

The logo for 'All Together Better' is set against a green rounded rectangular background. The text 'All Together Better' is in a large, white, sans-serif font. Below it, the tagline 'Better Health and Care for Sunderland' is written in a smaller, white, sans-serif font.

**All Together
Better**

Better Health and Care
for Sunderland

All together
Sunderland!

News and Updates

Introduction

All Together Better Sunderland brings together health and social care staff along with a range of other organisations, including charities and carer support agencies to help people stay as well as possible and in their own home.

All Together Better is for people in Sunderland with long-term health problems or disabilities, but who need a little extra, short-term care to prevent them going into hospital if they don't need to be there or support them after they've been discharged from hospital.

Representatives from many of the city's GP practices - who are often closest to the individuals living with long term health conditions - are working to redesign care for these people, looking at how they can deliver the best possible level of care, while also ensuring it is delivered in the most efficient way possible.

You can find out more on our [website](#) - which includes resources for professionals and partners as well as general information and news.

Vanguard - 2017

Last month we celebrated the second anniversary of the vanguard new care model programme, reminding people through a social media campaign of our progress to date and some of the highlights are in this bulletin.

In January we were also told that the All Together Better vanguard had been awarded a further and final year of funding and from now until December, 2017 we will continue to:

- Work with our established Community Integrated Teams to further embed their significant work as one team providing support directly to the population in their locality. We will help them grow the network and tailor activity relevant to their local communities.
- Develop the Recovery at Home service as the 24/7 multi-agency community-based response from a single hub with telephone triage.
- Go on with the range of Enhanced Primary Care projects that enable local GP's to deliver some trail blazing improvement to their patients.
- Develop a new Self-Care and Prevention project that brings together all the organisations delivering and advising on self-care and self-management, in order to give strength and sustainability to local people to look after themselves more effectively.
- Lead on the Emergency Department Interface - a new project that works directly with the hospital to provide a community based, primary care-led effective triage for people arriving at A&E.
- Improve falls co-ordination city-wide by bringing together all the agencies and services that help prevent falls or respond to patients that have fallen and require support.
- Ensure that our learning is shared widely across colleagues both in the region and nationally, describing the challenges and benefits of delivering our services in a more co-ordinated way.
- Engage our communities to get involved through the development of a Public, Patient and Carer panel, as well as continuing the established peer to peer engagement through the wide range of charity partners and community groups who are already engaged.
- Reviewing the provision of most physiotherapy and occupational therapy services proving out of hospital care, to ensure consistency and timeliness of access.

The work undertaken over the last two years and up to December this year in delivering All Together Better has shown our commitment to working collaboratively and realised benefits for the people of Sunderland that we work with through providing more streamlined and joined up services.

Looking forwards this integration of health and social care services is expected to continue, with a number of options being considered to take it forward.

New MCP Management structure



As we enter the final year of national vanguard funding, one of the critical tasks is to ensure that the All Together Better programme of work becomes part of the day to day way in which health and social care services work together in Sunderland.

To support this, senior leaders from the provider organisations have formed a collaborative multi-speciality community provider Executive Team (MCPET) which meets on a weekly basis with 2 main aims:

- To ensure the operational delivery of the vanguard programme and address emerging challenges as they arise
- To create and implement a new system of care delivery that is backed up by a new financial and business model which will redesign and integrate care and support around the health of the population.

Chaired by Philip Foster from Sunderland Care and Support, with Jon Twelves from Sunderland GP Alliance as Vice-Chair, the Provider organisations involved in the MCP Executive Team are:

- Sunderland Care and Support (SCAS)
- Sunderland GP Alliance
- Sunderland City Council
- South Tyneside and Sunderland Healthcare Group (comprising CHSFT and STFT)
- Northumberland Tyne and Wear Mental Health FT

The MCPET also includes GP representatives. GPs will remain at the heart of multidisciplinary teams, giving them much greater oversight of patients' whole pathways, and to ensure services will be aligned to deliver better outcomes for patients; to improve access and to free up GPs' time to do what only they can do - deliver expert generalist care.

At the same time, senior leaders from both commissioner and provider organisations across Sunderland have formed a Joint Senior Leadership Group to consider how the programme of integration we have been developing over the last 2 years can be sustained into the future through the potential development of the MCP vanguard model.

The group is overseeing a programme of work to explore the feasibility of establishing a MCP single contract for all Out of Hospital Care and community care services in Sunderland with the first major piece of work to develop a strategic case for change and an outline business case by early summer 2017.

As the work progresses, partner organisations will continue to keep their staff informed of developments.

Self-care - supporting people to live healthier lives



Work has already started to bring together all the organisations and providers who support people living in Sunderland with their self-care and self-management.

A key part of this is the introduction of the Patient Activation Measure (PAM) tool - which helps identify what level of support individuals or their carers might need to manage their own health and well being.

The PAM will be piloted across a range of specialism starting with volunteer GP practices; and Age UK Sunderland's Essence Service and Hospital Discharge team and the Council's Move To Improve programme, which supports people with a long term condition to be active in a way that best suits them.

The Self-care Implementation Group (SIG) and the Patient Activation Measures (PAM) sub group both have had some initial meetings and have begun to plan how all participating organisations can work in partnership and how they might introduce the PAM within their services.

As we know there is an abundance of expertise across the city with lots of information for people to help them understand how to look after themselves better whether it is managing a long term condition; trying to beat a winter cold, improve their diet or get more exercise.

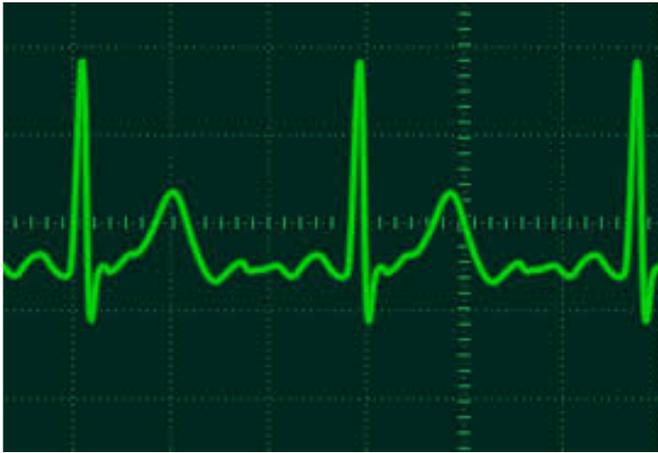
However, our key role is to support the frontline staff and volunteers who, in addition to their busy day jobs, recognise that self-care and self-management is vital to help people stay as well as possible and enjoy life.

As well as trialling the PAM, the SIG will look at useful ways in which the organisations can support each other and avoid duplication of work to make self-care in Sunderland a real way of life and not an add on.

This will include direct training courses for staff on core skills and techniques for supporting self-care; how to use the PAM; continuation and development of the clinical courses for carers and mapping what exactly is happening across the city in relation to the self-care agenda.

We will also share relevant resources that may be useful - such as the Royal College of General Practitioners (RCGP) e-learning course on '[Helping patient help themselves: self-care for minor ailments](#)' or the Self Care Forum's '[How to implement self care aware approach to demand management](#)'. As well as other updates on the ATB website.

Digital solutions and tech update



New technologies are vital to make sure community based services are effective, including in relation to self-care, and work continues to develop the range of tools front line staff can use to help patients manage their conditions'.

Some new projects will be planned, supported by NHS England's harnessing technology work to enable better integration through four new, exciting pilots:

Alive cor -; will provide ECG devices for smart phones to be trialled by GP's in eight practices. The devices will help with atrial fibrillation (AF)

detection giving a real time ECG reading.

- Remote ECG linked to EMIS -; Recovery at Home will be trialling a new system where people can have their ECG taken at home then automatically upload to the patient's record.
- Florence (Flo) Simple Telehealth -; Funding has been secured to produce high quality branded information literature to support the use of Flo across the city as part of the self-care workstream. Flo uses text messages to keep in touch with patients and collect vital health information.
- Fitbits -; the Reablement and Move to Improve services are currently testing the benefits of fitbits as tools to improve health and well-being by helping people become more active.

The second bid secured some funding for a clinical digital leader:

Rachel Tatters, a nurse practitioner in Recovery at Home, will be dedicating two days per month to supporting clinical teams across the ATB programme understand and increase the awareness of the benefits of technology to both staff and patients.

Rachel's new role will focus on some key tech solutions including:

- Care home digital tablets -; helping to increase ATB nursing staff's awareness of technology and its availability in care homes. She will highlight the benefits to residents and remind nurses to ask for information from care home staff using the tool.
- Self-care in any areas where new technologies could help people to self-care.
- The expansion of Florence with both Recovery at Home and CITs

Rachel will be part of a NHS England's national Digital Leaders network, designed for members to learn and share from each other.

8 Pillars welcomed by many



As part of sharing our journey and supporting other areas of the country aiming to develop similar new models of care we plan to ramp up activities to spread knowledge and experience of the All Together Better vanguard.

We enjoyed a great show and tell event with our 8 Pillars of progress in early February. Over 40 delegates came from across the country - most of whom were not vanguards but preparing and transformation in some form.

The plan for the day was to be honest about our experiences and share the challenges as well as the successes. Importantly we also wanted to learn from others and help everyone their share what they were experiencing.

The programme included our '8 pillars of progress'; highlighting the four operational functions that are delivering Recovery at Home; Community Integrated Teams; Enhanced Primary Care and transition to a full MCP. The four enablers that underpin delivery are - System Leadership and OD; Digital Solutions, Remote and Assistive Technology and Communications and Engagement. Together these workstreams have taken us to the point we are now.

We plan to host a similar event around May and will promote it widely again - this time we hope to attract more colleagues from outside health and include a wider range of partners to help present at tables.

Champion celebration for community advocates



Engaging local people in our work has been key since the beginning of the vanguard programme and our charity partner, Age UK Sunderland, developed a successful 'peer to peer' group during 2016.

All Together Better Champions, who have given up their time to help share their knowledge about All Together Better enjoyed a celebration event, which acknowledged the contribution they have made to raising awareness of the programme in March.

The event, which took place at the Bethany Centre, Bede Tower, was organised by Age UK Sunderland - one of the voluntary-sector and local support organisations working with health and social care colleagues as part of All Together Better.

The dedicated team of ten ambassadors, who signed up to support on a voluntary basis and talk to their friends and networks about the programme, have been helping to ensure that more people know about the joined-up way of working. The Champions were given information and training about

changes to Sunderland's care delivery before heading out to various community groups and events to spread the word, as well as sharing their knowledge with their own friends and neighbours.

Mike Lowthian, patient, public and carer engagement coordinator for All Together Better, said: "It was really important to recognise the fantastic work of this special type of peer to peer engagement delivered by our All Together Better Champions, who have worked so hard in their communities to spread the word about the improvements underway in health and social care for some of the city's most unwell people.

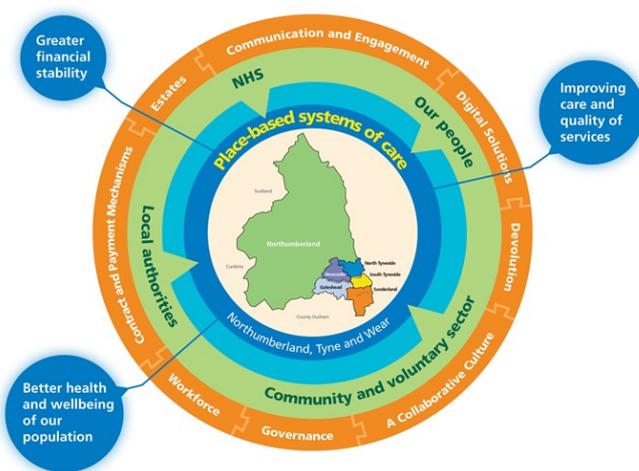
"The work of volunteers is absolutely incredible, and we wanted to find a way of thanking them for their efforts, as this year's work comes to an end. It was a great afternoon for all of our advocates."

"In just six months our ATB Champions have visited 45 diverse community groups across Sunderland talking in detail about All Together Better to over 600 people. In addition they have conducted leaflet distribution in nine public spaces including Tesco at Roker and at Washington Galleries, raising awareness amongst around 900 members of the public, as well as talking to members of their own local communities on a day-to-day basis.

The Champions were each given an certificate and small award for their skills in reaching out to people in their respective communities to tell them about All Together Better, which was launched in 2015 to tackle pressures on the health service, and in Sunderland's case to reduce the impact of the three per cent of the city's population that currently uses over 50 per cent of resources.

To find out more about All Together Better Champions, visit www.atbsunderland.org.uk/get-involved.

Sustainability and Transformation Plan (STP) animation



In February, NHS England published an [online animation](#) explaining how and why STP proposals are trying to improve health and care for patients. We hope it will be a useful resource for you and colleagues to improve understanding and build support for the work of STPs.

NHS England has also published a [blog](#) by Dr Arvind Madan, NHS England's Director of Primary Care, discussing the benefits of bringing care closer to people's homes and another [post](#) by Ed Smith, Chair of NHS Improvement, saying what the changes mean for those working in the NHS.

New content on the ATB site

We regularly update and add new content to the ATB website. Since the last edition of the Bulletin we have added:

- New to website
 - Update from 8 Pillars of Progress Show and Tell including handouts and slides as well as delegate feedback

And finally...

...some links to news stories from across the country, relevant to the programme.

NHS England new dementia guide

NHS England's dementia team has just published [Dementia: Good Care Planning](#). Personalised care planning is crucial in supporting people living with dementia and their families and carers.

The importance of having a high quality, regularly reviewed care plan is reiterated in the CCG IAF as one of the dementia indicators. To support this, NHS England has developed the guide, with input from people living with dementia, their carers and health and social care professionals. It highlights key characteristics of a person-centred dementia care plan and is intended for primary care, commissioners and anyone tasked with writing and providing care plans and reviews.

The National Audit Office publish report on Health and Social Care Integration

A [new report from The National Audit Office \(NAO\)](#) has revealed that progress with integration of health and social care has, to date, been slower and less successful than envisaged and has not delivered all of the expected benefits for patients, the NHS or local authorities. The NAO report acknowledged that, in the face of increased demand for care and constrained finances, the Better Care Fund has improved joint working, but found that the initiative has not yet achieved its potential.