

Report

Huddle Test of Change

Edinburgh Integration Joint Board

13th May 2016



1. Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, (EIJB), Board on the approach and actions around the implementation of the Huddle model, to progress improvements on the whole system pathway and discharge from hospital.

1.2 It has come to this meeting as a current standing item.

2. Recommendations

1.3 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking a whole system approach to improve the whole system pathway, including discharge from hospital.

3. Background

3.1 An early action that had been agreed on a whole system basis, through Lothian's Winter Plan 2015-16, was a test of change to develop a *Locality Huddle* model for older people. The approach fits with the Lothian partners' intention of 'doing something differently', and moving away from a bed based model of support for winter surge activity. The origins of the test in Edinburgh, is consistent with the Huddle models implemented in East Lothian, ELSIE, and Midlothian, MERRIT, which have both shown improvements in pathways for people.

3.2 The development of the Huddle model is a key action to meet the commitments in Edinburgh's Strategic Plan, ratified by the EIJB Board in March 2016, that will see each locality coordinating community resources more effectively, with a focus on prevention, early intervention, anticipating and planning for care needs and long term support, as well as the key priority within the plan of people having the right care, at the right time in the right place.

3.3 The Huddle model also fits with the national *Living Well in Communities, September 2015*, priority areas on prevention, pathways and delayed discharges, which sees a key action to reduce the number of bed days occupied through delayed discharge, by testing and implementing innovative solutions to redesign whole system responses across all sectors.

3.4 Instead of the traditional long lead in time planning for change on a large scale across Edinburgh, improvement methodology has been utilised to test this Huddle model in the South East, (SE) locality, with a dynamic approach of direct application of iteratively developing, reviewing and improving the systems and processes to make the change happen successfully.

3.5 Now that progress on infrastructure set up and application is being achieved in South East, the spread of Huddle development will occur in a methodical way in the other three Edinburgh localities over the summer.

3.6 This action orientated work stream contribute to the six priorities agreed in Edinburgh's Strategic Plan:

- Right care, right place, right time
- Prevention and early intervention
- Managing our resources effectively
- Tackling Inequalities
- Person centred care
- Making best use of capacity across the whole system

3.7 It should be noted that the development of the Locality **Hub** model, is associated with the new integrated health and social care organisational and management structure proposals. This is currently being developed through due engagement, governance and consultation processes across NHS Lothian and City of Edinburgh Council health and social care. The Huddle is the triage/assessment function, receiving of referrals, with the various functions being proposed within the Hub providing the services and supports for the outcome required. Current services and supports are being accessed appropriately meantime.

4. Main report

4.1 The aim of the Huddle model is to improve and optimise a way of collaborative working in Edinburgh, to an assets based approach, optimising access to all the community resources from all providers, and improve

integrated working across Acute, Primary care and Health & Social Care services, ensuring people are in the right place at the right time by:

- preventing avoidable admission
- increasing the number of supported discharges in each locality
- developing a co-ordinated, responsive and preventative model of care through the locality hub approach

4.2 The Huddle development will allow people to:

- stay at home safely
- be discharged home safely, within 72 hours of discharge decision being made
- receive the right care and support in a responsive manner

4.3 The Edinburgh H&SC Partnership took ownership of the Huddle test of change in October 2015, and the South East team have been actively working strategically and operationally, through the key elements of the agreed Project Plan to:

- Develop referral mechanisms and pathway: this is complete, and is starting to be tested using real cases. Iterative improvements will be made moving forward, and will include the learning from the implementation in the other three locality areas as well.
- Identify the Huddle infrastructure requirements and costs: this is almost complete. Final structural changes to the Liberton facility are underway. Daily huddles are now operational in South East after having been tested to ensure timing and information availability is optimised, as well as being clear about where responsive support will occur. Cases are now being actively worked through in South East, with a portfolio of Case Studies being developed for future learning about different actions that may have been taken to support people in a more appropriate setting rather than being admitted to hospital, or actions to expedite discharge arrangements. These cases are also being used to test the tracking of information gathering that will be required moving forward, to measure impact. Huddles are being developed in the other three localities too, and will become more established over the summer months.
- Consider workforce, recruitment and training requirements and costs: Clinical Support Workers have been recruited to enhance the ability to respond to meeting needs at short notice. Wider discussions are

underway to consider the wider workforce improvements associated with the Hub proposals being developed, with a high degree of enthusiasm and willingness encountered thus far within the Huddle environment, to optimise relationships, and contributions for various groups of staff.

- Identify how impact will be measured, and performance monitored, recorded and reported: a key set of measures have been identified for Huddle activity, with our Healthcare Improvement Scotland, (HIS), Local Integration Support Team, (LIST), member who is supporting the Edinburgh H&SCP, contributing to the development of the performance framework. The initial consideration for impact measures is identified in *Annex 1*, highlighting why these measures have been identified. It is clear that, as there are various methods of data collection across systems and sectors, this does create a challenge going forward. Currently Performance Team colleagues do have the outline recording and monitoring tracking sheets that are being developed in South East in order to determine the most effective, robust method of data collection for the baseline, impact evaluations, as well as refining the data collection mechanism for the whole of Edinburgh, moving forward.
- Develop a communications strategy, in order that staff and other stakeholders are informed of improvements: this is underway, and will be part of the overarching Strategic Plan communications to identify progress against the agreed priorities.
- Identify mechanism for evaluation of the implementation process itself: HIS colleagues are involved with the EHSCP on this, to evaluate how an action orientated iterative improvement method has impacted on staff, and their ability to do something differently.

4.4 To progress the South East Huddle Test to the whole of Edinburgh, there was a workshop for key clinical staff, managers and other stakeholders on the 29th January to share the early learning, Project Charter and Outline Project Plan. This included sharing the experience of some of the key challenges encountered. Key actions from this session included:

- Each of the Interim Locality Managers in the other three areas are now underway in identifying their Huddle base, and setting up their own operational groups
- The Huddle Operational and Steering Group membership reflecting the agreement to include older people with mental health within the

Huddle, and other key stakeholders such as the ambulance service, and workforce development.

- The importance of securing project management support, and a case being made for this
- Agreement on the core measures, and securing the support to develop and administer this
- Each Huddle ensuring local engagement with the third, independent and housing sectors to optimise opportunities for improved outcomes and effective use of resources
- Ensuring links with the professional advisory group
- Development of a communication strategy, in line with the Strategic Plan priorities, for both staff and wider communities to help keep people informed of new ways of working
- Agreement to have another learning event in three months to take stock on progress. This has been arranged for the 3rd May 2016, where a wider group of Edinburgh wide stakeholders will attend to share learning so far, and agree on refinements that require to be made.

4.5 The wider stakeholder Huddle learning event on May 3rd will draw on the feedback from the South East Team thus far, looking at:

- What is working well
- Where have the challenges been and how these are being overcome
- Progress on the referral pathway
- Points of access and relationship with Social Care Direct, General Practitioners, housing and third sectors
- Progress on responding to referrals, and how clinical/COMPASS, hospital at home and other functions are being deployed
- What needs further work and improvement
- How are the agreed measures being collected – what do the baselines look like?

4.6 The event will also highlight the next steps that need to be taken to consider:

- What do the Edinburgh wide Huddle Steering Group and wider whole system colleagues need to help with
- Evaluate how the continuous improvement and ongoing engagement approach has been applied

4.7 The level of willingness of staff in South East to do their jobs in a more collective and collaborative way has been evident through the energy they have brought to this innovation, with feedback thus far including a feeling of

empowerment to find solutions in this iterative improvement process, within current professional frameworks. Having third sector colleagues involved at the early planning and operational stages has also provided a key focus on prevention, key connections to seek advice and provide early intervention and support to avoid crisis occurring. Contributions from the housing and independent providers are being explored to optimise opportunities for improving outcomes and effective use of resource.

5. Key risks

- 5.1 By way of assurance, key risks are captured by the Huddle Steering Group, on a risk register, and managed accordingly.
- 5.2 Key risks are associated with patient experience, quality of care, and performance against standards and targets for delays in discharge. In time, the performance information will clearly identify progress made across Edinburgh, however there is pressure to deliver quickly, which is not always conducive to an iterative action orientated improvement process.
- 5.3 There was an early risk that the partners can't agree a process, principles or methodology for taking improvements forward. Based on the South East experience, thus far, the Edinburgh wide Huddle Steering Group and Learning events this now seems low.
- 5.4 If due process of engagement, involvement, consultation and communication about the wider Hub proposals are not robust, and don't include learning from the Huddle experience, to inform the process going forward, there is a risk that there may be resistance to change operationally in the long term.

6. Financial implications

- 6.1 There has been start up costs associated with the South East Huddle Test of around £210k, for the clinical support worker posts, and SMART Boards for all four localities. There are likely to be additional infrastructure and project management and support costs moving forward, which will be developed.

7. Involving people

- 7.1 Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal

consultation process as part of developing the Strategic Plan, with these work streams being key actions to deliver against the agreed priorities within the Strategic Plan.

7.2 Health and Social Care Locality Managers, and professional leads continue to engage and involve stakeholders across their localities and communities.

8. Impact on plans of other parties

8.1 The key impact of the Huddle development is on the whole system pathway for older people, which will impact partners within acute care. To this end, the IJB Chair arranged a whole system *Whole System Pathway Improvement* event for Edinburgh was arranged on the 8th March 2016, for the senior management teams across the Royal Infirmary and Western General Hospitals, and the IJB Executive Team, to consider the key priorities and impacts for discharge from hospital and other preventative measures.

8.2 Senior managers for across the system took ownership of the key actions from this event, which included:

- Exploring the use of the Key Information Summary,(KIS), and the Anticipatory Care Plan(ACP), to allow decision making for people who have a long term condition and are known to the services, in order that they can receive the right care at the right time in the right place.
- Considering admission avoidance options for people who may present at the front door of the hospital
- Improve the process of referral to social work, reducing delays between referral and assessment, and delays between assessment and matching
- Improving capacity and flow through our re-ablement function
- Improvements in the capacity and flow associated with ambulance and other transfers to and from hospital

8.3 This initial *Pathway Improvement* event is being followed up by a second stakeholder event on the 10th May 2016, that will include a wider group of stakeholders from health, social care, third and independent sector colleagues, as well as colleagues from East and Midlothian as there may be implications for their overarching pathway too, however, they both have locality huddle models now established, as highlighted above.

8.4 Additionally, there are links with the Anticipatory Care Plan and High Resource Individuals that is being undertaken across Edinburgh, and this has

actively been included in the Huddle development work, to ensure appropriate preventative responses too, for those small number of people who use 50% of the Health and Social Care resource a high level of service.

Background reading/references

Living Well in Communities 2015:

<http://blogs.scotland.gov.uk/health-and-social-care-integration/2015/12/02/living-well-in-communities/>

<http://www.google.co.uk/url?url=http://www.ccpsscotland.org/hseu/wp-content/uploads/sites/2/2015/10/LWiC-design-proposal.docx&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjw39Ly5fHKAhUJVhQKHWD4CGgQFgggMAQ&usq=AFQjCNG1dfB04c9fCi-iUENVhmS4Aq4bog>

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Links to priorities in strategic plan

Priority 1- Tackling Inequalities

In particular being an active partner in the locality based multi-agency Leadership Teams designed to tackle inequalities, and engaging with a wide range of community based organisations at the locality level in a preventative approach which recognises and works alongside community assets

Priority 2 – Prevention and Early Intervention

People will be supported through appropriate response, to remain at home or in a homely setting

Priority 3 – Person Centred Care

Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged.

Priority 4- Right Care, Right Time, Right Place

People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged.

Priority 5 – Making best use of the capacity across the system

It is clear from previous recommendations associated with Living Well in Communities and delayed discharge management, that there is room for improvement to make better use of workforce, capacity and financial resources in a more cohesive way

Priority 6 – Managing our resources effectively

As priority 5

Annex 1

Outline Impact Measures for Testing Locality Huddle Model

The Measure	Why are we collecting this information
Referral source	<ul style="list-style-type: none"> • Identifies where in the pathway the person was considered for the service: <ul style="list-style-type: none"> • Community – crisis interventions • Community – prevention and maintenance interventions and supports • Ward – risk of readmission • Ward – supported discharge • Urgent – review within a week • Acute – risk of admission – review within 24 hours • Clarifies on-going issues and advice to referrers
<p>Those:</p> <ul style="list-style-type: none"> • At high risk of admission to hospital • With Anticipatory Care Plans (ACP) • Was ACP used 	<p>Identifies:</p> <ul style="list-style-type: none"> • Appropriate referral to the Huddle • Impact on flow and appropriate avoidance of hospital use • Person’s wishes about preferred place of care to be taken into consideration • Learning and potential increase in ACP use

<p>Outcome of referral:</p> <ul style="list-style-type: none"> Accepted – reason why Not accepted – reason why, and any onward referral/sign posting 	<p>Identifies:</p> <ul style="list-style-type: none"> Data for service to be collated against criteria and pathway Learning and communication with referrers to refine for appropriate referrals
The Measure	Why are we collecting this information
<p>Those accepted to service:</p> <ul style="list-style-type: none"> Profile of service users Response Interventions Duration Outcomes Numbers 	<p>Identifies:</p> <ul style="list-style-type: none"> Impact on community service resources, response and design Impact on person receiving service
<p>Data for 75+ Registered with South East GP</p> <ul style="list-style-type: none"> Inpatient Discharge Length of Stay Emergency Department Attendances 	<p>Identifies:</p> <ul style="list-style-type: none"> Impact on flow into and from acute hospital Information for the proposed Hub about potential discharge support activity
<p>Liberton Day Hospital Interventions and length of stay</p> <ul style="list-style-type: none"> Current and Future, once Hub operational 	<p>Allows:</p> <ul style="list-style-type: none"> Evaluation of change in ways of working Impact on proposed Hub service resource, response and design

<p>Rate of readmission for South East people, within 7, 14 and 28 days</p>	<p>Allows:</p> <ul style="list-style-type: none"> • Review of cases • Learning about future interventions and case management
<p>The Measure</p>	<p>Why are we collecting this information</p>
<p>Experience of:</p> <ul style="list-style-type: none"> • Person receiving service • Staff providing service, including preparation, training and support 	<p>Allows:</p> <ul style="list-style-type: none"> • Learning for spread • Impression of impact • Continuous improvement for comprehensive, integrated flexible team development for sustained change • Contributes to our learning organisation