

Integrated Care Programme

BRAVO REVIEW

Introduction

This report will describe BRAVO – what it was set up to do, what it has achieved so far (qualitatively and quantitatively), next steps already in progress and options for future development.

Background

BRAVO was established in April 2015 following several workshops both specifically related to Integrated Care and the Better Care Fund and work across the county on a Primary Care Strategy. From the possible total spend across health and social care on frail older people of £100m, it was agreed that the first priority was to work on rapid response and reablement services (tier 3 of the agreed service model).

What was BRAVO set up to deliver?

The service was established to create a single point of referral for reablement services so that GPs and other referrers would not have to make choices about which organisation to refer to – rather all they had to determine was that the person would benefit from a period of rehabilitation and reablement, support to enable them to stay at home. The purpose was to provide a service for patients who would benefit from this pathway whether they were currently medically fit in hospital or at home. BRAVO is manned by staff from Buckinghamshire Care Reablement Service and Buckinghamshire Healthcare NHS Trust Adult Community Healthcare Teams (Therapists/Nurse clinicians).

The roll out plan began with accepting GP and other referrals for admission avoidance and then moved on to accept referrals on the discharge pathway.

The ethos behind this service change was not to do anything structural ie all staff would stay working for their current employer, all contracts and KPIs etc would stay in place and the service would be established (albeit with slightly clunky processes) and then consider ways in which things could be improved, the workforce could be more closely aligned to maximise the benefits and single assessment could be maximised.

What has been achieved so far?

The BRAVO service has been operational since April 2015 and a range of information has been collated and reported to the Integrated Care Programme Board (attached at Appendix A) with the key points described below. In addition a range of qualitative benefits have been identified. The service has adapted during the last 6 months so some of these changes are also described below.

The figures

In the first 5 months of operation BRAVO received 730 referrals, 70% of which have received a reablement service. 100% of appropriate referrals received a service and where the referral was not

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for this service (patients who would not have benefitted, client declined or another service required), BRAVO aimed to support the referrer to reach the right service.

6% of clients accepted have received a joined up service from health and social care.

Through BRAVO 497 GPs referrals have been made and the service has prevented 389 hospital admissions.

The roll out to hospital ward staff is still in the very early stages, but BRAVO has already received 65 referrals from this referral point and overall has supported 164 safe discharges home from hospital. MuDAS and the Physician of the Day have now started referring however.

Over 70% of clients who have accessed this reablement pathway required less or no support at the end of their programme.

BRAVO has successfully transferred 8% of health care reablement clients to social care reablement where there was further potential to achieve independence or reduce on going care requirements.

Qualitative benefits

Referral routes – previously the route to access social care reablement for GPs and hospital wards was through the Community Response and Reablement Team (CR&R) or the hospital social work team which certainly in the former case was seen as cumbersome and not very responsive.

Handovers – previously once an individual had reached the end of a health pathway but had ongoing care needs, this handover to social care had to be facilitated through CR&R. This pathway very often resulted in delayed responses, meaning hospital admissions could not be avoided and length of stay was extended. The teams working at BRAVO are now able to effect a seamless transition to the benefit of staff and clients. BRAVO also provides a unique pathway from health care specific reablement to social care reablement. A referral route that again was previously facilitated by CR&R and was not perceived to work well.

Joint services – the creation of a joint referral point has enabled the health and social care teams to offer a joint response when that has been appropriate to meet the person's needs.

Workforce development - the creation of BRAVO has provided an opportunity to bring together traditionally disparate parts of the out of hospital workforce. They share an office, milk and have developed the service together. The service received is not labelled as 'Health' or 'Social Care' but instead aims to present a united front, led and delivered by a staff team who are skilled and competent across all levels of the operational framework that is 'reablement'. To the client/patient this should mean a succinct and multi-agency led pathway without the need to distinguish the source and funding of their service.

A working group was established to include therapists from BHT and professionals from BC that has started work together on a range of issues:

- Referral process
 - Assessments
 - Risk assessments
 - Support planning
 - Recording and monitoring
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To date 3 workshops have been held for those involved in the BRAVO initiative and a number of changes in process have been identified and modified as a result of this group:

- Triage form – this has been amended 3 times to account for local approaches and feedback from the triage team about the length of time it takes to complete
- Joint delivery – challenges have been identified about both providers supporting one client, separate client contracts have been put in place to meet compliance and regulatory requirements
- Out of hours cover – BC has put assessors on to cover the Bravo line from 6pm – 10pm to ensure an appropriately qualified professional is available to liaise with out of hours teams.
- Therapy cover at the weekend – Referrals to BRAVO at weekends and bank holidays are handled by ACHT admin who can pass the referral onto therapy and if required, district nurses.

Success stories and compliments are shared with the teams on a regular basis to support a culture of shared accountability and responsibility.

A competency assessment was completed for BHT Health Care Assistants and BC Reablement workers. This analysis ensured any gaps in skills were recognised and referrals could be signposted appropriately by the triage team and lays a foundation for further work to develop a more generic workforce.

A patient, Mrs X, was triaged by BRAVO and first assessed by ACHT Reablement Team on 15/08/15 following a UTI and fall. Mrs X and her nieces were initially very anxious and pushed for long-term care but agreed to try Reablement first. Equipment was provided, as well as assistance 3 times a day for personal care and meal prep. On 19/08/15, the evening visits were cancelled as patient was independent. Two days later, patient reported she felt she was independent and happy to cancel all visits. This was supported by the rehab assistants who had only been providing supervision with her ADLs.

On 29/08/15, ACHT received another referral from GP stating that patient has deteriorated physically and requires more assistance. On assessment, Mrs X was very anxious and felt she was unable to complete any ADLs. TDS care visits were re-instated but Mrs X required only encouragement and reassurance from the rehab assistants.

On 2/10/15, ACHT liaised with BRAVO and Bucks Care as patient was found to need a longer period of Reablement but should become independent eventually. Bucks Care took over on 3/10/15 and reduced visits gradually until patient was managing ADLs independently.

During this time, Mrs X was also receiving physiotherapy from ACHT to increase her strength and balance as well as practice stairs and outdoor mobility. On 23/10/15, Mrs X was discharged from both physiotherapy and Bucks Care as independent with ADLs and achieved all mobility goals.

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Improvements already underway

There are four areas in which plans are in place for the continued development of BRAVO – roll out to more referral points, expansion of the service to include the rapid response nursing element from the ACHTs, joining up assessment processes and considering closer alignment of the workforce (in particular therapy/healthcare assistants and reablement workers). It will also be necessary to consider referral criteria to ensure that benefits of aligning the two services can be maximised.

A survey is being sent to all referrers (via Survey Monkey) at the end of October so that feedback can be received and actions taken to improve the service as necessary.

REACT and BRAVO teams have met to look at how they can streamline referral processes given the overlap of assessments that could be a result of inefficient allocation of resources. There have also been meetings at Wexham Park Hospital with a follow up shortly.

1. Referral Point roll out

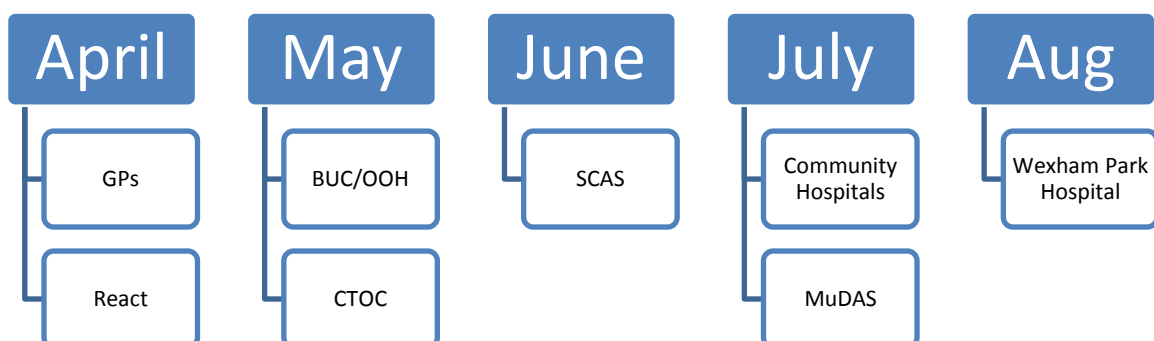
A phased approach was adopted for the roll out of BRAVO and the reasons for this were threefold:

- To focus on admission avoidance initially
- To embed and evaluate the new processes
- To develop the service as the learning was compiled at each stage of the rollout

A project plan was developed for the rollout of BRAVO over a 7 month period.

The roll out schedule was revised as BRAVO rolled out as lessons were learnt. For instance, BRAVO originally was going to be launched to different wards throughout the 6 months. However, from feedback received this was changed and BRAVO was rolled out to the CTOC professionals (Community Transfer of Care) and REACT (Rapid Emergency Assessment & Care Team) at Stoke Mandeville Hospital as it was felt these professionals were best placed to avoid unnecessary admissions and facilitate planned discharges for frail and elderly patients. The Wexham Park Hospital roll out was brought forward to support the discharges for Buckinghamshire patients.

The diagram below gives a snapshot of the services that BRAVO has been rolled out to:



At present no further roll out is ongoing although as previously highlighted referrals are already being received from the wards at SMH. Once the issues at Wexham Park have settled down the roll

out plan will be reviewed so that a clear timetable can be put in place to roll out to the wards at SMH.

2. Nursing element

Discussions are ongoing about this element of the service. It is recommended that at the moment the OOH urgent nursing response remains as it is as patients call the service directly. However, there may be some merit to considering how a joined up response between nurses and therapists is organised to support GPs trying to avoid admissions during the day.

3. Assessment process

Progress has already been made in this area as each organisation is using each other's assessments and care plans. This means that staff can be used more efficiently – for example it may be that when a referral comes in the ACHTs are able to offer support visits but not the assessment which Bucks Care can undertake whereas they do not have the capacity for the visits.

At the moment, given the use of different computer systems it is not easy to move to a single form as they are preloaded. However, work is ongoing to ensure that the assessments made are the same so that when it is possible to fully merge them, this will be done.

4. Workforce alignment

A shared competency framework is being developed, this will enable the creation of roles that cross the traditional boundaries and for the existing staff, offer training to enable the creation of a more generic workforce. This will apply to triage, assessment and care. We will train staff from each element to be able to undertake more generic roles, ultimately meaning a more streamline transfer and delivery of care between the traditionally disparate Health and Social Care services. This work will be fed in to and represented at the system wide Workforce group (established by Healthy Bucks Leaders) which sees this unregulated workforce as being a key area of focus.

Options and issues for the future

There are a few issues which need to be resolved quickly to ensure that the ongoing development of BRAVO meets the needs of the users, the commissioners and both provider organisations:

- **Management of the team**
The team has been set up with staff from Bucks Care and BHT. Whilst this has to be the model for the immediate future, it would be helpful to have an operational manager who takes day to day responsibility for the referral point.
- **Roll out plan**
At present the roll out plan has stalled due to the view that the triage point is unable to cope with more referrals at this point. However, it is hoped that once the teething issues at Wexham Park have been resolved, a plan for dealing with the resourcing issue can be developed. It may be that additional resources are required at BRAVO which would need to be diverted from elsewhere given that the work is transferring also.
- **Operational budget**
BRAVO was established with no additional funding other than a couple of chairs, a fax machine and the 0800 phone line. Current costs total £2k and have been incurred by Bucks County Council but need to be repaid and the ongoing costs picked up by the providers. No additional staffing costs have been funded by commissioners – this is a service that has developed with NO transitional funding. BHT have funded an additional therapist to pump

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prime the process and Bucks Care likewise with a coordinator. As time goes on both the aligned services and the referral point itself may require additional resource.

- Location

The service currently runs from Wycombe Hospital site but there are logistical issues which might mean that a move to Aylesbury is sensible.

In terms of the future development of the service it was always planned to refine it in light of other changes across the county and that remains the case. The original commissioning strategy for integrated care was clear about the proposal to have a county wide rapid response and reablement service (tier 3) with locality teams providing more preventative and long term care (tiers 2 & 4). However the concept of integrated teams is being developed by the localities and CCGs and the outcome of that work may have an impact on options for the future of BRAVO.

Initial options would include the service being expanded to be a point of referral for a wider range of services, or it could look to be a provider of more joined up care provision such as night sitting.

It could also form the basis of deeper cooperation and collaboration between Bucks Care and BHT that might enable the exploitation of more opportunities to yield greater benefit for the population of Buckinghamshire.

It is proposed to hold a discussion forum in November with key individuals from both organisations to take stock of the current position, consider future opportunities within their gift and clearly define possible next steps to be taken both internally and in partnership with commissioners.

Next Steps

A workshop is being set up for key individuals from Bucks Care and BHT to meet and decide on the next steps and some key operational questions as well as taking time to consider possible future options and ways of working together.

Commissioners will be asked through the Integrated Care Programme Board and SRG their views on further service (rather than operational) developments.

BRAVO Steering Group

October 2015