Healthy London Partnership

directors of adass
adult social services

Paper 5.3: Care Closer to Home

10th August 2017

London Health and Care Strategic Partnership Board

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A new Urgent and Emergency Care Collaborative

UEC Improvement Collaborative
Chaired by Derek Bell

Focuses on the rigour and fidelity to improvement methodologies, as well as a safe space for discussing challenges and barriers to impact.

Collaborative domains

Being supported at home
Care Closer to Home
Oliver Shanley & Grainne Siggins

High quality emergency care when needed
Urgent and Emergency Care
Vin Diwaker & Andrew Hines

Dedicated Improvement Collaborative leads to provide support and engagement that model suggests. IC leads to liaise across the two domains to ensure synergies and alignment

Domain scope

- **8 high impact changes for hospital to home**
- **End of Life Care**
- Ambulance standards
- Hear and Treat
- See and Treat

- **Discharge to assess**
- **Continuing Healthcare assessments**
- **Trusted assessor**
- **Managing patient choice**

- **Optimising the urgent emergency care flow throughout the hospital journey and transfer back to home and/or into the community**
- Emergency Department
- Clinical streaming and redirection
- Urgent Treatment Centres
- Ambulance handovers
- Ambulance direct access to UTCs

- **Optimising patient flow**
- **Consistent services, 7 days a week**
- **Managing complex patients** (including frai elderly and those with co-morbid mental and physical health issues)

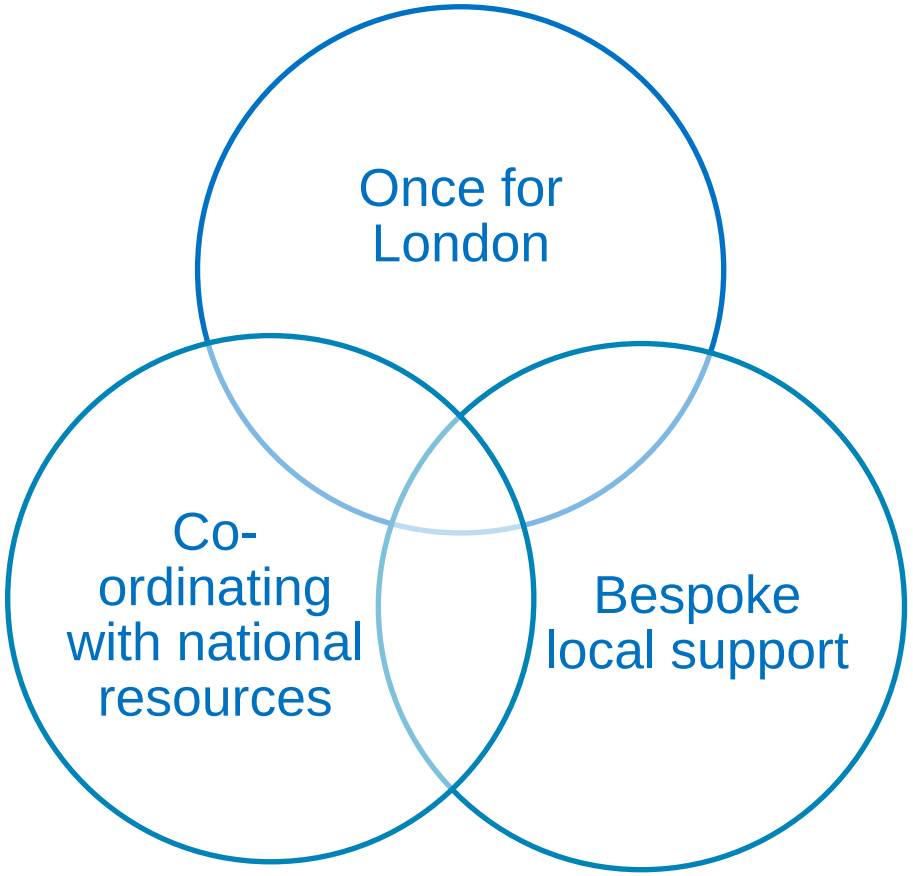
Areas bolded are the predominant focus of the collaborative with other areas touched on as part of whole system consideration

Three elements to the IC offer

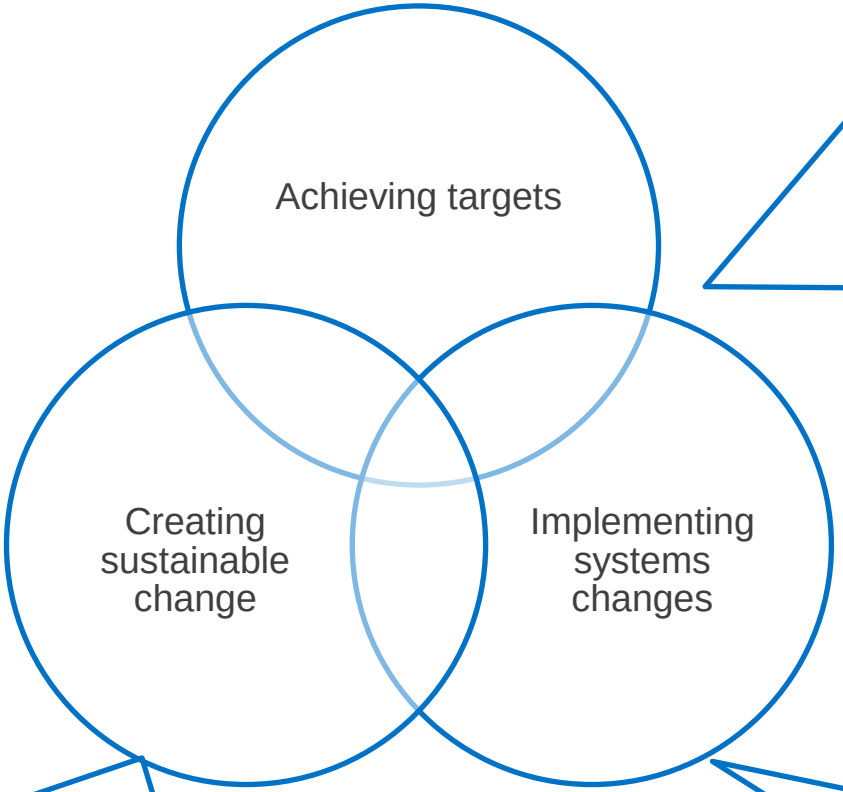
Once for London: learning sessions, collaborative events and improvement tools that can be used by any system across London

Bespoke local support: specific activities with systems (starting at A&E board level but may go more local) based on their specific needs

Co-ordinating with national resources: ensuring that the IC offer complements national offers



Programme benefits in three areas



e.g.

- Reduce DTOCs to 400 daily bed delays in London by September '17.
- Fewer than 15% of CHC assessments take place in an acute setting by Mar '18.
- More than 80% of CHC assessments completed within 28 days of a positive checklist decision by Mar '18.
- 100% of CCGs have 7/7 visiting specialist palliative care services in *both* acute and community settings by Mar 2020.
- Fewer than 49.5% of deaths take place in a hospital setting by Mar 2020

Outcomes

- Using evidence-based method (Improvement Collaborative) that delivers on key cultural changes for sustainability eg: Drive around pace; evidence-based activity; capacity and permission to problem solve; safe space to fail*
- Drawing on evidence of social movements**

- Implementing the 8 High Impact Changes for hospital to home
- Supporting people to die in their place of choice

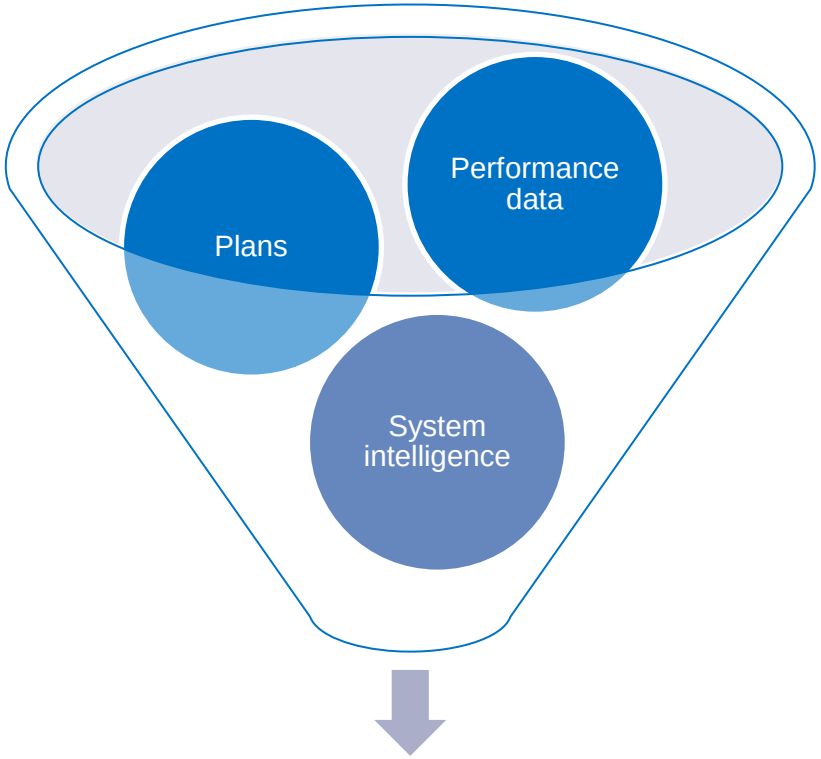
*http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx

**http://webarchive.nationalarchives.gov.uk/20160805121829/http:/www.nhsiq.nhs.uk/media/2760812/the_power_of_one_-_the_power_of

Provide support where it is needed most

Develop a ‘smart’ list of where systems are – and where we should focus based on:

- **Performance data** from: London monthly performance report, Acute winter planning, EOL data, TPMO STP reporting
- **Plans** including: STP Delivery Plans (particularly UEC Delivery Plan and Primary Care Plan), BCF plans
- **System intelligence** from: BCF managers, STP and AEDB colleagues; existing bespoke support (D2A), other NHS E / I London colleagues (DCOs/DIDs), offers from partners (ECIP, LGA, ADASS, National BCF)



Systems prioritised and grouped for bespoke support

Bespoke support may also arise from the Once for London sessions

Our approach as a social movement

The fundamental principle of the UEC ambition is that we need to create ever increasing momentum, and momentum is defined as:

Momentum = *mass x velocity: (i.e.* ***number of people x interactions / actions****)*

Therefore, activities need to be scheduled in a way that continuously and consistently increase the number of people the UEC improvement collaborative is reaching, whilst simultaneously increasing the number of ways there are for people to interact with the programme and/or undertake action.

The Power of One The Power of Many: bringing social movement thinking to health and healthcare improvement (Bibby et al, 2009) defines five principles to creating social movements in health that work sequentially and circularly:

(1) Make change a personal mission;
(2) Frame to connect with hearts and minds;
(3) Energise and mobilise;
(4) Organise for impact; and
(5) Keep forward momentum.

The UEC Improvement Collaborative plans to implement an approach to communications and participation that takes as many people as possible through these stages.

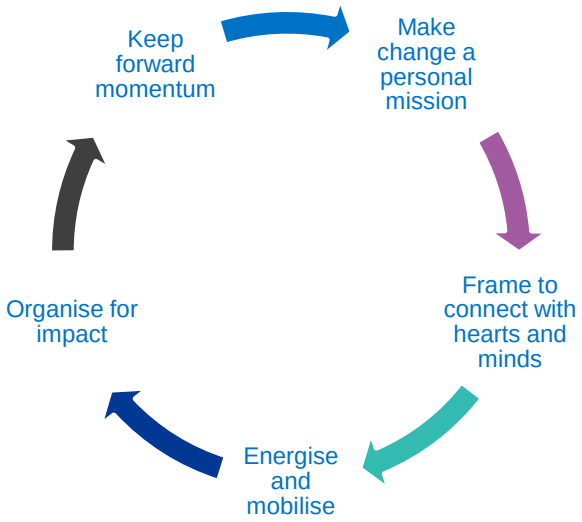


Fig. 1 five principles to creating social movements in health

Key elements of the Improvement Collaborative

The key elements of the Improvement Collaborative are drawn from evidence, developed through engagement and timed to ensure pace and early support to challenged systems.

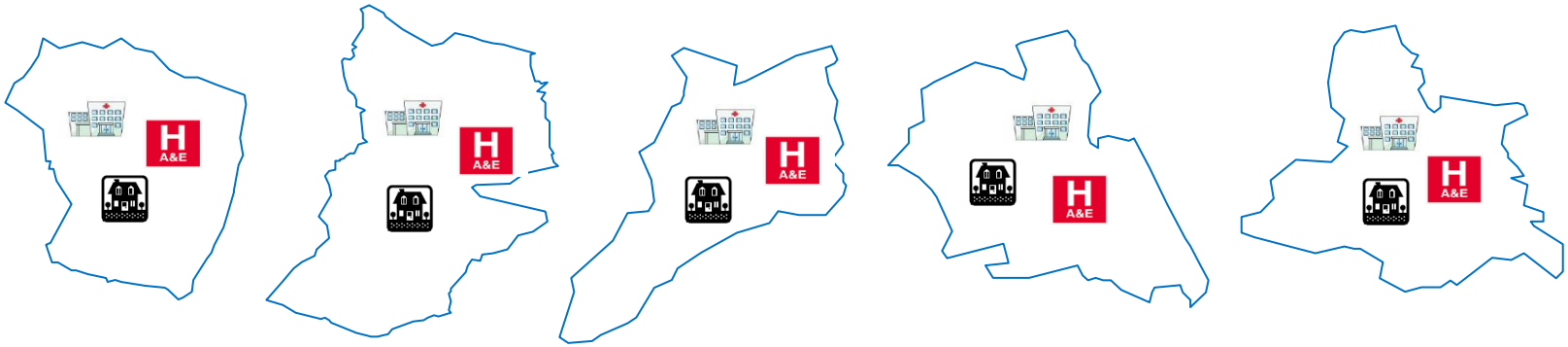
1 Pan-London Events

4 July 2017	20 Sept 2017	17 Dec 2018	13 Mar 2018	July 2018	Oct 2018
Launch Event 1	Collaborative Event 2	Collaborative Event 3	Collaborative Event 4	Collaborative Event 5	Collaborative Event 6

2 System action periods

Between events there will be 3 month system action periods taking learning from events, applying this to improvement areas locally and feeding back at the next event. **Action periods will be supported throughout by the central collaborative functions** with monthly system reporting.

3 System peer visits

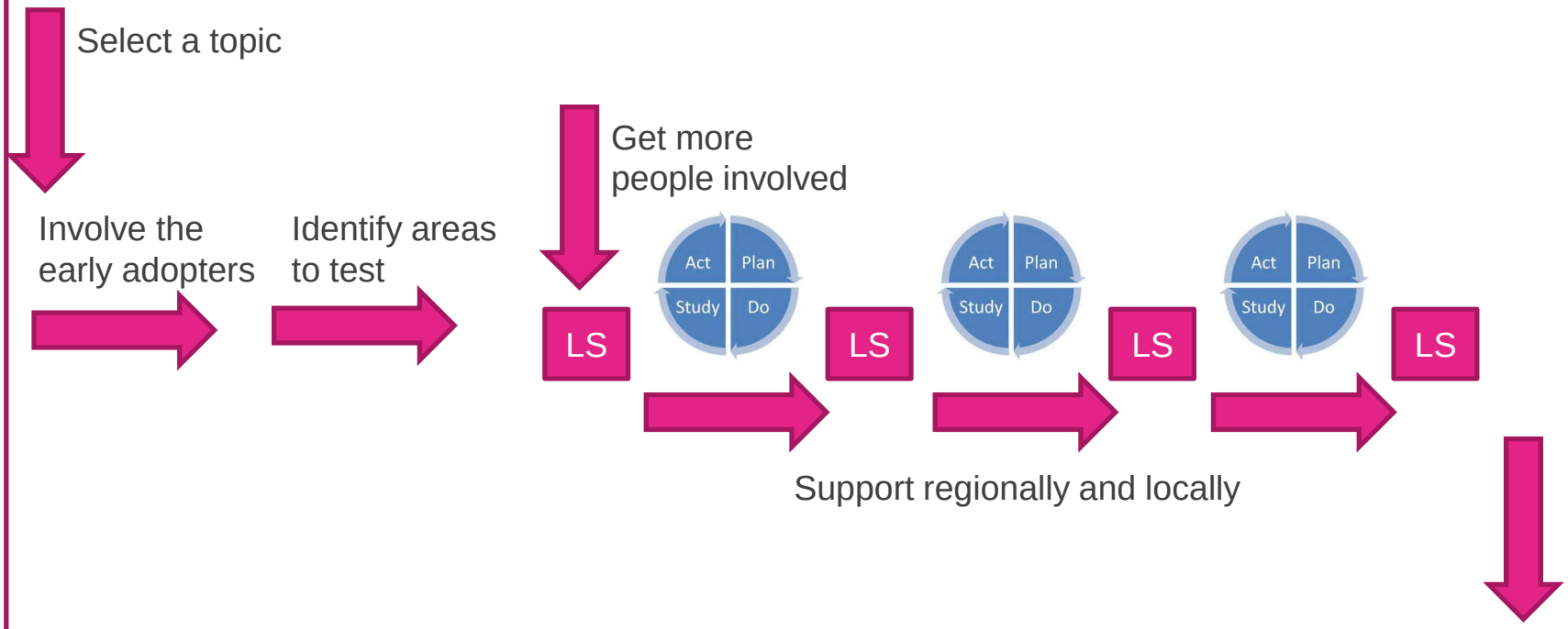


System peer visits **scheduled throughout the life cycle of the Improvement Collaborative** with **challenged systems prioritised.** The scope of visits is the whole system – **in and out of hospital.**

An Improvement Collaborative: how it works

The Improvement Collaborative methodology is tried and tested best practice in improvement

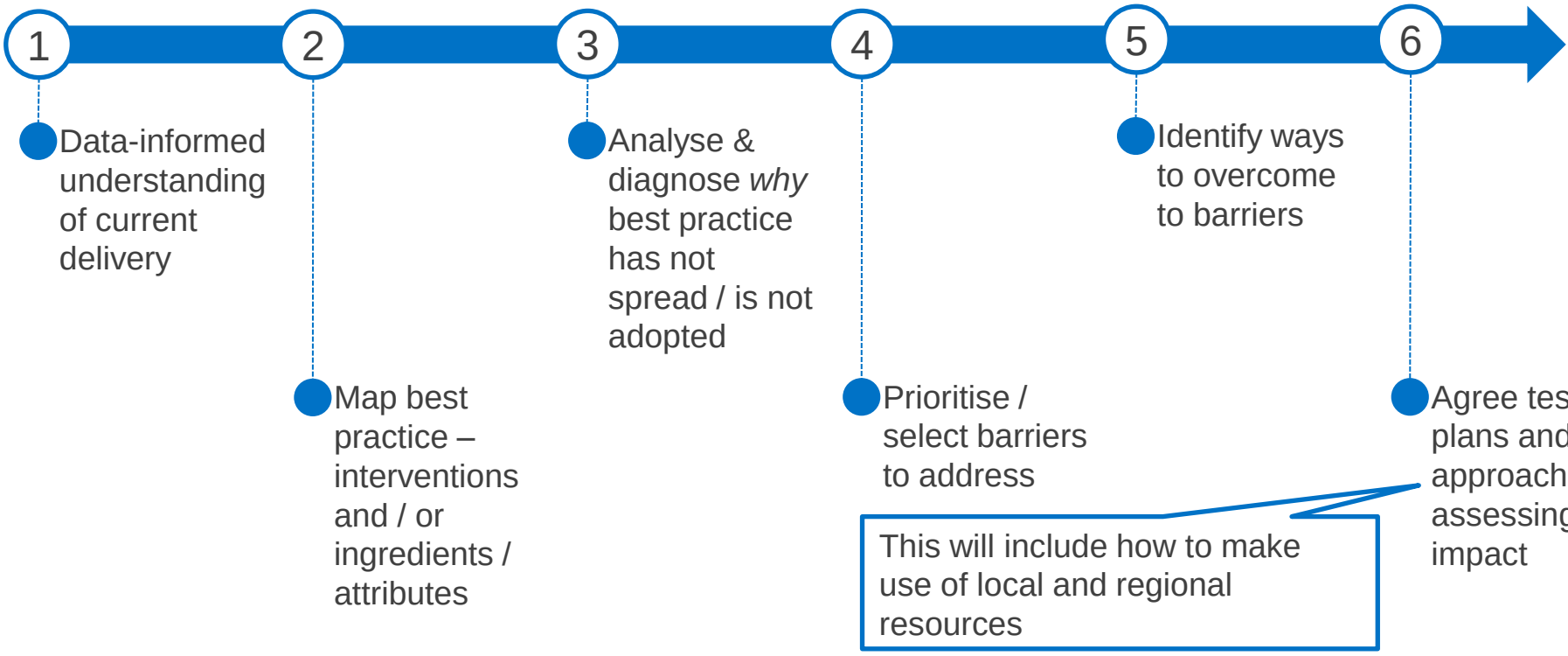
Improvement collaborative methodology



LS — Learning sessions: tailored sessions for everyone working on the same topic to come together and share learning, have specific inputs on key skills, capabilities, have a safe space to talk about the difficulties, the elephants in the room etc.

Identifying areas to test

Six steps to identifying areas to test…



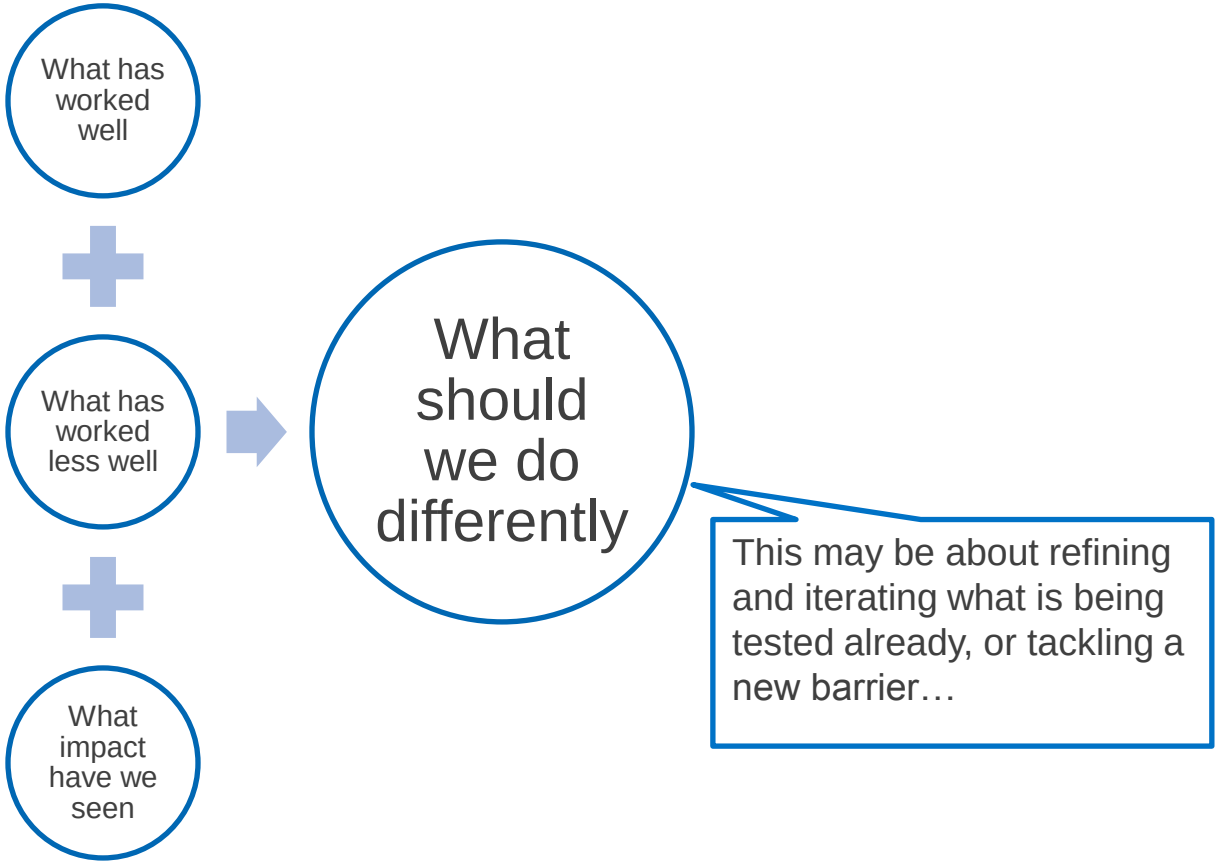
This doesn't have to take a long time – it's provided to ensure consistency across our work.

Step 1 is in place for most workstreams, 2 – 6 can be done in a workshop in an afternoon. The testing – the DOING – is what then happens between learning sessions.

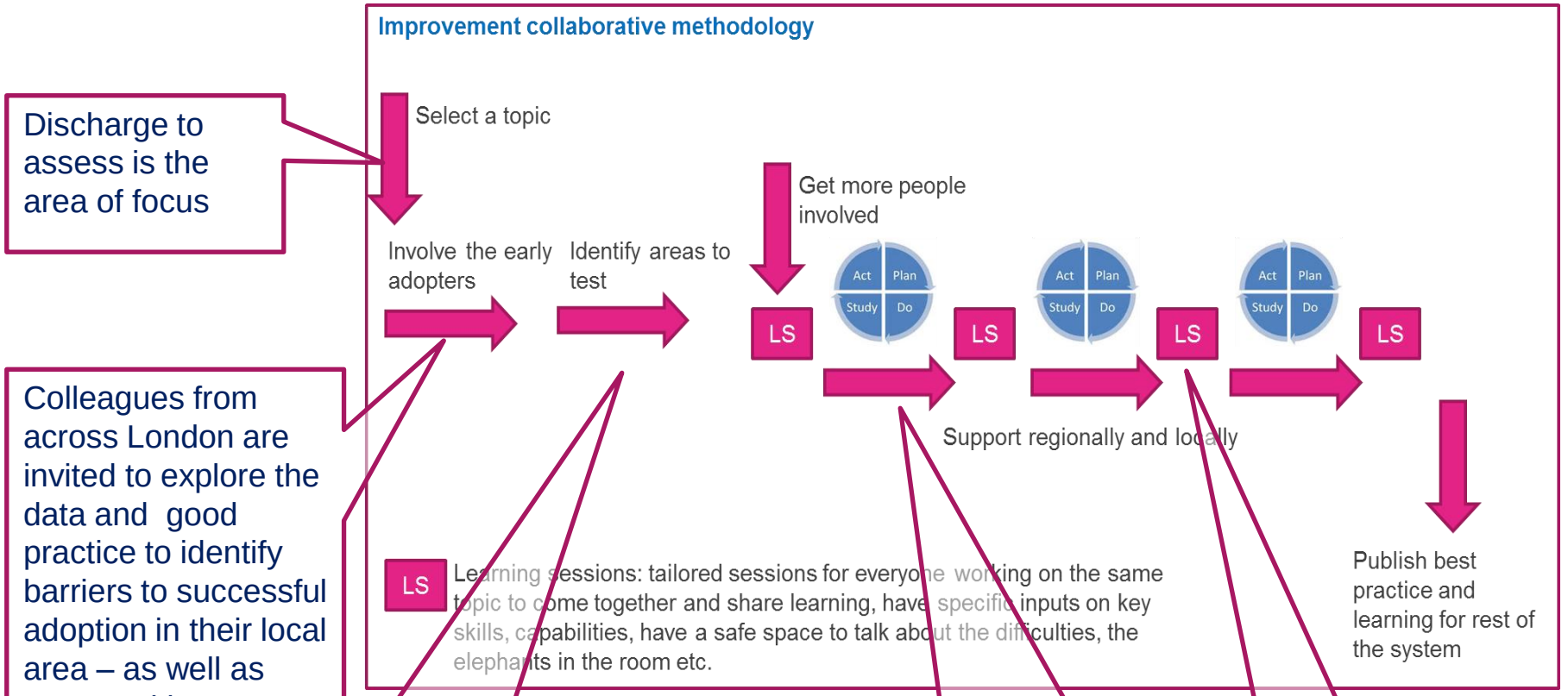
This process can happen Once for London, in individual systems, in a group of systems … at whatever is the most appropriate footprint

Learning sessions

Learning sessions follow a common agenda (tweaked of course to meet the needs of the specific workstream). They are specifically to surface what has and hasn't worked (against agreed measures), refine what is being tried and try again. In some cases they may include developing ideas and plans around another barrier.



A worked example: Discharge to Assess



Discharge to assess is the area of focus

Colleagues from across London are invited to explore the data and good practice to identify barriers to successful adoption in their local area – as well as opportunities

They then select a barrier and / opportunity to respond to and agree a process for testing the response(s) that they have developed

In smaller groups (eg at an A&E Board footprint) they then DO the change – respond to the barrier, take advantage of the opportunity etc. This includes measures of impact / success.

Systems can draw on regional

The groups come together regularly (eg every 2 – 3 months) to share what is working, refine what isn't and / or move on to a new barrier

Making it happen

Mobilising leadership for the collaborative

To ensure London's Urgent and Emergency Care Improvement Collaborative is a success the correct individuals within organisations and across systems need to be identified. These individuals will be crucial in ensuring that momentum is maintained throughout and after the Improvement Collaborative's 18 month programme, and will act as the key points of contact to drive action.

Analysis of delegates at the launch event are provided in the next two slides including representation from different parts of the UEC system and the seniority of representatives fielded across local systems. Analysis shows that whilst there was a variation between seniority of attendees across STP footprints with South West and North East London sending the most senior representatives, there was Chief Executive or Director level representation from all footprints.

At the launch event the collaborative **delegates were asked to identify leads for the Improvement Collaborative within their local system as part of a 14 day challenge, by 23 July 2017**.

Next steps:

- **Further mapping exercise following 14 day challenge** to establish gaps and encourage organisational participation
- **21 July** – A letter from NHS England, NHS Improvement and ADASS to all A&E Delivery Boards requesting identified leadership and key contacts for the collaborative to engage with and an offer to chairs to attend A&E Delivery Board meetings
- **July and August** – Anne Rainsberry, Regional Director, NHS England, and Steve Russell, Regional Director, NHS Improvement to promote the IC to challenged systems in escalation meetings and offer a meeting with Simon Mackenzie to understand more about the offer of support and how this will fit with existing support
- **August** – Meeting of STP UEC clinical leads to support the mobilisation of clinical leadership for the collaborative
- **22 September** – CCG Chief Officers and Trust Chief Executives meeting

UEC Improvement Collaborative events

	4 July 2017	20 Sept 2017	17 Dec 2018	13 Mar 2018	July 2018	Oct 2018
Pan-London Events	Launch Event 1	Collaborative Event 2	Collaborative Event 3	Collaborative Event 4	Collaborative Event 5	Collaborative Event 6

There are some common design principles for each event:

- Data for diagnosis and improvement sits at the heart
- Peer learning and peer presenting – the system presents to itself
- Feedback from one event will feed into the next
- Key successes and challenges drawn from System Action Periods will inform events
- Focus on developing actions that can be taken into the System Action Periods

System action periods: Support

System Action Periods

Collaborative events will provide a space for local systems to begin to develop action plans for improvement relevant to their own system and informed by data. These **action plans will be taken forward locally in System Action Periods and local systems will be supported by a number of resources:**

- **E-learning resources** to strengthen improvement capability by equipping local systems with the latest skills and redesign techniques
- Improvement facilitators and clinical and professional leads will be aligned to local systems to facilitate the **sharing of exemplar practice and learning across local systems and to support unlocking any barriers faced**
- **Building collaborative peer networks** – problem solve, learn from each other, and receive ideas and be inspired, provide peer support and challenge.
- **Improvement coaching** for local systems – flexing to meet local needs

A **range of learning sessions** will also take place during system action periods. These learning sessions will be aligned to national expectations.

System peer visits: Identifying exemplar practice

System Peer Visits

Based on insights and following a review of 4 hour performance data a number of systems and sites have been identified as **potential exemplar practice**:

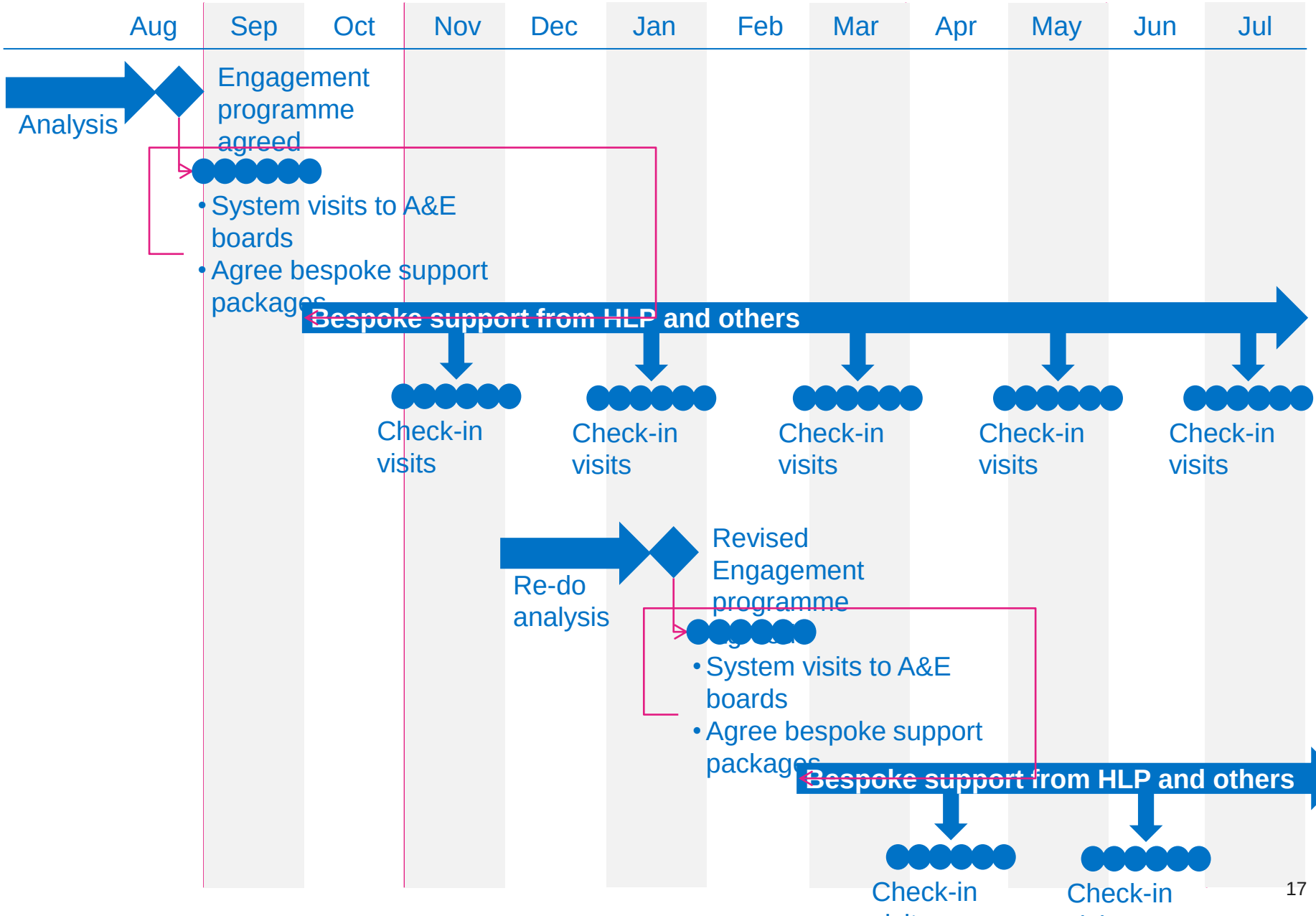
- **Epsom and St Helier NHS Trust** – focus on whole system flow and seven day working
- **Homerton NHS FT** – focus on hospital flow and managing and managing seven days
- **Luton and Dunstable NHS FT** – focus on streaming and flow
- **Chelsea and Westminster NHS FT** – focus on in hospital flow and managing weekends
- **Whittington NHS Trust** – focus on ambulatory emergency care
- **Bromley CCG:** PRU transfer of care bureau
- **Bexley:** Discharge to assess
- **Barking & Dagenham, Havering and Redbridge:** Community Treatment Team for NELFT
- **Greenwich CCG / LA:** pathway for discharge to assess
- **Tower Hamlets:** Discharge to assess

Visits to each of these systems and sites are being organised through July, August and September.

Purpose of visit:

- **Deep dive into the performance, admission and discharge data** to understand flow and stability and sustainability of the system
- **Discussion with multidisciplinary team** to understand intervention that led to improvements
- **Garner support for the Improvement Collaborative** and sharing their journey to inspire and support other systems

Bespoke support



Bespoke support

Bespoke support focused on systems that are challenged based on a range of inputs / information

- **System visit**
  - Focused at A&E board level
  - Open and informal – honest discussion about what is working and where support might help
  - Bring data and insight from range of partners to inform discussion
  - May include SROs from CC2H / IH
  - Aim is to agree actions for support

- **Bespoke support**
  - Based on action plan agreed during first system visit.
  - This will draw on the central resources from the collaborative as well as the CC2H team
  - CC2H team may broker in specialist support

- **Check-in visits**
  - Based on action plan agreed during first system visit.
  - Looking at how people are getting on and whether support needs to be amended

On-going source of intelligence from the system to inform the wider work including Once for London and the Collaborative Learning Sessions

The workstreams

	Workstream	Lead	Objective	System Changes
Stay home longer and come home sooner	**1. Discharge from acute hospital**	Jane Hannon	• Work with Local Authorities, CCGs and providers in London to improve patient flow out of hospital in preparation for winter 2017/18. • Monitor system performance and use this information to target interventions on the most challenged systems. • Use experience and evidence from winter 16/17 to inform focus (eg focus on Medically Optimized patients)	The workstream will focus on supporting A&E Delivery Boards with planning and implementation of improvements to weekend working, early discharge planning, discharge to assess and improved patient choice. The workstream will use the LGA 8 High Impact Change model as a framework for improvement.
	2. Mental Health DTOC	Jane Hannon	• Work with Local Authorities, CCGs and providers in London to improve patient flow out of mental health providers. • Monitor system performance and use this information to target interventions on the most challenged systems.	The workstream is focused on supporting MH Providers and their local systems with planning and implementation of an emerging set of 'Key Tips' to reduce MH DTOCs. Key initiatives include Red to Green days, SAFER bundle and weekend working.
	3. Enhanced Health in Care Homes	Jane Hannon	• Support the London system with implementation of the NHS England Enhanced Health in Care Homes framework.	This workstream is focused on supporting the implementation of the framework for Enhanced Health in Care Homes as well as the vanguard initiatives across London. Key focus areas include implementation of the Red Bag, telehealth, MDTs, workforce development, GP access and links to pharmacy.
	4. Continuing Healthcare	Karen Scarsbrook	• Support the London system in achieving the CHC out of hospital and 28 day targets.	This worksteam is focused on improving outcomes for patients that require Continuing Healthcare – and shifting assessments for this into the community through Discharge to Assess and Trusted Assessor models in particular.
	Associated Workstream			
	5. End of Life Care	Caroline Stirling	• Work with local organisations to improve care services for those in the last phase of life and those on bereavement pathways.	This workstream will focus on implementation of the following changes: • Improvement of information for those on bereavement pathway • Optimal commissioning of SPC/ EOLC services • Supporting the spread of 7/7 visiting specialist palliative care (SPC) services pan London.

Once for London

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Acute discharge	1 Aug	TBD	TBD	TBD		TBD		TBD		TBD		TBD
MH DTOC	27 ***July***	29 Sept		TBD		TBD		TBD		TBD		TBD
EHCH	18 Aug	12 Sept	16 Oct	14 Nov			TBD		TBD		TBD	
CHC	1 Aug	TBC		TBD		TBD		TBD		TBD		TBD