



Report to Health and Wellbeing Board 22nd June 2023
Buckinghamshire Executive Partnership (BEP) Meeting, 9th May 2023

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Please find below a summary report of the inaugural Buckinghamshire Executive Partnership meeting on 9th May 2023. A further update on the Health and Care Integration Programme is also included as an appendix.

Item	Summary	Impact
Ways of Working	Discussed and finalised TOR and communications materials. Agreed priorities for BEP and 'Plan on a Page'.	BEP have agreed to focus on three priorities for Buckinghamshire: Transforming SEND, Joining Up Care; and Tackling Health Inequalities. The BEP will ensure its work is transparent and will share 'Plan on a Page' with partners.
SEND	Discussed plans for investing £4.6m SEND transformation funding across three areas of Integrated Therapies, Neurodevelopmental Pathway and Community Paediatrics.	Partners will focus on immediate investment to stabilise waiting lists this year, and will work together across the ICB, Local Authority and providers to develop transformation plans, through existing SEND governance and mechanisms for engaging the voices of families and children.
Joining up Care	Progress update on the Health and Care Integration Programme, which focusses on hospital discharge arrangements for residents, and the work of the Buckinghamshire Urgent and Emergency Care Board.	Agreed that we need to ensure alignment across UEC, discharge and primary care strategies to join up care. Deep dives on UEC and Primary care planned for subsequent meetings.
Health Inequalities	Discussions around £1.1m NHS investment in Health Inequalities, linking to NHS's 'Core20plus5' agenda, Opportunity Bucks and Joint Local Health and Wellbeing Strategy.	Opportunity to align programmes of work on Health Inequalities to turn the dial on health outcomes in the ten most deprived Wards of Buckinghamshire.

Appendix – update on 'health and care integration programme'

At the last meeting of the Health and Wellbeing Board in March we updated on our plans for the year ahead which focus on improving the hospital discharge model in Buckinghamshire. These plans hinge off the delivery of four key changes, as below. The programme is on-track to deliver its key milestones.



New Bed-base

Including 5 new bedded discharge hubs and an intermediate care centre. The first 3 bedded hubs were launched in May, they support patients who require more complex assessments which cannot be done within an acute setting. Each hub has its own multidisciplinary team who will support patients during their stay, and clear performance targets tracking patient experience.

An intermediate care centre will be launched at Amersham hospital in October, providing 22 beds for patients with therapy input, clear goal setting and a focus on reablement to enable as many people to return home following a time limited stay.

Integrated Discharge Team

Hospital staff and social workers becoming one team and working together with patients on the ward to plan their discharge from the point of admission. Discharge plans will be simplified, based on the strengths of the patient, and developed with residents and their families – this should reduce anxiety and help patients feel in control. Better planning of discharge will reduce the likelihood of readmission, enabling people to remain at home. Pilot phase started in April – social workers and hospital staff are now co-located, and social workers have joined ward-based multi-disciplinary teams. A new process for quality assuring referrals for discharge services was launched in May. Full launch at Stoke Mandeville Hospital is planned for June.

Transfer of Care Hub

An integrated team (hospital, social work, service finding, Housing and VCS) working together to co-ordinate the patient's discharge effectively, with case managers working with more complex patients to ensure their discharge progresses smoothly. There will be strong oversight of length of stay, and blockages/ delays will be escalated and dealt with quickly. Design phase is in progress – including engagement with patients, carers, staff and VCS. Launch is planned for October.

Trusted Assessor Model

Two new Trusted Assessor roles working with patients who are usually resident at one of our Fremantle Care Homes (largest care provider in Buckinghamshire). The Trusted Assessors will manage communication and information flow between the Patient, the Care Home and the Ward to ensure patients move through the system quickly and effectively. Over time, relationships and trust will develop between these partners.