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Report of Director of Adults and Health (on behalf of system leaders)

Report to Adults, Health and Active Lifestyles Scrutiny Board

Date: 6 November 2018

Subject: Supporting System Flow: the Newton Europe analysis and next steps

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The health and care system is complex and it becomes even more complex as people travel across care settings: from home, into hospital and back out again. For this to be a smooth journey for the citizen, with the shortest possible stay in hospital to achieve their health goals, and then a speedy return home or alternative care setting, relies on clear processes and good understanding by all staff of their role in this.
2. There has rightly been a focus on some key indicators that measure how well this "system flow" is working: such as how long people have to wait in A and E (4 hour waits), how long people stay in hospital (length of stay) and how many people experience a delayed transfer of care (DTOC).
3. There have been times when the Leeds system has been very challenged with some longer waits in the Emergency Department than we would wish for, with people staying in hospital even though they no longer need medical intervention and difficulties getting people home in a timely way.
4. Newton Europe are a consultancy engaged by NHS England and the Local Government Association to support challenged systems and they came to work in Leeds from July to September 2018. Using an in-depth diagnostic approach they worked alongside the NHS and local authority to uncover and help us implement the changes that make the biggest difference. The presentation accompanying this report informs Scrutiny Board of the findings of their diagnostic and the plans in place to make improvements.

Recommendations

1. Scrutiny Board members are invited to comment on and note the findings of the Newton Europe diagnostic and the work-streams in place to drive service improvements.

1 Purpose of this report

1.1 The purpose of this report is to inform Scrutiny Board members of the system flow issues for Leeds and what health and social care services are doing to make improvements.

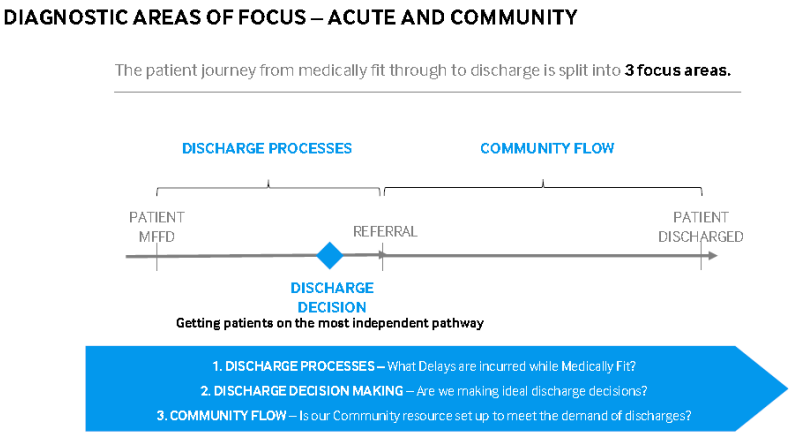
1.2 The report summarises the main findings of a major piece of diagnostic work undertaken by Newton Europe, an external consultancy, paid for by NHS England and the Local Government Association to assist with this work.

2 Background information

2.1 Health and care is a complex system and it is important that citizens are able to move smoothly and in a timely way across care settings. This is referred to as "system flow". Where this does not work effectively it creates bottlenecks and people can find it more difficult to access services or move out of a service. This has been reflected at times when people have had to wait longer than four hours in the Emergency Department, staying longer than they need to in an acute hospital bed and having difficulty getting home in a timely way. System flow refers to the whole health and care system but we knew we had a particular problem with system flow in the hospital.

2.2 Newton Europe undertook a detailed diagnostic looking at system flow in Leeds Teaching Hospitals Trust and Leeds and York Partnership NHS Foundation Trust. They looked at the culture and leadership of our system, how decisions get made, what outcomes are achieved for people and if we were set up to make the best use of resources. They reported their findings on 24 July 2018 which were accepted in full and since then health and social care have set in train a number of workstreams to address our main challenges.

2.3 The patient pathway being analysed is illustrated below:



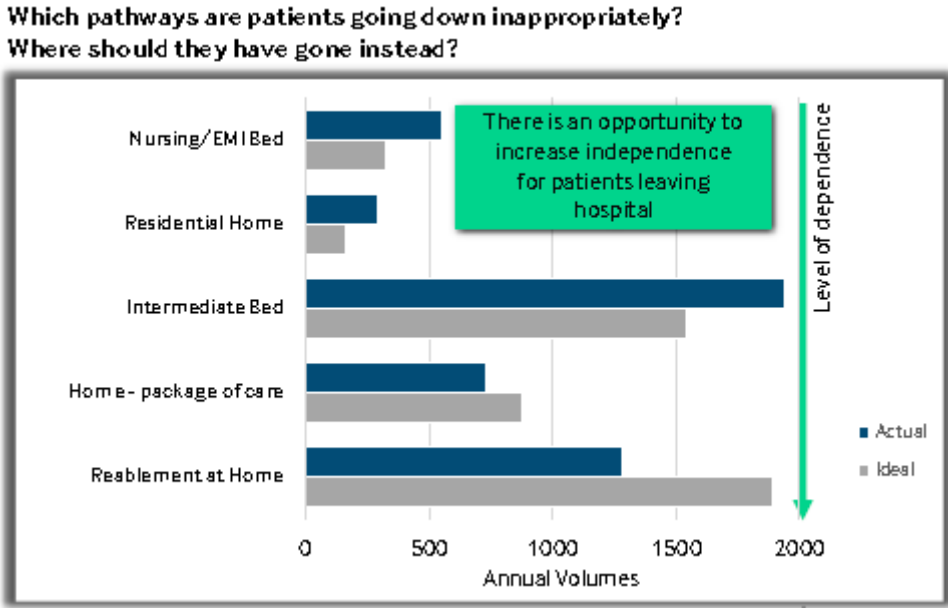
3 Main issues

3.1 The main findings are summarised below:

- The Leeds Health and Care system is committed to helping people receive the right care, in the right place, at the right time
- Patient outcomes and staff experience can be better

- Over 1900 patients could be cared for in a more appropriate setting on discharge to hospital
- This means 160,000 bed days are consumed by patients who no longer require acute medical care
- The equivalent of 435 medically fit people are kept in an acute hospital bed for a whole year
- 28% of Leeds acute beds are occupied by patients who no longer require acute medical care
- 56% of staff do not feel supported to focus on what is right for citizens

3.2 Newton Europe reviewed 80 cases with 50 health and social care professionals and found that 56% of those cases where people for whom it was agreed had not achieved the ideal outcome for their circumstances. The diagram below shows which pathways patients have gone down inappropriately and where they should have gone instead.



3.3 The main reasons given for a non-ideal pathway were: no capacity, family/ patient choice issues, knowledge of patient needs, knowledge of services, other and risk aversion.

3.4 Newton Europe reviewed all of Leeds Teaching Hospitals Trust's 1368 beds and identified that 367 patients were considered medically fit for discharge. The main reasons for delay were summarised as:

- Waiting for an on-going service in the community – 36%
- Waiting for an assessment or decision about on-going care – 33%
- On-going rehabilitation – 11% (stroke)
- Waiting for an internal transfer (stroke) – 7%
- Other – 13%

3.5 At the time of the diagnostic, 49 people were deemed as waiting for a residential or nursing placement but on review it was deemed that only 47% were appropriate for a care home placement and that 20% should have gone to a Community Care Bed (which offers a recovery opportunity), 18% should have

gone home with a package of care and 8% should have gone home with support from enablement. The reasons for not getting someone in the right care setting were discovered to be quite complex with a mixture of perceived and actual issues about service capacity, risk averse decision-making and inaccurate knowledge of the inclusion and exclusion criteria for community services.

3.6 The research found that there were issues with flow out of the Community Care Beds which were commissioned for an average length of stay of 27 days but the average length of stay is 42.6 days. People were found to be waiting 20 days for discharge with the reasons being waiting for:

- Care planning meeting – 43%
- Package of care – 24%
- Social work input -16%
- Patient/ family choice – 10%
- Care home – 6%

3.7 At the time of the diagnostic, 36 people were waiting for a package of care to support their discharge home (which can take some time to commence) but on closer examination it was deemed that 41% of people would have benefitted from reablement and 7% from a community care bed. Further interrogation indicated that there were issues with:

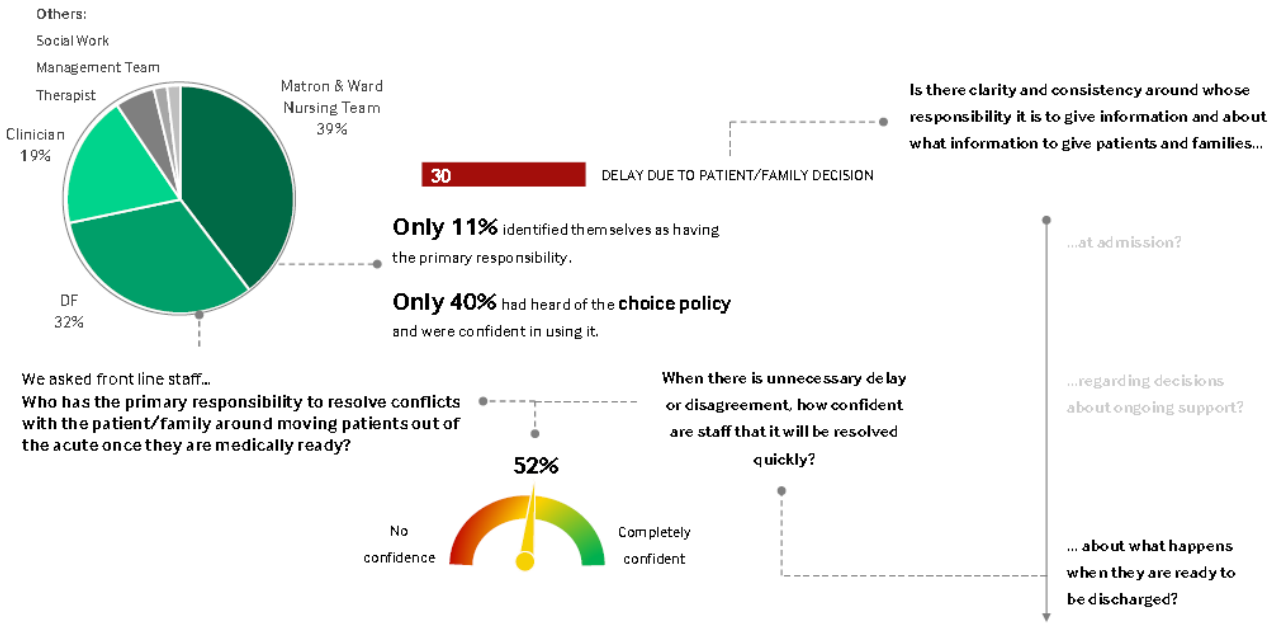
- Knowledge/trust of the service – 45%
- Risk averse decision-making – 27%
- No capacity in the service – 9%
- Criteria of the service – 9%
- Family disagreement – 9%

3.8 46 front line staff were asked how confident they were in their knowledge of the reablement service and reablement criteria. 76% said they understood the criteria but on testing that further only 2 out of the 46 members of staff could correctly identify the inclusion and exclusion criteria. 30% did not feel fully confident the service could support service users and 25% did not feel fully confident the service could respond in a timely way. Correcting these discharge decisions would result in 300 more people going through reablement each year.

3.9 The issues relating to waiting for assessment indicated there were opportunities for these to be done in a more timely way and to be more accurate with 40% of referrals sent to the hospital social work team not appropriate for social work input.

3.10 30 people were delayed in hospital due to family/ patient decisions. This can be about disagreement regarding whether or not someone can safely return home or, if they need to move to a care home, which care home it should be. Newton Europe tested if there is clarity and consistency around whose responsibility it is to give information and about what information to give to patients and families at three key points in their care journey: (a) at admission, (b) regarding decisions about on-going support and (c) about what happens when they are read to be discharged.

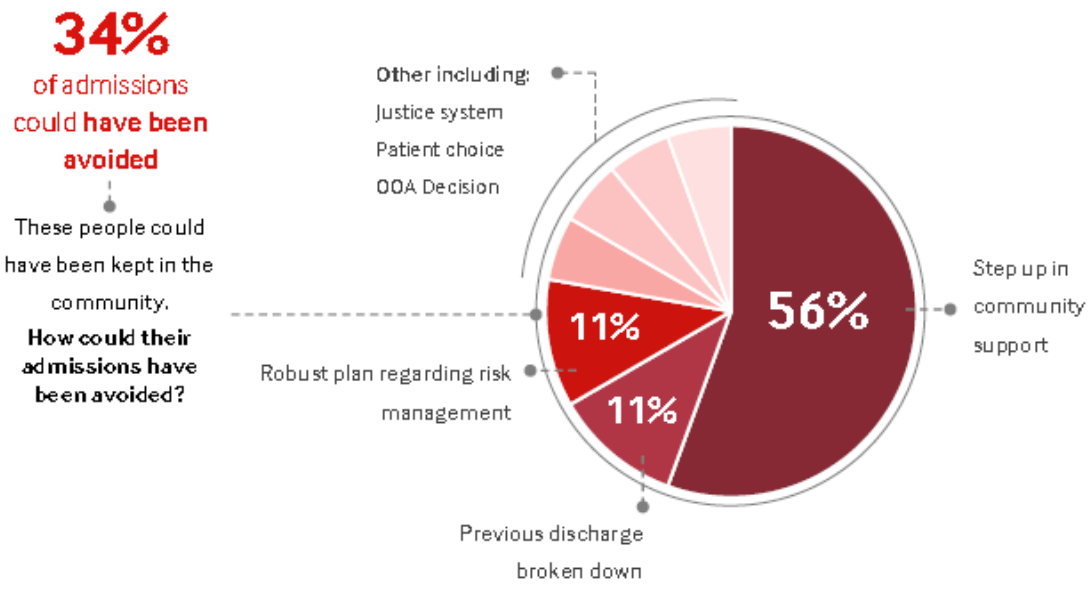
3.11 Less than 50% of staff agreed that advice and information for patients and relatives about discharge is consistently provided on admission. Only 39% of staff identified themselves as having the primary responsibility to provide advice and information about discharge and ongoing support. Only 11% of staff identified themselves as having the primary responsibility about what happens when a person is ready to be discharged.



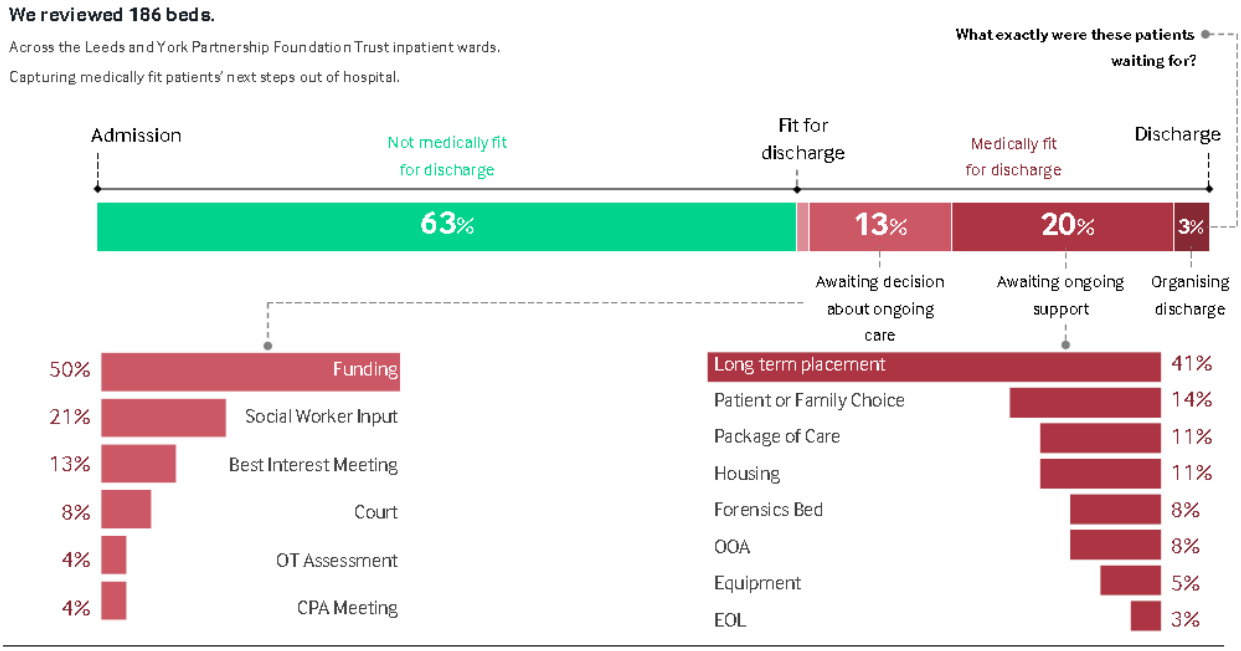
3.12 Looking at stroke services, the average length of stay in LTHT is 34 days but the national guidelines are for 20 days. Newton Europe looked to see if people were spending the right time on the stroke pathway. They looked in depth at 8 patients on the stroke rehabilitation ward and found that 50% would ideally have moved to a more appropriate care setting 11.5 days earlier. The main reasons given for why they did not move on were lack of trust and knowledge of the on-going services, the Community Support Team not accepting patients requiring assistance of two staff or no clear focus from the beginning on discharge.

3.13 Newton Europe also looked at system flow issues at Leeds and York Partnership NHS Foundation Trust (LYPFT). They reviewed 44 cases with 40 health and care professionals and concluded that 34% of admissions could have been avoided, 39% of people were delayed on their discharge but a smaller number, 11%, were discharged to a non-ideal outcome. Lengths of stay on wards were over ten times longer than in LTHT but patients were more likely to be known to the system and staff which may be why a higher proportion were discharged to their ideal destination.

3.14 There was a very clear message that the availability of community support would have made a difference. This is key theme of the Leeds Health and Care Plan: to move care closer to home and have a rapid response in the time of crisis in order to avoid a hospital admission.



3.15 186 beds were reviewed and the time people were not medically fit for discharge and then were fit for discharge but waiting for something.



3.16 Funding was identified as the main reason for a delay due to decision-making about on-going care. Funding for people with mental health support needs can include people who are eligible for free aftercare as they come under S.117 of the Mental Health Act, but they may also have physical support needs which may mean they also need to have their eligibility for continuing healthcare funded, funded nursing care or adult social care funding considered. This is a complex area of decision making but a new process has been put in place that considers all aspects of the law together and has made a significant improvement in the timelessness of decision-making with regard to funding.

3.17 Awaiting a long term placement was the biggest single reason for people awaiting on-going support. Some of this group are working age adults with complex needs who require supported living. The rest of the group are older people usually with

dementia and other issues that makes their support more complex. Scrutiny Board members will be aware from the regular reports they receive on the care home market that Leeds has an under supply of nursing beds. It becomes even more challenging to secure placements for people with complex needs. Actions taken to address this include a peripatetic multi-disciplinary team run by LYPFT that support care homes, a pooled budget between health and social care to provide additional one-to-one support on discharge to help settle people in to their new care setting and case-by-case bespoke funding agreements for the most complex people who need a continuing high level of support.

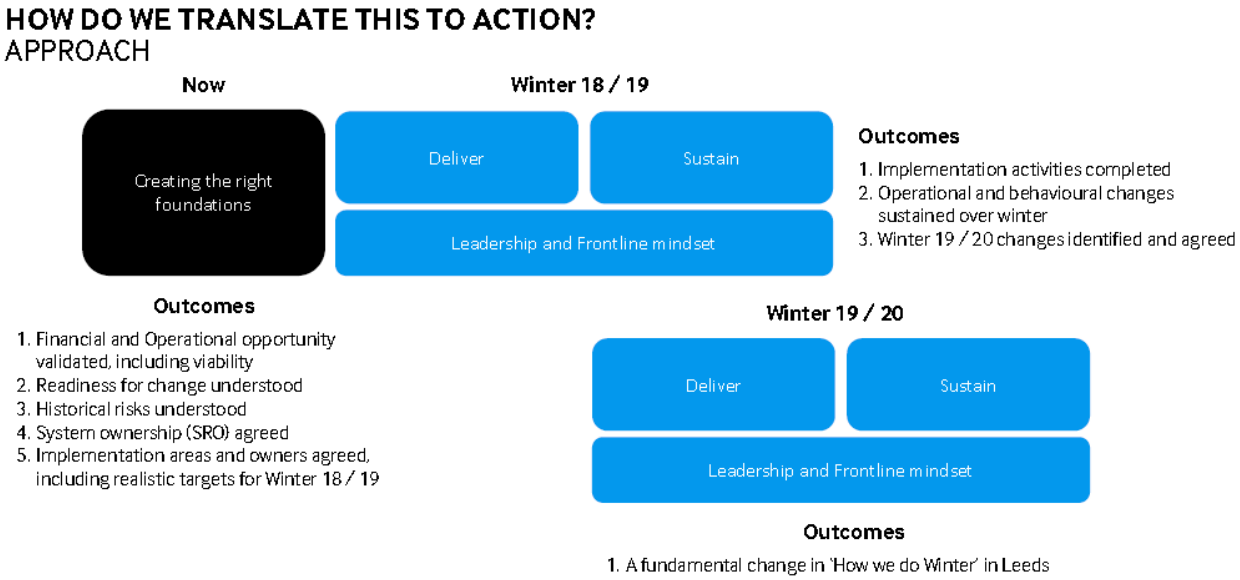
3.18 Newton Europe concluded that the analysis raised 12 key questions, broken down into 10 thematic areas as set out below:

No	Question	Area	People impacted/ day
1.	How do we support our staff to help more people to get home?	Decision making	178
2.	How do we reshape the Community Health and Local Authority services to allow more people to go home?		49
3.	How do we make the most of the Community Care Beds by getting the right people in them for the right length of time?	Nursing/ residential placements	36
4.	How do we ensure people leaving hospital have access to the right recovery and independence services?	Packages of care	31
5.	How do we ensure we consistently have visibility of social work assessments time, so as to understand and address the reasons for delay?	Social work input	31
6.	How do we ensure patients and families are supported from admission to discharge decision making and the staff are consistent, confident and active in their role in discharge?	Patient and family	30
7.	How do we better integrate acute rehabilitation with community rehabilitation to ensure patients receive the most appropriate rehabilitation and recovery	Stroke pathway	59
8.	How do we ensure funding decisions do not delay patients in their discharge and that any new processes monitor and improve the time to make these decisions	MH funding	12
9.	How do we ensure that both our processes and the market allow people to be discharged in a timely way to long-term placements	Nursing / residential placements	15
10.	How can we ensure conversations are fully informed to have the biggest impact for the most people and at the same momentum and rigour cascades through everything?	Control	ALL
11.	How do we ensure leaders are focused on the most important themes?		
12.	How do we ensure the right behaviours are demonstrated all the time, especially when the system is stressed?	Culture	ALL

3.19 Each of these questions are covered by a work-stream made up of health and social care staff with a system Chief Executive or Chief Officer designated as the Senior Responsible Officer for the work. Progress is reported to the System

Resilience Assurance Board and ultimately up to the Health and Well-being Board. The Health and Well-being Board heard presentations from front line staff at its meeting on 5 September setting out in what ways they were using the Newton Europe analysis to better prepare for winter.

3.20 One of the key messages system leaders are keen to get out is that health and care services take **collective responsibility** for ensuring good system flow in Leeds. The analysis showed that every organisation had some areas for improvement and that we need to work collaboratively to find solutions. There are some tactical changes that can be made quite quickly, but other changes will take longer to implement. The following timeline is the most realistic:



4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The Newton Europe methodology was very participative and included talking to staff at all levels of the organisations included in the research. This also included groups of staff who peer reviewed a number of cases.

4.1.2 Patient and families were also asked about their experience of care in different settings.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact screening has been undertaken and it has concluded that the report does not require a full impact assessment. If, as a result of the improvement work, there are any significant service changes these will be subject to an appropriate process including an Equality Impact Assessment.

4.3 Council policies and the Best Council Plan

4.4 Having high quality health and care services supports the Council's strategic objective to be a compassionate city with a strong economy, Ensuring our citizens have the right care, in the right place at the right time is key to the ambition of the

Health and Well-being Strategy for Leeds to be the best city for health and well-being.

4.5 Resources and value for money

4.5.1 There are no specific cost implications in this report but a sub-optimal system is inherently more costly that a system that operates at optimum efficiency. The Newton Europe analysis showed that people ended up in the wrong care for their needs and sometimes that care may be more costly. The challenge is to ensure there is sufficient capacity in community-based services both to support admission avoidance and promote speedy discharge. The Leeds Health and Care Plan is our key mechanism for achieving this "left shift".

4.6 Legal Implications, Access to Information and Call In

4.6.1 There are no specific legal implications arising from this report.

4.7 Risk Management

4.7.1 Managing the risk to individuals is a key part of health and care especially for complex needs. The analysis high-lighted there were occasions when a care home placement was chosen over attempting to return someone home or to another community-based service.

4.7.2 This will be an area of practice developed and supported by the Decision-making work-stream.

5 Conclusions

5.1 The Newton Europe work has been hugely helpful to the system. We now have a single version of the truth that health and social care services have fully accepted. It gives us a sound evidence base on which to design and deliver our improvement actions. It gave us insight into patient, family and staff experience of working in a very complex system where everyone wants to do their best for Leeds citizens.

5.2 The work-streams have commenced and there is sound governance in place to track progress. There have been some small but important changes already but we do not under-estimate the size of the task which will require focus, determination and good communication to ensure our efforts succeed.

6 Recommendations

6.1 Scrutiny Board members are invited to comment on and note the findings of the Newton Europe diagnostic and the work-streams in place to drive service improvements.

7 Background documents[1]

7.1 Flow and Delays Diagnostic Leeds System, Newton Europe

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.