

IN SUCCESSFUL TRANSFORMATION,
A LOT OF CHANGES AREN'T ABOUT
ASKING FOR NEW MONEY –
BUT MAKING THE MOST OF WHAT
WE HAVE.

HEALTH AND SOCIAL CARE

Please wait...

The Better Care Fund



NEWTON

“WHY NOT HOME, WHY NOT TODAY?”

PUTTING A STOP TO DTOC

1. The best way to help patients through discharge is to ensure the focus on their longer term recovery. DTOC is a symptom of system malfunction, not of itself a root cause. Put the patient first and the rest will follow.
2. Solve the biggest challenges using fact, not opinion. Measure the right data, prioritise effectively, collaborate with system partners to problem solve. At all levels, continuously.
3. No one part of the system is ‘to blame’ - all constituent parts play a part in generating DTOC – and also in achieving the solution. 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.
4. The local **journey** matters more than the specific solutions developed.

GET STARTED

“WHY NOT HOME, WHY NOT TODAY?”

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CLICK ONE...

WHAT
WAS DONE

CLOSER LOOK AT THE
SYMPTOMS

UNDERSTAND
WHY
IT IS HAPPENING

WHERE
TO GO FROM HERE





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PURPOSE

INITIAL 2-WEEK
ASSESSMENTS

STAKEHOLDERS
AND FUNDING

TOP LEVEL
FINDINGS





CLICK ONE...

WHAT
WAS DONE

CLOSER LOOK AT THE
SYMPTOMS

UNDERSTAND
WHY
IT IS HAPPENING

WHERE
TO GO FROM HERE

PEOPLE WAITING
FOR A DECISION
[36% OF DELAYS]

PEOPLE WAITING
FOR A PLACEMENT
[33% OF DELAYS]

PEOPLE WAITING
FOR SUPPORT AT
HOME
[23% OF DELAYS]

BEHAVIOURS





CLICK ONE...

WHAT
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IT IS HAPPENING

WHERE
TO GO FROM HERE

UNDERLYING
THEMES

TRUST



CLICK ONE...

EXIT



WHAT
WAS DONE

CLOSER LOOK AT THE
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UNDERSTAND
WHY
IT IS HAPPENING

WHERE
TO GO FROM HERE

SYSTEM SUMMITS

FIXING DTOC

EARLY IMPACTS IN
SHEFFIELD

PRACTICAL STEPS
THAT CAN BE
TAKEN NOW



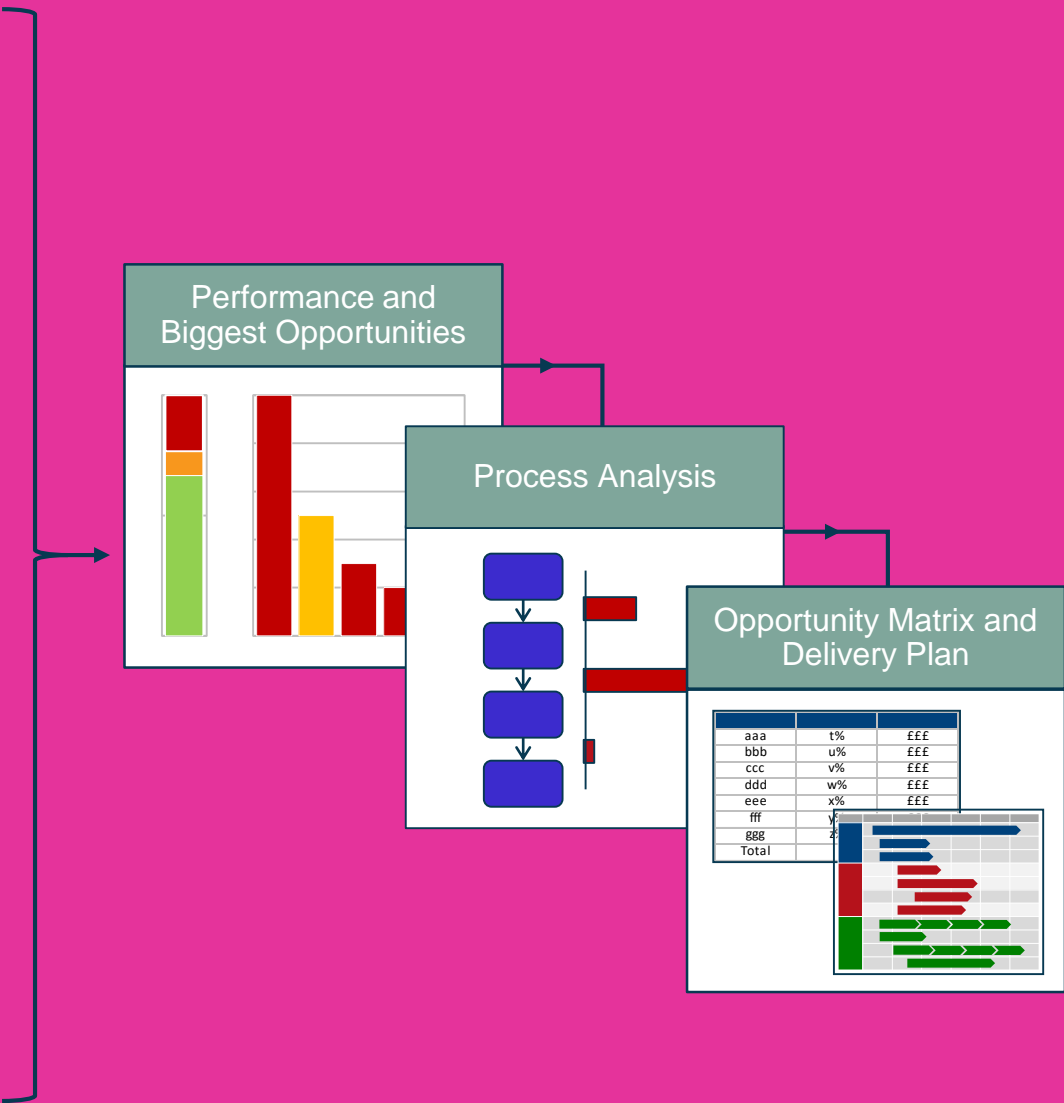
INITIAL 2-WEEK ASSESSMENTS

6 PATIENT PATHWAY WORKSHOPS WITH 100+ STAFF

130+ CASES REVIEWED

2800+ BEDS REVIEWED ACROSS THE NORTH

80+ ONE-TO-ONES



AREAS STUDIED:
SHEFFIELD
NORTH CUMBRIA
FYLDE COAST

WORKING WITH:
COUNCILS
NHS TRUSTS
CCGS

May – July 2017



INITIAL 2-WEEK ASSESSMENTS

Sheffield

CCG Peter Moore, Director of Strategy
City Council Phil Holmes, Director of Adult Services
NHS Teaching Hospital Trust Michael Harper, Chief Operating Officer

North Cumbria

CCG Stephen Childs, Chief Executive Officer
County Council Brenda Smith, Director of Social Services
Community Trust Claire Molloy, Chief Executive Officer
Acute Trust Stephen Eames, Chief Executive Officer

Fylde Coast

CCG Blackpool David Bonson, Chief Operating Officer
CCG Fylde & Wyre Peter Tinson, , Chief Operating Officer
Blackpool Council Karen Smith, Director Adult Services
Lancashire County Council Tony Pounder, Director Adult Services
NHS Teaching Hospital Trust Wendy Swift, Chief Executive

There are three central groups:

Funding came thanks to the Better Care Fund, overseen by Rosie Seymour their Deputy Programme Director.

At the centre of all the activity are both NHS England and The Local Government Association who commissioned the work.

In NHS England there is Tim Barton, Senior Manager Northern Intervention and Support Team; and Richard Barker, Regional Director for the North.

In the Local Government Association there is Amanda Whittaker-Brown, Programme Manager; and Andy Hughes, the Head of Care and Health Improvement.



EXIT



TOP LEVEL FINDINGS

2889

BEDS STUDIED

113 (23%)

PEOPLE WAITING FOR SUPPORT AT HOME

42

OTHER DELAYS

180 (36%)

PEOPLE WAITING FOR A DECISION

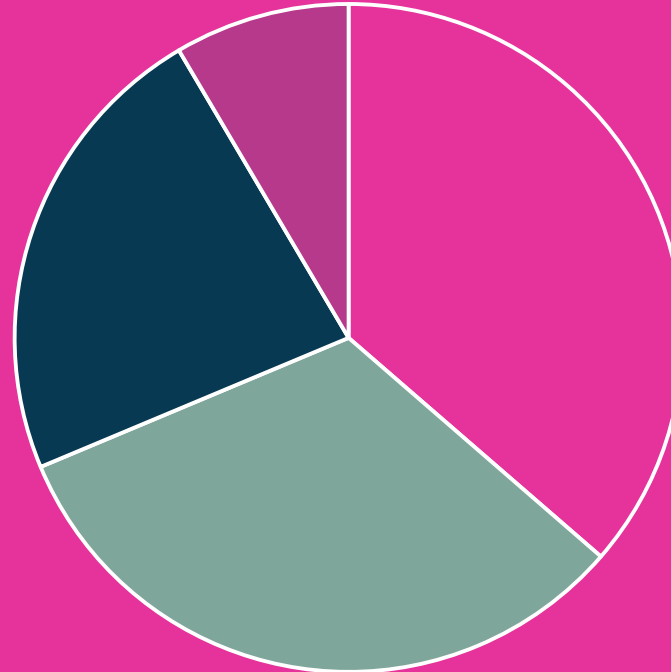
ACROSS ALL SYSTEMS, THE AVERAGE NUMBER OF DELAYED BEDS WAS

17%

...ONLY 10% WERE REPORTED AS DTOC

“During this study, DToCs reported as a percentage of total medically optimised delays varied significantly, with one system reporting 23% of medically optimised patients as DToC and another 69%.”

501
TOTAL DELAYED BEDS



160 (33%)

PEOPLE WAITING FOR A PLACEMENT

281

WERE REPORTABLE DTOC



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Everywhere you go...

...particularly if you work in health or social care, people will tell you stories of friends or family members, usually the elderly and vulnerable, who are admitted to hospital for whatever reason – and then remain there, because the systems that might support them in getting out of hospital do not function as best they could – and should.

However, there is a strong narrative amongst senior leaders and the media suggesting that the current challenges with DTOC are almost exclusively related to failures in social care.

Our evidence suggests that this extreme view is not the case and whilst social care, as any other part of the system, has a role to play, that the drivers underpinning DTOC are spread evenly, across the key system partners.

The purpose of this work is to share experience and to make a contribution to the national learning on this major issue of system, process and decision-making misalignment, which, day in, day out, results not only in such widespread unhappiness and ill-health, but also represents a hugely significant waste of precious resource.



CASE STUDY: FYLDE COAST

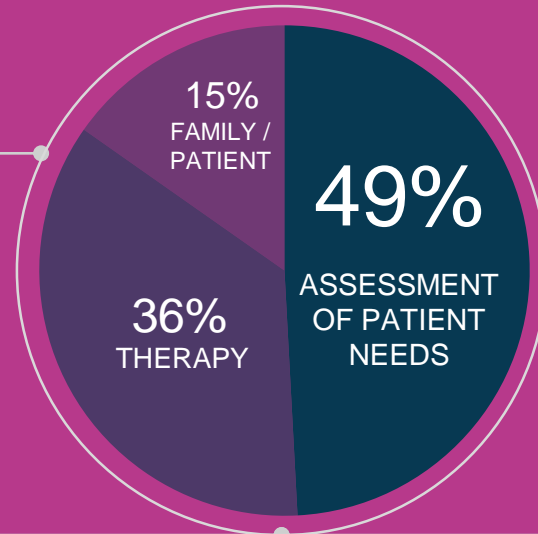
130 BEDS DELAYED OVERALL

PEOPLE WAITING FOR A DECISION

In Fylde Coast the largest cause for delay was due to people waiting for their pathway out of hospital to be decided

EQUIVALENT TO

59 BEDS



60%

COULD BE DONE IN A NEIGHBOURHOOD SETTING

WHY?

- INCONSISTENT DECISION MAKING
- LACK OF KNOWLEDGE & TRUST OF SERVICES
- NO CLARITY OF OWNERSHIP
- LACK OF GOAL SETTING

40%

COULD BE DONE IN PARALLEL

WHY?

- POOR MATCHING CAPACITY OF ALL SERVICES TO DEMAND
- LOW VISIBILITY OF NEXT STEPS
- NO OWNERSHIP OF DECISIONS



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CASE STUDY: SHEFFIELD

221 BEDS DELAYED OVERALL

WAITING FOR A PLACEMENT

In Sheffield the biggest cause of delays was due to people waiting to move to intermediate beds, nursing or residential care settings

54%

OF THESE PEOPLE COULD HAVE BENEFITED FROM A DIFFERENT SETTING OF CARE.

36

BEDS WOULD BE FREED UP IF THESE PEOPLE HAD BEEN SUPPORTED IN GETTING HOME

90%

OF THE TIME, THE BEST PLACE FOR THESE PEOPLE WAS HOME WITH SOME EXTRA SUPPORT

45%

OF THE TIME, THIS WAS DUE TO A RELUCTANCE BY THE DECISION MAKER TO TAKE A PERCEIVED RISK WITH A MORE 'INDEPENDENT' SOLUTION.



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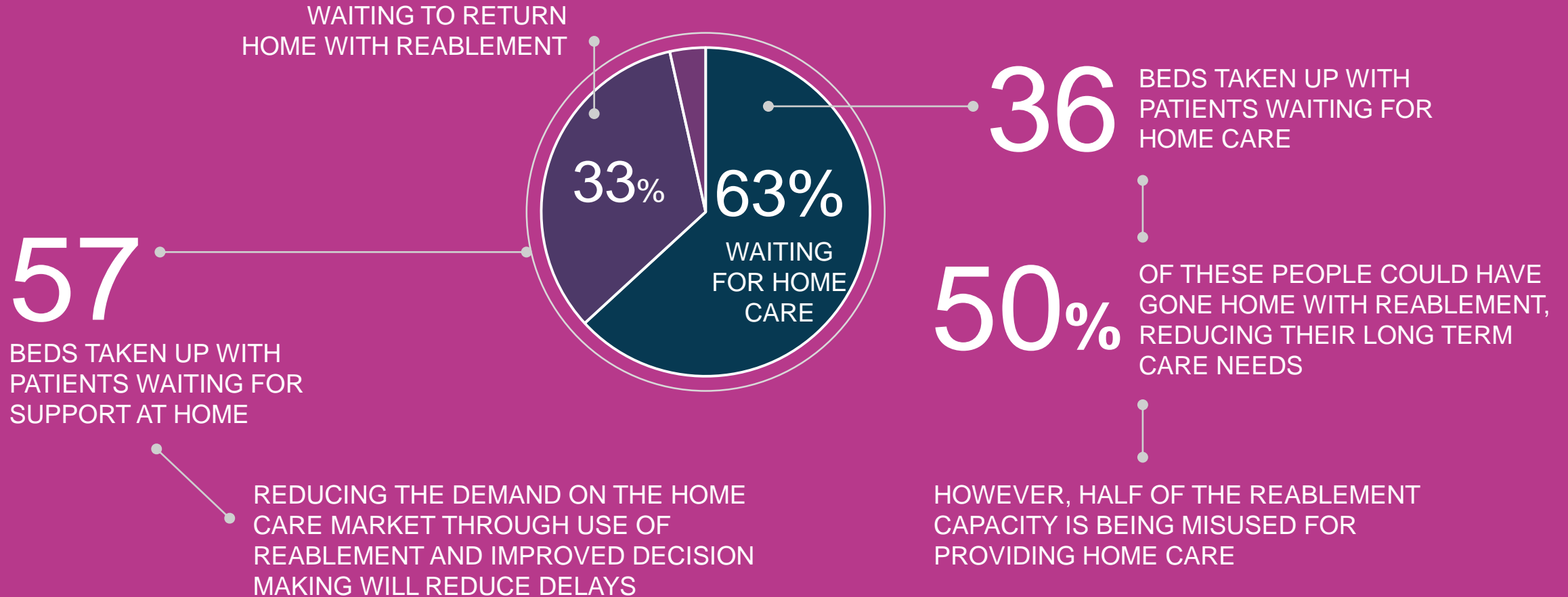


CASE STUDY: NORTH CUMBRIA

150 BEDS DELAYED OVERALL

WAITING FOR SUPPORT AT HOME

In North Cumbria the largest cause of delay was due to waiting to go home with support



BEHAVIOURS

Through one-to-ones, workshops and anonymous surveys, the difference between the behaviours and relationships today vs. what was described as being 'ideal' was stark.

Generally there was a lack of trust between organisations in the system although a good deal of consistency in what it should be like if it's to work well.



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ROOT CAUSES

Looking into the data and intelligence from frontline staff more closely, the team identified a set of underlying organisational causes:

Lack of **trust** and feeling of fear

Transaction, rather than whole system thinking and talking

Complexity of pathways

Lack of credible, granular **evidence** to support improvement

Trying to do **too much**

Lack of appreciation of **different cultures**

Habits - the way things have always been done



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Lack of trust and feeling of fear...

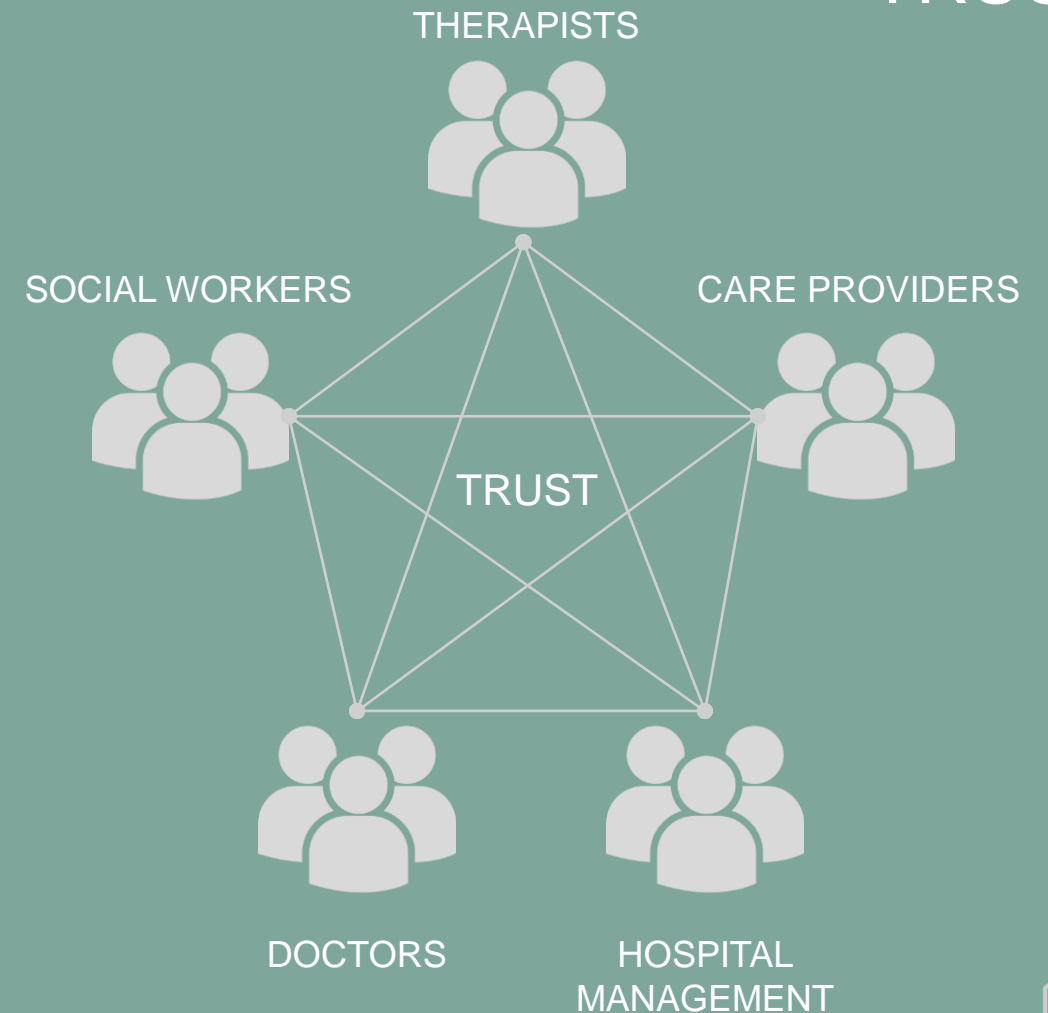
At every level, both within and across organisations, staff expressed fear of the consequences of changing the way things are done or of driving the decision-making process.

From physiotherapists expressing fear of litigation to senior leaders debates over how iBCF funds would be used, trust was not there.

Trust is crucial. In an environment of fear and suspicion, staff are:

- More likely to default to the 'safe', habitual solution, avoidance of risk taking a higher priority than outcome
- Less likely to try new ideas or adopt new approaches
- Less likely to maintain and use a consistent set of information

Use of information and clarity of communication frequently compounds the trust issue; friction arises between people when snapshots of the data are viewed from differing perspectives at differing points in the process.



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SYSTEM SUMMITS



Across all three areas, DTOC summits have been held, bringing together colleagues from across all parts of the system.

After presenting the assessment, the audience divided into groups to discuss the three main findings, each headed up by system leaders. Groups were set the task of defining a short term plan to be prepared for this coming winter and a longer term plan to reduce DTOC more permanently.

A key feature of these summits has been a 'leave your badge at the door' mindset. This tactic has been very effective - to the extent that it has been difficult to work out who works for which organisation on the day. Through these events a culture of shared accountability is emerging.



Top Tips from Summits...

"Why not home, why not today?" asked every day, for every patient during board rounds

Don't make long-term decisions for patients whilst they are in hospital

Work to remove talk of "failed discharges"

Make the best way the easiest way

Assume best intent when interacting with system partners



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Part 1: Mindset and Approach

The mindset required to tackle DTOC and work effectively as one system demands that leaders model the right behaviours.

Themes emerging from the three areas suggest a set of 5 practical behaviours are needed to drive the improvement:

1. Gaining buy-in to the cross-system mindset (**One Voice**)
2. Being open and making the call when behaviours slip, especially when the system is stressed. (**Use the Data**)
3. Creating a safe environment to share concerns (**Co-Location**)
4. Protecting time to plan (**Summits and Forums**).
5. Holding each other to account (**Honest and Fair**).

The approach to large-scale and sustainable change is key

[See Model for Change](#)

Part 2: The what and when – Three-phase Plans

It has to be said that reaching the point where DTOC is a thing of the past could take some time, and is unlikely to be straightforward. From the experience of this work, other systems and areas are encouraged to break down their approach into three main phases:

1. **Get Control – 4-6 months**
2. **Right Practice – next 12 months**
3. **New Solutions – looking to the future**

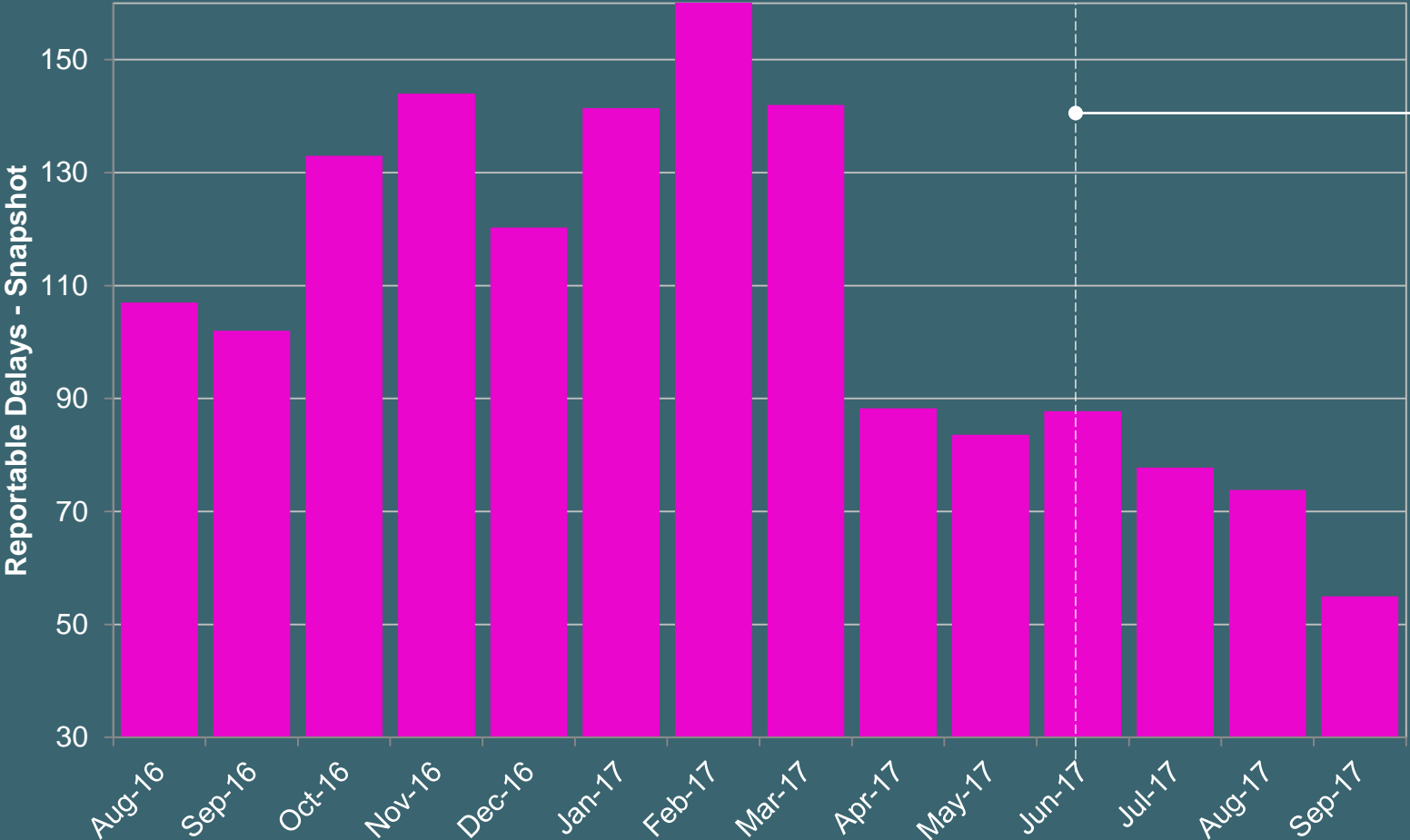


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EARLY IMPACTS IN SHEFFIELD

All Reportable Delays in Sheffield



Sheffield begins 'Space for Winter' initiative

~35% improvement

...work is still needed to ensure this is sustainable and built on further



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PRACTICAL STEPS THAT CAN BE TAKEN NOW

There is no easy solution to reducing delays, and making sustainable progress will take time. It is recognised that all systems will be at different points in this journey, below suggest some specifics which if aren't already happening would be expected to make a rapid impact on delays for patients:

Systems to agree and align on **one joint set of priorities** – guided by local evidence and understanding

Frame all activities around **improving outcomes for patients** – “Why not home, why not today?”

Every system to have cross-system access and understanding of one **(ideally live) list of delayed patients** – including the length of time each patient has been on it

Run daily task and weekly escalation meetings with representatives from all partners to take action against the list of delays

Hold **weekly face to face meetings** between a small group of leaders (executive level) from across partners to problem solve current blockages

Ensure **reablement** is resourced to support the aim of ensuring that more patients recover in their own homes



CONTACT US

Please look out for the full report which is available at
www.reducingdtoc.com

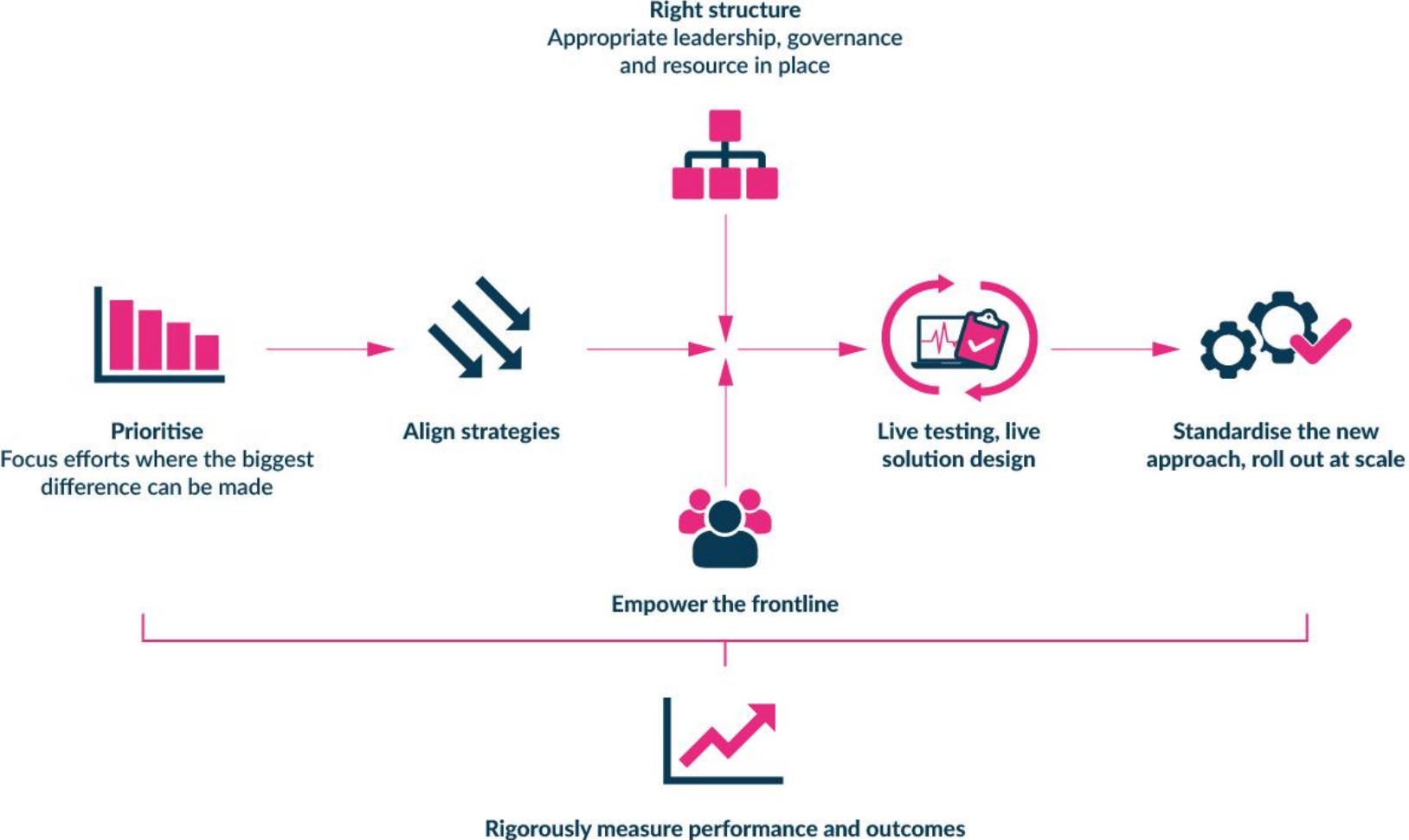
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HIT 'ESC' TO EXIT



MODEL FOR CHANGE



BACK

