

**Date: May 2017** 

**Dear Devon Cares Provider,** 

# **Summary of the April 2017 Locality Management Board meeting**

This briefing sets out some of the key agenda items discussed and actions that were agreed at the April Locality Management board meeting, attended by our Tier 1 providers, commissioners and Devon Cares team.

The purpose of the Locality Management Board is to provide a means for Devon Cares providers to collaborate to improve the quality of care and experience of people working in care and receiving care. Tier 1 providers work with the Devon Cares team and commissioners to take an active role in the development of the strategy and market across zones 1, 2 and 3.

It is really important to us that we share with you the progress of Devon Cares in supporting you all to provide high quality care. The Terms of Reference of the LMB can be found here <a href="http://devoncares.co.uk/wp-content/uploads/2016/10/TOR-for-inclusion-in-Framework-Agreement-Final-04.11.16.pdf">http://devoncares.co.uk/wp-content/uploads/2016/10/TOR-for-inclusion-in-Framework-Agreement-Final-04.11.16.pdf</a>

We welcome contributions from all providers. If there is an issue you would like to raise please contact Lorraine Furse on 01271 314073 lorrainefurse@nhs.net

## **Improving Hospital Discharge**

Following a provider raising concerns about recent discharges from NDDH, we invited Julia Glover, the Head of Clinical Site Services at NDDH, to attend the meeting to explore some of the issues providers were experiencing around hospital discharges.

Julia explained their role was to ensure a safe transition for patients in and out of hospital. Despite some of the issues being faced around discharging patients, the Trust is one of the best hospitals in England for very low numbers of delayed discharges, but we are always looking to improve our care.

### The LMB members noted the following:

- On reviewing the issues, the main theme identified was around communication, short admissions into hospital and there being no clear communication process to determine when packages of care need to be re-started.
- Sometimes care agencies are not being informed when care needs to restart.
- The Head of Clinical Site Services agreed to take this feedback back to the wards and to raise
  it at the twice-daily NDDH tactical meetings to reinforce the message to ensure everyone is
  aware of the need to communicate what is happening.
- We need to work to improve communication between care agencies, the hospital and families to ensure everyone has the same information.
- It was noted that there were several examples of good discharges, particularly the 'discharge home visits' where the physio/OT and care agency met at the client's home to discuss the support they needed to remain independent at home.

Everyone agreed that improving discharges was an important issue on which to work together. We proposed that a working party is set up to focus on the patient's journey, aiming to improve communication and the patient's overall experience of transfer.

We would like to collect real examples of good and bad discharges. We have tested this template with some providers and it seems to work well. Please click here <a href="http://devoncares.co.uk/resources-for-providers/forms/">http://devoncares.co.uk/resources-for-providers/forms/</a>

to download the template we'd like you to use to capture feedback of the discharges from NDDH and RD&E.

Julia Glover also welcomed any care agency to observe the tactical meetings at NDDH so they could have a greater understanding of how the hospital plans discharges. Please contact Lorraine if you would like to attend.

### **KPI reports and Quality Metrics**

The Board was advised that Devon Cares monthly contract meetings with the Commissioners have been stood down. This was positive news; however it was highlighted the significance of completing the reports and ensuring the data we report is accurate. It was also noted that not all Devon Cares providers are completing their reports. We would like to take this opportunity to remind you all it is part of your contractual agreement to complete your quality performance reports.

Devon Cares continues to perform really well. We have reached the point where unfilled packages of care are at historically low levels and the market appears stable. There are a couple of hot spots (see below) but we are pleased to report that we have not incurred any contractual penalties.

## **Unfilled Packages of Care**

There are still geographical hotspots in - Ilfracombe, Beaworthy, Ashwater, Winkleigh, Bradworthy, and Holsworthy

Where possible, we are encouraging providers to move their capacity to the ongoing hotspots.

It is important that we capture the 'reason for refusal' option on the Care4IT system; this will enable us to keep track of themes and target areas that require action.

#### **New Providers**

We are delighted to advise:

- Housemartins have joined Devon Cares as a Tier 3 provider.
- Allied Healthcare is also interested in joining Devon Cares.
- We have contacted some domiciliary care providers in Cornwall with the view of them becoming Tier 3 providers to help us with a recent increase in Bude/border clients.

We will shortly be reopening our procurement window to enable Tier 3 providers to join the Devon Cares framework as a Tier 2 provider and also to give other providers the opportunity to join Devon Cares. More details can be found <a href="http://devoncares.co.uk/resources-for-providers/new-business-opportunities/">http://devoncares.co.uk/resources-for-providers/new-business-opportunities/</a>

#### **Handbacks**

We have seen a slight rise in hand-backs. The Board discussed how to avoid hand-backs and the benefits of early intervention/support from Devon Cares.

Most hand-backs are due to miscommunication – leading to assumptions being made about behaviour and intent. Devon Cares are happy to work with providers to try and find a way to resolve

any issues. We will always meet the family, support carers and try and find a solution; we are usually successful.

### Finance / invoicing

It is important you all to continue submitting accurate **invoices and variations** on time to Devon Cares to ensure a smooth and timely process.

To date, all providers have been paid on time and any disputes resolved in a timely way.

### Working together to improve quality and capacity

We have now held four LMB meetings and are starting to get a sense of the shared issues most important to us. We are creating a work plan for the year which will set out how we will approach each issue, listed below. We will be seeking interested Devon Cares providers to work with us to achieve our goals and improve care for people.

- Improving Hospital Discharge The Board discussed how to take forward the hospital discharge work. NDHT is putting it into its quality account 2017/18 and the board all agreed that providers should start evaluating and collecting evidence of good/poor discharges, particularly those where there were communication issues.
- IT Devon Cares will be shortly procuring a new IT system and we need to jointly decide what innovation and functionality it needs to have when looking to the future, i.e. outcomes based commissioning, more care being delivered in the home, electronic patient records and so on
- **Due Diligence** We would like to use the themes arising from our due diligence visits to share best practice between providers and raise general quality standards.
- **Medication** The Board discussed how to get some governance and process about managing and escalating medication issues (the issues you are facing include: people stock-piling, non-delivery, blister packs, roles and responsibilities when you have spotted a problem etc.) This requires external commissioner and professional pharmacy lead support.
- **Trusted Provider** The Board discussed the Trusted Provider pilot and how it is likely to set the scene for outcomes-based commissioning. Providers are really keen to get started.

We anticipate discussing these topics with all providers through our quarterly 'All Provider' meetings so we can add to the list and start putting in place plans that support continuous improvement.

# **Devon's Sustainability and Transformation Partnership/Plan**

The Board was advised of an STP Resourcing Group which is tasked with developing plans for a sustainable, attractive and local workforce strategy that encourages people into caring careers

across Devon. The new Devon Cares Head of Service will attend the meetings to ensure the voice of domiciliary care is represented in the discussions.

The Sustainability and Transformation Partnership is the name given to the organisations across Devon that are working to create clinically and financially sustainable care services in Devon. There is a really good video that sets out the challenges faced <a href="http://www.devonstp.org.uk/case-for-change/">http://www.devonstp.org.uk/case-for-change/</a>

For this group to make effective plans to develop a sustainable market and fulfilling careers in care across Devon, it is essential that all providers complete the NMDS database with their staffing data. Registering also has the benefits of being able to recoup staff training costs as well as meaning you only need to do the CQC data once and keep it updated.

## **Observation of Meeting**

The meeting was observed by a representative of Stradia, who is working with Mears. The Board noted his feedback:

- We seem a fantastic group
- We were unified in trying to deliver care that met the needs to people of Devon
- The problems we are facing are similar to those identified with others

That is how Devon Cares feels for us so it was great to get this feedback from someone external.