



Brent

Clinical Commissioning Group



Health and Wellbeing Board
22 January 2019

**Report from the Director of
Integrated Care**

Older People's pathway, Winter planning and performance

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

1.1 To provide an update to the Board regarding progress on the Older People's pathway work as part of the agreed health and care transformation programme, including an update on performance, for steer and advice.

2.0 Recommendation(s)

2.1 To note and comment on the continued expansion of the rollout of Home First to an estimated 30 patients per week (an increase from 5 per week) following 'Pathway 1 – low needs care packages'. This will be across all hospital sites, not confined to Northwick Park Hospital.

2.2 To note the appointment of Newton Europe and the commencement of work to review the systems, processes and teams involved in discharge across all partners, and to come up with recommendations regarding a more integrated, more efficient discharge process by April 2019.

2.3 To note and agree the potential further expansion of the Home First programme to include other pathways (2 and 3) following recommendations coming to the Board as a result of the Newton Europe review to ensure Home First is sustainable.

2.4 To note the agreed winter pressure additional funding plan and note progress against it.

2.4 To note that the joint review of delayed transfers of care data is ongoing to

ensure there is a clear shared understanding and a shared approach to resolving issues as they arise.

3.0 Detail

- 3.1 **Summary** - In October the Board agreed to a revised set of priorities, with three core priorities for implementation, and three areas for scoping and development. One of the key priorities was developing an Older People's pathway. There are two key components to this priority, both of which are overseen by an Older People's Pathway Programme Board, and supported by two steering groups. The work of these groups is summarized as follows:
- a) Operational hospital discharge steering group – overseeing day to day operational issues around hospital discharge and Home First, oversight and delivery of the joint Winter plan
 - b) Strategic older people's steering group – overseeing the review of the integrated discharge pathway
 - c) Older people's programme delivery board – to oversee delivery and manage escalated issues from the steering groups, and to ensure alignment between the integrated discharge pathway review and the integrated care partnership work led by the CCG
- 3.2 **Integrated discharge pathway** - Consultants, Newton Europe, were commissioned at the end of last year and will provide specialist knowledge and support to redesign and deliver the integrated discharge pathway. The aim of this work is to streamline the discharge process through the Discharge to Assess (D2A) framework. They have initially carried out introductory meetings with key stakeholders. Plans are now in place to start data collection and analysis as well as arranging workshops to engage with staff in relevant teams. An interim report is expected in early April with recommendations for discussion and approval by system leaders.
- 3.3 **Winter planning** – Brent CCG and council jointly developed and agreed the Brent system resilience plan to cover the Winter period. This plan covered a wide range of initiatives to reduce delays and ensure timely discharge from hospital settings.
- 3.4 On 24 October, the Department of Health announced an additional £1.3m to be allocated to Brent council to support improvements to timely and safe discharges from hospital. This funding is non-recurrent and a plan has been jointly agreed to provide additional capacity to the system to improve patient flow. These initiatives are as follows:
- a) Purchase additional capacity including an additional 15 block beds in the system to help manage flow and provide capacity in the community (£855k)
 - b) Implement a pilot 'Placement Premium' initiative, with additional payments to care homes that provide timely assessment and placement of patients (£67k)
 - c) Additional handyman service, to enable speedier and effective adaptations to people's homes to support timely discharge (£31k)
 - d) Additional social worker, OT and co-ordinator capacity to scale up the Home First initiative to additional hospital sites (Imperial, Royal Free, Willesden, Central Middlesex) (£217k)

- 3.5 **Home First** – As outlined above, the expansion of Home First to additional hospital sites in Brent was agreed as a joint priority for the use of the additional non-recurrent funding. The jointly agreed model up to July 2018 can be summarized as follows:
- a) Covers only London Northwest (Northwick Park, CMH and Willesden)
 - b) Focused solely on pathway 1 (simple discharges)
 - c) OT capacity and assessment provided by London Northwest
 - d) Bridging care and care packages provided and funded by social care
 - e) Target of 13-17 discharges per week
- 3.6 Following a review of the existing Home First model in August 2018, the following conclusions were drawn:
- a) ASC and STARRS staff not working effectively as a 'virtual' team
 - b) Resource (capacity) issues - mainly relating to OT home visits
 - c) Delays in transferring cases post assessments – leading to extended bridging care costs.
 - d) No clear operational/clinical leadership and ownership
 - e) Ward staff (therapists) completing assessments on the ward
 - f) Difficulties for the STARRS Team recruiting and retaining OTs
- 3.7 From January 2019, it is proposed that Home First is expanded on the following principles:
- a) Pathway 1 patients only
 - b) Expansion plan to include Royal Free and Imperial hospitals
 - c) Relaunch at Willesden and Central Middlesex hospitals
 - d) Increase Home First (Pathway 1) discharges to cover 30 clients per week across the 3 NHS Trusts
 - e) Increased staffing capacity with Care Assessors, OT assistants (OTAs) and OTs, with additional recruitment by the council
 - f) Integrated model and pathway with newly launched Housing hospital discharge service (handyman / blitz cleaning/small grants and non means tested DFGs)
- 3.8 Recruitment is already underway and nearly complete for the new model, ready for a full launch within January. A detailed set of service standards have been developed and are in the process of being agreed by the Hospital discharge operational steering group prior to formal launch of the expanded model on the 21st Jan.
- 3.9 A key output of the 'integrated discharge pathway' review in April 2019 will be recommendations regarding how an expanded Home First programme across all pathways, can be made sustainable noting that the current programme is being funded out of non-recurrent winter pressures funding.
- 3.10 **System performance** – The commitments outlined above to improve patient flow are against a challenging performance backdrop, particularly in relation to delayed transfers of care (DTC) in Brent since June. Performance since June has been atypically poor, mainly due to a high degree of staff sickness and annual leave. However, a new Service Manager was recruited in August and has been working closely with the team to resolve sickness, absence, recruitment and performance issues. The team is now fully staffed, and there has been a significant improvement in performance in December.

- 3.11 The national sitrep data for November/December has not been released at the time of filing this report. Adult Social Care records show that there were 258 discharges in December compared to 276 in November. Weekly validation reports are agreed directly between the trust and the local authority, and these reports indicate a significant improvement in performance across the board; this is likely due to both the impact of additional investment as part of the winter pressures funding plan, and to the impact of a new management structure and recruitment efforts within the hospital discharge team.
- 3.12 Records from the agreed weekly validations with London North West show that there was a significant improvement (57%) in the DTOC position in December in comparison the previous month (November) - further details as follows:
- 59% reduction in DTOC position for ASC
 - 28% reduction in NHS delays
 - 66% reduction in placement delays for ASC
 - 27% reduction in placement delays for NHS
 - No public funding delays for both ASC and NHS
 - 35% reduction in delays waiting for further NHS services
 - 83% reduction in housing delays
- 3.13 The single largest reason for delay remains delays attributed to waits for placements, although there has been a reduction of 66% in this type of delay compared to November. Additional funding has been directed at block commissioning additional beds, which has supported this decrease in the overall number of delays due to awaiting a placement. However, there is still recognition that awaiting a placement remains the single biggest cause of delays in discharge from hospital in Brent, and further work by the Integrated Commissioning steering group is planned to determine whether there are any other interventions that can be made as a system to support improvements in this area.
- 3.14 Work completed by Care Analytics for the WLA has shown that over 40% of all placements made in homes in Brent are made by boroughs other than Brent, and almost always at higher prices than Brent pays for the same bed in the same home. Further work to manage the market is needed, both to understand what is possible in terms of managing the impact of placements being made by other boroughs in Brent, but also to understand whether there is potential for more efficient placements and greater control of the market through joint or integrated commissioning of placements across Brent local authority and Brent CCG.
- 3.15 A deep dive analysis of the delays due to placement within adult social care identified that a number of the delays had been miscoded and detailed a number of delays due to social care and care home assessment and process, as well as family choice. Work is currently underway to improve the coding and ensure there is a jointly shared view of the data in realtime, to ensure a better shared understanding and planning going forward.
- 3.16 Regardless of the reliability of data, it is still clear that placement delays are, and continue to be the biggest cause of delayed discharges, and therefore system partners have agreed the introduction of a 'placement premium' scheme which incentivizes nursing and residential care homes to assess patients more quickly. This is going live by the end of January 2019 and will be monitored and

evaluated to determine whether this supports a reduction in placement delays.

4.0 Financial Implications

4.1 Continue to review

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 None directly

7.0 Consultation with Ward Members and Stakeholders

7.1 Ongoing

8.0 Human Resources/Property Implications (if appropriate)

8.1 Continue to review

Report sign off:

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