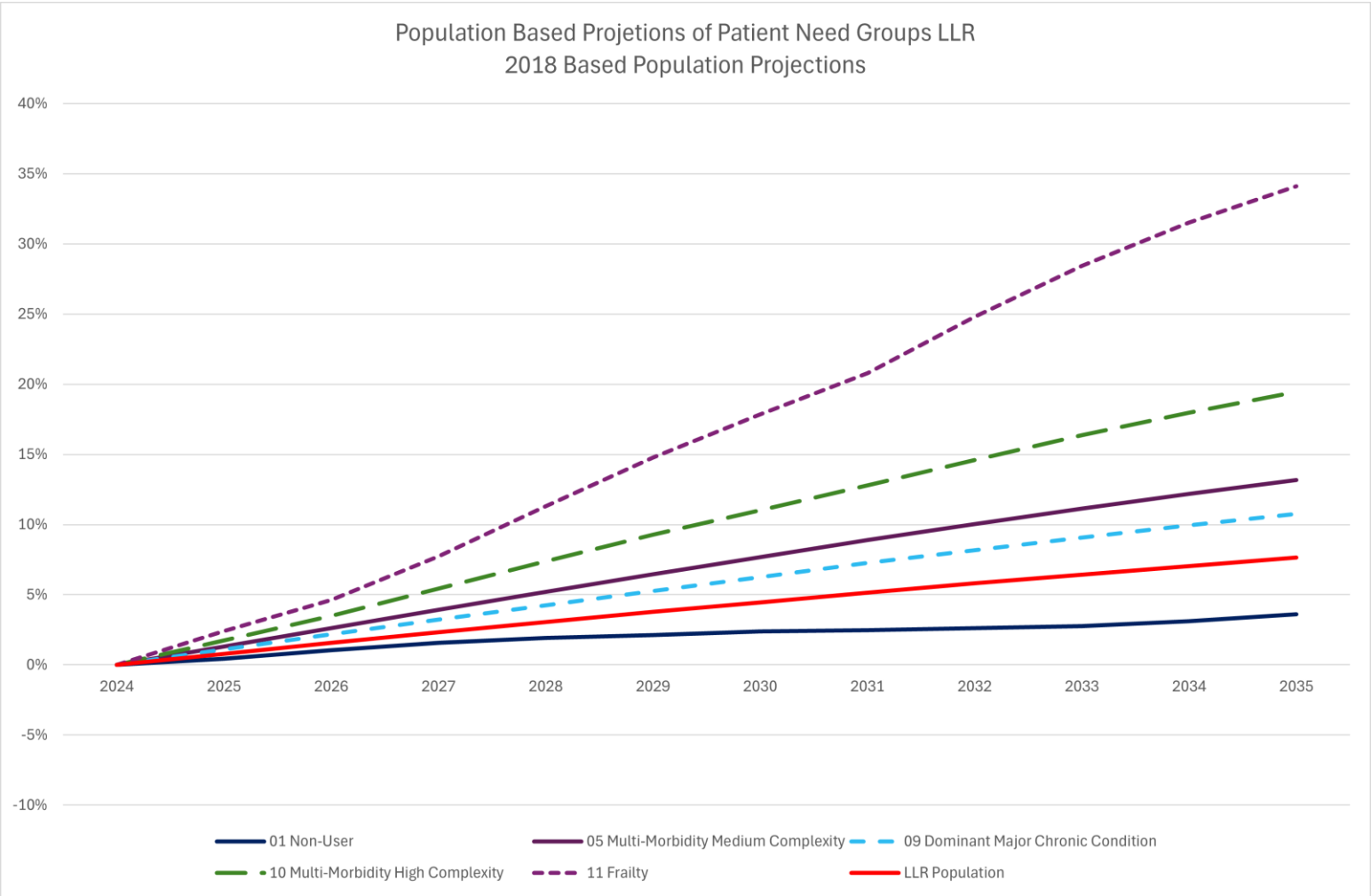
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COPD is the condition with the highest level of relative inequality. We project that chronic pain, type 2 diabetes and anxiety and depression will increase at a faster rate in the most deprived areas through to 2040.

8

These conditions are typically managed by GPs and community services, underlining the need to invest in primary care and focus on prevention.

Source: REAL Centre, Health in 2040: Projected Patterns of Illness in England, (July 2023)



LLR – a diverse population

LLR population
1.1m

Leicester



Leicestershire



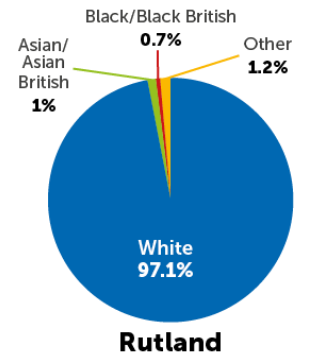
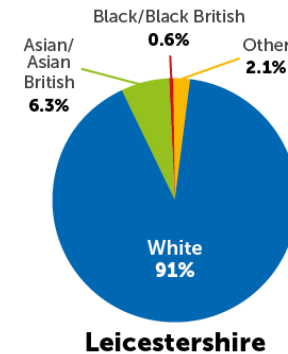
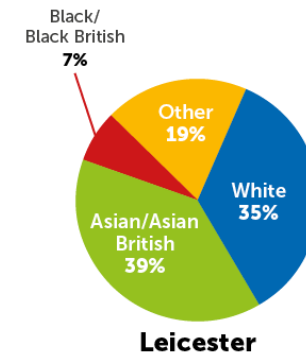
Rutland



70k
health and
care staff



Ethnicity



Languages

English

Leicester **72.5%**
Leicestershire **96%**
Rutland **98.2%**

Gujarati

Leicester **11.5%**
Leicestershire **0.9%**
Rutland **0%**

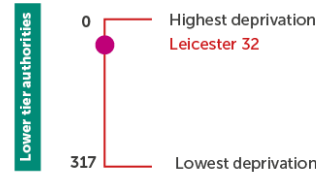
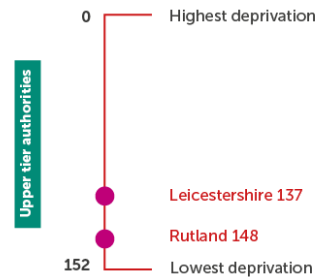
Punjabi

Leicester **2.4%**
Leicestershire **0.4%**
Rutland **0%**

Polish

Leicester **2%**
Leicestershire **0.4%**
Rutland **0%**

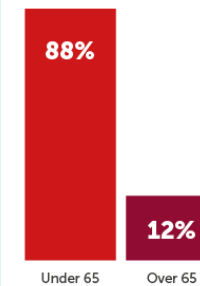
Deprivation



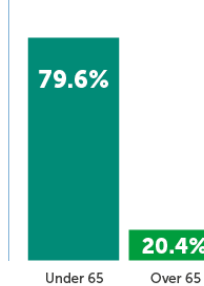
Age



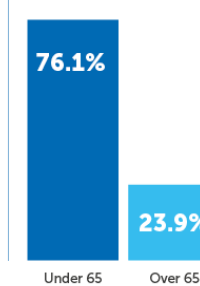
Leicester



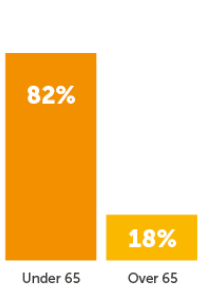
Leicestershire



Rutland

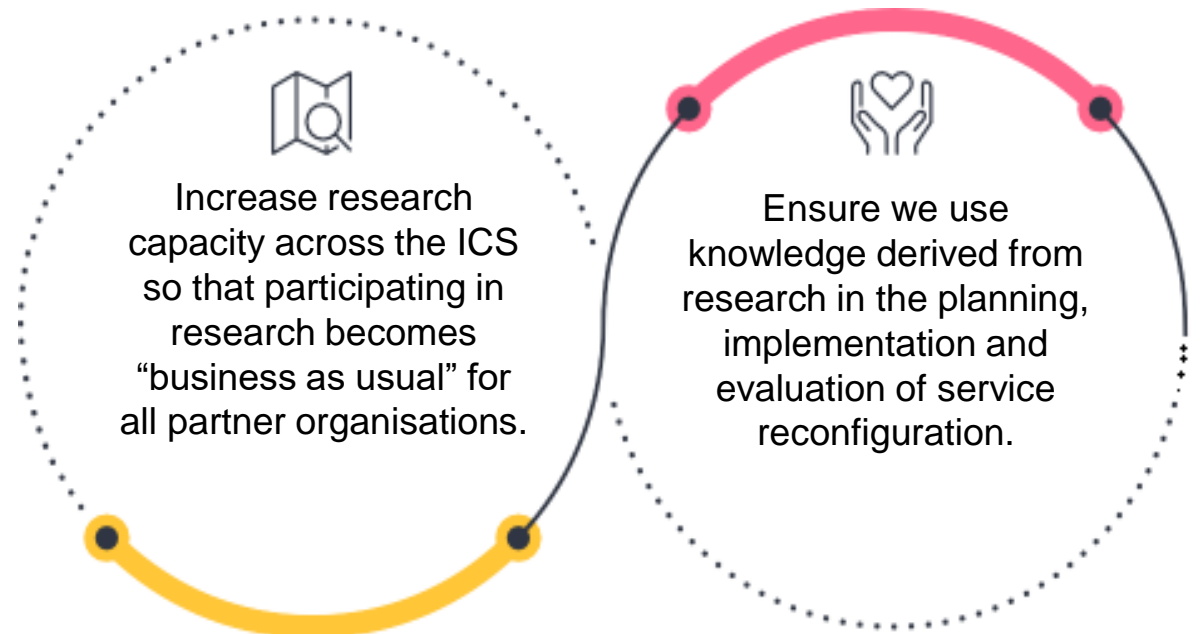


UK



ICB statutory obligations for research

- Duty to facilitate or otherwise promote research
- Duty to facilitate or otherwise promote the use in the health service of evidence obtained from research
- Duty for ICSs to include research in their joint forward plans and annual reports.



Why should we do Research?

Increasing financial and organizational capacity

Enriching working lives and workforce retention

Research culture and promotion of excellence

Alignment with Health Priorities and mitigation of health inequalities

Effective use of health Data to inform service development and commissioning decisions



Leicester, Leicestershire, and Rutland Integrated Care System Research Strategy 2024-2029



What is the Integrated Care System?

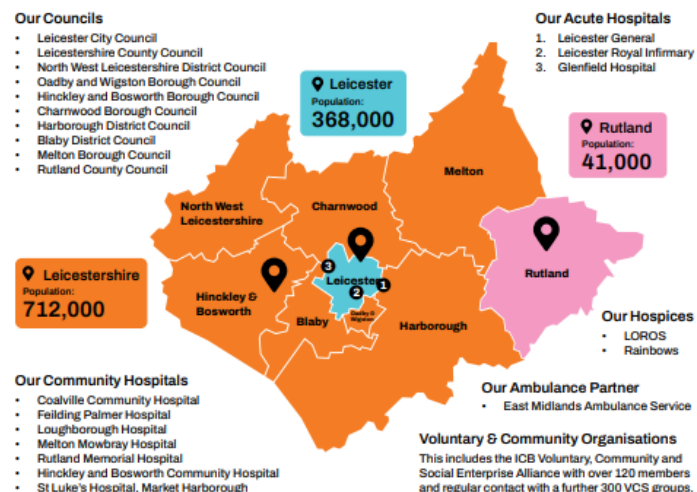
Integrated care systems (ICSs) are new partnership collaborations bringing together healthcare providers and commissioners of NHS services with local authorities and other partners to collectively plan health and care services to meet the needs of their population. Figure 1 illustrates the scale and scope of the Leicester, Leicestershire and Rutland ICS Health and Care Landscape.

The core purpose of the ICS is covered in the LLR ICB 5-year plan, and summarised by 5 key strategic objectives:

1. Improve outcomes in health and healthcare,
2. Tackle inequalities in outcomes, experience, and access,
3. Enhance productivity and value for money,
4. Help the NHS support broader social and economic development,
5. Deliver NHS constitutional and legal requirements.

Link to the LLR ICB 5-year plan: <https://leicesterleicestershireandrutland.icb.nhs.uk/about/leicester-leicestershire-and-rutland-five-year-plan/>

Figure 1 – The Leicester, Leicestershire and Rutland ICS



What is Research and How Can it Benefit Us?

Research, as defined in the UK Policy Framework for Health and Social Care Research, is 'the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods' [1].

Research plays a crucial role in advancing medical knowledge, improving patient care, and driving innovation in health and care. Clinical trials are essential for testing the safety and efficacy of new medications, therapies, care pathways, and medical procedures. Successful research can lead to the development of innovative treatments and approaches to care that improve patient health outcomes and quality of life.

Research often happens in a hospital or GP setting, but it also occurs in other places such as in people's homes or in the community (for example in schools or workplaces). It may involve taking a medication, using a device, or being cared for in a certain way, or it may ask people to provide information about the care they usually have. Research may also help us understand how to design healthier places, develop healthy public policy, and influence the broader context in which we live, such as the homes we live in, the work or education we undertake, and social connectedness of our communities.

The benefits of research include:

- Patients and the public may feel more engaged in their health and may learn more about their condition, or how to prevent future illness.
- It gives patients and the public the chance to help scientists better understand their disease or condition and helps to advance treatments and ways to prevent it in the future.
- Health and care organisations that are research active deliver improved quality of care including lower mortality rates
- Research contributes to the development of new diagnostic tools and screening methods, leading to earlier and more accurate detection of diseases, allowing for timely intervention and improved outcomes.
- Research can have economic benefits by reducing health and care costs through the development of more cost-effective treatments and preventative measures. It also stimulates innovation, attracts additional investment, and brings opportunities for job creation and economic growth.
- Research findings contribute to public health initiatives by identifying strategies for disease prevention, health promotion, and population-level interventions. This can lead to improvements in overall population health.
- Being research active increases the organisation's ability to attract outstanding staff, as well as enhancing staff retention, and it also offers additional training, development & progression opportunities for staff.

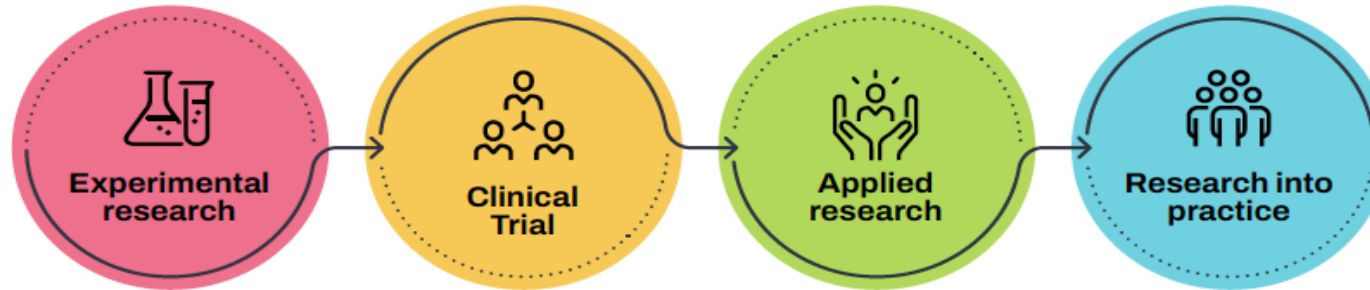
It is important to recognise that the undertaking of research itself doesn't bring about change unless the evidence generated is implemented. Implementing research findings in the health and care system is essential for delivering effective, high-quality, and safe care, and for advancing knowledge to continually improve health and care practices.

[1] UK Policy Framework for Health and Social Care Research - Health Research Authority (hra.nhs.uk)

Today's research is tomorrow's care!



https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2024/10/ICS_Strategy_2024_Accessible_12.pdf



Biomedical Research Centre

EM Applied Research Collaboration

Health Determinants Research
Collaboration

Centre for Ethnic health
research

Clinical Research Facility

Patient Safety Research
Collaborative

MLTC Cross NIHR
Collaborative

Real World Evidence Unit

Research Delivery support

- Regional Research Delivery Network
- NIHR Research support service
- PRC/CRDCs
- Library Services

Host Bodies

- Universities
 - UoL/LU/DMU
- Health organisations
 - UHL
 - LPT
 - EMAS
 - Primary Care
 - ICB
 - LOROS
- LNAHP
- Councils and PH
- Industry

LLR ICS Research Strategy Group 24/25



Secured External Funding: We successfully secured **£274,125** in external funding, enhancing our ability to support and develop research capacity and capability.



Facilitating Research Access: We have provided **65 letters of access**, ensuring research work is supported in Primary Care.



Conference Success: Our team planned and delivered a **Research Implementation Conference**, bringing together key stakeholders to share knowledge and best practices.



Strategic Leadership: We completed and launched our **five-year ICS Research Strategy**, outlining our vision and direction for future research within the system.



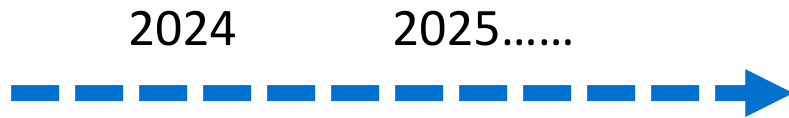
Project Leadership and Support: Throughout the year, we supported **58 research projects and pieces of work**, including funding application writing, letters of project support, and strategic research development.

Achieved the distinction of being the highest recruiting Acute Trust in the region, with an impressive 29,375 recruits, surpassing Nottingham in second place (19,567 recruits).

Recognised as the leading Primary Care recruiter in the region, with 65% of GP practices actively engaged in research—significantly ahead of Lincolnshire, which holds second place at 50%.

These achievements underscore our team's dedication to advancing research and innovation within the ICS. We extend our heartfelt thanks for your continued support and contributions. Here's to another promising year of research and progress!

Timeline of NHS Re-organization



Darzi report

Abolition of NHSE

50% ICB funding cut

10 year NHS plan

Three strategic shifts

1 Hospital
↓
Community

2 Analogue
↓
Digital

3 Treatment
↓
Prevention

Implications of this change

Clustering

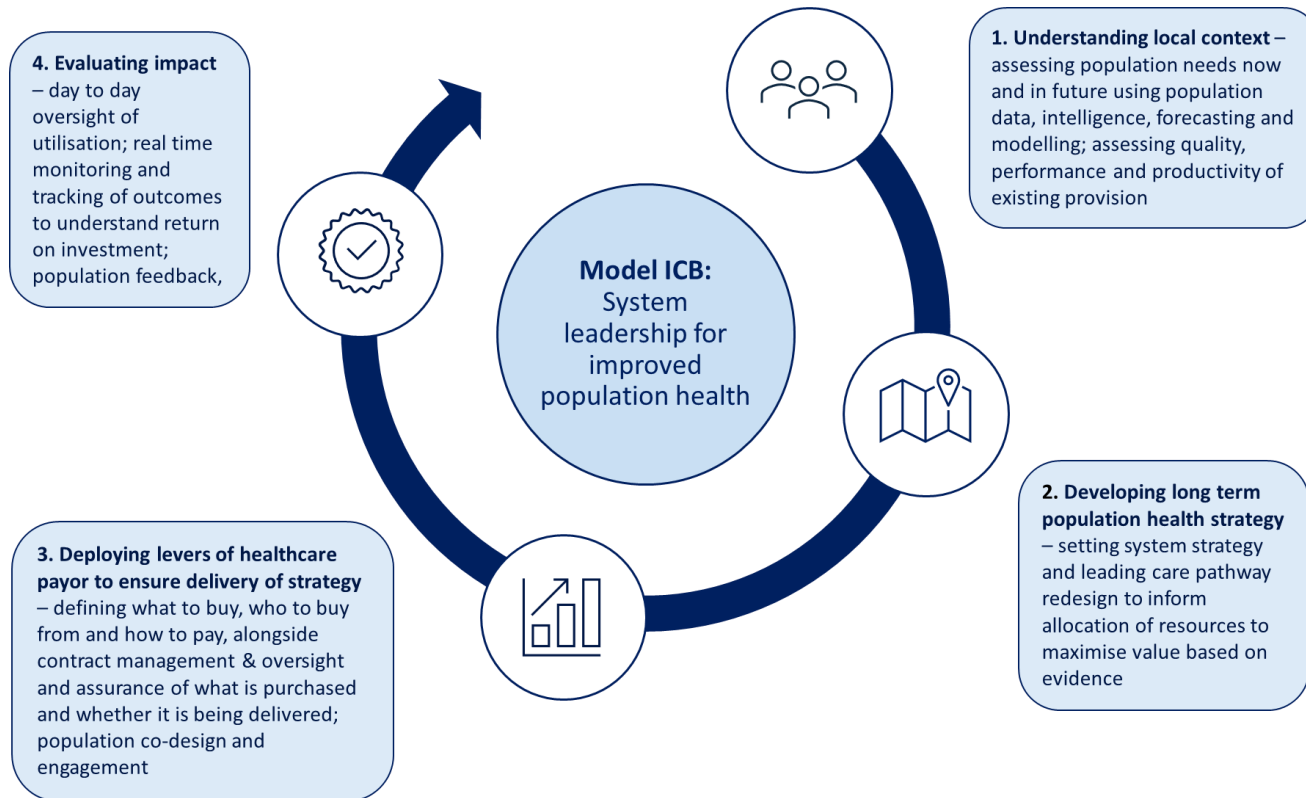
Move to strategic commissioning

Need to access specific capabilities

Drive for innovation at “pace and scale”

Discharging of statutory obligations for research TBC

Model ICB – Strategic commissioning



- System leadership for population health
 - Epidemiology and Data science
 - Assessing healthcare “value”
- Purchasing and evaluating services
 - Evidence synthesis
 - Measurement of outcomes
 - Reducing inequalities
 - Driving innovation
- Strategic aligning of resource allocation to population health needs
 - Forecasting and modelling
 - Cost effectiveness

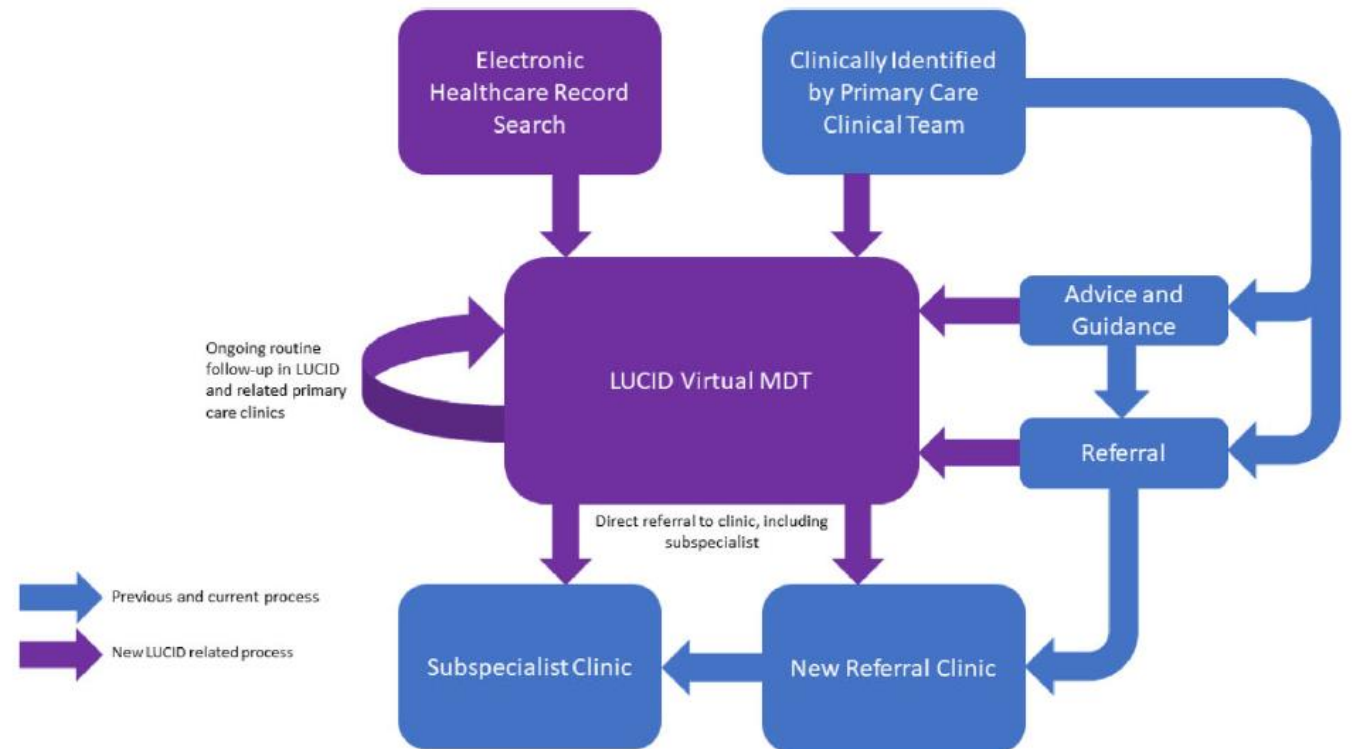
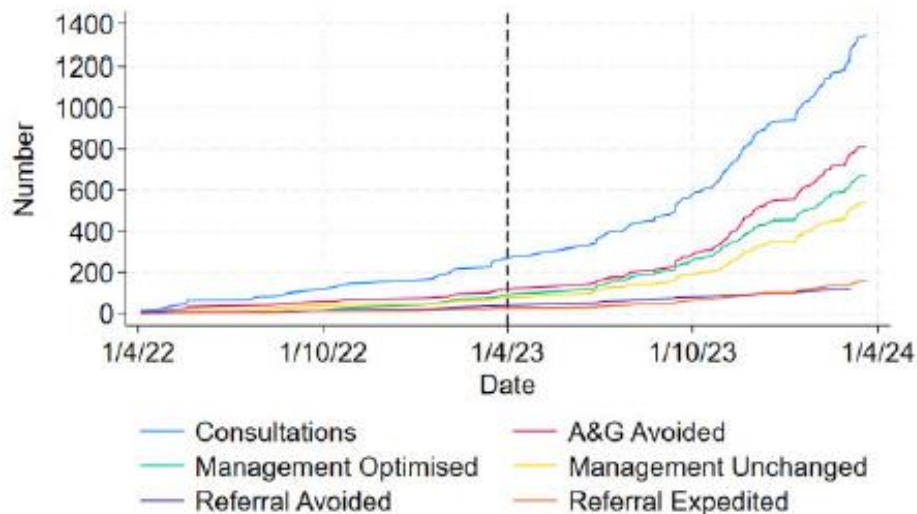
ORIGINAL ARTICLE

Integrated primary and secondary care optimizes the management of people with CKD—the LUCID project

Specialist led MDT model

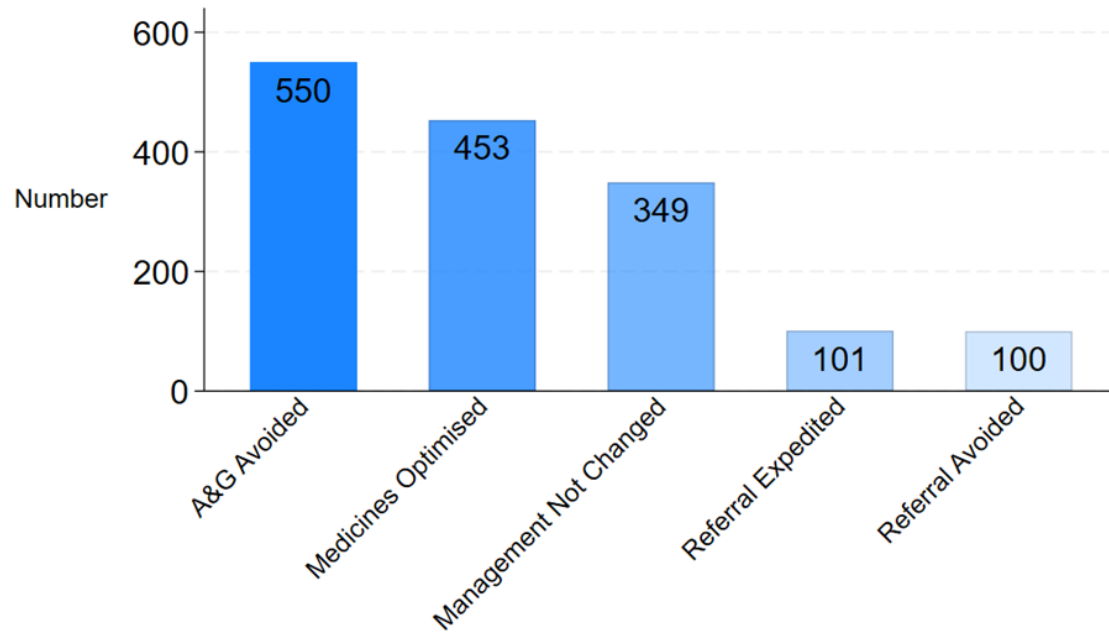
Case selection using standardised primary care record search (Eclipse)

“Virtual care” delivered through practices

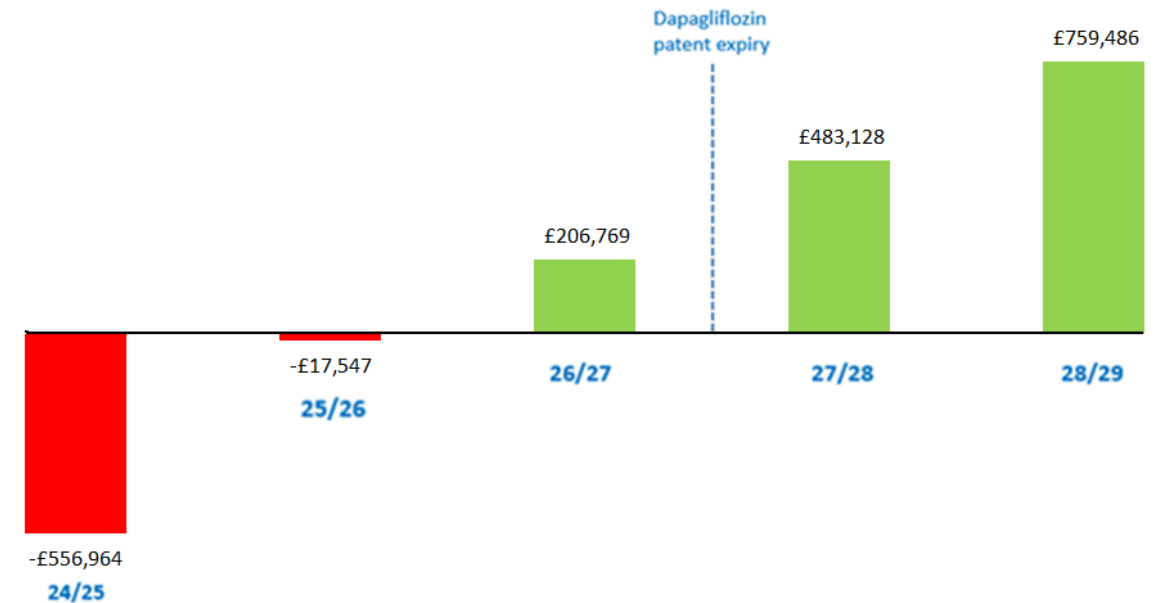




LUCID – Integration of primary and secondary care clinicians
to case find and optimally treat people with/ at risk of
chronic kidney disease



Net cost benefit projections of lucid





Conclusion

- NHS faces significant challenges in the coming years
- Supporting “research active” provider and commissioner bodies will help meet these challenges
- NHS organisational change likely to place an even higher value on NHS/academic collaboration for ICBs