

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 13 February 2018

Title of report: Update from Locala

Purpose of report:

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the various updates from Locala.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information only
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Director</u> & name Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance? Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	No – The report has been produced to support the discussions with Locala
Health Contact	Jane Close – Director of Operations Locala

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**
 - 1.1 Locala Community Partnerships provides NHS community services to people in Kirklees. Locala is a Community Interest Company (CIC) which is an independent not for profit social enterprise.
 - 1.2 Locala covers a wide range of services that include health visitors, school nurses, foot care and physiotherapy. Locala provide its services from various locations such as health centres, surgeries and in the home.
 - 1.3 Representatives from Locala will be in attendance to provide the Panel with updates on a number of areas including: The Care Quality Commission (CQC) inspection; its Governance Structure; Winter Pressures; and Podiatry Consultation. Further detail is provided in the attached reports.
 - 1.4 The Panel will also receive an update at the meeting on the work that Locala is doing to help reduce admissions to hospital and the future arrangements for Maple Ward at Holme Valley Memorial Hospital.
2. **Information required to take a decision**
N/A
3. **Implications for the Council**
N/A
4. **Consultees and their opinions**
N/A
5. **Next steps**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
6. **Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
7. **Cabinet portfolio holder's recommendations**
N/A
8. **Contact officer**
Richard Dunne, Principal Governance and Democratic Engagement Officer, Tel: 01484 221000 Email: richard.dunne@kirklees.gov.uk
9. **Background Papers and History of Decisions**
N/A
10. **Service Director responsible**
Julie Muscroft, Legal, Governance & Monitoring

**CQC Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017.**

Background and Context.

Locala was inspected by the Care Quality Commission [CQC] in October 2016. This inspection resulted in two inadequate ratings for our Integrated Community Care Teams [ICCTs] and our Intermediate Care facility in Maple Ward at Holme Valley Hospital. A key theme that was highlighted as the 'golden thread' of failure throughout the inspection related to Locala's approach to quality and safety across the organisation and the lack of associated systems and processes

A program of improvement had commenced prior to the inspection, however post inspection this was accelerated and additional resource brought in to work with the organisation to embed a program of quality and safety improvements. Locala recognised that there were a number of basic quality and safety systems and processes that were not embedded within the organisation and that this lack of systematic, robust and inconsistent delivery of the quality agenda resulted in a lack of assurance for both the Locala board and its key stakeholders.

The final CQC reports containing the details relating to the inspection were published in May 2017, each report contained a range of actions that Locala were required to deliver. The actions fell in to two categories; Must Dos and Should Dos, each with a timescale for delivery.

Locala established at pace a CQC Quality Improvement plan that contained over 150 actions identified by the CQC and a delivery group was convened consisting of colleagues from across Locala who continue to meet weekly to deliver the actions.

Governance.

The importance that Locala has applied to the Quality and Safety agenda is reflected in the fact that Quality and Safety is the organisations' number one priority for this financial year. This commitment is reflected in 'Shifting the Focus' Locala's strategic plan

For 2017/18 that highlights Quality and Safety as its main concern and area of greatest focus.

The delivery of the CQC quality Improvement plan is monitored in the following fora;

- The monthly Locala Operational Board;
- The monthly CCG Quality Board;
- The monthly Executive Management Team oversight meeting [attended by the Director of Nursing from South West Yorkshire Partnership Foundation Trust as a separate strand of assurance];
- CQC relationship meetings;
- The weekly Locala CQC Quality Improvement Plan delivery group meeting.

Evidence of progress.

Currently in overall terms 84.8% of the CQC Quality Improvement Plan has been delivered and 9.1% is yet to be delivered and 5% is on hold.

We have stratified our evidence of delivery in to the 5 CQC domains;

- Safe
- Caring
- Responsive
- Effective
- Well Led

We can demonstrate improvements in the SAFE domain in the following ways;

- *Safety is Locala's number one priority and this is explicit across the whole organisation. This has been shared in Locala's Operational plan and the Shifting the Focus plan.*
- *Safety performance is measured rigorously and reported at Board level internally, externally and to the CQC.*
- *Locala does not have unacceptable levels of serious incidents or never events and has processes in place to assure this position. [Zero never events and 9 Serious incidents year to date]*
- *Effective incident reporting processes are now in place as evidenced by the 48 hour review process.*
- *When benchmarked Locala has excellent reporting rates for low harm, no harm and near misses demonstrating a positive, open reporting culture.*
- *Over the last year Locala can demonstrate a steady track record of improvement in the quality agenda particularly with regards to reporting, investigation and learning from incidents.*
- *A substantive Director of Nursing and Quality is now in post.*

We can demonstrate improvements in the CARING domain in the following ways;

- *Regular quality walkabouts assure the quality of the services that we offer to our patients and their carers, this process has been quality assured by the CCG.*
- *Our stakeholders have been part of this process and have provided positive feedback.*
- *The number of complaints we receive are on average 8 per month over the last year.*
- *The % of our patients likely or extremely likely to recommend Locala has remained above 95% across the organisation all year as reported in the monthly Quality report to the Locala Board and to the CCG quality Board.*
- *The number of compliments that we receive from our patients and their relatives remains positive.*
- *Duty of Candour is embedded across the organisation as evidenced by a recent organisational wide survey monkey demonstrating a wide understanding of DoC.*
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We can demonstrate improvements in the RESPONSIVE domain in the following ways;

- *Complaints are used as an opportunity to learn and themes and trends are identified to ensure that we make improvements to our services.*
- *Significant work is underway to ensure that every complainant gets a timely and personal response to their query, concern or complaint. A new set of KPIs relating to complaint handling are currently being embedded based on best practice in both healthcare and the service industry.*
- *Duty of Candour is embedded across the organisation and assurance of this position is gained through the review of S1entries where colleagues are documenting 'saying sorry' when things go wrong.*

We can demonstrate improvements in the EFFECTIVE domain in the following ways;

- *We have quarterly meetings with ICCTS, 'Adopt a Site' with senior management presence,*
- *Band 6 development meetings, Band 7/6 weekly meetings to standardise and implement management processes.*
- *Appointment of the Clinical Educator, commenced in post 6th November 2017.*
- *Realignment of operational responsibilities, therapists are managed by therapy leadership and separation of the Adult planned activity v reactive work with the introduction of START teams.*
- *Teams can articulate the positive improvements that have been made and continue to be made, improvement roadshows in November, January, February and March are taking place.*

We can demonstrate improvements in the WELL LED domain in the following ways;

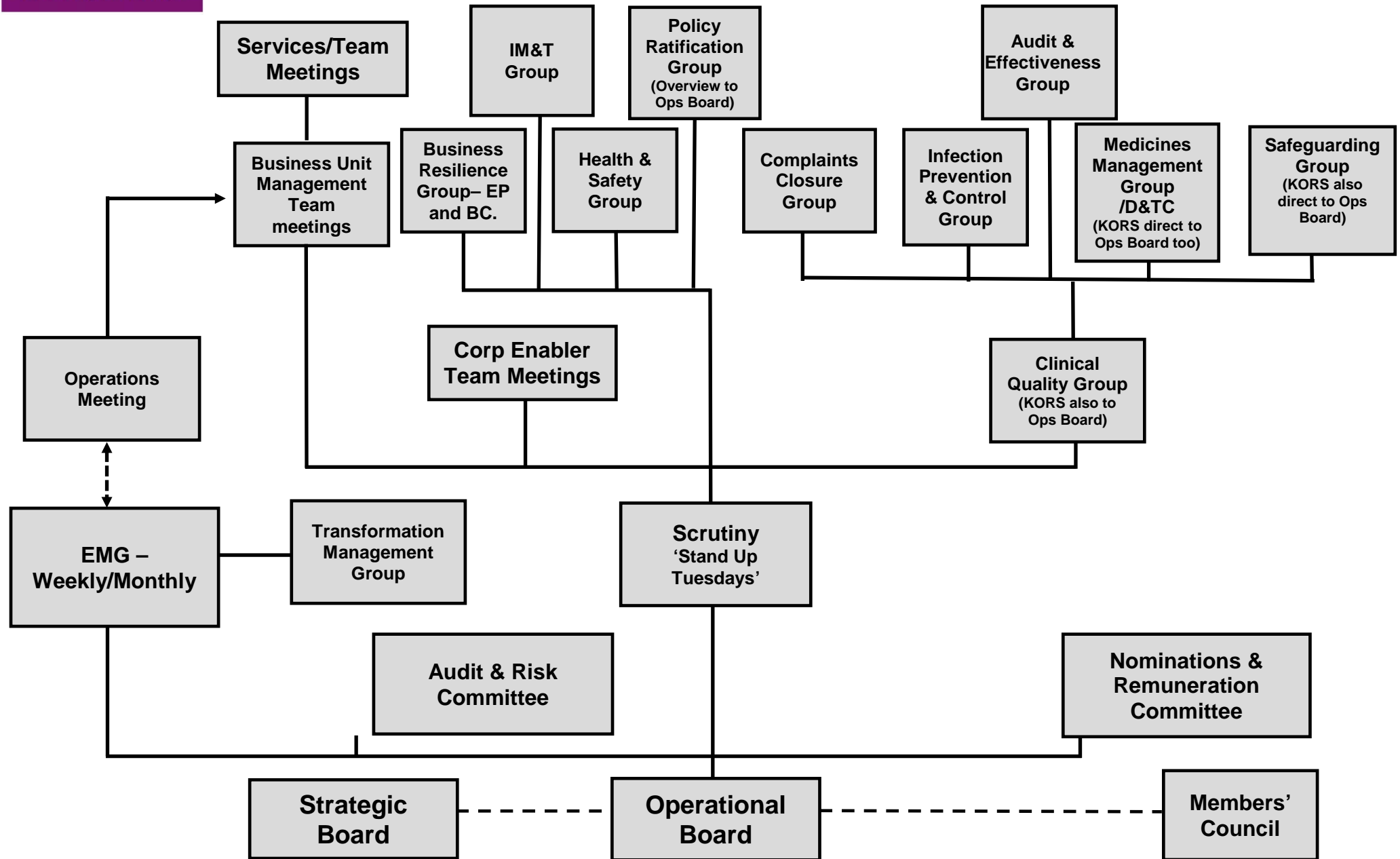
- *Values sit at the core of the organisation and many colleagues are conversant with the Locala values.*
- *All interviews and appraisals are centred upon the organisations values.*
- *Explicit focus on culture and engagement led by the Board and Executive team.*
- *'Chat with Nat'*
- *Adopt a Site.*
- *Monthly Standing Ovation Award.*
- *Social media and Communication.*
- *Appraisals were 92% by 31 March 2017; performance is currently 80%*
- *Mandatory training was 94% by 31 March 2017 and currently maintained at 91%.*

Conclusion

Whilst further work is required to enable Locala to feel completely assured in its quality and safety systems and processes, there has been a significant amount of activity undertaken in the last year that serves to demonstrate a positive shift and a renewed organisational wide focus on this agenda.

LOCALA COMMUNITY PARTNERSHIPS CIC
Governance Structure





Committee or Group
<p>Board. The Board of Directors is the body which: exercises all the powers of Locala on its behalf; is held to account for all the activities of the organisation and; is responsible for ensuring that Locala operates properly and effectively. The Board of Directors is responsible for the day-to-day operational and strategic management of Locala.</p> <p>Strategic Board: Setting the direction of Locala, and contributing to development of strategic matters. Operational Board: To enable the Board to be assured that Locala's finance and operational performance (including quality, safety, safeguarding, the Mental Health Act 1983 patient experience and complaints) is being effectively managed and developed.</p>
<p>Members' Council. Their role include: Leading on the development of Locala's Values; contributing to the Quality Priorities of Locala and monitoring Colleague Survey results. It plays a leading role in developing employee ownership.</p>
<p>Audit & Risk Committee. To advise the Board in their responsibilities for matters of financial accountability, risk assurance and governance by reviewing the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.</p>
<p>Nominations & Remuneration Committee. To lead the process for nominations to the Board of Directors and make recommendations to the Board of Directors, and decide the remuneration and allowances and other terms and conditions of office of the Executive Directors and Directors.</p>
<p>Executive Management Group. EMG's main duties are to: review and, where appropriate, approve key strategies and assurances.</p>
<p>Scrutiny (Stand Up Tuesday): Management scrutiny of operational performance across Finance, Performance and Quality. Also picks up contribution to Business Plan objectives. Structured integrated content displayed on 'table cloth'.</p>
<p>Transformation Management Group. To agree, develop and commission transformation to support Locala's drive for enhancing patient care and/or cost improvement and; monitor implementation and hold to account regarding achievement of the expected benefits of the transformation.</p>
<p>Clinical Quality Group. Provides the focus on clinical quality, risk and improvement issues, ensuring that the appropriate governance structures, systems and processes are in place across the organisation. The Group reviews of all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and will ensure that any issues which may affect the delivery of high quality care are being managed and controlled in a timely way.</p>
<p>Operations Meeting. To share the key successes, opportunities, learning and risks (including quality, safety, safeguarding, patient experience and complaints) from services across services – beyond Business Unit boundaries. And for the Director of Operations to gain assurance regarding risks and agree matters for escalation to 'Stand Up Tuesday' and beyond.</p>
<p>Business Unit Meetings. To discuss the key successes, opportunities and risks (including quality, safety, safeguarding, patient experience and complaints) from services and actions required to realise opportunities and mitigate the risks.</p>
<p>Services/Team Meeting. Risk escalation and assurance around implementation. Clear understanding of operation and pressures; lessons learned; good practice.</p>
<p>Medicines Management Group. Steer and support systems and processes to ensure decisions and advice relating to medicines and medicines management are cost effective, safe and evidence based to assure positive patient outcomes.</p>
<p>Drugs & Therapeutics Group. Ensures that medicines used within Locala and across the wider health economy are: Evidence based; Cost effective; Reflect national best practice and; In line with SWYAPC and local CCG and acute trust prescribing guidance where appropriate</p>
<p>Safeguarding Group. Provide a forum to bring together key senior safeguarding professionals and other senior managers to ensure the safeguarding work program is effectively managed. Provide a bridge between Kirklees Safeguarding Boards and all areas of service within Locala in order to ensure their safeguarding responsibilities are discharged effectively - monitoring the action plans arising from serious case reviews, and disseminate lessons learnt from internal management reviews and/or serious case reviews.</p>
<p>Health & Safety Group - Oversee all Health & Safety issues, ensuring correct leadership, management and governance processes are in place. Has an ongoing method of receiving risks, issues, mitigations and implications of Health & Safety issues, instigating and overseeing actions and learning from risks and issues but also considering</p>

opportunities and successes.
Complaints Closure Panel. Ensure complaints and claims are managed appropriately to NHS complaints, claims procedure and Locala standards. Determine lessons to learn following complaints and claims and effective dissemination of that information to appropriate stakeholders.
Audit & Effectiveness Group. To promote the value and importance of the clinical audit, quality improvement, agreeing best ways to disseminate learning from individual clinical audits and Quality Improvement. To receive, distribute and monitor NICE guidance and exemptions within Locala.
IM&T Group. To agree and develop information management and technology systems to support Locala's drive for enhancing patient care and/or cost improvement and; monitor implementation and hold to account both day to day operations and change projects
Business Resilience Group. Developing and providing assurance on our business continuity and emergency planning.
Infection Control & Prevention Group. Ensuring that Locala's systems and processes meet Policy standards – in line with national guidelines.
Policy Ratification Group – Reviewing and ratifying all clinical and corporate policies.

**Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017**

Winter Pressures in Kirklees (Locala response in support of system pressure)

1. Context

Both acute hospitals have been experiencing sustained significant pressures, Mid Yorkshire Hospitals and Calderdale and Huddersfield Trust have been at Operational Pressures Escalation Level (OPEL) Level 3 at times bordering on 4 since Christmas (see description of OPEL levels in Appendix 1).

There is a national requirement to use the High Impact Change Model for improving patient flow and reduce delays across the system (see Appendix 2). In addition the SAFER bundle is recognised as a key element of an effective response to system pressures (see Appendix 3).

Locala and the Local authority have worked in partnership to increase the community offer whilst minimising impact on existing pressured services.

2. Current position

The START team continue to work with both acute hospital discharge teams, and continue to work supporting patients to avoid an un-necessary admission.

ICCT teams currently also reporting OPEL level 3.

- The A&E Delivery Board continues to monitor and review performance and quality metrics across the system to provide an understanding of system wide efforts to support effective patient flow. Key measures include:
 - 4 hour Emergency Care Standard in Hospitals – continues to be robustly monitored across acute trusts, whilst performance regressed over Dec due to A&E attendance pressures performance YTD remains above the previous year.
 - Unplanned Emergency Readmissions – readmission rates remain within manageable and planned levels.
 - Delayed Transfers of Care – this measure is closely monitored across the system, trends in relation to delayed transfers attributable to social care remain positive and within planned performance.

3. Current activity to support the system

- Both START teams are working into the Hospital Discharge Assessment team to commence early intervention work - staff will often engage with families during visiting hours to commence discharge planning and support patient choice and working towards the Expected Date of Discharge (EDD). The Hospital Avoidance Team (HAT) also attend the Medical Assessment Unit (MAU) ward rounds with consultants to support work to

avoid hospital admission – this includes arranging appropriate packages of care and signposting service users and families/carers to other appropriate care and support provision.

North Kirklees

- Only urgent/visits are being undertaken by the ICCT teams
- Podiatry supporting the teams in wound care visits where appropriate.
- Medicines Optimisation supporting teams where they can undertake Long Term Condition reviews.
- Matrons supporting START with in -reach into Mid Yorks and CHFT to ensure cover to provide extra capacity for admission avoidance and discharge.
- Senior Advanced Nurse Practitioner released to review patients in community beds to get them home ASAP therefore releasing capacity in the intermediate care bed base to support flow.
- Released pharmacy resource to support patients going home, working with Discharge Management Teams.
- Identification of home care providers to look at commissioning extra capacity.
- Therapists and Community Matrons working extra hours on a weekend to support patient flow and avoid unnecessary admissions

Huddersfield

- Only urgent/visits are being undertaken by the ICCT teams
- Podiatry supporting the teams in wound care visits where appropriate.
- Medicines Optimisation supporting teams where they can undertake Long Term Condition reviews.
- Care home team in reaching for any patients from care homes. They are provided with a list of patients each morning from a member of the discharge management team for review and support discharge.
- Matron's in-reaching into the acute trust reviewing respiratory patients identified to get them home.
- Released a matron for her full hours to be based in Huddersfield Royal to work with CHFT to support discharges
- Extra support in to the START team
- Therapists and Community Matrons working extra hours on a weekend to support patient flow and avoid unnecessary admissions

North Kirklees

- Supporting therapy input into Gateway Village Care Home
- Increasing Locala Homecare resource where possible
- Looking to recruit podiatrists to support ICCTs long term

Huddersfield

- Currently exploring opportunities with a Practice for practice nurses to support the Locala teams with long term condition annual review work.

Report Prepared by:
Jane Close Director of Operations Locala
29/01/18

Appendix 1

Operational Pressures Escalation Levels Framework

Operational Pressures Escalation Levels	
OPEL 1	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL 2	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E and NHS I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub-regional teams through internal reporting mechanisms
OPEL 4	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

<https://www.england.nhs.uk/publication/operational-pressures-escalation-levels-framework/>

High Impact Change Model

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Appendix 3

The SAFER patient flow bundle

S – Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic MDT review of patients with extended lengths of stay (> 7 days – ‘stranded patients’) with a clear ‘home first’ mind set.

**Podiatry Consultation Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017**

Progress Update

- Locala are currently going through the appropriate governance. This includes the timetable set out below. The CCGs are tasked with the legal responsibility of assuring the process for consultation and the meeting dates are set for the end of February 2018.
- The delay in governance is due to the consideration of recommendations by Locala alongside the EQIA and consultation responses. Locala want to ensure they have given due consideration to the report of findings which has taken longer than anticipated. The recommendations will be considered by the CCG against the product of consultation for consideration.
- Following the CCG governance the Locala Operations team will consider the feedback and amend any recommendations accordingly. At this stage Locala will be ready to present a final set of recommendations to OSC.
- In parallel Locala are currently working with the CCG to scope out the recommendations. This work options for alternative provision for people who may not be eligible for Podiatry care if a decision is made on the proposed change to eligibility criteria.

Timeline

Stage	Date	
Feedback & Recommendations	20 Feb	Locala EMG
	28 Feb	NK Quality, Finance & Performance
	28 Feb	GH Quality and Safety Committee
	4 March	Paper to OSC
	13 March	OSC
Decision making based on feedback	3 April	Locala EMG