

HEALTH AND WELLBEING BOARD ANNUAL REPORT 2015

LEICESTERSHIRE

Officers to contact:

Cheryl Davenport, Director of Health and Care Integration

Tel: 0116 3054212

Email: Cheryl.davenport@leics.gov.uk

Mike Sandys, Director of Public Health

Tel: 0116 3054239

Email: Mike.sandys@leics.gov.uk

Janine Dellar, Head of Public Health Intelligence

Tel: 0116 3054257

Email: Janine.dellar@leics.gov.uk

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FOREWORD

Reflecting on the last twelve months has really brought home to me how fast the pace of change in health and social care is. This is an unprecedented time of financial pressure and increasing demand and as a system we have had to be agile in how we respond.

The integration of health and care services remains high on the agenda and I'm pleased to report that as partners leading the Leicestershire Better Care Fund we have responded to this challenge, with key achievements in improving hospital discharge, integrating health and care data, and a joint focus on prevention such as piloting local area co-ordinators to improve the health and wellbeing of individuals and communities.

Another big area of work for our Board last year was updating our Joint Strategic Needs Assessment for Leicestershire. As well as being one of our statutory responsibilities, this is a particularly important planning tool for the whole system as it provides an evidence base to inform our future commissioning plans.

We recognise the many challenges we still face, especially reducing A&E attendance and emergency admissions so that our health and care system can be more sustainable in the future, keeping pace with the demographic growth we are experiencing in Leicestershire's populations, planning jointly for the impact of the significant changes affecting public health allocations to deliver outcomes through prevention, and to manage the demands and shrinking budgets affecting adult social care, so that we can continue to support the most vulnerable.

There is much we can do by working together. I'm particularly pleased that we are taking a consistent approach to how we communicate with the public about using the integrated community services that are already available and continue to develop in the community

However, we will need to be even more robust in our planning for next year to make sure we are both realistic and confident in what we can and must achieve together as system leaders.

Looking ahead, we will be refreshing our Joint Health and Wellbeing Strategy in 2016. This will be a single overarching strategy for Leicestershire partners that provides a reference point for all our work. We will use the Joint Strategic Needs Assessment and the case for change from the Better Care Together Programme to define our priorities. We will need to focus on increasing healthy life expectancy and the health and wellbeing of people who will be in their 60s in 10 – 20 years' time.

As local system leaders, we are responsible for ensuring some difficult and necessary choices and changes come to fruition and holding each other to account. Only by working together as a Health and Care system will we extract the maximum value from reducing resources.

Our achievements over the last twelve months provide a strong foundation for this, which we will build on over the next year. I look forward to some valuable thinking and development time with the Board in early 2016 where we will challenge ourselves to be even more ambitious system leaders in the months ahead.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the left.

Mr Ernie White CC

SECTION A: INTRODUCTION

1. The purpose of this report is to look back at the past year (2015) for the Health and Wellbeing Board (HWB) and to reflect on the progress that has been made. The focus throughout the report is the progress that has been made across the partnership to improve the health and wellbeing of the population of Leicestershire.
2. Within this report the following sections are presented:
 - a. An update on the progress made by the Health and Wellbeing Board (HWB) in terms of implementing the Joint Health and Wellbeing Strategy (JHWS).
 - b. An overview of some of the achievements and outcomes that have been delivered by the HWB in 2015, including those supported by the Better Care Fund pooled budget.
 - c. An update from Healthwatch Leicestershire on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of the HWB during 2015.
 - d. A look ahead to 2016 which will involve the first phase of delivery of the Leicester, Leicestershire and Rutland wide Better Care Together Strategy, the refresh of the Leicestershire Better Care Fund and the refresh of the Leicestershire HWB JHWS.
3. Appended to this report are a number of case studies that illustrate how the people of Leicestershire have benefitted from the changes that have been made to the health and social care system.

SECTION B: HEALTH AND WELLBEING BOARD PROGRESS IN 2015

B.1 UPDATE ON THE JOINT HEALTH AND WELLBEING STRATEGY 2013-16

4. In January 2015, the HWB approved an update for the JHWS 2013-16. This update reviewed all of the new strategic drivers that have been implemented since the original publication of the JHWS and also incorporated learning disability as an additional area of priority, reflecting the renewed importance of transforming this area of care nationally and locally.
5. The implementation of the JHWS 2013-16 has been aligned to the delivery mechanisms for Better Care Together and the Better Care Fund. The key priorities for improving the health and wellbeing of our population are being addressed through an

integrated partnership approach that will deliver a more effective health and care system and improved outcomes for the local population.

6. The refresh of the strategy is available from:
<http://www.leics.gov.uk/healthwellbeingboard>
7. Progress against the strategy has been reported through the Leicestershire County Council Annual Performance Report. This is available from: <http://www.lsr-online.org/uploads/annual-report-2015-council.pdf>
8. In 2016, the HWB will be developing a new JHWS which will set out the partnerships priorities in response to the 2015 Joint Strategic Needs Assessment (JSNA).

B.2 THE 2015 JOINT STRATEGIC NEEDS ASSESSMENT

9. The HWB has published an updated JSNA for Leicestershire. This is available from:
<http://www.lsr-online.org/leicestershire-2015-jsna.html>
10. The JSNA highlighted the significance of the ageing population on the health and wellbeing of the population. The population of Leicestershire is growing – between 2012 and 2037 (25 years) it has been projected that the total population of Leicestershire will grow by 15% to over 750,000. However, this growth is not uniform across the age groups with a projected increase of:
 - 190% increase in people aged 85 years and over;
 - 56% increase in people aged 65-84 years;
 - 7% increase in children and young people aged 0-24 years; and
 - A 2% decrease in the working age population (25-64 years).
11. The JSNA also highlighted the gap between an individual's overall life expectancy and their healthy life expectancy. The overarching goals of the JHWS 2013-16 are to “add quality and years to life”. The JSNA indicates that life expectancy continues to improve year on year and is significantly better than the England average for both males and females at 80.1 years and 84.0 years respectively. However, healthy life expectancy is 64.9 years for males and 66.7 years for females. For both males and females, a significant proportion of the population will already be affected by poor health before they reach retirement age.
12. This leads to a recommendation from the JSNA that there is a need to focus on the health and wellbeing of working age adults to ensure that as these people move

towards retirement age there is an overall improvement in healthy life expectancy.

B.3 LEICESTERSHIRE'S PHARMACEUTICAL NEEDS ASSESSMENT

13. In March 2015, the HWB published its first Pharmaceutical Needs Assessment (PNA). The PNA became the responsibility of the HWB as part of the Health and Social Care Act. It is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services.

14. Leicestershire's PNA is available from:

http://www.leics.gov.uk/index/your_council/haveyoursay/pna.htm

15. An update on progress against the recommendations in the PNA will be reported to the HWB in March 2016.

B.4 HEALTH AND WELLBEING BOARD – ACHIEVEMENTS AND OUTCOMES

16. **Hospital Discharge** - At the beginning of the year, delayed discharges represented a significant challenge to the local health and care system. In January 2015, the HWB analysed performance in this area and examined the actions being taken to ensure that they would have an impact. The improvements in performance that have been seen this year are a credit to the whole system. Of particular note,^a are two housing hospital discharge schemes, operating out of the Bradgate Unit and Leicester Royal Infirmary. Both schemes provide the expertise of housing services staff on site as part of hospital discharge support. The aim is to identify early and resolve any housing issues that could delay hospital discharge. The HWB received an update against progress in November 2015 where case studies demonstrated the positive outcomes these schemes have already achieved. In 2016, the HWB will review the evaluation of the schemes which will give a clearer view of their overall impact.

17. **Ambulance Handovers** - One of the key areas of challenge for local health services, representing both clinical and patient safety risks, is the time taken for ambulance crews to transfer patients into the Leicester Royal Infirmary. The HWB first looked at ambulance handovers in July, including insights from Healthwatch, and it was clear that a partnership approach was being taken to tackling this very difficult issue. However, concern remained that the schemes put in place would not have the impact that was needed to resolve all of the issues and the position remains extremely challenging. The first phase of the new emergency floor at the LRI will open next winter. This will relieve some of the pressure on ambulance handover times caused by physical constraints. This remains a significant issue of concern and the HWB will continue to monitor the

^a and building directly on work undertaken by the HWB in 2013/14 to consider the local "housing offer to health"

situation, in conjunction with the Leicester, Leicestershire and Rutland wide urgent care board. This board reviews the operational position bi-weekly and leads the remedial action plan for urgent care performance.

18. At the November 2015 HWB meeting all partners considered **winter preparedness** across the system. They committed to a consistent communications message about keeping well during winter and promoting the use of alternative services. This included asking all partners from the HWB to use a consistent script within their customer services centres signposting callers to the NHS 111 number and reminding them of winter wellness advice.

19. **Child and Adolescent Mental Health Services (CAMHS)** - The performance of the CAMHS service has been an area of concern for the HWB throughout the year. Regular progress reports have been received from the Better Care Together workstream about emerging plans to improve the emotional health and wellbeing of children and young people in Leicestershire. The HWB has been involved in the development and approval of the local CAMHS Transformational Plan. This plan is a requirement by NHS England in order to assure local delivery and allocate new money being committed by central Government to improve CAMHS services across the whole system. Transformation Plans across the country are required to have specific elements and investments focused on prevention, early intervention and eating disorders. Locally, the main areas of concern in 2015 are:

- access to CAMHS inpatient beds within Leicestershire;
- waiting times for outpatient appointments across Leicestershire's localities; and
- crisis support, including the response and liaison needed for cases arriving via the accident and emergency department.

The HWB has been seeking assurance that current and future improvements will address these areas of concern and that the new NHSE investments linked to the national Transformation Plans will deliver at pace.

20. **Learning Disabilities** - In March, the HWB invited a self-advocate and a carer to present the Learning Disabilities Self-Assessment. The presentation was a really positive experience, highlighting areas where services and performance are good and challenging the system to make improvements in other areas, such as health checks. Later on in the year the HWB looked at progress in delivering health checks and noted that it would be difficult to measure final performance until the end of the financial year. However each CCG was encouraged to ensure a high level of compliance within GP practice for both:

- performing annual health checks for people with learning disabilities; and
- assuring the quality of care planning and interventions delivered in support of each individual's health and wellbeing arising from these checks.

The HWB were pleased with the progress that had evidently been made in developing a feedback mechanism on the quality of health checks. They will continue to challenge the Clinical Commissioning Groups to improve performance to ensure that all eligible people are receiving health checks and to set stretching targets in this regard.

21. **Special Educational Needs and Disabilities (SEND)** - The work to improve outcomes and raise aspirations of children and young people with SEND in the light of the Children and Families Act has been an area of focus for the HWB throughout the year. Regular updates have been received on progress with implementing the reforms and the board welcomes the efforts that have been made. The HWB is assured that Leicestershire will be compliant with the requirements of the Act, including starting to create the required cultural shift, by March 2016.

22. **Palliative Care** - In November 2015, the HWB invited the End of Life Better Care Together workstream to provide an update about emerging plans and priorities for end of life care. Local hospice provider LOROS also updated the Board about their work and plans for the future. The Board recognise that there are a number of improvements needed to end of life care in Leicestershire, particularly:

- to ensure that care plans follow the patient; and
- to simplify the local palliative care offer which is comprised of a range of services, operated by a range of providers not all of which are on a 7 day, 24/7 basis.

The HWB is contributing to the discussions led by the Better Care Together end of life workstream and will seek assurance that the commissioning plans of Leicestershire partners reflect the expected changes to providing more integrated, person centred, care pathways.

B.5 INTEGRATION AND THE BETTER CARE FUND

23. **Better Care Fund Performance** - Implementation of the health and care integration programme in Leicestershire continues at pace. The Better Care Fund forms an important part of the delivery of the Joint Health and Wellbeing Strategy and provides a pooled budget between NHS and LA partners of £38m targeted improving the integration of health and care. Key achievements from 2015 are included below.

24. **Improving Hospital Discharge/Reducing Delays** - In 2015, the Better Care Fund has:

- a. achieved the Delayed Transfer of Care (DTC) target in Q1 (for the first time since 2011) and sustained good performance in Q2; and
- b. introduced dedicated housing support to acute and mental health inpatient settings to support hospital discharge. This scheme featured in the Health Services Journal in October (www.hsj.co.uk).

25. Reducing Emergency Admissions – key achievements in 2015 include:

- a. Implemented the frail older people's assessment unit at Loughborough Hospital with 422 people referred and 312 avoided admissions between January and October 2015.
- b. Trained 81% of paramedics in the falls risk assessment tool so that around 40 people per month are now not conveyed to hospital; but receive care and support at home instead.
- c. Implemented night nursing so that our existing integrated crisis response service can operate 24 hours a day, with 390 referrals and 363 avoided admissions achieved between January and October 2015.
- d. Piloted 7 day services in primary care across both CCGs with evaluation findings informing models and admissions avoidance assumptions for 2016 onwards.

26. These 4 schemes are forecast to achieve approximately 1,620 avoided admissions in 2015, against a target of 2,041. In August 2015 the Integration Performance and Finance Group agreed that from the £3m pay for performance fund (risk pool), £1m will be retained by the CCGs to recognise over performance in non-elective admissions. The remaining £2m will be paid into the Better Care Fund in recognition of the contribution made by the four admission avoidance schemes.

27. The total emergency admissions in Leicestershire have risen from 58,314 in 2014 to a forecast 58,922 for 2015. Against a target to reduce non-elective admissions to 56,273 by December 2015, the health and social care economy in Leicestershire is forecast to underperform by 2,649 (or 4.7%).

28. Data Integration – The local health and social care system has made significant progress around data integration in three key areas:

- a. Implementation of “*Pi Care and Health*”, the new data integration tool for Leicester, Leicestershire and Rutland. For the first time, NHS and council

partners across all 3 local authorities can analyse the journeys taken by people across the whole health and care system, including ambulance journeys.

- b. Adoption of the NHS Number for all adult social care records that could be matched via the matching service. Across Leicestershire NHS Number matching on adult social care records is now at 94%.
- c. Introduction of the safe minimum transfer data set for the transfer of care from hospital discharge to community settings.

B.6 HEALTH AND WELLBEING BOARD DEVELOPMENT

29. The HWB held a development session in November 2015 to reflect on the progress that has been made so far as a Board and to think about areas where further improvements can be made. It was felt that the Board meetings cover good business and are ambitious and focused however the role of the Board will need to continue to evolve given the complex governance arrangements and policy developments affecting our health and care economy. The key areas that were identified for improvement during the next year are:

- to refresh and clarify the role and priorities of the Board through the refresh of the JHWS;
- to strengthen the links between the HWB and its sub-groups, particularly the Integration Executive; and
- to raise awareness of the Board and its work through improved communications linked to the JHWS Refresh.

30. The HWB also discussed how to get an external perspective on its strengths and weaknesses as a Board. The Board has decided to ask an external facilitator (Local Government Association) to test some key lines of enquiry with individual members of the Board and to follow this up with a workshop, led by the same external facilitator, to look at the findings and identify next steps. This could feed into the JHWS refresh.

B.7 WORKING IN PARTNERSHIP WITH HEALTHWATCH

31. Healthwatch Leicestershire's representation on the HWB provides a platform for sharing formal patient, user and public insights, evidence and intelligence to both inform the process of strategic commissioning and improve services for the benefit of the local population.

32. Healthwatch Leicestershire has established a strong presence and profile through its representation on the HWB. As a matter of routine, there is a regular Healthwatch Leicestershire update on the agenda and this opportunity is used to present and share

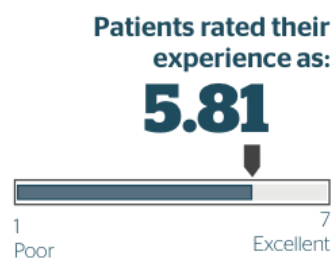
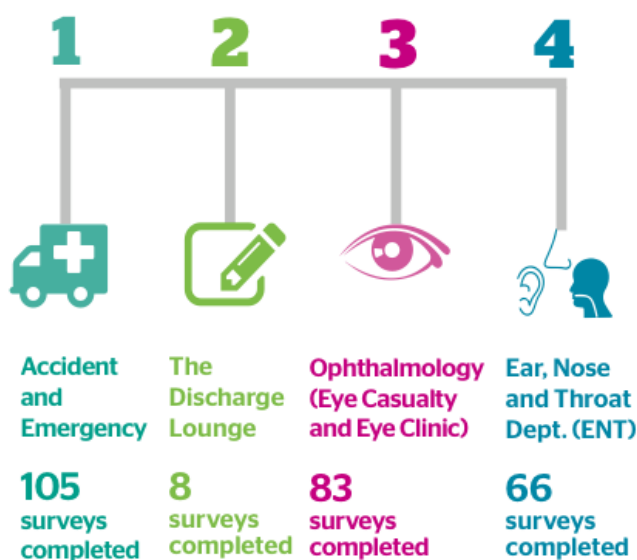
patient experience gathered from Healthwatch Leicestershire’s latest reports and insights. Below are some examples of how the HWB has helped Healthwatch Leicestershire to raise its profile and improve outcomes for local people living in Leicestershire.

33. **University Hospitals Leicester (UHL)** - In January 2015, Healthwatch Leicestershire spent a week at the Leicester Royal Infirmary in four departments talking to 262 patients finding out what changes patients and staff would make to improve the experience of using services at Leicester Royal Infirmary.

34. Healthwatch Leicestershire released a report of its findings called ‘A Week in Leicester Royal Infirmary: The Patient Perspective’. The report included a number of recommendations based on patient and staff feedback and was presented to the HWB at its meeting in March 2015. The full report is available online: <http://www.healthwatchleicestershire.co.uk/news/new-healthwatch-leicestershire-report-week-leicester-royal-infirmary-lri-patient-perspective>

Where we went

‘One Week in Leicester Royal Infirmary (LRI)’



35. As part of the visit in January 2015, Healthwatch Leicestershire spoke to patients in the newly formed discharge lounge. The discharge lounge is a fairly new and welcome initiative that aims to provide a comfortable and welcoming environment to accommodate patients while they wait to be discharged to their usual place of residence. Healthwatch’s hope is that this lounge will ultimately help to better the patient experience and will support the hospital to address wider issues, such as

delayed discharge. Patients told Healthwatch that they were not told what would happen when they arrived at the discharge lounge or how long they would be waiting.

36. In November 2015 the Head of Service Delivery at UHL presented **UHL's 'Ophthalmology Action Plan'** to the **Health and Overview Scrutiny Committee**. The plan directly responded to Healthwatch Leicestershire's recommendations and findings that related to allocating more space for patient information and redesigning the layout of waiting areas. This would improve communication between staff and patients, alongside improving the flow of patients from the waiting room to the appointment areas. In particular, this would benefit patients with poor sight.

37. UHL reported that they had already completed a number of actions in response to the findings from Healthwatch Leicestershire. For example, the hospital had already installed TVs and water machines in waiting rooms, improved signage and is currently integrating patient feedback into its plans for its booking centre.

38. The report also prompted a response from the **Local Medical Committee** in regards to the recommendation to adopt a system of more flexible, pre-bookable and on-the-day appointments. The response received regional press coverage on East Midlands Today News.

39. **Ambulance Handovers** – Healthwatch Leicestershire presented a report 'Ambulance Handover at LRI' to the HWB on the 16 July 2015. The report included a number of recommendations to improve patient experience. UHL noted the recommendations and are considering how to best take them forward. In the longer term the majority of issues identified in the report will be resolved with the building of the new Emergency Department. Dedicated rapid ambulance access will be a feature of this new development. The full report is available online:

http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/healthwatch_leicestershire_ambulance_handover_at_lri_enter_view_report.pdf

40. **Access to GP Services** - Healthwatch Leicestershire produced a quick poll survey outlining local people's views on GP services. The findings were presented at the HWB meeting held in July 2015. At the meeting, the **CCGs** requested a breakdown of Healthwatch Leicestershire's data. They now plan to act on this insight and respond accordingly in their respective areas. The report is available from: http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/hwl_quick_poll_summary_report.pdf

Quick Poll Survey:
Your views about GP services



Introduction
From the many conversations that we have had with the public, we know that satisfaction levels of using health services are high. However, we also know that many patients are still facing the same issues on a regular basis.

Aim
The aim of the Quick Poll Survey is to allow local people to quickly share their opinions and experiences of health and social care services across Leicestershire.

Methodology
The survey is designed to complement the on-going work of Healthwatch Leicestershire and was promoted during April and May via our newsletters, website and through social media. We also made the survey available at district drop-in sessions and general engagement events.

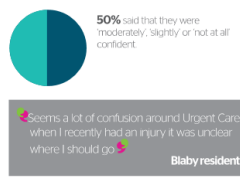
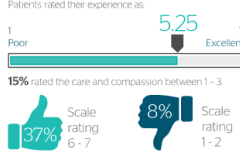


Findings

Question 1:
How satisfied are you with the systems in place to book an appointment at your GP practice?
57% respondents were 'moderately satisfied' 'slightly satisfied' or 'not at all satisfied'.

Question 2:
How would you rate the care and compassion you received at your GP surgery on a scale of 1 to 7. Patients rated their experience as:
15% rated the care and compassion between 1 - 3.

Question 3:
If you or your family members are not feeling well, how confident would you be in knowing when to choose the correct service. For example knowing when to use a pharmacy, self care, GP, NHS 111, Urgent Care Centre or Accident & Emergency.



Wonderful caring practice open Monday to Friday and Saturday Mornings, good telephone service and online booking.
Blaby resident

Twice now due to the lack of care, two members of my family nearly died. I am now changing my doctors. They are too interested in politics to take care of patients. I'm disgusted.
Oadby & Wigston resident

Seems a lot of confusion around Urgent Care. When I recently had an injury it was unclear where I should go.
Blaby resident

Quick Poll Survey:
Your views about Dental Services



Introduction
During April to June 2015, over one third of the enquiries we received were in relation to accessing dental services. Our data tells us that many patients struggle to find and access NHS dental provision and that they have difficulty understanding dental charges. We decided to gather more data so that we could gain a deeper understanding of public opinion.

Aim
To allow local people to quickly share their opinions and experiences of dental services across Leicestershire.

Methodology
We heard from 260 people via online and postal surveys and face-to-face engagement.



Findings

Who took part

Blaby	4%
Charmwood	25%
Hartnough	15%
Hinckley & Bosworth	15%
Melton	5%
NW Leicestershire	3%
Oadby & Wigston	8%
Leicester City	18%
Out of Area	3%

Aim
83% of people visited their dentist at least once a year.
60% visiting every six months.
7% attended every two years or at times of emergency.

Dental Charges and Payments
From those that attended their dentist less frequently (every two years or in times of emergency), 10 out of 16 respondents were not sure or did not understand dental charges. Overall, 40% of respondents either did not understand the cost of treatment or were unsure. 15 people did not answer. 60% of respondents said they were asked to pay after their treatment had been completed, compared to 34% who were asked for payment before their treatment. 3% were not sure and 18% did not pay. From the 35 patients that paid before treatment, 42% were not sure or did not understand the charges of their treatment.

Appointment Reminders
Of the options we presented, the 75 out of 260 respondents (29%) received text messages as a reminder for their appointments, 20% were given appointment cards and 19% received a call from dental practice. 24 respondents told us that they did not receive any reminders for their appointments. One practice in Charmwood being mentioned six times.

I am unsure that I am being offered or advised about the most appropriate treatment.
Melton resident

There is definitely a difference at this practice between private and NHS patients, even down to a separate seating area with tea and coffee for private patients.
Charmwood resident

41. **Access to Dental Services** - The findings from Healthwatch Leicestershire's quick poll survey outlining local people's views on dental services were presented at the HWB meeting held in November 2015. NHS England's Director of Operations and Delivery (Central Team) plans to use the insights to inform the commissioning and contracts for regional dental services. The report was also submitted to Chair of the Local Professional Network (LPN) for Leicestershire and Lincolnshire. The report can be accessed from: <http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/2%20page%20HW%20Dental%20Quick%20Poll%20pdf%20print.pdf>

SECTION C: LOOKING AHEAD TO 2016

C.1 BETTER CARE TOGETHER

42. The Better Care Together programme is the overarching health and social care strategic plan for Leicester, Leicestershire and Rutland. It is a five year plan that was launched in June 2014 and sets out ambitious plans for changing the way that services are delivered for the people of Leicestershire. The Better Care Together programme has developed further in 2015 and is currently preparing for a period of public consultation on some key elements of the plan. The plans are available from: <http://www.bettercareleicester.nhs.uk/>

43. The programme's clinical workstreams have started to embed their plans into business as usual activities and some examples of the early success are indicated below:

- improved care for the people who are frail and elderly;
- improved crisis and rehabilitation resources for those with mental health issues; and
- a new model of access to Accident and Emergency at the Leicester Royal Infirmary.

44. There is much more to do in 2016, and local plans include:

- increasing the level of "Hospital at Home" beds provided by Leicestershire Partnership Trust that will allow more people to rehabilitate in their own home where appropriate; and
- an increase in the availability of day case procedures and outpatient appointments in community and primary care settings.

45. This year it has been identified that a number of the more structural changes to health service delivery require public consultation. Following many months of detailed planning, the partnership is now liaising with NHS England on the submission of a pre-consultation business case for NHSE's consideration and approval prior to public consultation. During the year the programme has compiled the evidence required to embark on a robust consultation, i.e. that the proposals

- have strong public, patient and service user engagement;
- provide choice;
- have a clear clinical evidence base; and
- are supported by commissioners.

46. During 2015, the Better Care Together programme's Partnership Board has met in public, providing updates on developments, an opportunity for the public to pose questions directly to health and social care leaders, and providing transparency as the system prepares for change.

C.2 THE REFRESH OF THE BETTER CARE FUND

47. Leicestershire's Better Care Fund plan is due to be refreshed in early 2016, in line with national policy. It will be subject to assurance via NHS England and Local Government structures regionally and nationally. Work is already underway on the refresh at the

time of writing this report, and national planning guidance is expected during late December 2015.

48. The refresh process will include:

- using a range of evaluation and clinical audit findings to inform models of care and commissioning intentions for 2016/17;
- assessing the Leicestershire plan against the national Better Care Fund self-assessment tool;
- adding new schemes into the plan such as the admissions avoidance scheme for cardiac/respiratory patients at the Glenfield hospital site; and
- engaging with Clinical Commissioning Groups, the Integration Executive, Leicestershire County Council Cabinet and the HWB in the development and approval of a refreshed plan.

49. The key Better Care Fund metrics are expected to remain the same as the 2015 metrics, with the delivery of these metrics being enhanced and expanded:

- reduce the total number of emergency admissions;
- reduce emergency admissions due to falls;
- reduce the number of permanent admissions to residential and nursing homes;
- increase the number of service users still at home 91 days after discharge;
- reduce the number of delayed transfers of care; and
- improve patient and service user experience.

50. Each scheme funded by Better Care Fund will be described in detail, along with trajectories for activity and a full assessment of how they meet the Better Care Fund criteria:

- building capacity for integration;
- delivering outcomes alongside value for money;
- improving patient/service user satisfaction;
- utilising a 'systems thinking' approach;
- supported by all stakeholders, including the workforce; and

- supporting the 'left-shift' of services away from acute care.

51. New schemes in the pipeline for 2016 include:

- avoiding admissions for cardiac/ respiratory patients at Glenfield Clinical Decisions Unit by introducing an ambulatory care pathway for suitable patients; and
- implementing suitable pathways for frail older patients admitted to general wards in Leicester Royal Infirmary, in line with the pathways used on the Acute Frailty Unit.

C.3 A NEW JOINT HEALTH AND WELLBEING STRATEGY FOR 2016-19

52. The existing JHWS for Leicestershire runs from 2013-2016, so there is a need to review the strategy and update it in 2016. During the life cycle of the existing strategy there have been significant changes to the health and social care system, as a result of implementing the Health and Social Care Act 2012. This means that the new strategy will need to be significantly different to ensure that it fully supports the aspirations of the HWB going forward. The Better Care Together strategy and other key partnership strategies, such as the Integration Programme, will therefore be central to the development of the new JHWS for Leicestershire.

53. In 2016, the HWB will review the JHWS and develop a new strategy for 2016-19. This will:

- a. support the goals and ambitions of the Better Care Together Strategy;
- b. meet the needs of the people of Leicestershire identified in the JSNA;
- c. promote integration through the use of shared resources such as the Better Care Fund and the Learning Disabilities pooled budgets;
- d. review all of the key strategic documents across the partnership to ensure that these are working together to meet the needs of the people of Leicestershire; and
- e. set key strategic challenges for the HWB to ensure that they are aspiring to deliver the best outcomes for the people of Leicestershire across the whole health and wellbeing partnership.

APPENDIX A: Case Studies

Integrated Crisis Response Service (ICRS) overnight service – Ms L

Ms L, an 81 year old lady living alone deemed to be near end of life wanted to die in her own home. She had completed 72 hours with the ICRS and a referral had been made to Continuing Health Care to provide an ongoing package of care to meet her needs.

At 10pm, no one had arrived as planned so her friend called the 'single point of access. Her friend had looked after her all day and was exhausted and did not want to leave her alone in fear that she would die.

There was a spare ICRS bed available so a nurse went in for overnight support and Ms L passed away peacefully during the night. The friend was so grateful for all that ICRS had provided.

Loughborough's Older Persons Unit (OPU): GP referral – Mr N

Mr N, a 91 year old gentleman was referred to the OPU by his GP after being short of breath, dizzy and frequent falling.

He had a complex medical history including Ischemic heart disease (IHD), Chronic kidney disease (CKD), Chronic obstructive pulmonary disease (COPD) and diabetes.

At the OPU a full clinical assessment was completed with blood tests, a chest x-ray and an ECG.

Mr N was describing symptoms of hypoxia. He was assessed by the physiotherapists and ambulatory oxygen saturation measurements revealed his saturations dropped to less than 85% when exerting. His chest x-ray suggested fibrotic lung disease.

The Advanced Nurse Practitioner (ANP) ordered home oxygen which was delivered within four hours of the completed referral.

Mr N's medication was altered and a package of care was offered but declined. The GP was advised to complete a respiratory referral.

A follow up appointment was arranged in the OPU to evaluate these changes. Mr N had felt much better using oxygen therapy and had experienced no further dizziness or collapse.

His wife wrote the following comments on our satisfaction survey:

“The care and attention we had today has been wonderful. My husband has been relaxed the whole time and is happy.”

Carer’s wellbeing service - Mrs W

Mrs W is a carer to her mother who suffers from Vascular Dementia. Her mum lives with her.

On a visit to her local surgery, Mrs W picked up a carer’s services leaflet. She called the Wellbeing service in June requesting some advice as she was finding it difficult to look after her mum.

She was contacted the same day and had a very lengthy conversation about her caring role and the difficulties she was experiencing. She was feeling very stressed and got upset during the conversation.

Mrs W gets little sleep due to her mother waking up several times during the night. She has also had to reduce her working hours in order to look after her mother and had even thought about giving up work altogether. Mrs W was completely exhausted and didn’t know which way to turn. Mrs W felt better being able to speak to someone who was able to listen and understand her situation. She felt reassured that there was help available.

A carer’s assessment was completed over the telephone which revealed how much care Mrs W was actually providing for her mum and the effect it was having on her own life.

Social Care contacted Mrs W to arrange an appointment for a home visit assessment. The outcome of this granted Mrs W a personal budget. There was also a referral made for a Community Psychiatric Nurse (CPN) and both the allocated worker and the CPN visited to assess her mum’s mental health.

The Carers Wellbeing service has allowed Mrs W to carry on working and feel supported as a carer. She is happy that support is in place and this has reduced the pressure and she is happy to continue to care for her mum.

Integrated Crisis Response Service (ICRS) overnight service – Mrs C

Mrs C, aged 82 accessed ICRS after she was diagnosed with mantle cell lymphoma, following the discovery of a lump on her neck. Her condition deteriorated and she became bedbound, unable to move her legs and in a lot of pain. As she was also a carer for her husband, who suffers from dementia, her family was finding it hard to cope.

At first her GP advised admitting Mrs C to hospital, but her end of life plan was to die at

home and she was very clear that she did not want to be admitted. Based on this the family decided that they would try to continue to provide care themselves at home, rather than have to take her to hospital. At this stage, Mrs C's GP suggested the new ICRS Overnight Service. Kim, Mrs C's daughter explains:

"The overnight service started that night and it was a relief for my mum as she knew she was safe. It was a big thing for all of us as we had been on our own and we were scared. They were very caring as if they were looking after their own mother. Nothing was ever too much trouble. Knowing that a nurse was looking after my mum, who would phone if we needed to come, meant I could go home for a few nights.

"We never needed to ask anything as we were told every step of the way what was happening, what was going on, where mum was at on her journey and it was just so nice. The trust was there and the rapport was there. It wasn't like nurses coming in, it was just like a family."

Mrs C also received care from Hospice at Home during the day time, providing her with integrated care across 24 hours. A respite home was also found for Mrs C's husband, allowing the family to focus on her. Following nine days of care from these services, she passed away at home and with her family in accordance with her wishes.

Kim continued, *"There was that much love around she felt happy where she was. She passed away so peacefully. It was sad, but if I said, if there was ever such a thing as perfection in someone passing away, she got it. It's so important that this service goes 24/7 and it continues because without it I don't know where we would have been. It's helped me to come to terms with things and carry on."*

Assistive Technology – Mrs H

Mrs H suffered from epilepsy which meant her family needed to be with her at all times.

HART carried out an initial assessment and referred her for a lifeline connect+ with a personal trigger and a fall detector. The lifeline was programmed to phone Mrs H's mum and eldest son.

A further visit was made to Mrs H a week later to drop off a Pivotell medication dispenser so that Mrs H can take her medication at regular intervals throughout the day so that her medicines work properly at the right time.

This equipment has enabled Mrs H's 2 younger sons to go to school with piece of mind that someone will be alerted and respond when their mum has a seizure. It has also

enabled Mrs H to be less reliant on others.

This equipment should enable Mrs H to remain independent and reduce the need for further care services.

Loughborough's Older Persons Unit (OPU) - Mrs S

Mrs S aged 78, attended the unit following a series of falls. Her GP was unable to find anything clinically wrong with her, but was still concerned, so referred her on to the unit for further tests.

Mrs S said, "I fell last week and couldn't get up and it wasn't the first time, I'd a couple of falls in the last few weeks. I went to the doctor this morning, and he couldn't find anything wrong. He wanted a more in-depth examination as he thought I've fallen too often. I came straight to the unit and was seen really quickly. I didn't expect that, there was no waiting."

Mrs S was diagnosed with osteoarthritis of the knee which was causing her knees to give way, explaining why she was falling over. The centre prescribed pain medication and contacted her GP with a recommendation for Mrs S to be referred to a specialist osteoarthritis clinic.

Mrs S added: "It's great to be able to make use of the unit, I had no idea that they had this kind of thing here. I think it's wonderful, everyone has been very kind and helpful. So often older people aren't dealt with properly, and they're not given enough time. But this time I was treated right, this is much better. I felt really reassured by everything, it's a really good service. It should be available for everyone."