

MEETING:	KIRKLEES HEALTH AND WELLBEING BOARD
DATE:	THURSDAY 6th SEPTEMBER 2018
TITLE OF PAPER:	LEARNING FROM WINTER 2017-18 ACROSS KIRKLEES

1. Purpose of Paper

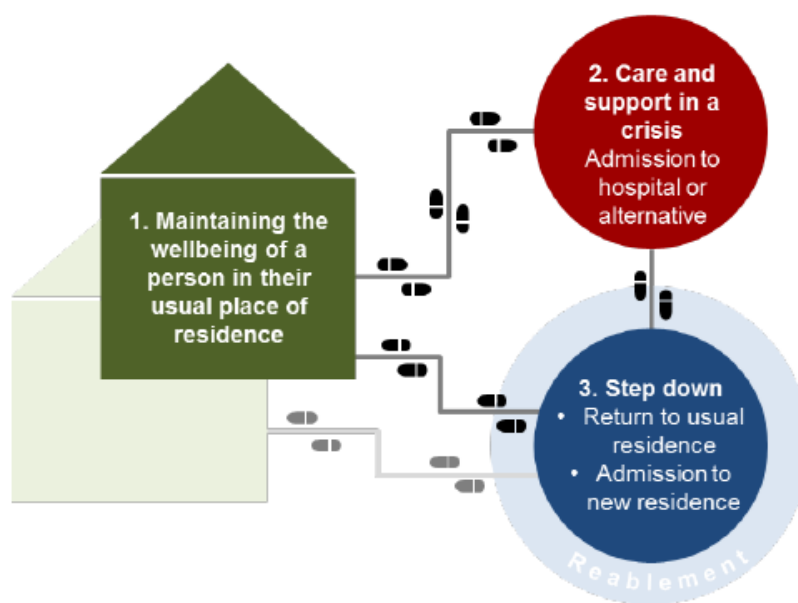
1.1 To present the findings of the review of Winter 2017-18 and proposed actions to take forward the lessons learnt.

2. Background and Key Points

2.1 In March 2018 the Board supported the proposal to undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness. And to receive a report setting out the lessons learnt and the proposed actions for the Kirklees health and social care system.

An interim progress report was presented to the Board on 28th June 2018.

The proposed approach was based on the model being used by CQC in their Local System Reviews¹:



2.2 The focus for the operational response to the winter pressures in Kirklees is through the 2 local A&E Delivery Boards which are based on the acute Trust footprints – Calderdale & Huddersfield and Mid-Yorkshire (in Mid-Yorkshire this is called the A&E Improvement Group). Both A&E Delivery Boards have undertaken their own reviews, and these include the neighbouring areas of Calderdale and Wakefield. This Kirklees place based review drew on these but also took a wider Kirklees health and social care system view.

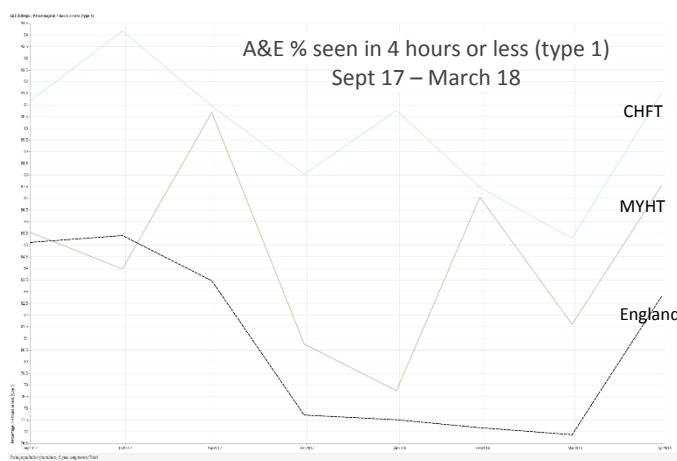
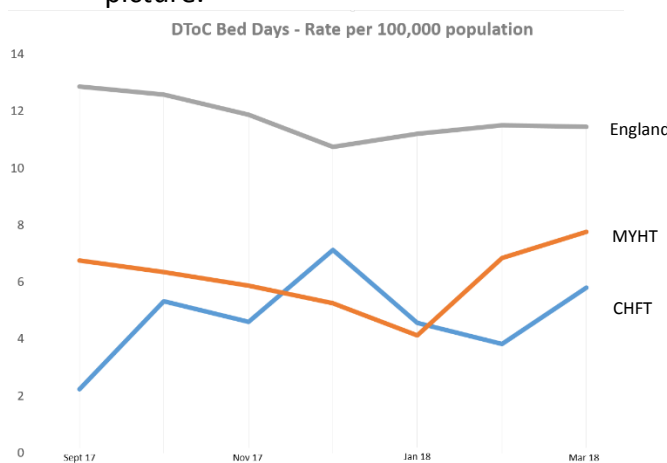
2.3 The review was based on in depth interviews with people from across the Kirklees health and social care system. The framework for the interviews drew on the key themes that have emerged from the CQC reviews, and the complimentary report ‘Why not home? Why not today?’²;

- How well led do you feel the 'system' was over winter? Where did that leadership come from? Were there any leadership issues?
- How did relationships between different partners affect the local response to winter?
- We all agree that putting the person, and their best possible outcome, at the forefront of everyone's thinking and focus is crucial. How well do you think we did this over the winter?
- See person journey diagram. How well do we share ownership of the person's entire journey through the system?
- Where have the pressure points been and missed opportunities?
- What should we be measuring to show that we are making a difference?

2.4 More than 40 people from across the system have been interviewed individually or in groups. The interviews were undertaken by Steve Brennan (SRO for Integration), Emily Parry Harries (Head of Public Health) and Phil Longworth (Health Policy Officer). The findings from the interviews were used as the basis for a facilitated workshop on the 13th July to which all interviewees were invited.

2.5 Interviewees included people from across the system, i.e. both acute Trusts, adult social care operations and commissioning, CCGs, Locala, domiciliary care, Healthwatch, Kirklees Equipment Service and Accessible Homes Team, Locala, primary care & GP out of hours, residential care, SWYFT and both A&E Delivery Board chairs.

2.6 Whilst the system both locally and nationally was under significant pressure performance against 2 key metrics, delayed transfers of care and A&E waiting times, showed that across both footprints the local system compared well with the national picture.



3. Lessons learnt and proposed actions

3.1 The key headlines across include:

- a) Positive relationships at all levels, from operational front-line staff to senior and strategic leaders are essential, but these cannot be established only in the very pressurised environment of OPEL based winter planning. Therefore, all partners need to invest time in building these relationships across the year. There has been significant positive progress on developing these relationships in 2018 and this needs to continue.
- b) The importance of a shared understanding across the system of levels of risk being carried by each part of the system and how these can be managed through formal partnership mechanisms e.g. OPEL and informal collaboration.
- c) The value of consistency of involvement to enable the development of positive relationships and shared understanding, and all partners being proactive in sharing information about actions they are taking to improve outcomes especially actions that will reduce pressure across the system.
- d) Several organisations, including the Council, Locala, SWYFT and Local Care Direct are playing into two silver command arrangements and A+E Board arrangements rather than one and this presents additional challenges in terms of the calls on staff time.
- e) The whole system needs to speak with a single voice about how it is responding to periods of increased pressure and how staff, partners, users/patients and the wider community can play their part in enabling us to achieve the best outcomes for those in the greatest need.
- f) Planning for winter should not be a separate process from planning for overall system improvement, and the scheduling of planning and governance activity should recognise the need to focus on service delivery when the system is under pressure because of increased levels of activity.
- g) The continuing challenges around nursing home capacity, especially specialist elderly mentally ill homes, and the availability of domiciliary care. Understanding the implications of actions in other parts of the system on these very challenged services, for example, the impact of additional recruitment activity by NHS organisations on nurse capacity in nursing homes.
- h) Taking a more concerted and consistent approach to population stratification and using the knowledge we have about who is most vulnerable to unplanned hospitalisation to focus on admission avoidance and to support organisational and system level capacity planning across hospital, primary, community and social care.
- i) We need to develop Kirklees wide mechanisms for getting feedback and ideas about additional contributions from across the system. Whilst there are very robust mechanisms for getting feedback and planning action from the hospital-based parts of the system this is not complimented by feedback from the non-acute parts of the systems, especially primary care and social care.
- j) We can lose the patients voice in the pressures of winter – despite the best efforts of staff we became very focused on transactional relationships. Nor is

there a routine mechanism for gathering user/patient views of the system response during winter.

- k) During the most pressurised periods all parts of the system find it difficult to keep the focus that they would like to on being user/patient and carer centred. At times the focus seemed to be on freeing up beds and rather than improving outcomes for the person.
- l) It can be difficult to keep the right focus on self-care and supporting people to maintain their health and independence to avoid/delay the need for hospital admission, or to avoid discharges not being well-planned.

3.2 These lessons were presented to the workshop with interviewees in July. That workshop reflected on these lessons and identified a range of actions that the system could take to improve outcomes. A key message that came out of that workshop was the positive steps that have already been taken over the last few months, the extensive range of new developments that were either already in place or in an advanced stage of planning. These actions are set out in Appendix 1.

4. Next Steps

4.1 Share the lessons learnt with both A&E Delivery Boards.

4.2 Continue to implement and plan that actions set out in Appendix 1 that have already been agreed by partners.

4.3 To develop in more detail proposals in response to the lessons learnt and the new ideas set out in Appendix 1 and seek approval from relevant partners, particularly:

- Reviewing progress and arrangements for achieving the 8 high impact changes for managing transfer of care
- Implementation of hospital 'Moving on' policies
- A coherent system wide approach to population stratification and capacity planning
- A system wide performance dashboard that reflects the range of partners contributions and challenges
- Communications planning for urgent care and periods of system pressure
- Kirklees Council and other partners who work across the district to be conduit of good/bad practice across the system
- Building on the progress already made in embedding positive relationships and mutual understanding across the system.

4. Financial or Policy Implications

The review highlighted the need to rebalance efforts across the health and social care system. In recent years the focus has been on the pressure experienced by hospitals over winter, and there has been a particular emphasis on finance and performance against specific hospital focussed metrics. Whilst all those involved in the review recognised the importance of efficient and effective acute care focussing almost exclusively on this part of the system has not resulted in the system wide improvements that are necessary. Improvement activity needs to tackle the 'triple aim' set out in the Five Year Forward

View i.e. health and inequality; quality and care; finance and performance, and the contributions and challenges of partners across acute hospitals, primary and community care, mental health, social care and the third sector through the proposed system wide performance dashboard.

5. Sign off

Richard Parry, Strategic Director for Adults and Health.

6. Recommendations

That the Board:

- Comment on the lessons learnt
- Note the positive progress in responding to the lessons learnt
- Endorse the next steps.

7. Contact Officer

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¹ CQC Local System Reviews: Interim Report (December 2017) <http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

² Better Care Fund Support Programme/Newton Europe. December 2017
https://www.local.gov.uk/sites/default/files/documents/NEW0164_DTOC_Brochure_Online_Spreads_1.0.pdf

Appendix 1: Proposed actions

	In place	Planning	New idea
Domiciliary Care - work with providers			
- Quality	✓		
- Recruitment	✓		
- Admission avoidance		✓	
- Timeliness – brokerage role		✓	
Care Homes Early Support Programme (CHESP)	✓		
Trusted assessors	✓		
Bed state tool roll out	✓		
Red bag scheme	✓		
Admission avoidance		✓	
Links to Primary Care Home			✓
Carers - review of support arrangements		✓	
Admission avoidance			
- risk stratification including 3 rd sector, Multi-disciplinary team and DTs, Primary Care Networks		✓	
- Shared records and IT		✓	
- Integrated Pathways for community services		✓	
Choice - implement moving on policy		✓	
- use joint training to embed consistent approach			✓
- managing expectations in both the acute and community – whole system to manage			✓
'Choice & recovery' beds		✓	
Capacity planning			
- at org level		✓	
- season level		✓	
- intermediate care		✓	
- at system level via OPEL			✓
Virtual community frailty ward (North Kirklees)		✓	
Myth Busting e.g. KICES			✓
Joint intermediate care/reablement pathway including pilot in south as enhanced reablement		✓	
Transport – review of arrangements		✓	
System level performance reports		✓	
Understanding temporary registration of residents			✓
Review progress and arrangements for achieving the 8 high impact changes			✓
Clarify who is taking forward actions that have already been identified (e.g. access to 4x4s)			✓
Kirklees Council and other partners who work across the district to be conduit of good/bad practice across MYHT & CHFT			✓
Communications plan for urgent care			✓
Start silver face to face now to build relationships (fortnightly)			✓
Pre book calls at key pressure points e.g. post bank holidays			✓