

MEETING:	KIRKLEES HEALTH AND WELLBEING BOARD
DATE:	THURSDAY 22nd MARCH 2018
TITLE OF PAPER:	LEARNING FROM WINTER 2017-18 ACROSS KIRKLEES
1. Purpose of Paper	
1.1	To seek the Board's support for a process to identify key learning points and associated actions for the Kirklees health and social care system from activity over winter 2017/18.
2. Background and Key Points	
2.1	It has been widely reported that the health and social care system across the country through winter 2017/18 has experienced its most pressurised period for many years.
2.2	The focus for the operational response to the winter pressures in Kirklees has been through the 2 local A&E Delivery Boards which are based on the acute Trust footprints – Calderdale & Huddersfield and Mid-Yorkshire.
2.3	Both A&E Delivery Boards are undertaking their own reviews, and these include the neighbouring areas of Calderdale and Wakefield. Mid Yorkshire have already undertaken an early version of a 'winter review' which will be updated in the next few weeks. The Calderdale and Huddersfield A&E Delivery Board will be also undertaking their review in April.
2.4	It will be important to ensure that any process focussing on the Kirklees footprint draws on these reviews but is also able to take a wider Kirklees health and social care system view.
2.5	The CCG and Council Joint Senior Management Team identified 4 key questions that should be addressed at a Kirklees level:
	a) What does the data tell us?
	The current 'winter reviews' covering each side of the Kirklees patch will draw on a lot of data and produce some analysis for each footprint. Much of this data is very detailed providing a very granular picture, especially of activity levels in the hospital system. The challenge for a Kirklees system review is to not duplicate the data analysis undertaken for the A&E footprint reviews and to take a step back to see the whole picture of activity across the health and social care system.
	b) What did we do?
	Across each of the A&E Delivery Board footprints there have been very regular planning meetings throughout the winter period. The actions taken to respond to winter pressures are captured in the action logs from these meetings. As these are completed on both a Calderdale/Huddersfield, and Wakefield/North Kirklees basis they also include actions that are not relevant to Kirklees.
	The emphasis has, necessarily given the pressurised context of the winter period, been on action rather than what difference any changes have made in the longer term.
	c) How did it feel?
	The recently published evidence from elsewhere (see below) stresses the importance of clear system leadership and establishing positive working at all levels through out the system.

There is some evidence about how well these have been addressed locally in the meeting logs mentioned above. However, as a Kirklees health and social care system we have not yet done work to captures how different people in different sectors across the system felt about their experiences over the winter period, and the implications for improving outcomes and system efficiency and effectiveness.

d) What are the lessons from elsewhere?

Over this winter period there have been two significant publications that draw on experience from a wide range of areas across the country:

- The Secretaries of State for Health and for Communities and Local Government asked CQC to carry out a programme of targeted 'System Reviews' in some of the most challenged systems in the country with a focus on the interface between health and social care, looking at the planning, commissioning and delivery of health and social care services.
- As part of the Better Care Fund Support Programme, Newton Europe worked with three local health and social care systems in the north of England to understand how best to reduce the number of people remaining in hospital, when they could have been cared for more effectively in a different setting.

The key findings of these studies are set out in the Appendix to this report.

In addition to the lessons from elsewhere the two local reviews will also generate important lessons.

2.6 There are recurring themes across both the recently published papers. These include the importance of:

- system leadership
- relationships between system partners
- putting the patient, and their best possible outcome, at the forefront of everyone's thinking and focus
- sharing ownership of the patient's entire journey through the system
- focusing on the right things, in the right order
- capacity, market supply and workforce
- measuring the right things
- evidencing the impact of changes made.

3. Proposal

3.1 To undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness.

3.2 The review will use the model developed by CQC for their 'system reviews' that focusses on 3 areas

- Maintaining the wellbeing of a person in their usual place of residence
- Care and support when people experience a crisis

- Step down, return to usual place of residence and/or admission to new place of residence

3.3 The review will use the following format:

a) What does the data tell us?

- Identifying a small set of key indicators and present data and analysis for Greater Huddersfield, North Kirklees and Kirklees.
- Develop a limited number of actionable insights from the data analysis.

b) What did we do?

- Collate key actions taken across
 - Greater Huddersfield
 - North Kirklees
 - Kirklees
 - What we know about the impact of each action.

c) How did it feel?

- Use the key themes from the CQC Systems Reviews and ‘Why not home today, Why not today’ (see section 2.6 above) as the basis for:
 - Confidential interviews with people from the key sectors across the system, including adult social care, community health care, primary care, acute care and the voluntary sector, including Healthwatch.
 - Use the key themes and findings from the data analysis, the local actions taken over winter and the interviews as the basis for a facilitated ½ day workshop with key people from each sector in April/May.

d) What have we learnt?

- Develop a limited set of actions across each of the key themes base do the outputs from the facilitated workshop.
- Present the outputs from the review to the A&E Delivery Boards and the Health and Wellbeing Board in May/June.

4. Financial or Policy Implications

There will be no financial or policy implications arising from the agreement of the proposal set out in this paper.

5. Sign off

Carol McKenna, Chief Officer, Greater Huddersfield and North Kirklees CCGs

6. Recommendations

That the Board:

6.1 Support the proposal to undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness.

6.2 Require a report setting out the lessons learnt and the proposed actions for the Kirklees health and social care system be presented to the June Health and Wellbeing Board meeting.

7. Contact Officer

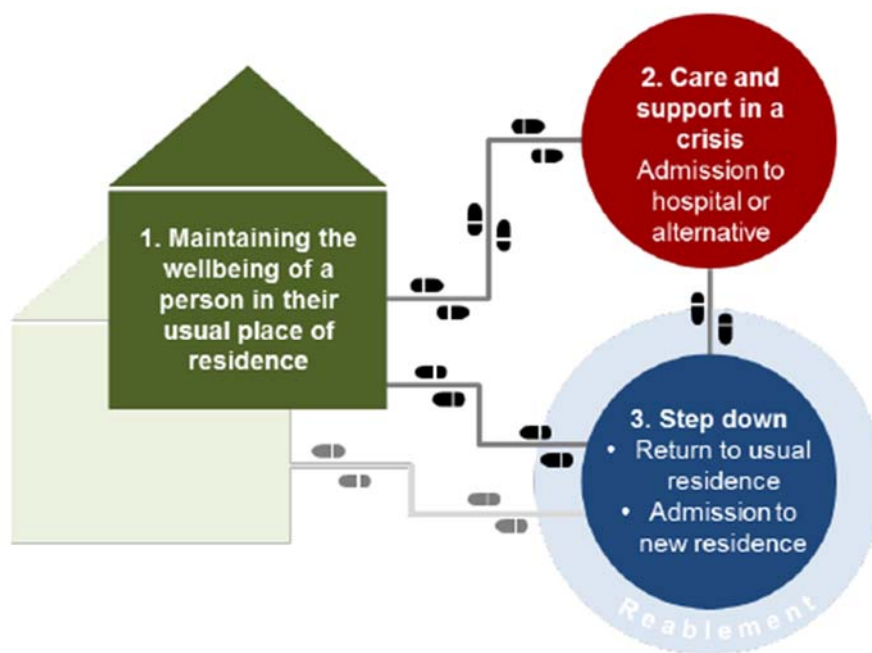
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Appendix

CQC Local Systems Reviews: Interim Report (December 2017)

<http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

The system reviews focus on the interface between health and social care, looking at the planning, commissioning and delivery of health and social care services. The CQC review how each local area works within and across three key areas:



How systems work together

- too many people not being treated in the right place, by the right person at the right time.
- unnecessary pressure is placed on services that are not designed to meet the needs of people who use them.
- focus on individual organisational drivers is distracting from the ability of the wider system to work effectively for the people it serves.
- system-level leadership accountability is difficult to identify resulting in it being difficult for a system to achieve joint working and integration.
- extent to which leaders are working effectively together across agencies is a key factor in the outcomes for people.
- effectiveness of health and wellbeing boards as drivers of transformational change, or forums to hold wider system oversight is variable.
- good relationships between system partners that work together are critical to achieve positive outcomes for people who use services.
- instead of driving improvement, multiple and sometimes uncoordinated strategies can lead to fragmentation and confrontation between organisations across a system.
- planning for surges in demand which occur throughout the year, including winter must involve all partners within a system including social care, primary care, voluntary, community and social enterprise (VCSE) providers.

Managing capacity, market supply and workforce

- people's choice about their health and social care is limited due to a shortage of capacity and range of options.
- establishing the right amount and balance of social care provision for the needs of the local population was one of the most significant challenges in all systems.
- insufficient investment in the care home and home care workforce.
- underutilisation of the voluntary, community, and social enterprise sector workforce.
- commissioners do not consistently have robust systems in place to be able to predict demand and proactively shape the structure of the market supply (planning for capacity, workforce and skill mix, quality, and innovation).
- workforce capacity is the major issue in every system and the competition from other sectors is making recruitment and retention of staff a significant challenge in a climate of austerity where it is difficult to attract and reward staff under current remuneration.

Moving beyond delayed transfers of care

- there must be a whole system approach to tackling issues of flow at a local level - focusing on DToC in isolation will not resolve the problems that local systems are facing.
- joined up processes to identify and support people to stay safe and well in their usual place of residence through an effective prevention approach, and implementation of initiatives to avoid unnecessary secondary care admissions. Strong integration of primary and community care services in systems is essential for people to remain safe and well in their usual place of residence.

Pressure Points

Pressure points that impact on the journey that people take across the interface of health and social care.

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community care / social care
- Varied access to alternatives to hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to reablement
- Transfer from reablement

Why not home? Why not today?

Better Care Fund Support Programme/Newton Europe. December 2017

https://www.local.gov.uk/sites/default/files/documents/NEW0164_DTOC_Brochure_Online_Spreads_1.0.pdf

Shared Understanding

The key to preventing delays to the transfer of patients from hospital, is to create an environment in which everyone involved has a shared understanding of the best outcome for the patient.

The critical factors to get right are:

- measuring the right things
- focusing on the right things, in the right order
- sharing ownership of the patient's entire journey through the system
- putting the patient, and their best possible outcome, at the forefront of everyone's thinking and focus
- evidencing the impact of changes made.

It is critical to be clear about, and agree upon, the definitions and parameters being used to measure delays.

Behaviours

The system must have a single objective, focusing on the best possible outcome for the patient.

Five practical behaviours are needed to drive the change:

- gain buy-in to a cross-system mind set
- be open when behaviours slip, especially when the system is stressed
- create a safe environment to share concerns
- protect time to plan
- hold one another to account.

Decision-making

It is essential to analyse the decision-making processes throughout the system, putting the patient at the forefront of the thinking.

The best way to match care with individual needs, in the most appropriate setting, is to ensure that the decision-making of everyone involved is focused on the patient's long-term outcome.

Bed-based pathways should not be the default decision. Investment in intermediate care services in both health and social care, such as reablement, can provide better outcomes for patients, whilst also reducing long-term care needs.

Leadership

The onus is on system leaders to create an environment in which frontline practitioners can do the job they want to do, excellently and with pride – despite the considerable pressures of competing demands, which may undermine their best attempts at doing so.

No one part of the system is 'to blame' – all the various parts of the system generate delays to patient transfers and are vital in achieving the solution. But a solution will only work if system leaders model thinking and behaviours that cross the boundaries between health and social care.

A 'whole-system' approach is needed, despite the organisational drivers that may incentivise compartmentalised working.

Staff at the frontline of health and social care want to do the right thing – despite processes that might seem to get in the way.