



Integrating care and health information across Leicester, Leicestershire and Rutland



Leicestershire County Council



Rutland County Council

University Hospitals of Leicester NHS Trust



East Midlands Ambulance Service NHS Trust



Leicestershire Partnership NHS Trust



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group





CARE & HEALTH IN LEICESTER, LEICESTERSHIRE & RUTLAND

Launch event held on 14 October 2015

INTEGRATED INFORMATION SUPPORTING INTEGRATED WORKING

For the first time, NHS and local authority partners across Leicester, Leicestershire and Rutland can analyse the journeys taken by local people across the whole health and care system. Our interactive launch involved over 50 champions from partner organisations. The tool will help us plan and measure the impact of all the service improvements we are making jointly within our Better Care Together programme.

[Cheryl Davenport](#)

Senior Responsible Officer, Care & Health

“CARE & HEALTH” LAUNCH EVENT-14 OCTOBER 2015

On Wednesday 14th October 2015 at the Leicester, Leicestershire and Rutland health and care community launched "Care and Health"- our new integrated data tool from PI Ltd. For the first time, NHS and council partners across Leicester, Leicestershire and Rutland can analyse the journeys taken by local people across the whole health and care system. Our interactive launch involved over 50 champions from partner organisations who had the opportunity to demo and navigate the first set of dashboards, and consider how the tool will help us plan and measure the impact of all the service improvements we are making jointly within our Better Care Together programme.

“IN TODAY’S CONNECTED WORLD, WE STILL GRAPPLE WITH CONNECTED INFORMATION”

The wide cross-section of participants reflects the integrated approach within LLR to improving service delivery. Provider colleagues from University Hospitals Leicester, Leicestershire Partnership and EMAS Trusts attended, as did colleagues from Leicester City, Leicestershire County and Rutland County Councils and the three LLR CCGs. Key partners also attended from PI Ltd whose product delivers the integrated dashboards, GEM CSU, Better Care Together and the national Centre for Excellence team.

Outlining the challenges faced in delivering LLR’s ambition of “left shift”, Cheryl Davenport Director of Integration championed the innovative approach to whole system integrated data and the contribution it can make to support collaboration across the system through better insight and knowledge of how people flow through and between the various health and care services.

As a system, we have already achieved:

- ▶ Collaborative leadership - “one version of the truth”
- ▶ Seven datasets, refreshed monthly with information about how people “flow” through health and social care- where they touch the system
- ▶ 26 skilled practitioners working as a “community of interest” across 10 council and NHS provider/commissioner organisations



- ▶ Customisable dashboards revealing otherwise unachievable insights into how our services impact upon each other
- ▶ Ability to plan and audit services better

The key to the success we have already achieved lies in the shared approach we have taken across the whole system, as exemplified by:

- Commitment at Chief Officer level and buy-in of key specialists within organisations (particularly Information Governance, Business Intelligence and Analysts/ data specialists)
- Regular communications
- Internal trouble-shooters to keep things moving in individual organisations
- Neutral project management / facilitation as the agent for building the community of interest
- Partnership approach to problem solving with the key partners in the chain- CSU and PI
- Underpinned by good governance and focus on solutions rather than problems

THE NEXT STEP IS EMBEDDING INTEGRATED DATA INTELLIGENCE IN BUSINESS AS USUAL

As health and care partners, we are interdependent. In order to achieve left shift and best value for our scarce resources we need to exploit the opportunity we now have of an integrated source of information. The variety & volume of data is complex: we need to access it in intelligent ways. We can use it at many levels, both system-wide and as individual organisations.

Better Care Together is a key area where we have shared interests and we will be

looking to implement this tool to support audit / impact assessment and give greater understanding of how people access services across LLR. The care & health project manager and super users are supporting BCT to consider how best to embed use of the tool into its programme of work.



Participants at The launch event considered communities of interest to take forward this work. The Superusers already function as a community of interest and deserve credit for preparation of the dashboards demonstrated. As a learning community, they routinely meet to share their developing expertise and have benefited from a masterclass with colleagues from PI. Other communities of interest are emerging that will link this into mainstream work including the three councils working together and subject specialists across the system e.g. business intelligence and information governance. Additionally, single organisation communities are emerging, for instance in UHL.

LOCAL CHAMPIONS ARE HELPING TO PUSH THE BOUNDARIES EVEN FURTHER

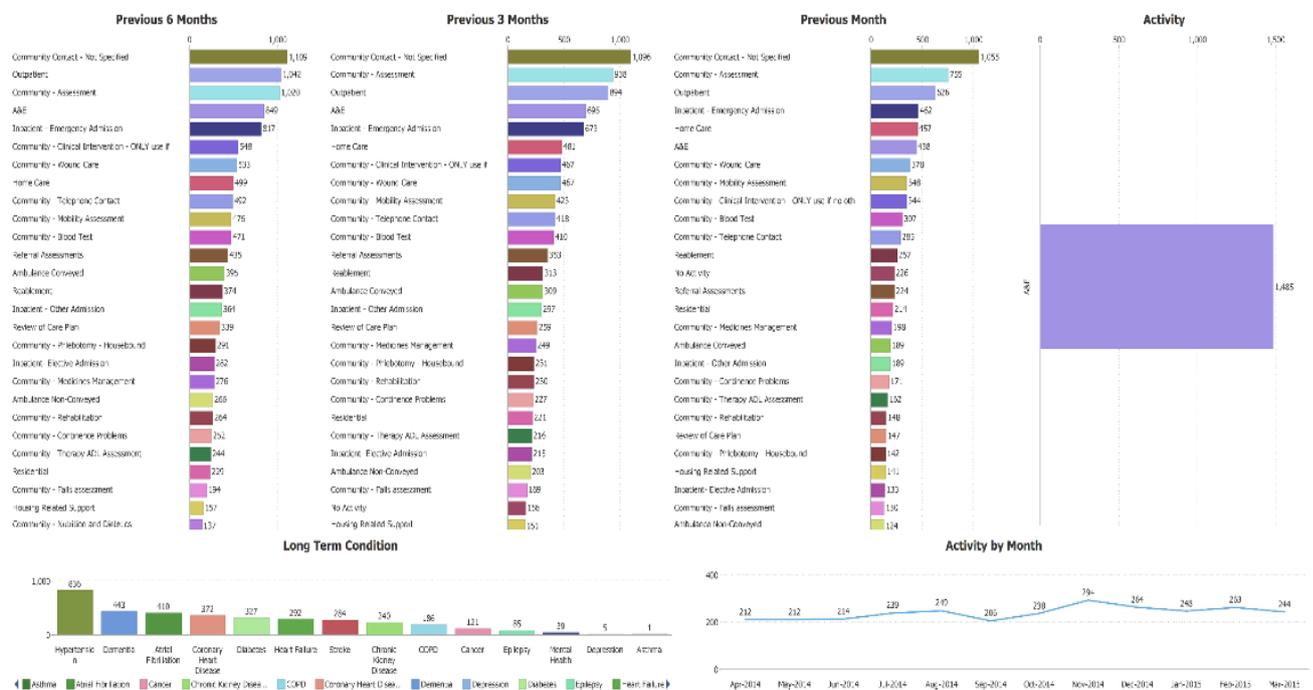
System champions helped to broaden thinking about the use and application of the care & health tool. In facilitated groups, they examined and debated the information dashboards already developed by the trained super users. The groups were themed into:

- health care providers
- social care providers
- commissioners
- integration initiatives



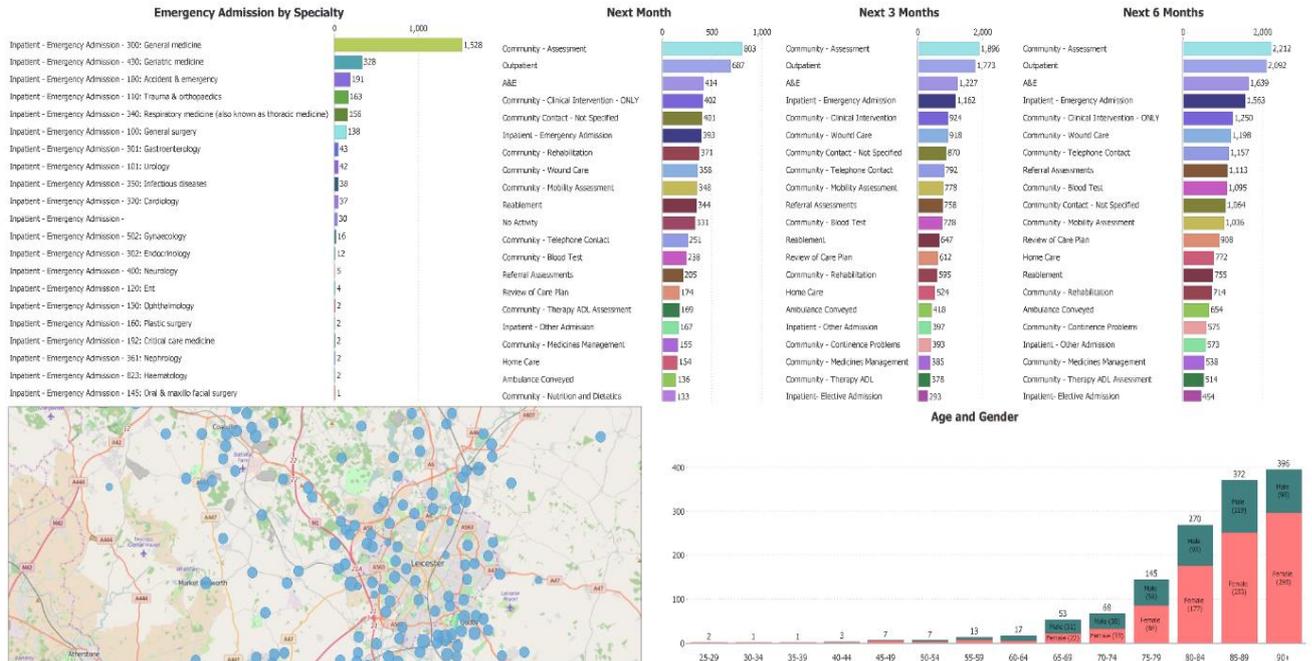
Participants saw for the first time how patients/citizens flow across the health and care system.

Pathways into ED
01-Apr-2014 - 31-Mar-2015



Patients who fell: care received 1, 3 and 6 months before arrival in ED

Pathways After an Emergency Admission 01-Jan-2014 - 31-Dec-2014

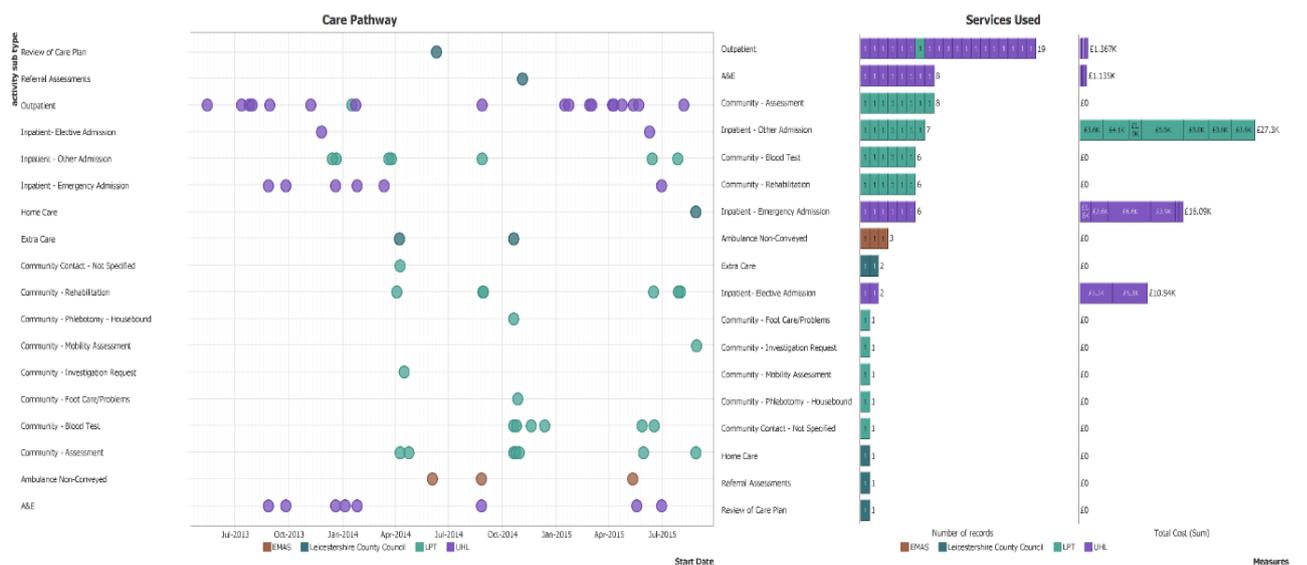
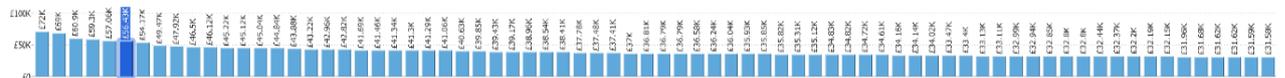


Patients who fell: admitted specialty and subsequent care pathways

Care Pathways

14-May-2013 - 28-Aug-2015

Total Health Cost By Patient



Interaction of services over time for one (pseudonymised) patient

AFTER EXAMINING THE DASHBOARDS, PARTICIPANTS CONSIDERED FUTURE USE OF THE TOOL

Participants debated the uses and applications of the intelligence to be gained from the dashboards and considered how the insights gained could support them in their roles. They also volunteered how they would like to see the tool used to support them. The outcome from this feedback has been collated and grouped thematically. It is clear that there is much energy and enthusiasm for the opportunities presented by this tool. The challenge for the health and care community now is to embed this and to exploit the opportunities it presents. Whilst progress this far has been rapid and ground-breaking, it is clear that the ambition does not stop there. Support will be needed for the users and super users in delivering products which meet wide-ranging expectations. This will require time to be granted to them as they develop the product to meet the community's needs.

The feedback below includes suggestions posted on “the wall”, write-up from the carousel table discussions and comments collated from evaluation feedback forms

BROAD USES FOR CARE & HEALTH

- Use to test out theories
- The ability to use historic data to measure the impact on change
- To ensure the right outcomes are achieved
- To ensure that services are used appropriately
- Assist with measuring effectiveness of services and/or providers
- Number of admissions by patient services
- Will help identify delays with the care pathway
- Integrate into key workstreams outside of traditional health and social care work, e.g. Environment, economy
- Directing interventions, learning from others eg Derby.
- Finding critical insights and evidence. If something is shown to work eg Oak Court Housing Scheme, then we should expand it



DERIVING FRESH INSIGHTS THROUGH ANALYSIS

- Can “system headlines” be taken out of and shared across organisations? How can we recheck use of diagnostics and support process redesign?
- Patients with interdependent conditions and building a cohort of such patients and dashboards about them.
- There needs to be a cascade process into the clinical services to enable them to interact and explore the data which requires wider access than three standard users

- Value comes from iterative exploration of patterns by informed individuals, organisations need to use their licences proactively and collaboratively so this can happen
- Risk stratification for GPS/CCG's
- Review impact of thresholds-does delaying surgery result in higher cost / lower cost than doing treatment now? I.e. Emergency admissions, A&E attendances, op attendances
- Tracking of cost benefit of new programmes/assistive technology etc.
- How can we use the dashboards or data to assess the effectiveness of the intervention?
- Important for stronger business cases, for evidence-based interventions on the "system"
- Should help to measure the impact on the provider
- Does health & social care deliver improved outcomes for individuals and have we defined these outcomes?
- Show total cost of services and review whether money would be better pooled to provide more integrated care across LLR
- Implement new pathways/intervention

UNDERSTANDING FLOW AROUND ACUTE CARE

- Identify delayed transfers of care (DTC) where are the blockages? What are the blockages? What are the causes of the blockages. Are the right people in hospitals? Could we have stopped the admission earlier to reduce the number of people travelling through the system?
- Alignment with discharge pathways? Be interested to see volume of activity at each stage, time taken at each stage and readmission rates;

- Readmission trends to establish contra-indication of admission, care impacting post admission inadvertently
- To determine costs/benefits of changing flows into UHL as part of the BCF
- Knowing what happened after an admission
- Emergency admission, can we drill down to discover whether a particular subsequent emergency admission was related or not to the original one?

CARE & HEALTH WITHIN LOCAL AUTHORITIES



- Effectiveness of different social care interventions
- Local authorities could compare data and learn from each other and how services are delivered and how each interacts with health services
- Effectiveness of different social care interventions
- Measuring effectiveness of re-enablement
- Looking at falls data: identifying homes where this is statistically more likely
- Looking at post-fall care and where service users end up
- Improving quality with ISPs by relevant interventions
- Assess quality of service i.e. Falls within homes

- Good way to understand activities that will reduce input on ASC service and costs
- Usage of health services by care homes
- Can be used to track “success” of rehab in extra care/stepdown beds? (Oak Court Blaby)
- Opportunity for contract teams to use data to target residential care providers to improve practice
- ASC costings would help to understand whether efficiencies could be targeted
- To evaluate the criteria into re-ablement [in order] to ensure that the city target those that benefit the most
- Comparisons for L.As on care pathway costs
- Permanent Residential Costs, before and after intervention
- ASC defined dementia (as opposed to hospital diagnosed)
- LLR/LA user group to ensure consistency of data sets

INTEGRATION AND LEFT SHIFT

- To support service planning across health and social care
- Continued engagement with partners and focussed on the clinical (and business) outcomes
- What are the Better Care Together objectives? If these are clear we can look at what specific actions could affect the outcome of the objective and test the hypotheses
- Needs to track the impact of “left shift”
- Changes to individual workstreams that the left shift. Need to look at baseline, then shift left, then look at situation again. This is about better planning, management reporting. Benefits to patients may be intangible e.g. not falling.

- Does the tool demonstrate that we (H&SC) really are “integrated”?
- Does H&SC integration save money?
- To support integrated commissioning between Health and Social Care
- Lightbulb evaluation-useful to see what works and where? How to get involved?



COMMISSIONING

- Commissioning tool-supply versus demand
- Relationship to workforce planning to shape skills on prevention and demand management needs exploring further
- How will/what is the role of commissioners in accessing the data? And acting on it? Governance and decision-making processes to support commissioners acting on the data
- Measure total cost of care and plan budgets and resource shifting
- Challenge assumptions and move services to areas which have most impact/reach-ophthalmologist example [ref to Derby falls audit]
- Management of provider performance

COMMUNITY-BASED SERVICES

- The system to be used to identify not just the costs but also the volume of activity associated with specific conditions in community-based care
- Cost of virtual beds versus actual beds. Do they stop readmissions? Do patients

recover quicker than they would in hospital?

- Can we look at left shift from UHL to community hospital or community hospital to GP surgery



THE INTERFACE WITH AMBULANCE SERVICES

- Linking outcomes data to ambulance performance to understand impact and drive national standards work
- Looking at costing data to better understand the wider benefit of EMAS services e.g. Increased hear and treat
- Using the data to better enable ambulance to support “left shift”
- Identify if EMAS were aware of patient care plans and see if this is followed through
- Ambulance hear and treat-how we can assess what happens with these patients to evaluate the effectiveness and appropriateness of the service?
- Effectiveness of falls service by ambulance service, using wider dataset

PUBLIC HEALTH ASPECTS

- Looking at lifestyle interventions and effect on use of services e.g. smoking, alcohol, exercise
- How do we capture/identify activity undertaken in programmes e.g. rehab programmes, smoking cessation
- How can we appropriately recheck place of death?

- How can we use the tool to the impact of prevention activities?
- Spot environmental health problems eg asthma and air pollution.

CHILDREN’S SERVICES

- Opportunity for LD/SEND/transitions-children to adults
- Can we use it to understand outcomes of looked after children?
- To compare and understand a child’s journey through to adulthood and how the journey can be consistent and of a good quality

ELECTED MEMBERS

- Great for members and governance leaders to understand power-need to change perspectives e.g. on funding
- Governance issues-how to use with politicians/leaders to drive commitment to system wide change including across different sectors
- Elected members need to be convinced that changes to integrating practical housing support are necessary. Tool will help with that convincing
- It can be used to challenge assumptions eg politicians



FEEDBACK FOR THE CARE & HEALTH PROJECT

- Need commissioners and policy people to develop questions for the analysts

- When does this tool going into business as usual-from project mode?
- Three licenses per organisation is a constraint. To really get benefits and aspire towards business as usual
- Need more users in each CCG
- Need a clear, up-to-date data “catalogue” so that it is possible to use all the data confidently including from other sectors; also caveats e.g. Self-funders not visible [ref care homes]
- This needs to be BAU. How to start? How do we inform everyone? Need to roll out dashboards
- Sometimes it’s hard to know what question to ask to get the info to help...
- Need community of interest to check my ideas and creativity
- Have online forums for Communities of Interest
- Can data be extracted for other agencies to use?
- Demonstrate the benefits with real examples
- Workshop to get questions for individual parties, or at least some clues perhaps drawn from what others do

WE’D LIKE EVEN MORE DATA PLEASE



- How do we raise future ideas of data to be integrated and how will this be costed?

- A number of voluntary sector providers, not commissioned by health or social care received patients on a number of pathways they collect patient data-have they been approached? (E.g. Us or Red Cross)
- Consideration of wider datasets (e.g. Education) to understand pathways for young people
- Is it worth including acute therapy data?
- Family level data for SLF evaluation
- Housing Data – Not data owned by ASC
- DFG Data, again owned by District Councils
- Overcoming “NHS number” use restrictions for children so they can be matched in
- Peterborough Hospital data please
- GP data – what and when?
- Need access to GP and voluntary sector data to give the full picture.
- Whether ASC data could inform a GP if a person was housebound.
- Can personal care budgets be tracked through the PI tool?
- Is there the capacity for patients/service user perspective to be captured?
- How do we deal with social care data which doesn’t have NHS numbers? Can we develop to track housing interventions (lightbulb project)
- Pathways to employment, discussed adding in benefits claimants data.
- Applications to economic development and jobs, as we move to a combined authority?
- Using it with primary care data included for direct patient care. Need it to be live data, not just a monthly extract

EVALUATION

Participants were invited to give feedback and rate the event.

	1 (Very Poor)	2(poor)	3 (good)	4 (Very Good)
Venue	0	0	5	11
Introductory Presentation	0	0	5	11
Informing Better Care in LLR (presentation)	0	0	4	12
Establishing communities of interest (presentation)	0	1	4	11
Carousel sessions/ dashboard demos	0	1	8	7

Feedback was invited on embedding the use of Care and Health into business as usual. This feedback has been incorporated into the above section.

Other comments received about the launch were as follows:

- ▶ The carousel approach was good but there was not enough time to get people round all presentations
- ▶ Carousel work difficult in space
- ▶ Really useful, provides a good opportunity for L/A and CCG's to work together to develop priorities for improving services and reducing duplications and cost in care pathways

Brenda Howard
Project Manager
06 November 2015



University Hospitals of Leicester 
NHS Trust

Leicestershire Partnership 
NHS Trust

East Midlands Ambulance Service 
NHS Trust


Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LLR Care & Health

Launch event

Wednesday 14th October 2015

Leicester City Football Club, King Power Stadium

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