A City’s System Approach to Complex Needs Provision

**BACKGROUND**

Over 18 months the Flow Team at AQuA analysed and reviewed an array of worldwide research, evidence and experience of trying to improve ‘patient flow’ across integrated Health and Social Care Systems.

**RESEARCH QUESTION & METHODOLOGY**

Employing current and emerging evidence on ‘whole system approaches’ across health, social care and housing we used the following methodologies:

1. Data collection of frequent AED attenders, Alcohol related admissions, admissions data, length of stay and primary care data.
2. Understanding the views of the housing and voluntary sector supporting people with multiple and complex needs.
3. AQuA’s Lived Experience Leads undertaking a wide and varied discussions with service users, staff and families across NHS, Housing, Voluntary Sector, using multiple methods of 1:1 interviews and focus group approaches.

**PRELIMINARY RESULTS**

AQuA’s findings are summarised in here...

It was at this point that AQuA’s “FLOW - Improving System Pathways” (FISP) programme was developed as a discovery programme embedding a co-production approach, focused around the 4 areas highlighted above. Three member systems were successful in applying to be our test system, Liverpool being the most complex.

**CULTURE**

The creation of a strategy owned by all contributors to the system.

**SYSTEM INTEGRATION & COMMUNICATION**

Development of conversation across services and the involvement of staff and services users.

**LEADERSHIP**

An understanding of the system’s culture and its impact on this cohort of people is required in order to improve it.

**DISCHARGE PROCESSES**

Prioritisation of discharge processes to support improved patient flow.

**END OF LIFE CARE**

Improved support and training for staff.

**END OF LIFE CROSS CULTURAL GROUP**

Formation of an integrated service user engagement community of practice led by users by experience.

**CONCLUSION & DISCUSSION**

The preliminary results of applying the learning for Whole System Flow are promising.

They have enabled accountability for services supporting this client group. Evidence suggests that systems are now working more collaboratively, removing barriers to access and better FLOW for the individual. Some current work in response to diagnostic phase being undertaken include:

- Alcohol Related Brain Injury co-production community of practice across academics, health, social care, mental health and users by experience breaking down the barriers to access for those with multiple needs i.e. dual diagnosis.
- Alcohol related admissions, length of stay and primary care data.
- End of life cross cultural group which aims to deliver improved quality of prescribing EoL for individuals with substance misuse issues.

**RECOMMENDATIONS**

Could a ‘whole system approach’ be used to better explore, define and understand the quality of care across a city systems to improve the care for people with complex needs defined below?

**SMD 1**

Experiencing 1 disadvantage domain only (e.g.)
- Only Homelessness
- Only Substance Misuse
- Only Offending

**SMD 2**

Experiencing 2 out of 3 disadvantage domains as identified in SMD 1

**SMD 3**

Experiencing ALL disadvantage domains as identified in SMD 1

**REFERENCES**

2. Could a ‘whole system approach’ be used to better explore, define and understand the quality of care across a city systems to improve the care for people with complex needs defined below?

We are some way off achievement of our VISION, but continue to work towards this in the following year.