Yorkshire & Humber Care Record

Social Care & Health Collaboration

Neil Bartram
North Yorkshire County Council

Overview

- 1 of 5 Local Health and Care Record Exemplars (LHCREs)

- Receiving up to £7.5m over 2 years in national investment which is match funded

- Building on existing local work on shared care records (e.g. Leeds Care Record)

- 4 Work Streams will help to achieve the vision

Council Name	DASS	Type of council	Size km2	Population	Deprivation Rank	Sustainability & Transformation regions	Transforming Care Partnerships
Barnsley	Rachel Dickinson	Metropolitan Borough Council	329.1	239,300	32	SY&B	B,W,K,H,C
Bradford	Bev Maybury	Metropolitan Borough and City Council	370.0	531,200	18	WY	B
Calderdale	Iain Baines	Metropolitan Borough Council	363.9	200,100	66	WY	B,W,K,H,C
Doncaster	Damien Allen (I)	Metropolitan Borough Council	568.0	304,800	35	SY&B	S,D,R,NL
East Riding	Rosy Pope	Unitary Authority Council	2,408.7	336,685	118	C,H&V	H
Hull	Alison Barker	City and Unitary Authority Council	71.45	259,000	3	C,H&V	H
Kirklees	Richard Parry	Metropolitan Borough Council	408.6	434,300	69	WY	B,W,K,H,C
Leeds	Cath Roff	Metropolitan Borough and City Council	551.72	774,100	57	WY	L
North Lincolnshire	Karen Pavey	Unitary and Borough Authority Council	846.3	169,800	85	C,H&V	S,D,R,NL
North East Lincolnshire	Joanne Hewson	Unitary and Borough Authority Council	191.9	159,600	25	C,H&V	H
North Yorkshire	Richard Webb	County Council	8,053.0	602,300	129	C,H&V, DDTVHRW, WY	NY
Rotherham	Anne Marie Lubanksi	Metropolitan Borough Council	286.5	260,800	41	SY&B	S,D,R,NL
Sheffield	Phil Holmes	Metropolitan Borough and City Council	367.94 (City) 3,949.2 (Urban area)	569,700 640,720	48	SY&B	S,D,R,NL
Wakefield	Andrew Balchin	Metropolitan Borough and City Council	338.6	333,800	52	WY	B,W,K,H,C
York	Martin Farran	City and Unitary Authority Council	271.94	206,900	136	C,H&V	NY

3 Of th... cities

5.5

generating **£88bn** economic outpu...

20 Acute Trusts

2...

770 GP Practices

Clinic... Commissi... Group...

University of ...g the Year 2017

Provide **27,375** jobs ...her

ute **£1.5BN** to the local economy

700 Jobs outside the universities

Academic Health Science Network **1**

1 Local Clinical Research Network

Local Enterprise Partnerships **4**

...on for Leadership in ...alth Research and Care

Right information, right person, right time.

Yorkshire & Humber Care Record

Digital Care Record

Enables clinical and care staff to access real-time health and care information across health and social care providers and between different IT systems.

Better decision making and saving time

Linking clinical systems together

Securely and safely brings together a core of information from GPs, local hospitals, community healthcare, social services and mental health teams regardless of the system they use.

Joined up information and seamless care

Improved intelligence

Using intelligence from large scale data sets to improve population health. Centralised data on patient health and wellbeing and on the services they use.

Better planning of services, prevention or improved management of ill health

People actively involved in their health and wellbeing

View, control and contribute to their own health and wellbeing information by accessing Helm, Person Held Record.

More informed decisions, improved self care and management

Current situation
before LHCRE

Yorkshire & Humber Care Record

Lost smartcards

Forgotten passwords

Chasing results

Using fax machines

Clunky system

Frustrated
clinical and care staff

Different places Different systems

Some areas have shared care records, while others don't.

Telephone conversations

Time-consuming phone calls to understand current situation.

Using paper filing systems

Patient information is kept on paper, which is hard to manage.
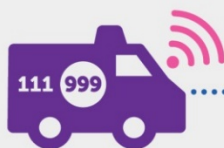
Information unavailable

Patient information isn't accessible for some care staff.

Shaping the future
with LHCRE / Yorkshire & Humber Care Record
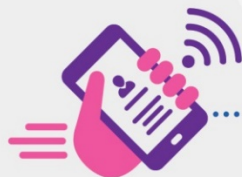
Yorkshire & Humber Care Record

Infomation for urgent care

Key information will be available to urgent and emergency care staff to ensure the patients information is there when they need it.

Secure messaging between clinical and care staff

Patient data **available on the move**

More time to spend with patients/service users

Improved **connectivity and integration**

Better **decision making**

Reduction in tests
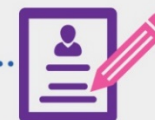
What can the future offer?

Shared care and crisis plans

Care plans which can be accessed for fully joined up care, improving patient's experience.

Access to **better information, faster**

Patient's access and contribute to own record

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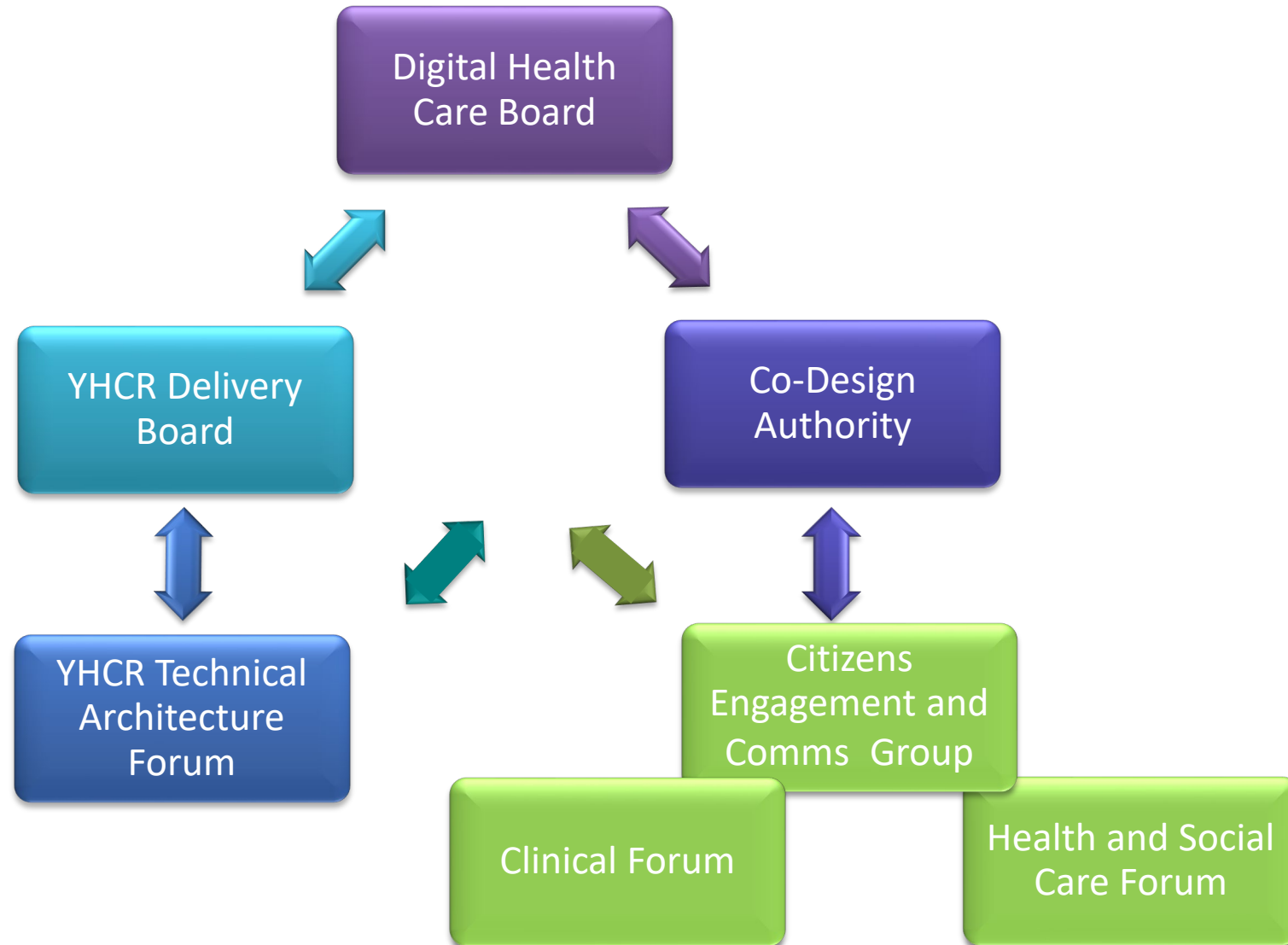05/01/2019
Blood test results
View

13/01/2019
Consultation
View

Get involved and make your mark

Help shape the future of the Yorkshire & Humber Care Record

Local Authority Involvement & Roles

Regional Digital Care Board

- Chief Executive of North Yorkshire County Council
- Chief Executive of Leeds City Council
- Chief Executive of Sheffield City Council

YHCR Clinical / Technical Design Authority

- Director of Adult Social Services of North Yorkshire County Council

YHCR Delivery Board

- Local Authority Lead from North Yorkshire County Council
- Technical Lead from Leeds City Council

LGA LHCRE Network

- Local Authority Lead from North Yorkshire County Council
- Technical Lead from Leeds City Council

Use Case Pilots – Urgent Care & Cancer

- Yorkshire Ambulance Service
  - Handover of Care information with knowledge of care plans, crisis plans
  - Secondary Care Discharge outcomes back to YAS ePR
  - Do Not Attempt to Resuscitate (DNAR) and End of Life preferences

- Regional Cancer Centre/s
  - Share Doncaster cancer patient appropriate information with Rotherham and Leeds
  - Share ED attendances at Doncaster, Rotherham for oncology patients under the care of Leeds

- Mental Health
  - Share Crisis Plans from Humber Teaching Hospital with pilot sites, including YAS

- North Yorkshire County Council
  - Access to social care information at key health delivery points (A&E, YAS, Regional Cancer Centres)
  - Alerts to social care when presenting for treatment at the above
  - Multi-Disciplinary Teams & Huddles

Social Care / Urgent Care

An elderly person who receives social care support has a fall in an area outside of their locality. An ambulance is dispatched and conveys the person to the local hospital Emergency Department.

Problem

- A social care worker may not know if a person on their case load has been admitted to A&E
- A care visit may be made when the person isn't at home wasting time and resource
- Unnecessary escalation activities may occur as a result (i.e no-one home)
- The Support Plan may be out of date as a result of not knowing about this event
- A subsequent review of care needs may be misinformed without visibility of ED admission information

Social Care / Cancer

A Harrogate resident with particular needs e.g. frail, elderly or adult with learning disability (with an active Support Plan) is referred to a regional cancer centre e.g. Leeds for treatment.

Potential problems

- Without visibility of the cancer treatment to Social Care, the current support plan may not be appropriate. This may result in gaps in care and support provided or additional care required.

- The implications of treatment are not conveyed effectively to other care/health practitioners involved, causing a reliance on the person communicating this information.

Social Care / MDT's & Huddles

An elderly person is referred to a locality based (community) multi-disciplinary team (MDT) for assessment. If appropriate, the person is provided with an agreed range of health and care services from relevant professionals.   Members of the MDT can be from a number of different organisations.

Potential problems

- No overall visibility of information of information held by organisations involved in the MDT. This is exacerbated by the number of different systems used for case recording.
- "Internal" referrals occur between members of the MDT because there is no other way to invoke the services of another MDT member.
- Members of the MDT are not always aware of the involvement of others, therefore duplicating activity around assessment visits, treatments and resulting case recording.
- The person often has to repeat the same basic information to each visiting professional because previously captured information has not been shared.
- Informed decisions cannot be made by any single member of the MDT without contacting other members to obtain the full picture of health and care needs for the person.
- Duplication of data and lack of visibility of overall treatment activity spanning care professionals and settings.

Harrogate & Rural Alliance & LHCRE

Scope

Harrogate and Rural CCG boundary

Population = 162,000
1 in 5 aged over 65
Increase to 1 in 3 by 2038
Life expectancy 80.9 (M) and 84.2 (F)
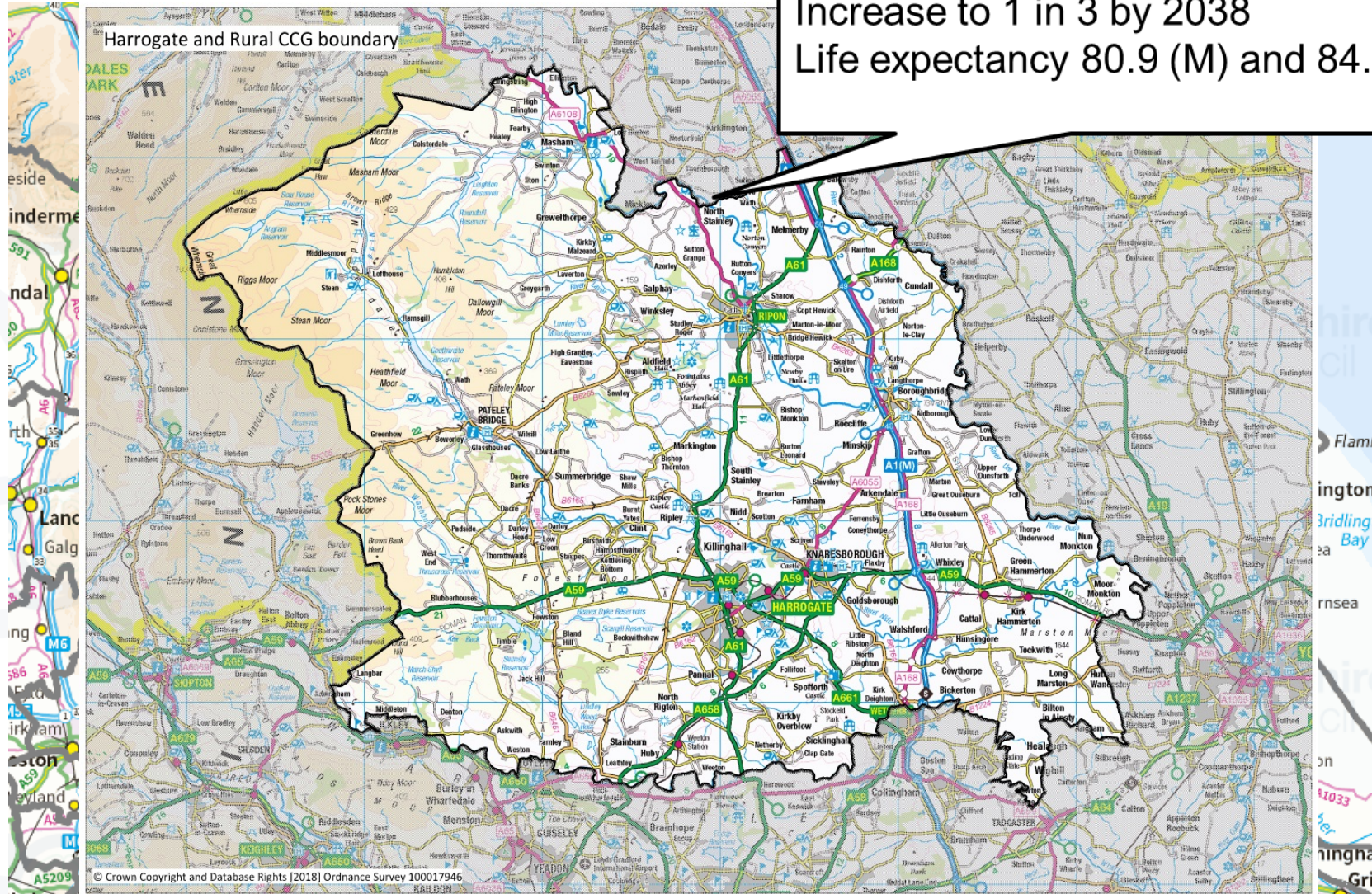
Overview

Partnership Programme:

- Harrogate & Rural District Clinical Commissioning Group (HaRD CCG)
- Yorkshire Health Network (YHN)
- Harrogate District NHS Foundation Trust (HDFT)
- Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)
- North Yorkshire County Council (NYCC)

Sharing the biscuits: lessons from Harrogate's new care model vanguard experience

February 2018

Why are we doing this?

National Drivers

- NHS Five Year Forward View (2014) and update (2017).
- New Care Models, STPs and the evolution of ICS.
- GP Forward View.
- Better Care Fund, Improved Better Care Fund, statutory role of the Health and Wellbeing Board.
- Care Act (2014).
- Adult Social Care Green Paper (expected before the end of the year).

Local Drivers

- Opportunities for better, more integrated, preventative service
- Significant financial challenges across the system.
- Increased pressures on delivery.
- Demographics.
- System approach to improve patient/carer experience and outcomes.
- Strong existing local partnership arrangements.
- Regional and local work to align the new partnership approach to Integrated Urgent Care and Integrated Care.
- Importance of our local place working in alignment with the WY&H ICS strategy is recognised
- Learning from the New Care Models 'Vanguard Programme'.
- 'Keep Change Transition Plan'.
- HaRD CCG commissioning intentions for the next phase.

What is the Programme About?

- Developing an **integrated/joined up community health and social care service**, which responds to the CCG vision for community services in Harrogate and District 'Your Community, Your Care' as well as to the other national and local drivers within the NHS and social care.

- Establishing **hubs in each locality** which comprise **multi-disciplinary teams based around GP practices** and supported by a number of health, social care, voluntary and independent sector and wider public services

- Having a service that is **owned by the community and by all of our colleagues** and delivers **good outcomes** and **value for money**

- Placing the **person and community at the centre** of everything we do based on a **strength-based approach**

- Ensuring **successful collaboration**, whilst partners retain their **own organisational identity**

Data, Technology and Digital

- **Data sharing** – Local Health & Care Record Exemplar (LHCRE). Funding has also been drawn down from the ICS to support work on Population Health Management which seeks to improve population health by data driven planning and delivery of proactive care to achieve maximum impact.

- **Access to the right employee technology** – access to appropriate mobile technology appears to be limited within some partners. The next stage of development needs to evaluate the current technology mix and a **mobilisation fund** will be required to ensure that all 'core' employees have appropriate technology for Year One.

- **Connectivity infrastructure and inclusion -** Govroam as a wireless standard to aid cross team working will enable connectivity at all key organisational estates.

- **Digital skills and awareness –** during Year One it is recommended that a skills audit takes place as there is currently a mixed skill set across staff and organisations. Further investment may be required and projects initiated during Year One to address any skills gaps identified.

Starting with…

- **Boundary Changes** – Local team boundary changes to align all teams to the same geography. Impact mainly in case management system as staff within teams change.

- **Single Point of Access / Overflow** – telephony system redirection from current HDFT SPOA to NYCC Customer Service Centre. Some process changes required to handle incoming referrals. Leading to online referrals.

- **MDT & Huddles –** New operational processes to support multi-disciplinary working across partners.

Thank You…

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