Response to Buckinghamshire Health & Adult Social Care Select Committee Inquiry

Select Committee Inquiry Title: Hospital Discharge

Committee Chairman: Brian Roberts

Date report submitted for response: 16th March 2017

Lead BCC Cabinet Member (where response required from BCC Cabinet) and Lead Officer: Mike Appleyard, Deputy Leader and Cabinet Member for

Health and Wellbeing and Ali Bulman (BCC), Debbie Richards (CCGs) and Neil Macdonald (BHT)

Select Committee Support Officer / Advisor (Extension): Liz Wheaton (ext. 3856) Suggested frequency of future updates (e.g. 6 & 12 months): 6 & 12 months

| Recommendation | Agreed Yes/No | BCC Cabinet / Partner Agency Response including proposed action | Responsible Cabinet Member (for BCC recs) | Responsible Officer | Action by date |
|---|------------------|--|--|------------------------------|------------------|
| That BCC, BHT and the CCGs continue to work together to drive forward improvements to the patient discharge pathway. The Inquiry Group recommends that this includes the following: 1a. Developing a seamless patient pathway with standardised and computerised paperwork across the whole system; | Yes | Agreed: The Buckinghamshire System continuously strives to review and improve on the pathway for patients and residents of Buckinghamshire. A joint report was taken to the Health and Wellbeing Board on 9 March 2017, from the Council, Buckinghamshire Clinical Commissioning Groups and Buckinghamshire Healthcare Trust, as a statement of intent for more integrated working between health and social care organisations in Buckinghamshire. It set out the opportunities for local integration to deliver joint outcomes for the health and wellbeing of Buckinghamshire residents and better manage demand on services. The Health and Wellbeing Board will retain on-going oversight of the delivery plans and progress towards integration by 2020. These include developing more integrated provision, with fewer hand-offs for patients, supported by improved data sharing. The system is committed to reducing the need for hospital admission through better and more responsive services in the community. This is central to our approach to health and care integration. | MA | S Norris and NHS partners | Review Mar 18 |

| | | Work across partners to develop seamless pathways and joined up services is supported through collaborative work on the Local Digital Roadmap within the Sustainability and Transformation Plan (STP) | | | |
|---|---------------------|---|----|-------------|----------|
| 1b. Jointly leading on a piece of work with care providers to develop and implement the "Trusted Assessor" model to an agreed timescale; | Partially agreed | Partially agreed: Health and social care partners are proactively looking at learning from New Models of Care and the Vanguards. We are grateful to the Enquiry for highlighting the model that has been implemented in Hertfordshire. Commissioners are reviewing best practice models on trusted assessors and will be bringing options back to partners for decision. | MA | J Bowie | Dec 17 |
| 1c. Undertaking a piece of work to gain patient and family/carer feedback on their experience of the discharge process – before and after discharge from the Hospital setting. The results to be used by those involved in the discharge process; 1d. Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place; | Yes | Agreed: As a useful exercise that would complement the national Inpatient Survey which runs across all healthcare Trusts and has discharge experience as a key line of enquiry. A full survey will be designed with partners in Q2 17/18 and run across a sample of hospital and community discharges before the end of Q3 | | BHT to lead | Dec 17 |
| 1e. Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff's understanding of the community | Yes | Agreed : To be included in the hospital nursing induction programme and refresher training for all staff run on a quarterly basis | MA | BHT to lead | March 18 |

| teams and to aid closer working; | | | | | |
|--|-----|---|----|----------|---------------------|
| 1f. That commissioned services specify seven day cover within the contracts and access to services is seven days a week; | Yes | Agreed: Over the last 3 years we have increased the number of services providing a 7 day response. Responses from commissioned services from the independent sector can vary outside the standard operating week – individual providers are accessible 7 days but others have limited capacity to offer this option. Commissioners will discuss with BHT while being mindful of budget and capacity constraints. CCG's to liaise with Arden Gem NHS, the provider of CHC services in Buckinghamshire, to establish opportunity for CHC assessments to be carried out over 7 day service. | MA | J Bowie | July 17 |
| 1g. That a question on patient transport be included as part of the joint assessment form; | Yes | Agreed: Implemented Q1 by BHT | | ВНТ | End of June 2017 |
| 1h. That the process for TTOs is streamlined to speed up the issuing of TTOs. | Yes | Agreed: Performance data to be routinely published at ward and hospital level with improvement plan clearly set | | ВНТ | March 2018 |
| 2a. That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays. | Yes | This is already agreed as at 10.2.2017. | MA | A Bulman | Done |
| 2b. That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts. | Yes | Agreed: This will be taken forward for local NHS trusts. These negotiations have been attempted previously and were unsuccessful. We will commence this piece of work immediately with a view to completion by the end of July. | MA | A Bulman | July 17 |

| 3. That BCC, BHT and the CCGs strengthen and accelerate the plans for health and social care integration through the following: | Yes | Agreed: see Q1 response | | Integrated Commission- ing Executive Team | Review Mar 18 |
|---|-----|--|----|---|--------------------------------|
| 3a. Co-locating the Hospital discharge team and the ASC discharge team together; | Yes | Agreed: BHT to identify a site – this has been an ambition of the system for some time but there has been difficulty in identifying a suitable room/s | | ВНТ | Ongoing |
| 3b. Developing a specific joint action plan for bringing the "Delayed Transfers of Care" Better Care Fund performance indicator out of "red". | Yes | Agreed: The Delayed Transfer of care performance across the whole system is very good. As a system we are currently the second top performer across our comparator group of 16 Local Authority areas. The ASC performance is currently the top performance across the same comparator group and the Buckinghamshire system is the 10 th top performer nationally. | MA | A Bulman | Ongoing continuous improvement |
| | | However the system is committed to do better. The A&E delivery board oversees delivery of an action plan which is jointly owned across the system and is driven and monitored at the Monthly Board meetings. The system is currently self-assessing itself against national high impact standards and when this is finalised it will feed in to the action plan The BCF indicator measures the delayed transfers of care against occupied bed days and is specific to a trust not a system. Therefore we need to work with colleagues from other LA's and CCG's (in particular Oxfordshire, Hertfordshire), and to influence their performance in relation to the impact on the Buckinghamshire System. | | DR(CCG) A Bulman (BCC) DR (CCG) NM (BHT) R Cairns (BCC) | Ongoing Ongoing |
| | | The system is committed to reducing the need for hospital admission through better and more responsive services in the community. This is central to our approach to health and care integration. | | S Norris, NHS partners | Mar 18 |