

Continuing NHS Healthcare National Programme Legacy Event: 21st September 2011

The CHC National Programme held its Legacy Event on 21st September 2011. The Event was attended by a broad mix of NHS, local authority, third sector and independent sector representatives. Many of the CHC Programme Board members were also present for the day.

The day was divided into two main sessions – the themes for the day were to celebrate and share the work undertaken to date during the morning, and to plan for the future Complex Care Collaborative in the afternoon.



Welcoming Remarks

Jan Williams, Chief Executive of Cardiff & Vale University Health Board opened the Event by welcoming everyone, and providing a summary of the work undertaken to date, the main products issued by the Programme over the past year, and thanked the Programme Board and the members of the Complex Care Forum for their willingness to support, guide and advise the work of the Programme over the last year.

Jan also outlined the broader context within which the work is being undertaken - the demographic changes that will lead to increasing numbers of older people and those with enduring needs, coupled with the increasingly challenging resource position, make it essential we make the best use of public resources.



Opening Address

Jan welcomed Gwenda Thomas, the Deputy Minister for Children and Social Services at the Welsh Government, who had agreed to take time out of her busy schedule of Government business to attend and deliver the Opening Address.

The Deputy Minister set the scene by emphasising the need to remodel and transform social care services set out in *Setting the Direction*, using all opportunities for collaboration and integration. The need to ensure there are high quality and responsive service models to meet the needs of the frail and vulnerable was highlighted, along with the need to always ensure the individual retained as much control of their care and living circumstances as possible. The Deputy Minister noted these requirements and aims were matched within the *Five Year Service, Workforce and Financial Strategic Framework* which requires

transformational change of the NHS in Wales. The work undertaken by the Programme, and specifically focused on some of the reports issued including *Bridging the Gap* and the *Levering Service Change* was recognised, and the need to always bear the need to work in partnership to ensure the best outcomes for people and the best value for public services was highlighted. The Multidisciplinary Framework was highlighted as a key piece of work to support further developments, and the Minister closed by confirming her support for the planned move to adopt a Collaborative methodology for the next stage of work.

One Year Review



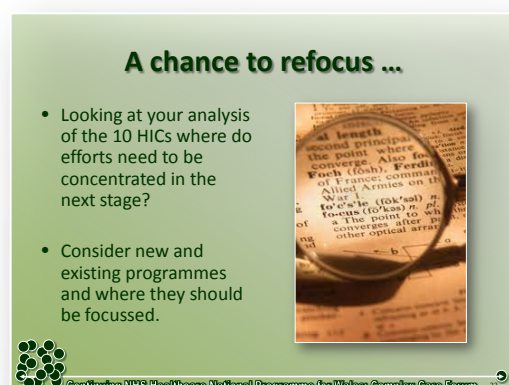
Gaynor Williams provided an update of the work undertaken over the last year, and reviewed the reports, policies and work undertaken to reduce variation across Wales by developing consistent approaches across Health Board boundaries. Gaynor also provided a summary of the current position regarding delayed transfers of care, highlighting the variation across Wales that is concealed by high level data.

The need to ensure services are able to respond earlier to support and maximise all opportunities for independent living, rather than reactive actions to manage delays, was emphasised. Some anonymised process mapping, identifying the key issues that prevent people from being able to move to a more appropriate location following assessment, care and treatment was highlighted.

10 High Impact Changes Workshop

Following on from Gaynor's presentation, participants were asked to consider what existing developments from within the CHC Programme and across local improvement work, were already contributing to delivering the 10 High Impact Changes.

Following a very broad and engaged debate participants were also asked to undertake a gap analysis, taking into account their experience of the work underway and its longer term goals.



This process was used to consider those High Impact Changes that need further support and to identify key aspects of work that should become the focus for the next stage of development.

As a final focused element of feedback, each group were asked to recommend a single high priority development that, in their opinion, would be vital to the ongoing improvement of complex care. The high priority developments are summarised into four broad themes:

Greater Engagement:

- Housing must be brought into the centre of ongoing developments
- Greater education of the public and workforce on the benefits of early intervention and long term benefits of low level types of support
- Pan-Wales training on the implementation of Sustainable Care Planning including more joint packages and collaborative planning across all sectors

Formalised Joint Working:

- Joint governance arrangements to manage the system as a single integrated service (with a pooled budget) to deliver person centred care
- Shared agenda and pooled budgets to develop better joint services and better joint health and social care workforce
- Pooled budgets and formal Section 33 agreements to include Mental Health (this has links to delivering improved multidisciplinary working)

Effective Multidisciplinary Teams

- Multidisciplinary education and training embedded into undergraduate and postgraduate programmes including GPs and other Medical Staff
- Invest in Multidisciplinary Teams for all institutions (like that for cancer) including hospital, third sector and community to help transfer knowledge and include high level staff as well as families and carers
- Better multidisciplinary team working as the method to bring in more streamlined unified assessment

Active Care Coordination:

- Capacity within the community for people with complex needs to be managed by an appointed care coordinator to manage transfers between hospital and home and other care settings
- Health and social directed working with aligned and pooled budgets and shared contracting agreements including active case management and control of timely access and review of services
- develop joint agreements on the responsibility for care coordination and the role of expert care coordinators/case managers for people with the most complex needs

Complex Care and Professionalism

The importance of culture...

Important and enduring beliefs and ideals are shared by the members of a culture, what is good or desirable and what is not. Values exert major influence on the behaviour of an individual and serve as broad guidelines in all situations.



Helen Whyley, Nursing Officer at the Welsh Government, discussed the professional perspective, and emphasised the need to nurture and implement a strong shared value base across all sectors.

This shared value base is a driving force behind the culture needed to ensure that people – often vulnerable people – are able to receive high quality care in appropriate environments, and be treated with dignity and respect.

Helen highlighted some recent care sector issues that have received significant media attention, and the need to ensure the learning from these unacceptable issues is captured and shared.

Afternoon Introductions

Following the lunch break, which included the opportunity to network and view posters providing further information of the work undertaken to date, Jan commenced the afternoon session by welcoming Mandy Collins, Deputy Chief Executive at Healthcare Inspectorate Wales.

Dignity and Essential Care

CHC Programme
Legacy Event – 21
September 2011

Our visits will be:

- Unannounced
- Focus on the experience of the individual
- Undertaken by small teams including a senior nurse and a lay reviewer
- Look at the individuals pathway – should they have been admitted? How long have they been in hospital? Should they still be in hospital? Are appropriate plans in place for discharge

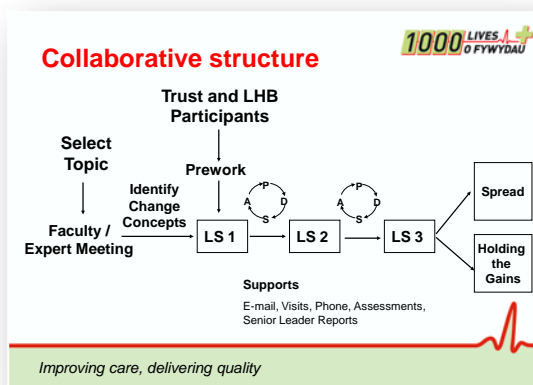
Mandy provided an outline of the planned work to be undertaken across Wales on Dignity and Essential Care.

This work builds upon the report from the Older People’s Commissioner for Wales, and will involve unannounced visits and inspections to Health Boards in order to test out culture, values and practice. Mandy concluded her session by sharing *Dad’s Story*.

Dad’s Story described a family perspective of coping with an ageing parent who was experiencing progressive cognitive impairment, and the examples of both outstanding and unacceptable care issues experienced from both health and social care services. There were many issues that could have been handled much more effectively and sensitively. The story was very powerful and moving, and clearly had an impact upon the audience.

1000LivesPlus Improvement

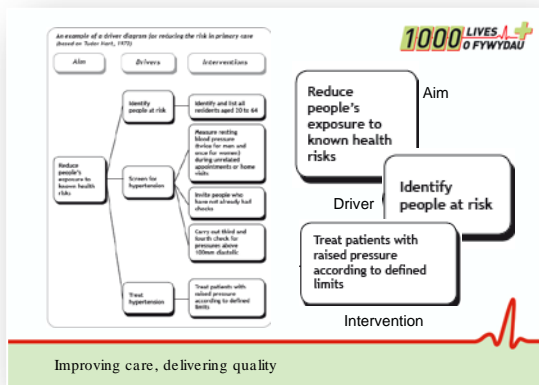
Jan Davies, the joint Director of the 1000Lives+ Programme took the audience through an outline of the Breakthrough Collaborative methodology, explaining the key steps, the need for clarity in determining the overall aim of the Collaborative, and the need to set the plans out by means of a Driver Diagram. The Collaborative approach involves 4 key stages to delivering reliable improvements:



1. Groundwork: selecting the right field of work and establish a steering group or ‘Faculty’ to help identify and validate the necessary changes and improvements
2. Engagement: establishing the network of interested organisations and stakeholders who will join the collaborative and design and implement the necessary tools and techniques

3. Learning Cycles: a schedule of national Learning Sessions to share knowledge and practice with intervening Action Periods that encompass the frontline improvement and development work
4. Sustainability and Spread: incorporating improvements into day to day practice to ensure that good practice is resilient and can be adopted, adapted and spread through the system

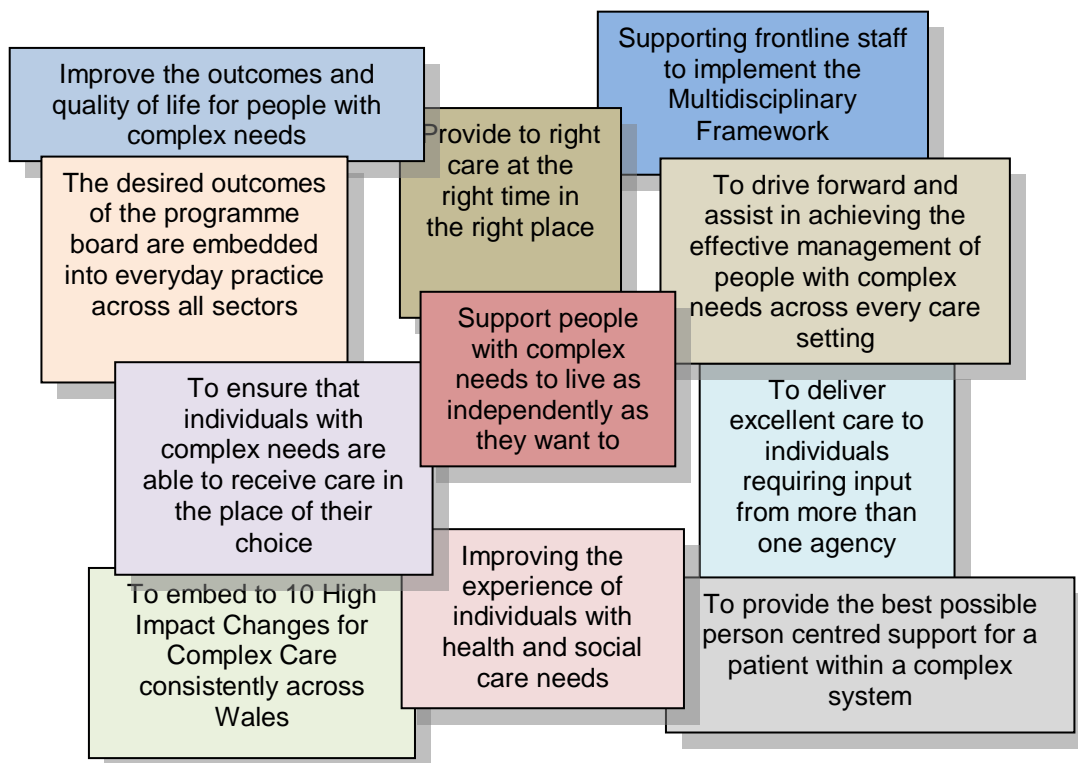
The primary tool in this improvement process is the Driver Diagram. This is a simple diagrammatic explanation of the overall 'Aim' of the collaborative, the significant factors or 'Drivers' that will achieve that Aim, and the important actions or 'Interventions' that if delivered consistently will improve the performance of the Drivers.



To begin the process of agreeing an appropriate Driver Diagram for the Complex Care Collaborative, participants were asked to consider how to describe the overall Aim.

This description needs to be relatively sophisticated; simple enough to be understood without being misinterpreted; sufficiently inclusive of the diverse range of stakeholders; and with the added requirement to be measurable across the broad scope of services delivering care for people living with complex needs.

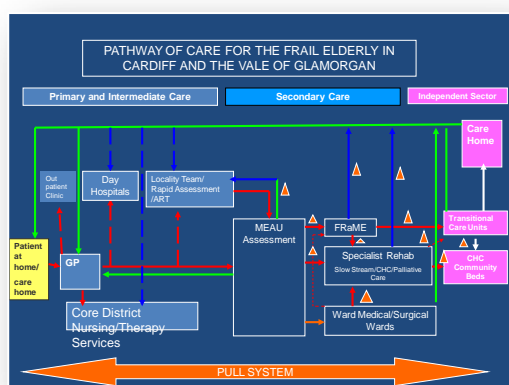
There were a wide range of initial views and in summary the Aim would need to be a combination of: supporting people with complex needs, better personalised outcomes and working together aligned to the 10HICS:



This debate will be expanded further at the next Complex Care Forum meeting, where the Driver Diagram and supporting tools and techniques will be the principal subject of the agenda.

Comprehensive Assessment & Teamwork

Dr Rhian Morse presented a session on the evidence base to support comprehensive assessment for those with complex or enduring needs. This approach recognises and responds to those people with complex and enduring needs, often as a result of multiple system failure. Dr Morse also highlighted the need to learn from the work already undertaken to support improved management of stroke.



Although talking about assessment from the perspective of Geriatrics, the principles and methods to generate a holistic picture of person are completely transferable to any setting or care. The principles also extend beyond any single profession. To provide care for people with complex needs, the whole system must share knowledge, share action and engage in collective decision making. In preparation for the next stage of development participants were asked to consider what they need in practice for effective decision making.

Dr Morse concluded her presentation noting an early study of holistic multidisciplinary assessment in Birmingham, where following such assessment 400 long term hospital patients were discharged to community. The study was published in 1943.

Keynote Address

The Event ended with a Closing Address from Mr David Sissling, Chief Executive of NHS Wales and Director General for Health, Social Services and Children at the Welsh Government. Mr Sissling took the opportunity to congratulate the Programme on the successes of the past year, and the clear evidence that demonstrates a range of positive outcomes. He was clear that the key test for all of the National Programmes was whether it had produced results, and he was pleased to note the CHC National Programme had met these requirements, by achieving a range of success factors that evidenced demonstrable improvement. These included reductions in CHC related delayed transfers of care, improved working between agencies and sectors –including the third sector – and reduced costs compared to previous estimates. His view was that the products developed would have an enduring impact, and that the relevant learning must be captured to inform the broader challenges facing the public sector over the coming year.

Mr Sissling informed those present of the key themes for NHS Wales for 2011/12 and onward announced that morning by the Minister as:

- A focus on prevention as well as treatment;
- Using all opportunities for integrated working and service planning, including the value of third sector contributions;

- A revised approach to secondary care, exploring more network opportunities;
- Transparent decision making, engaging the public in developments and decisions;
- Individual responsibilities for health care needs should be encouraged and supported;
- Ensuring best value – implementing a more reflective approach to how and where we spend public resources.

The CHC National Programme has demonstrated that national level change can be delivered, and the learning from this Programme should be examined in taking forward broader strategic changes.

Mr Sissling concluded by saying the Programme has clearly demonstrated that it is possible to collaborate effectively across all partners, using a process of:

- Focusing resources on the change process;
- Collaborating across all sectors;
- Effective planning, and the use of methodologies as appropriate;
- Focusing on results, rather than process;
- The ability to test improvement via outcome based metrics, built into each stage of the process;
- Visible leadership from the co Chairs;
- Enthusiasm from the Programme Board members, with a strong commitment to make it work;
- Citizen centred thinking.

Based upon the above, Mr Sissling was positive that the legacy from the past year will continue, should be used as an exemplar for other large scale change, and should be used to inform and support the next stage of work via a Complex Care Collaborative.

Closing Remarks

Mrs Jan Williams closed the Legacy Event by thanking Programme Board members for their support and vital contributions to a successful programme of work. She also thanked the wider audience, many of whom are regular supporters of the Complex Care Forum, for their ongoing support, advice and guidance to the Programme team, and for their role in making the Programme such a success.

Copies of reports, papers and information discussed at the Legacy Event are all available from any of the Programme team – details below.

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