



Welcome from Dr Geoff Hanlon

This edition of the stakeholder bulletin features a review of our performance in 2018/19 for **Delayed Transfer of Care (DTOC)**, which demonstrates Leicestershire achieved a 27% reduction in days lost to DTOC compared to 2017/18. An update from the Unified Prevention Board highlights the Board's work in support of our Integrated Teams, and the initial findings from the Preventions at Scale project.

There is also an inspiring case study featuring a client with dementia from the QuitReady team, and NHS partners have launched a video highlighting the proposals to improve acute and maternity services for patients in Leicester, Leicestershire and Rutland, which I urge you to share with colleagues.

We celebrated Carers Week in June with the formal launch of the joint Carers Strategy at an event to connect carers to local support services in their communities.

There is also a reminder from the #StartAConversation campaign asking all of us to make our pledges on the website to work together to prevent suicide and to save the date

for their conference on 10 September.

The latest version of the Better Care Fund (BCF) Plan on a page is available in our Resources section <http://www.healthandcareleicestershire.co.uk/resources/local-resources/>

Further information about our Integration Programme, including the Better Care Fund is available on the Integration Programme main page: <http://www.healthandcareleicestershire.co.uk/health-and-care-integration/>



For previous editions of this bulletin please follow this link: www.healthandcareleicestershire.co.uk/health-and-care-integration/health-and-care-integration-newsletters/



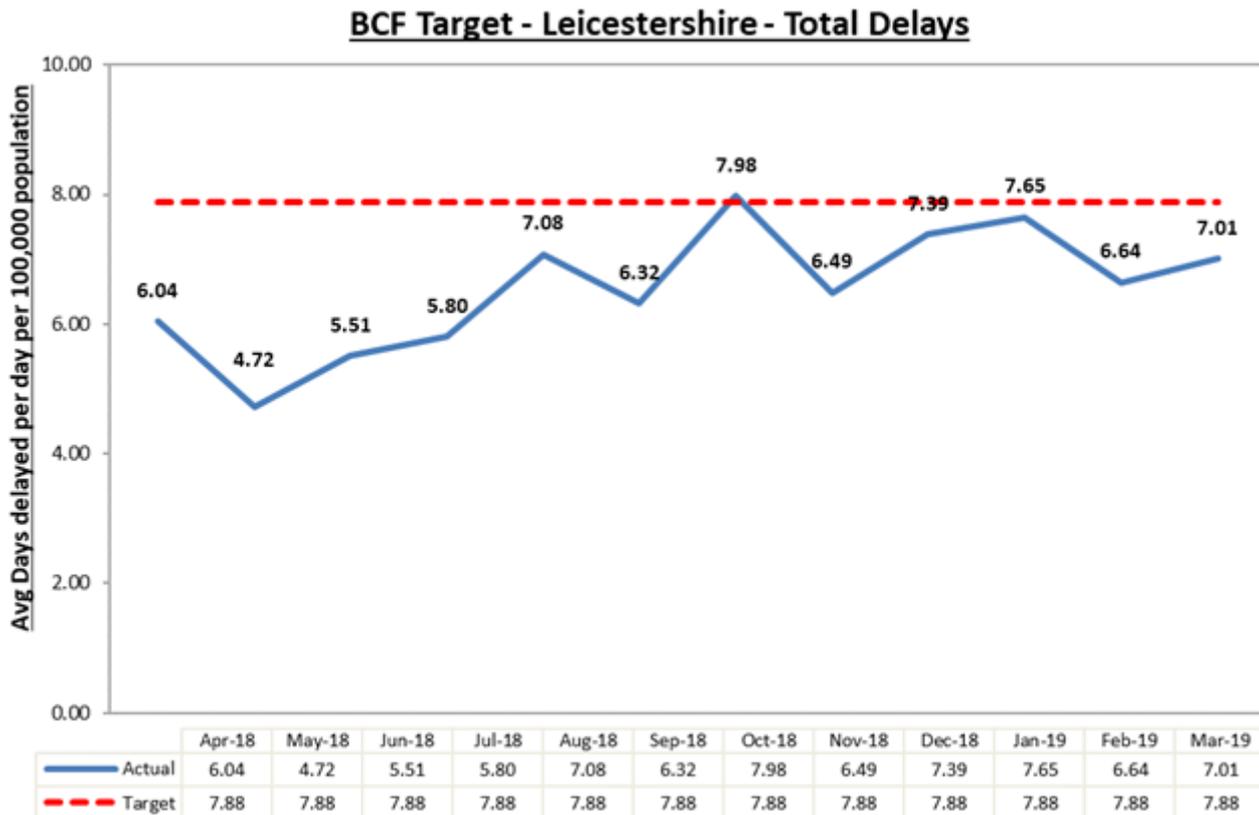
Review of 2018/19 Delayed Transfers of Care (DTOC)

A key priority of Leicestershire's Better Care Fund Plan has been for partners to work together to tackle the causes of delays in hospital discharge and reduce the number of bed days attributable to Delayed Transfers of Care (DTOC). The occupation of inpatient beds (whether for acute, community or mental health care) by patients who are ready to be discharged means patients are no longer in the best place for their onward recovery and care, plus this puts a significant strain on NHS inpatient resources.

The Government's mandate to the NHS for 2018/19 set an overall ambition for reducing delayed bed days nationally, with a target to free up the equivalent of 4000 hospital beds by September 2018. To contribute to addressing this issue at a national level, Leicestershire was required to achieve a rate of no more than 7.88 delayed bed days 100,000 population, by September 2018, and maintain that rate through to March 2019.

During 2018/19, Leicestershire successfully achieved this DTOC target for 11 of the 12 months, only narrowly missing the target in October 2018. Overall during 2018/19, there were 13,012 days lost to delayed transfers of care for Leicestershire residents, a 27% reduction when compared with 2017/18.

The graph below highlights our performance during 2018/19 against the BCF DTOC target:



The Discharge Working Group which is comprised of health and care partners across Leicester, Leicestershire and Rutland has led the implementation of the national High Impact Change Model for DTOC, a national self-assessment and good practice tool with eight categories change which have the greatest impact on reducing delayed discharges. An action plan was developed for 2018/19 against this framework and progress monitored throughout the year.

Some of our key achievements are detailed below. These are the actions that have had the greatest impact on collaborative working, system redesign and have supported the reduction in DTOC.

- Discharge to Assess (D2A) and Reablement: A comprehensive piece of work was undertaken to revise the D2A pathways, which included the consolidation of the previous D2A pathway. A multiagency workshop to define the new proposed two pathway model, taking in learning and best practice from other areas took place to help redefine pathways with partners.
- A new bed based reablement service began on the 1st July 2018. Procurement of framework D2A beds began on 1st August with implementation in Q3 2018/19. A process is now in place to enable non-admission and base wards at Leicester Royal Infirmary to refer directly into Crisis Response Service/HART reablement services to support the Home First initiative. This has been reported as working well initially but further future evaluation will be required. It is hoped that this will reduce length of stay for patients as the process is now shorter.
- The out of county D2A offer to be developed and implemented: connections with out of area providers have been established to improve flow of patients into D2A beds when coming from providers outside of LLR.
- SAFER stranded patient review - a process to undertake the stranded patient review for those with a length of stay over six days, to resolve delays across University Hospitals Leicester (UHL) and Leicestershire Partnership trust (LPT). This is underway with Clinical Management Groups. UHL have implemented Long Stay Wednesdays and have made a real impact in reducing their stranded and super

stranded patients. LPT have been looking at super-stranded and reducing these with appropriate care-planning. The action plan in place to reduce stranded and super-stranded saw a significant improvement in Q4 2018/19 against the trajectory.

- Red2Green – Adult Mental Health: Red2Green has been rolled out onto two wards within the Bradgate Mental Health Unit. Fortnightly steering meetings develop the system with the ability to identify barriers and work to resolve them or escalate issues and roll-out to two further wards took place in March 2019.

There continues to be a system-wide approach across partners to improve managing transfers of care. The existing action plan has been reviewed and updated for 2019/20 to undertake further work on developing and implementing the changes.

Jude Emberson, Health and Care Integration Manager



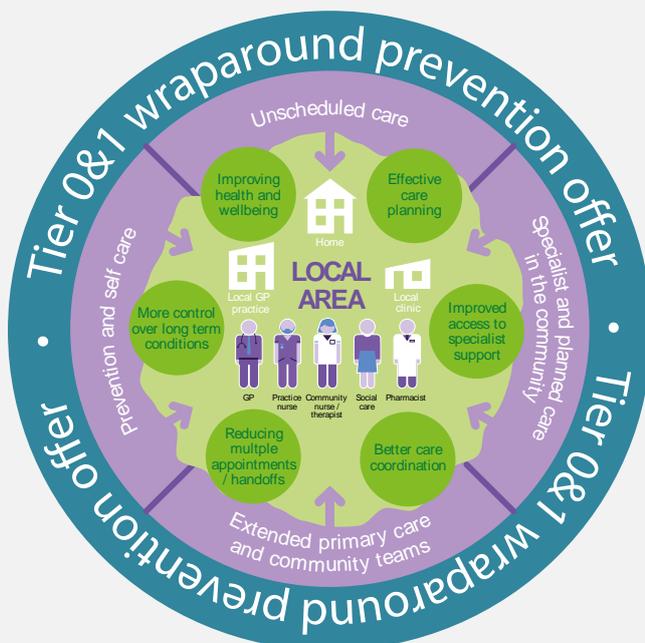
Unified Prevention Board update

The Unified Prevention Board (UPB) oversees the development and delivery of Leicestershire’s prevention offer, a key part of the Health and Wellbeing Board’s Joint Health and Wellbeing Strategy. The UPB coordinates activities across a wide range of partners, ensuring everyone collaborates to deliver our prevention priorities, services and communication plans.

From January – May 2019, the board has worked on developing the social prescribing model for Leicestershire. The local definition for social prescribing was agreed in April 2017 as:

“A mechanism for empowering people to help themselves and link individuals that need it, with non-medical sources of support within the community. It will ensure that the response given is appropriate to the individual and allows them choice and influence over their wellbeing”.

In January 2019, further work began to develop the social prescribing model as the wrap-around prevention offer to support Integrated Teams. This initially focussed on the needs of 3 cohorts of people, those who are frail, those who have multiple long-term conditions, and those with high health and care costs.



- Tier 0 focuses on building community capacity enabling to support themselves; building skills and infrastructure enabling them to rely less on specific services.
- Tier 1 focuses on supporting people to remain independent, supporting good health and wellbeing and offering information and advice services to support self-help.

This work is being further developed in 2019/20 and is detailed in the future work programme section below.

The Leicestershire Prevention Offer: Supporting Integrated Teams

The UPB has continued to develop links between the prevention/social prescribing offer in Leicestershire and the new Integrated Teams across Leicestershire. Work has focussed on strengthening the engagement between UPB partners and Integrated Teams in each locality. District Council and Public Health representatives are now part of each Integrated Team's board, helping shape the prevention focus in each area and build a joined-up system of support around the team and their patients.

Hinckley and Bosworth, along with North East Leicester City and Rutland were chosen as three early implementer sites to test integrated multi-disciplinary team working at a neighbourhood level (defined as a population of around 30,000-50,000).

Existing Local Area Co-ordinators (LACs) have provided care coordination within the Hinckley pilot period, supporting delivery of the Leicestershire prevention offer, using the social prescribing model detailed above.

Testing of this model began in January 2019. Early indications show that around 80% of the patients identified required non-clinical interventions which the LACs have been ideally placed to deliver. The most common interventions were for loneliness, isolation and housing adaptations.

Preventions at Scale (PAS)

The Local Government Association has funded two areas of development of prevention activity throughout Leicestershire. The first, PAS aims to look at the reasons why patients visit GP's for non-medical interventions. The project collates and analyses qualitative information from patients directly and uses this to determine what improvements could be made to ensure that people can access the right information from the right sources at the right time.

Learning from the project will help to develop Leicestershire prevention activity to ensure it is marketed appropriately and that in-depth, qualitative understanding of personas is used to build appropriate pathways into prevention service. This methodology will be used as part of the qualitative information gathering from patients using the prevention offer within ILT's with the programme training LAC's to carry out this type of qualitative research.

Initial findings from the first round of interviews found:

- People respond to find solutions when support is from a trusted source – GP, friends or family
- All participants had mental health problems
- People want a tangible output from the GP or service visit
- A holistic understanding to address people's needs was required
- Services that were fragmented in many different layers and access criteria which differs geographically
- Risk was not assessed from a holistic perspective – e.g. social care only accessed at the point of crisis
- People were left with nothing when funding for short term community support projects finished, exacerbating issues

Next steps for the project include, completing up to 17 further interviews, identifying the common themes, and using this intelligence to understand key areas for improvement, how the research links into other initiatives and to add to the evidence base for those initiatives. The findings will then be communicated across partners.

Leicestershire's Mental Health and Wellbeing Multiagency Action Plan

Actions from the Health and Wellbeing Board workshop on Mental Health were discussed at the March 2019 meeting of the Health and Wellbeing Board. Several actions were for the UPB to take forward including a joined-up communications campaign on mental health and wellbeing and initiatives on workplace health. An update on progress with the whole action plan including the Mental Health and Wellbeing campaign can be found at this web link <http://politics.leics.gov.uk/ieListDocuments.aspx?Mid=5741>

A draft communications plan to March 2020 has been produced and will be co-ordinated with Leicestershire partners across all areas of prevention. Key themes in the plan include the self-care campaign, reducing loneliness and social isolation, volunteering activity and Better Care Together activity.

The top priorities/issues for the workplace health programme include poor sleep management, low physical activity levels and poor fruit and vegetable consumption. As the work continues into 2019, the programme will aim to address these priorities with organisations to achieve better outcomes for the Leicestershire workforce with a workplace health tool being developed for use by partners and staff within their organisation and the workplace charter.

The UPB partners will be focusing on achieving a fully joined up social prescribing model across Leicestershire that can support the framework for social prescribing in primary care as outlined in the NHS 10-year plan. Continuing the development of the wrap-around prevention offer for Integrated Teams will be one of the core activities of the UPB for the next six months during which time Social Prescribing Link Worker roles will start to be established within the new Primary Care Networks. The UPB has forged excellent working relationships with the Clinical Commissioning Groups over the previous 12 months and will continue to support CCG's and the new Primary Care Networks in the ongoing development of social prescribing and other prevention services across Leicestershire.

The UPB will also be working with the Police to look at the developments around People Zones and building on the learning from previous initiatives such as Braunstone Blues. This will be the focus of the July 2019 meeting. The emerging People's Zones initiative through the Strategic Partnership Board has provided opportunity for discussion at UPB on how the lower levels of prevention detailed in the Leicestershire model could complement the People's Zones model.

Lisa Carter, Project Manager – Health and Care Integration

QuitReady case study

QuitReady is a friendly, non-judgemental service, open to anyone who lives, works or sees a GP in Leicestershire. If a patient or service user wants to stop smoking they can self-refer by calling 0345 646 6666, or texting 'ready' to 66777 or by visiting www.quitready.co.uk

The following case study shows how the service can be tailored to an individual to achieve the best possible outcome.

John, 77 started smoking in his teens, but years of smoking left him suffering with Chronic Obstructive Pulmonary Disorder (COPD).

John was referred to QuitReady as his condition was deteriorating. He was going to need oxygen at home, so he and Fran decided it was the right time to quit.

After smoking for over 60 years, John finally beat the habit with the support of home visits from Zahida, his stop smoking advisor.

John has dementia and we talked to his wife Fran who is also his full-time carer.

“John had tried to quit in the past and hadn't managed, but the support he received from QuitReady this time was brilliant.”





Because of John's dementia, it was more difficult for him to break many of the smoking habits that were so ingrained. Fran came up with a solution – by giving John a sticker for every day he hasn't smoked, he finds it easier to visualise his achievements. The stickers are displayed on their kitchen wall and John enjoys counting them with his grandchildren.

Dementia also makes it difficult for John to communicate over the phone.

"The home visits worked really well. Zahida was so kind and understanding, she always took the time to make sure he understood everything."

Since quitting, John's breathing has improved so much that he no longer needs oxygen treatment at home. This is a huge relief to the couple, as he would have been on his oxygen machine for 16 hours a day. Life is easier for Fran now too:

"Due to the COPD, John can't walk far or stand for long. As his carer I was always having to take him outside in his wheelchair, so he could smoke. We couldn't go out for a meal, as wheeling him in and out of the restaurant to smoke was just too difficult."

And quitting has left the couple better off financially:

"We're saving £40-£50 a week. This makes a big difference to us as we are both pensioners."

Would the couple recommend the service to others?

"Definitely - it's a miracle, I never thought he would quit. If they can do it for John, they can do it for anyone."

Connecting carers across Leicestershire

To celebrate Carers Week 2019 (10 – 16 June), a public drop-in event was held at County Hall

The event included the formal launch of the **Joint Carers Strategy 2018-2021, Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland.**

Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland have all signed up to the strategy and are committed to work together to deliver our local vision for carers.

The theme for this year was getting carers connected - to advice and information; services; friends and family; other carers and assistive technology. It is vital that we encourage people to self-identify as carers, as many don't. By identifying carers in our communities at an early stage, we can ensure they have access to the right support and feel valued and respected.



The County Council has also begun a project to engage with carers and local organisations to find out more about people's thoughts and experiences of short or respite breaks. For more information or to get involved contact **Sue Eato, Commissioning & Market Shaping Officer** or **Nicola Jarvis, Carers Officer**

For further advice and information for carers in Leicestershire or to complete an online carers assessment form visit www.leicestershire.gov.uk/looking-after-someone or www.carersuk.org.



Leicestershire's teenage pregnancy figures fall again

Pregnancy figures for under 18's across Leicestershire have fallen for the tenth year in a row. The latest figures showed the annual rate in 2017 decreased to 12.3 per 1,000 females aged 15-17 years.

Work over the past year has included:

- Commissioning a modern and integrated sexual health service by moving the city centre service to the Haymarket shopping centre
- 'Speakeasy' training for foster carers
- Further roll out of the C-Card condom distribution scheme
- The roll out of free, high-quality school training on relationship and sex education
- The provision of support for teenage parents through children's centres, meeting groups for teenage parents and delivery of the baby box.

New video highlights NHS partners proposed changes at Leicester's hospitals

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. It tells people about the plans to improve acute and maternity services for patients in Leicester, Leicestershire and Rutland.

Over the past two years people from across Leicester, Leicestershire and Rutland have contributed their time and expertise to designing a programme of investment that would significantly enhance services for the benefit of the local population by improving their health and wellbeing outcomes.

An online brochure has 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.

To view the video and brochure visit <http://www.bettercareleicester.nhs.uk/the-bct-plan/acute-and-maternity-reconfiguration/>



Better care together
Leicester, Leicestershire & Rutland health and social care



Discover more about proposed changes at Leicester's hospitals

People from across Leicester, Leicestershire and Rutland have contributed their time and expertise to designing a proposal to significantly enhance services that will improve the health and wellbeing of local people.

Our ambition represents the greatest opportunity in our history to provide greater levels of care in Leicester's hospitals.



FIND OUT MORE
by viewing our video and booklet.
bettercareleicester.nhs.uk



Make a pledge to...



#StartAConversation

The impact of suicide can affect everyone in the community. Every life lost to suicide matters and represents someone's child, partner, parent, friend or co-worker. Across Leicester, Leicestershire and Rutland (LLR) everyone can contribute to prevent suicide.

#StartAConversation is a suicide prevention campaign that aims to build a community that is committed to the mental health and wellbeing of its residents. Through raised awareness and open and honest conversations about suicide, we believe that every person has the potential to make a difference and save a life.

We would like residents and communities across LLR to be more aware of the warning signs of suicidal behaviour and to have an open and honest approach to conversations about suicide. In this way, we can work together to prevent suicide.

Please visit www.startaconversation.co.uk to pledge and be part of the movement against suicide.

By pledging, not only are you showing your support for the campaign, but you will also be kept up to date with the latest news and events from the campaign, as well as registering your interest for the **1-year anniversary conference** at the King Power Stadium on World Suicide Prevention Day, **10 September 2019**.

Enrych Connect (formerly Leicestershire CareOnLine)

Based at the Marlene Reid Centre in Coalville, Enrych Connect offers the same support services to people with physical/sensory disabilities, learning difficulties, communication difficulties, mental health needs and carers across the county as the former Leicestershire CareOnLine service.

Through one-to-one training and technical support this free service focuses on adults who are at risk of experiencing isolation and social disadvantages to access online information and services including email, communication and shopping.



Enrych Connect accept referrals and if you know someone who has equipment given to them by CareOnLine, the team can provide continuing support, update equipment or collect it for reuse.

To find out more visit <https://enrych.org.uk/what-we-do/enrych-support/enrych-connect-help-to-get-online/> or to make a referral call 01530 234 545 or email connect@enrych.org.uk



Better care together

Leicester, Leicestershire and Rutland health & social care



Follow us on Twitter @LeicsHWB

See our website: www.healthandcareleicestershire.co.uk

Download our [Better Care Fund plan on a page for 2017-19](#)

To find out more about Better Care Together – Leicester, Leicestershire and Rutland's five-year health and care strategy visit www.bettercareleicester.nhs.uk

For enquiries about this bulletin please email BetterCareFund@leics.gov.uk or call 0116 305 5749

Working in partnership

