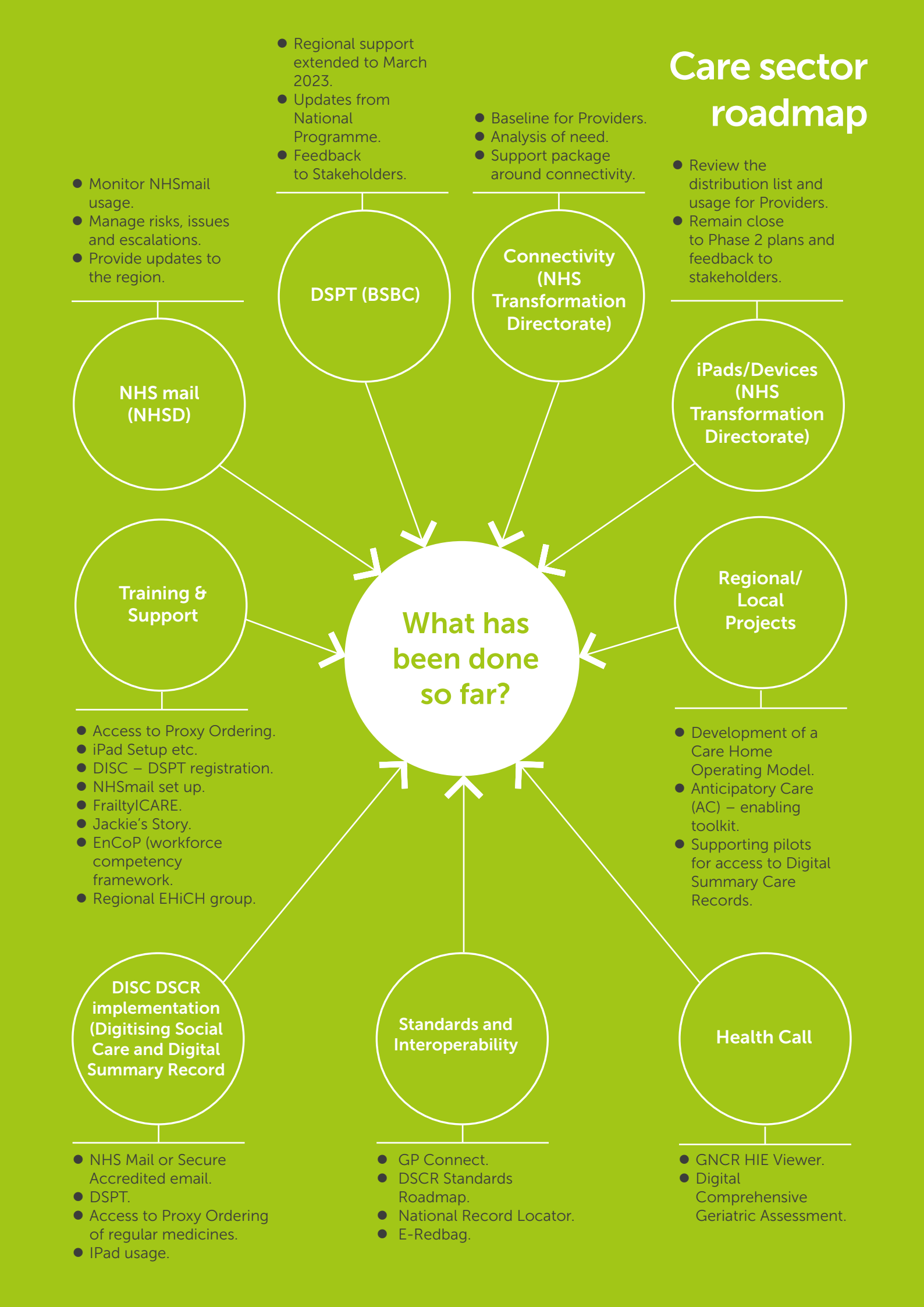
Academic Health Science Network
North East and North Cumbria

Connecting community health services – what has been done so far?

Care sector roadmap



Background

It was agreed at a meeting held in July 2021 to conduct a mapping exercise of digital activity in the North East and North Cumbria region to capture a representation of all the digital initiatives happening in and around the care home sector.

The care home sector roadmap 'Connecting Community Health Services – what has been done so far?' was developed by the Academic Health Science Network for the North East and North Cumbria (AHSN NENC) with partners, which provides an initial guide for organisations in the North East and North Cumbria area who may be seeking ways of becoming more digital and working their way towards digital maturity.

The Digital Roadmap can be read in conjunction with the ICS Digital Strategy. The strategy is based on the following themes:

1. The Essentials: supporting best practice and national standards

2. Improving: improving the ability to identify and support cohorts of patients

3. Connecting: linking in with the GNCR and PHM data for a better identification tool; Digitise records and plans to better support people with multiple morbidities, LTCs and those receiving palliative care

4. Empowering: improved digital records and documentation will empower patients and staff in line with personalised care principles

5. Learning: enhanced data collection, quality, measurements and metrics will enable learning and better predicting, planning and responding to health and care needs of our citizens

The roadmap will assist in signposting partners and agencies to digital initiatives in the North East and North Cumbria and in turn will help us better understand the diverse needs of care home residents and furthermore seeks to highlight the volume of digital activity already occurring across the care home sector.

Community Health Services Digital Strategy

The emerging strategic themes for Community Health Services Digital are:

Finding People
This includes development of a tool to identify multimorbidity and people at risk of frailty. It can also tie in with health inequalities work.

Supporting People
Working towards shared records, which can include the work on iCGA and digitising Personal Care and Support Plans. The support will include Healthy Ageing and Wellbeing advice; Targeted interventions and support; and Care Coordination as required.

Measuring What Matters
Activation, access, experience and value. What difference is the support making and how can this feed in to improving the Finding and Supporting people elements?

The digital strategic work will be an enabler to PCNs and those involved in CHS and Ageing Well work. It will further lead to an implementation plan.

For more information contact paul.danvers1@nhs.net or danielcowie@nhs.net

Updates on this and related work will be posted on: http://frailtyicare.org.uk/making-it-happen/information-sharing/community-health-digital/

Regional/Local Projects

Development of a Care Home Operating Model
The AHSN NENC are supporting several partners in the digitisation of care homes across the region. For this programme, the Health Call Digital Care Homes solution is being rolled out to what will be a total of over 280 homes, making it available to over 8,000 of their residents.

The NHSX funded programme aims to enable care homes to digitally monitor patient deterioration (NEWS2), refer to care providers (SBAR) and utilise the video conferencing functionality for meetings.

The programme is set to complete by the end of Q1 2022/23. By this time, the AHSN supported projects will have helped complete the provision of such a solution to the vast majority of the NENC region (currently Health Call or the alternative Whzan solution are in use). In total, four of the region's areas have benefited from AHSN support.

For more information contact robin.blythe@nhs.net or enquiries@ahsn-nenc.org.uk

Anticipatory Care (AC Enabling Toolkit)
The focus of this work is to support Community Health Services in achieving the national Ageing Well and Digital priorities as outlined in the document below (what document?).

The work will be aligned to existing programmes already progressing across the our ICS and within local places in line with the recently published NENC ICS digital strategy and emerging ICP/place-based strategies. The work will culminate in the development of an Ageing Well focused community digital health strategy and implementation plan to support local-place based delivery.

Health Call

Viewer / Care Home Viewer
Continuing the work in the digitisation of care homes, the care home viewer is another NHS Transformation Directorate funded digital solution that is coming to the NENC region. It aims to bring valuable summary patient information into the care home, accessible via a digital platform. At the touch of a button, care home teams will use key information to enable safer, more informed care to their residents.

Working with Health Call and Great North Care Record, the viewer will be developed in various stages. The initial stages being explored include the ability to view discharge letters and plans.

Such information will support effective continuation of care for returning residents. TIMESCALES TBC

For further information contact enquiries@ahsn-nenc.org.uk

Digital Comprehensive Geriatric Assessment
Comprehensive Geriatric Assessment (i-CGA) is the cornerstone of 'best practice' to support people and families living with increasing levels of frailty.

i-CGA is based upon the well evidenced CGA and the design includes the recommendations of the British Geriatric Society CGA Toolkit for Primary Care Practitioners [2019]. This tool aims to facilitate an integrated MDT approach with use of a single system digital tool (being developed by Health Call).

Health Call will provide the technological solution to enable:

- A range of disciplines with insights beneficial to the assessment and care planning procedure to record information in one central repository.
- The named case manager / care coordinator to remotely coordinate the collection of data from the most appropriate individuals in each scenario.
- The automatic calculation of related assessment tool scores.
- Automatic prompts for the development of a problem list.
- The automatic triggering of recommendations for further discussion with clinical or other (for example, local authority) colleagues/disciplines.
- The amalgamation of data into a digital format that usefully informs the MDT.
- The integration of the data into Primary Care systems.

Overall, the digital tool will facilitate workforce development around improving a MDT model for care delivery, as well as offering an environment for learning through expertise and knowledge sharing. An initial pilot of the i-CGA tool will be undertaken in two Primary Care Networks and will include practice and community health service staff.

The sites have been selected with respect to skills mix and registered patient population. This is to enhance pilot learning and understanding of the impact of i-CGA on the practice team, multidisciplinary working, creation of the problem list, access to patient information for professionals and experience of working across health and care sectors.

Implementation and evaluation plans are in development and will be aligned to the Frailty ICARE metrics.

Standards and Interoperability

Urgent Community Response (UCR)
Design and development of the two-hour models, including funding any increases in workforce required, refining single points of access, and ensuring there is integration with wider community and urgent care services (including 111) both for referrals in and flow out of UCR.

GP Proxy
Proxy access for ordering medications in care homes, and access to further information in the GP record, as locally agreed, will enable care home staff to order medications and access essential information on behalf of their residents.

Proxy ordering of medications in care homes enables a robust online (i.e., paperless) ordering system for routine medicines with an audit trail; it reduces the ordering timescale and minimises the mistakes that can be made currently due to the number of stages that are reliant on repeating the information request

Digitalisation of Social Care Records
NHS Transformation Directorate is working with the social care sector to ensure that digital social care records are in use across all care providers by March 2024 by providing a platform for new remote care tools and transforming how care is delivered.

A Digital Social Care Record (DSCR) allows the digital recording of care information and care received by an individual, within a social care setting, replacing traditional paper records. DSCRs are person-centred and enable information to be shared securely and in real-time with authorised individuals across the health and care sector.

DSCR will play an important role in joining up care across social care and the NHS, freeing up time spent by care workers and managers on administrative tasks whilst equipping them with the information they need to deliver care. They are the platform on which other remote care tools can integrate and can enable the greater personalisation of care planning that focuses on the individual

Training & Support

Proxy
Barclays Digital Eagles are working with providers across the region to support with access to Proxy Ordering (compliance dependant).

iPad Set up
Barclays Digital Eagles are working with providers across the region to support with their digital skills which includes iPad set up. Alternative support is also available from Digital Social Care.

Find out more in this webinar by Digital Social Care.

DSPT Reg
Barclays Digital Eagles are working with providers across the region to support with their DSPT registration.

NHS Mail set up
Support available from Digital Social Care. Read more.

Frailty iCARE
A regional toolkit to prevent frailty and support older people, carers, families and communities living with frailty

Jackie's Story
A digital ageing well journey is being produced looking at the real life journey of a person moving through the stages of frailty. It is useful for practitioners and managers when thinking about how to plan for and support people and families living with frailty.

For more information contact danielcowie@nhs.net
EnCOP Workforce Competency Framework
Health and social care staff from a wide range of professions

GP Connect
GP Connect allows authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently.

GP Connect makes patient information available to all appropriate clinicians when and where they need it, to support direct patients care, leading to improvements in both care and outcomes.

E-Redbag
The eRedBag is the digital version of the paper documents included in the Red Bag.

The eRedBag Pathway helps improve the experience and quality of care that care home residents going in to hospital receive. This includes easily accessible electronic data about the health and social care status of the resident.

Evidence suggests multiple benefits including improved experiences of people receiving care and staff experience, better digital security, shorter length of stay in hospital, as well as significant long-term system savings.

National Record Locator
The National Record Locator (NRL) is a national index of pointers to patient records. It enables an authorised clinician, care worker and/or administrator, in any health or care setting, to access a patient's information to support that patient's direct care
The NRL integrates patient record access across the NHS and Social Care without dictating where those records might be stored

It is an index that provides the location of records, the technical means to retrieve them, underpinned by an IG framework to safely support sharing on a national scale.

and organisations are involved in the care of older people with complex needs. In order to ensure seamless, quality care for this population, it is essential that the whole workforce is highly competent and appropriately skilled.

One way of doing this is through the use of a competency framework and the NENC Ageing Well Network was successful in its bid to the ICS Workforce Transformation and Sustainability Board to progress its workforce initiative relating to the use of a such a framework specific to the needs of older people.

Building on previous work led by Northumbria University and others in the region over recent years the Enhanced Care of Older People (EnCOP) Competency Framework was developed. Specific to the needs of the older population, the Competency Framework provides a standardised and integrated approach to workforce development across the whole care system from those providing essential care to specialist and advanced level practice.

Funding received allows for implementation of the framework across many disciplines and organisations while secured research funding will see a robust evaluation of its implementation and impact on patient and staff outcomes.

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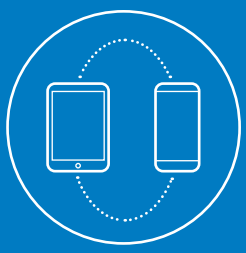
Utilising digital systems and devices

NHS Mail (NHSD)

NHSmail is a secure accredited email platform that allows the transfer of sensitive data between healthcare professionals and systems.

Data Security and Protection Toolkit (DSPT)
The DSPT is seen as best practice for all CQC registered care providers and gives them the opportunity to stay on a level playing field with their peers whilst discussion are ongoing with CQC to formally link the toolkit to care provider's inspections.
It demonstrates GDPR policies are in place for the storage and safe transfer of sensitive data.



Connectivity (NHS Transformation Directorate)
Baseline for providers NHS Transformation Directorate are working closely with NHS Digital and other partners to further improve internet connections and access to devices for the care sector and want to support care providers to make good, value for money decisions about digital infrastructure. They've developed connectivity guidance in partnership with Digital Social Care to guide decision-makers through different internet connections and device options.

Guidance: Improving Internet Connectivity Social Care | Digital Social Care

iPads/Devices (NHS Transformation Directorate)
As part of the COVID-19 winter 2020-21 support plan for adult social care, NHS Transformation Directorate gifted 11,000 iPads to care homes to help residents receive ongoing care and stay connected to loved ones.

The iPads are helping staff in care homes to:

- hold video consultations with health and care professionals
- connect care home residents with loved ones remotely
- get direct access to any other tools or systems needed to support the care of residents
- use NHSmail - a secure NHS internal email service