This is an update about the Better Care Together programme which aims to transform health and social care in Leicester, Leicestershire and Rutland. Issued on behalf of partner organisations.

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Better care together

Leicester, Leicestershire & Rutland health and social care

# BCT Bulletin

May/ June 2019

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## Welcome to the May/ June 2019 edition of the Bulletin – the newsletter from the Better Care Together (BCT) partnership, which is responsible for transforming health and social care in Leicester, Leicestershire and Rutland (LLR). There is a special focus this month on some of the information, management and technology (IM&T) developments taking place. A new IM&T strategy has recently been produced for LLR and in this bulletin we take a look at two

## of the key priorities, patient record sharing and digital self-care.

### This newsletter

The Better Care Together partnership includes local NHS organisations working alongside local authorities in Leicester, Leicestershire and Rutland and a range of other independent, voluntary and community sector providers. The partnership's aims are to keep more people well and out of hospital; move care closer to home; provide care in a crisis; and deliver high quality specialist care. This newsletter details some of the progress being made and how you can get involved and have your say.

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### Let's get digital

In 2018, the Secretary of State for Health and Social Care, Matt Hancock said that technology would be one of his three priorities for the health and care sector (the others being workforce and prevention of ill-health). In LLR we share that ambition to transform services with the support of improvements in digital technology. IM&T leads have set out a new digital strategy which will guide developments in this area to 2021. The strategy's ambition is to improve care, improve staff working experience and make efficiencies through the uptake of technology, all starting by getting the basics right. To oversee the delivery of our priorities we have a well-established IM&T delivery group, chaired by GP, Dr Tony Bentley, which meets regularly and has representatives from across health and social care as well as a patient representative.

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### NHS partners share ambitions for greater levels of care

NHS partners have launched a new video highlighting proposed changes at Leicester's hospitals that will enable greater levels of care to be provided to patients.

The video is available on NHS websites and YouTube and tells people about the plans to improve acute and maternity services for patients in Leicester, Leicestershire and Rutland.

In it staff, carers and patients talk about the proposals that will allow maternity, non-urgent planned services and diagnostic services to be better located in new state-of-the-art buildings.

Staff, carers and patients also talk about the opportunity we have locally to enhance services. They include Andrew Furlong, Medical Director at University Hospitals of Leicester, who describes how the way the hospitals in Leicester are currently configured reflects the legacy of history rather than design. He expresses his passion for the proposal to transform care and explains why it is the right thing to do as we seek to improve care for patients.

Samantha Leak, Director of Operation Improvement, and local GP Dr Nicola Mayes also describe the modern medical techniques and changes in medical practices which have resulted in patients no longer needing to have long stays in hospital for relatively routine procedures - meaning that we are able to think differently about the way we provide care.

As well as a single video the content can be viewed in short chapters that look at different aspects of the proposals and what they mean for Glenfield Hospital, Leicester Royal Infirmary and Leicester General Hospital. People can also hear about how we are responding to concerns from patients about issues like car parking and ease of access.

Evans Rees, Chairman of the Public and Patient Group also urges people to get involved in the discussions to transform their care.

An online booklet has also been published that explains the plans. The proposals are dependent on securing over £370 million in capital funding, and are all subject to formal consultation with people locally.

The video can be watched by visiting http://www.bettercareleicester.nhs.uk/the-bct-plan/acute-and-maternity-reconfiguration/ or visiting Better Care Together on YouTube

For more information please visit www.bettercareleicester.nhs.uk

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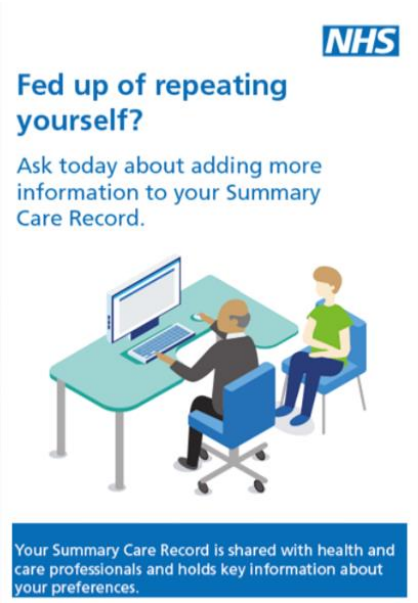
## Patients urged to ask their GP Practice about sharing their medical record




A key priority for the IM&T strategy is to help patients and practitioners by ensuring that they all have access to the same health and social care information about a patient. Health services in LLR have a system of sharing medical records between a GP practice and other NHS and social care organisations that provide care. Unless someone has specifically opted out, the system allows health and social care professionals to view limited information from their GP medical record.  This

include information, such as current medications, allergies, and bad reactions to medicines.

This system is called the Summary Care Record and enables individuals to receive better, quicker healthcare if it is needed when the patient is away from their usual GP surgery – such as in an emergency, on holiday, when the person's own surgery is closed, at hospital clinics, when visiting a pharmacy or when cared for by social care services.
Patients are being urged to consent to share even more information about their health and preferences to help doctors and nurses as well as social care professionals who treat them. Patients who want to share more information on their care should speak to their local GP practice.
The new Enhanced Summary Care Record contains valuable extra information, including details of illnesses and health problems, past operations and vaccinations, treatment preferences, information about the kind of support needed, and who should be contacted if more information is required.

Latest figures show that 88.6% of the LLR population have a patient record on a single IT system that can be viewed by a range of professionals across different parts of the NHS.

Dr Steve Jackson, Consultant Physician, of University Hospitals Leicester said: *"I have seen two patients recently who have been presenting to hospital with various pains and being treated with opiates and cyclizine intravenously. They have been in various hospital departments and sent home without diagnoses. One of the patients has been to several different acute trusts in the area in the recent past. One of the patients was even, according to the System One record, causing the GP some concerns about the stockpiling of such medication. In both records, there was a clear plan from the primary care team that the patients needed support to present less frequently to secondary care and to work on the weaning off of medication. Being aware of this when I saw the patients I was able to support this plan rather than treat as 'abdo pain requiring opiates'."*

You can find out more about all the benefits of having an Enhanced Summary Care Record and sign-up on the NHS website.

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## Digital self-care

Modern technology is bringing a host of opportunities to health and social care. More than 90% of homes in the UK can now access the internet while smart phone ownership now exceeds 85% of UK adult population. As people get more and more used to carrying out services on their phones, like banking or booking taxis, they expect more from health and care services. In response, the health and social care sector is increasingly able to offer online services and support, from monitoring health readings to helping people navigate appropriate services.

IM&T leads working for as part of the Better Care Together partnership are keen to support this shift to digital self-care and ensure there is the necessary governance around the new technological solutions. This is in line with the aims of the new national NHS Long Term Plan which wishes to harness all the benefits that apps and online services can bring.

There are two major areas of digital self-care where the NHS is looking at seeking benefits for patients. Firstly, apps are offering patient online tools which can equip and empower individuals to take a greater role in managing their own health. Secondly, assistive and remote sensing (telehealth) provide the ability to remotely check the wellbeing of patients and notify care professionals of potential problems so that care can be provided as quickly as possible. Better Care Together's digital self-care programme will seek to provide a forum where new apps and other technological developments are governed and can be assessed for their viability so that innovations with the greatest benefits are taken forward.
To oversee these new innovations, an IM&T digital innovation steering group has

been set up, chaired by GP Nick Pulman. The group, which will meet from June 2019, has representatives from across health and social care.

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## Tap into the convenience of the NHS app


The NHS App is being rolled-out and all practices across England will be connected by 1 July 2019. GP practices within LLR were connected to the NHS App on 22 April 2019. It is available on the Apple App and Google Play stores.

Patients using the NHS App are able to:

- Book and manage appointments at their GP practice
- Order their repeat prescriptions
- Securely view their GP medical record
- Check their symptoms using NHS 111 online and the health A-Z on the NHS website
- Register as an organ donor
- Choose whether the NHS uses their data for research and planning.

Wendy Clark, Executive Director of Product Development at NHS Digital, said: *"The NHS App will give everyone in England who chooses a convenient tool to access the NHS, similar to the way people interact with other services, such as banking or travel booking. It is an important step towards providing an NHS that is digitally accessible and means that patients know that whatever they access on*

*this app is safe and trusted and will make a positive contribution to their health and wellbeing. The potential of the app is huge and we will be listening to user and GP feedback as we add additional tools and services and more GPs come on board."*

It is planned that over the next two years the NHS App will become the 'front door' to the NHS, patients will get increased access to their care records and be able to see their patient letters electronically. For more details, see the NHS Digital website.

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## All Age Transformation Programme update

Leicestershire Partnership NHS Trust (LPT) is committed to improving access to services and outcomes for all people who need them. During the last 18 months the Trust has been working with service users, carers, staff and stakeholders as part of a major transformation programme to co-design improvements to mental health and learning disability services.

All of the different aspects of the work have been focused upon adding value to the people that use the services. To help achieve this, there is a focus on removing the things that get in the way of LPT staff adding that value.

The outputs of all of this work have now been compiled in a key design features document, which describes what service users, carers and staff have said they want LPT's mental health and learning disabilities services to deliver moving forward.

A number of new intervention (or care) pathways have also been co-designed

and this work is ongoing. The pathways describe the typical interventions that may be offered to service users with specific needs and the likely treatment journey of a service user on that pathway.

More information on the intervention pathways (currently in draft form) can be found on the LPT website.

LPT have started a process to recruit people with experience of mental health issues as dedicated peer support staff for service users. Peer support workers were identified through the transformation programme as essential to enhancing LPT's services for people. They will be able to use their personal experiences of mental health issues and services to bring hope to current service users and empower them to feel confident to work towards recovery and live independently where possible.

More information about the recruitment of peer support workers can be found on the LPT website.

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## Community Services Redesign Update

Work to review community services in Leicester, Leicestershire and Rutland has been progressing, following engagement with patients, carers, staff and the public which started last year.

The Community Services Redesign (CSR) project aims to improve a number of services provided by Leicestershire Partnership Trust, over a five year period, to deliver better integrated care, with the following services structure:

**Neighbourhood community nursing services**, working as integrated teams

aligned to Primary Care Networks (PCN), which will offer planned and same day community nursing working closely with primary care and social care. PCNs are groups of local practices that have started to work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas to provide better access to services for patients.

**Home First services** – enhanced 'step up (into hospital services) and step down (discharge from hospital)' services offering crisis response nursing and therapy as part of an integrated team offer with social care re-ablement and crisis response. The CSR model also includes adding additional medical support to patients on the home First caseload.

**Locality Decision units:** single access points into multi-disciplinary triage, assessment, care planning and treatment for Home First services in each local authority area, as well as access to community hospital and health re-ablement (Pathway 3) beds.

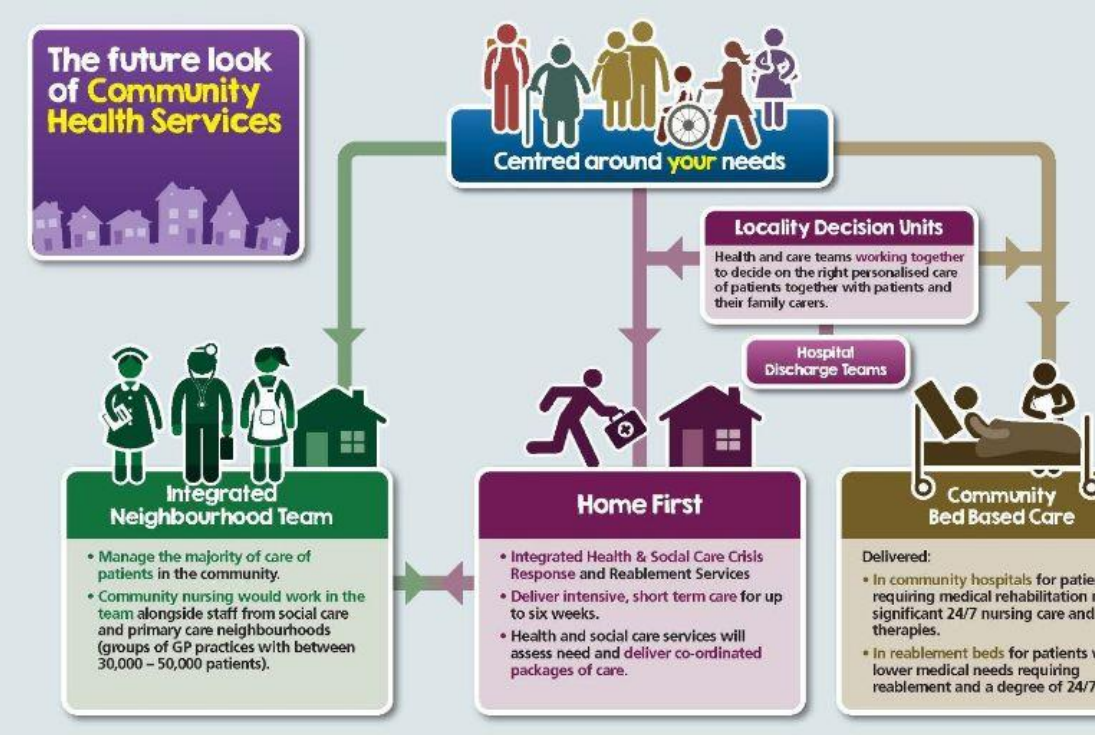
This model is the long term vision. To support this, the CSR project team have been working closely with LPT to redesign some of the current services provided to patients in their own home. This involves reorganising current nursing teams, moving some of the capacity from a service call the Intensive Community Support Service into larger community nursing teams work at neighbourhood level.

It also involves aligning the rest of the Intensive Community Support Service into integrated 'Home First' services that work alongside social care crisis response and reablement services. A single point of access for discharge decision making and crisis response is also being created, called Locality Decision Units. There will be one for each of our three social care areas.

Patients, carers, staff and the public have been involved in the redesign to date participating in one-to-one interviews and focus groups, as well as public events. They have shared their experiences and what matters most, as well as their views. All of these insights have been captured in three reports which

follow the engagement journey from August 2018.  The feedback from people has been used to shape the changes already taking place. The reports will be published in July.

As CCGs develop longer term plans for community services we will continue to involve people using their insights to shape services provided in local communities closer to where people call home.

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## Folks forging a new approach to frailty

New ways of working to support frail patients have seen an impact on the number of people being admitted to hospital. Across LLR in 2018-19, there were 22 fewer admissions for patients who were over 65 years of age (and who had been in the hospital for longer than six hours) compared to the same

period the previous year. Although the impact on hospital admissions was below the estimated target, in similar communities and hospitals the number of frail older people being admitted to hospital had risen by a significant amount over the same period. The Better Care Together approach has seen patients benefit from services provided in community settings instead of hospital, using care plans written with their GP or practice nurse.

The programme took an innovative ‘folks lab’ approach – shunning formal, traditional ways of running a programme in favour of more creative sessions to tackle the issues. Feedback from participants in the programme was that it had gained a reputation for ‘getting things done’. Such actions included identifying the patient ‘at risk’ group, improving the quality of care plans and re-working discharge letters identifying specific actions to prevent re-admissions to hospital. During this time, the frailty programme also made effective use of social media, sharing their stories and discussing ideas over Twitter using #teamofteams and @BCTLLR.

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## Celebrating a Lightbulb moment

County residents will continue to benefit from a successful Leicestershire-wide partnership, which helps people remain independent in their own homes. Leicestershire County Council and all seven district councils have approved the service for a further three years.

Lightbulb is a centralised, integrated housing support service, hosted by Blaby District Council, and delivered in partnership with the local authorities and the NHS. During its first year, Lightbulb reduced waiting times for minor housing adaptations by successfully implementing a new housing support co-ordinator role and streamlining the process for assessment and installations.

Since full launch in October 2017, Lightbulb's work has helped more than 4,000 people across the county. Service users benefit from a holistic assessment called a 'Housing MOT' which looks at all aspects of housing support including adaptations, affordable warmth, falls prevention, home safety, benefits advice and housing options. The housing support co-ordinator provides one point of contact for the customer and sees the process through from start to finish.

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## Spreading the word about FaME


In Leicestershire thousands of people are injured each year in falls. Apart from the pain, discomfort and inconvenience, the after-effects of a fall can be life changing. Experiencing a fall is one of the major reasons for concern expressed by adults over the age of 65. Falls can have a significant impact on the quality of life for patients and 35% of over 65s will experience at least one fall in a year.

Public health experts have now teamed up with health colleagues in Leicester, Leicestershire and Rutland to help develop the Falls Management Exercise (FaME) programme. FaME provides information on how to commission and provide a group-based strength and balance training programme. An update on how FaME has been progressed was delivered by Elizabeth Orton, Associate Professor and Consultant in Public Health at the University of Nottingham (and Consultant in Public Health for Leicestershire County Council) at the RoSPA Home Safety Congress at the Leicester Space Centre in February.

Elsewhere, a new easy read version of the preventing falls leaflet is now available to download from the Leicestershire Health and Care Integration website. It includes tips on preventing a fall, step-by-step instructions for six simple exercises, and advice on what to do in the event of a fall.

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## Share your news

We know that there are loads of great examples of innovative and integrated ways of work happening right across Leicester, Leicestershire and Rutland. If you have a story that you'd like to share in this bulletin please send us details.

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