

B&NES Council and BaNES CCG Better Care Fund Delayed Transfers of Care Action Plan - DRAFT
2017-2019
"The Next Steps"

Introduction:

This plan has been developed using feedback from the 2016/17 DTOC Action Plan and DTOC Action Group members, alongside feedback from the High Impact Change Model feedback completed by the RUH and Sirona in December 2016. The High Impact Change Model was developed by the LGA, TDA, ADASS, Monitor, NHSE and Department of Health and sets out a number of high impact changes that can reduce the likelihood of Delayed Transfers of Care (eg 7 days a week services).

This plan is entitled "The Next Steps" due to fact that despite a number of key objectives being completed in 2016/17, it is recognised that further work is needed to maintain momentum against improvements in DTOC rates.

Whilst plans are in place against all aspects of the high impact change model, within B&NES there has been system wide agreement that 17/18 priority areas will be developing a Home First/D2A ethos, building capacity and support for care homes and reducing community hospital delays. 18/19 priority areas will be developed once progress has been reviewed against 17/18 actions, with specific actions being developed.

2017/2018 - Draft Action Plan - Updated April 2017

Reference	High Imact Change (Change Lead)	Actions to take	By when	Lead organisation (including Action Lead/s)	Outcomes expected	RAG status	Comments
1	1. Early Discharge Planning (Nikki Woodland)	Embed examples of best practice (including the SAFER bundle and Red/Green days) within community hospitals.	Jul-17	Virgin Nikki Woodland	Utilisation of the SAFER bundle and Red/Green days within community hospitals to improve flow.	G	
2		Implement the findings from the Nov 2016 MADE (Multi Agency Discharge Event)	Jul-17	Virgin and RUH Nikki Woodland and Lee Warner Holt	Effective and responsive discharge processes, with a reduction in both external and internal delays.	G	
3		Develop the complex patients list, which will identify patients who on admission, are believed to potentially require complex discharge planning.	May-17	RUH Lee Warner Holt	Will allow early mobilisation of teams to support complex discharges, reducing the potential of the patient becoming a DTOC.	G	
4	2. Monitoring Patient Flow. (Gareth Jones)	Ensure a 16/17 baseline measure is established and ratified against national guidance for all providers.	Apr-17	RUH, Virgin, AWP, B&NES CCG Gareth Jones	A clear baseline is set to allow accurate measurement of performacne and progress.	G	Work is being undertaken to align recording against national guidance, following a review of recording within the RUH
5		Establish a 17/18 reduction target for acute, mental health and community providers.	May-17	RUH, Virgin, AWP, B&NES CCG Gareth Jones	There is a clear DTOC reduction target set for all providers in B&NES.	G	
6		Establish a reduction target for the green to go and stranded patient list.	Jun-17	RUH and B&NES CCG Gareth Jones and Lee Warner Holt	Ensure a reduction in delays, including those not classified as a DTOC.	G	21/04/17 added following DTOC action group
7		Develop specific metrics to record delays within reablement and community teams. (Including length, type and reason for delay)	Jul-17	Virgin and B&NES CCG Gareth Jones	There is clarity on the scale of delays and the reasons for delay, allowing actions to be taken to mitigate these.	A	To move away from the Bridging the Gap measure, to include more specific measures. Discussions being undertaken as part of YCYW handover.
8		Complete a review of system blockages which reduce flow within the Reablement service.	Aug-17	Virgin and B&NES CCG Angela Smith	A clear understanding of where delays and blockages occur within the Reablement service, with clear actions to mitigate these. This in turn will lead to greater flow within Reablement ensuring early release of capacity.	G	Initial review highlighted internal process delays, however further work needed to quantify scale.
9		Ensure the Green to Go List, Stranded Patient List, Complex Patient List and Community Hospital Spreadsheet are available for discussion on weekly escalation calls, where appropriate, by ensuring all required information is available in a timely manner.	May-17	Virgin and RUH - June Thompson Lee Warner Holt	Delays or delay potentials can quickly be escalated and responded to by relevant partners.	G	
10		Complete a review into discharge processes and LOS within Community Hospitals.	Aug-17	Virgin, B&NES CCG Caroline Holmes	Delay points are identified, with follow on discussions of how processes can be streamlined, leading to improvements in LOS	G	
11		Ensure monthly care home capacity reporting, including home type, is embedded within the DTOC dashboard.	May-17	B&NES CCG Gareth Jones	The demand and capacity within care homes is clear and visible.	A	Brought over from 16/17 Action Plan. Work being led by CSU.
12		Review CSU modelling to ascertain if model can be used to determine demand and capacity modelling across the system.	Jul-17	B&NES CCG Dominic Morgan	Understanding of capacity and demand across the system, with clarity on current and predictive capacity shortfalls.	G	
14		Develop CHC assessment process actions based upon the learning identified in the CHC QIPP workstream.	Aug-17	B&NES CCG, B&NES Council, Virgin Val Janson/Sarah Jeeves	Process becomes more streamlined and responsive to patient need, reducing assessment delays and ensuring patients are assessed in the most appropriate environment.	G	
15	3. Multi Agency/Disciplinary Discharge Teams (Caroline Holmes)	Review IDS integration to develop shared workload and assessment practices.	Aug-17	RUH, Virgin, AWP, B&NES Council Lee Warner Holt and Annette White (IDS Project Lead)	Joint working between health and social care, leading to a reduction in assessment delays.	G	
15		Feasibility review of commissioning temporary assessment beds to support pathway options for those with complex needs e.g. CHC, FNC & complex social care.	May-17	B&NES Council and BaNES CCG Ryan Doherty	There is clarity about the role temporary assessment beds may play within Home First Pathway 2/3, with clarity on funding arrangements.	G	Work currently underway, initial discussions with providers being undertaken.
16		Ensure Third Sector services are utilised within all pathway options	Apr-17	B&NES CCG & Council Anne-Marie Stavert	Age UK home from hospital is an integral part of the pathway 0 + 1 offer, providing an additional support resource. Additionally support is provided for pathway 2 + 3 patients.	G	Age UK now part of Home First Steering Group

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17	4. Home First/Discharge to Assess (Gina Sargent)	Undertake a review of B&NES pathway options against national guidance and examples of best practice. (D2A Quick Guide)	Jun-17	<u>B&NES CCG & Council</u> Ryan Doherty	B&NES offer against national guidance is clear, with a developed local response on future commissioning strategy.	G	21/04/2017 -Gap analysis has been undertaken.
18		Develop a single point of access to facilitate ward led referrals and discharges.	Jul-17	<u>Virgin and RUH</u> Nikki Woodland	Process is clear, with reduced steps ensuring effective and prompt referrals.	G	21/04/17 Work being undertaken as part of the systemwide Home First working group.
19		Undertake a review into the Reablement skill mix to ensure it can best meet the needs of pathway 1 patients.	Aug-17	<u>Virgin and B&NES CCG</u> <u>Angela Smith</u>	A clear understanding of the skill mix needed to support the Home First principal, including more medically complex patients.	G	
20		Continue to fund out of hospital domiciliary care offer to support Pathway 1 and integrate into Home First	May-17	<u>B&NES Council</u> <u>Angela Smith</u>	Block capacity will be in place to facilitate a rapid domiciliary care response to support prompt hospital discharges and avoid admission.	G	Work currently in progress to review.
21		Embed all partners within pathway 1 including CITT & Dorothy House	May-17	<u>RUH, Virgin, AWP</u> Gina Sargeant	Pathway 1 is able support patients with complex needs including mental health and Eol care needs	G	CITT and Dorothy House part of the Home First Steering Group
22		Develop metrics to show the benefits and performance of Home First (to include patients discharged on a weekly basis, delays, readmission rates and discharge destination of patients)	Apr-17	<u>B&NES CCG & Virgin</u> Gina Sargeant	The impact of the Home First scheme will be demonstrated through regular reporting. Blocks in the pathway will be reduced.	G	21/04/17 Work being undertaken as part of the systemwide Home First working group. Additionally wider Reablement metrics being review as part of YCYW transition.
23		Draft an assisted technology strategy (including the option of telecare as an assessment and support tool within pathway 1).	Sep-17	<u>B&NES Council</u> Wendy Sharman	Technology will become a common feature of assessment, tested during this pathway so that ongoing needs can be accurately assessed and met.	A	Brought over from 16/17 Action Plan - Strategy currently being written.
24		Review the community equipment contract to ensure a repsonsive offer for pathway 1 patients.	Jun-17	<u>B&NES Council and Virgin</u> Vince Edwards	Teams have timely access to equipment needed to support discharges into Home First pathway 1	G	To be reviewed as part of community equipment contract.
25		Develop a clear communication strategy for all pathway options.	Jun-17	<u>RUH, Virgin & B&NES Council</u> Gina Sargeant and Emma Mooney	Patients, carers and staff are clear on the pathway options and the associated timelines.	G	Being led by RUH in wider system wide Home First meetings.
26		Ensure there is sign up to B&NES wide operational standards for all Home First pathways.	Jul-17	<u>RUH, Virgin, AWP, B&NES CCG & Council</u> Caroline Holmes	There is clarity around the expected timelines and standards for Pathways 1,2&3.	G	To review the S.Glos standards to ascertain if appropriate for B&NES.
27		Review Extra Care Housing options, to understand the role such options can play within Pathway 2	May-17	<u>B&NES Council</u> Anne-Marie Stavert	There is clarity about the role Extra Care housing can play in supporting patients within Home First pathway 2.	G	
28		Establish reasonable time frames for care home assessment (within 48 hours).	Aug-17	<u>B&NES Council</u> Vince Edwards	Care homes understand the need to assess promptly and this has been expressed formally by commissioners.	G	Could be embedded within the care home contract due Oct-17.
29	5. Seven Day Services (Caroline Holmes)	Work in partnership with care homes to identify those willing to admit across 7 days and respond to any potential barriers.	Aug-17	<u>B&NES Council & CCG</u> Ryan Doherty Karen Green	A greater number of care homes are confident and willing to admit at weekends.	G	Previous Hospital to Care Home Group completed a number of actions, however outstanding actions need oversight including a D/C checklist, follow up calls and 'what if' posters.
30		write business case for 7 day referrals to teams within Home First pathways (Including Reablement, Therapies, Social Services and IDS)	Jun-17	<u>B&NES CCG, Virgin and RUH</u> Lee Warner Holt	Understand what is required to support a 7 day service which is available for referrals, assessment and discharge into all pathway options.	G	
31		Review domiciliary care offer and work in partnership with providers to support those willing to accept care restarts, planned packages and unplanned packages across 7 days.	Jun-17	<u>B&NES Council</u> Angela Smith	A greater number of providers are willing to accept both planned and unplanned packages across 7 days.	G	
32	6. Trusted Assessor (Anita West)	Review national guidance on trusted assessment (due soon) and develop specific actions around trusted assessment between health and social care providers.	Aug-17	<u>B&NES CCG, B&NES Council, Virgin, RUH & AWP.</u> Karen Green Ryan Doherty	Clarity on how trusted assessment can be effectively implemented across health and social care teams	G	
		Develop a trusted assessor model within RUH wards for identified care homes (Bridgemead and Pondsmead)	Aug-17	<u>RUH</u> Anita West	There is an understanding of how the trusted assessment model can work within B&NES, which will aid discussions around expansion to other providers.	G	
33		Test the St. Monica care home trusted assessor model.	Oct-17	<u>B&NES Council and RUH</u> Karen Green	There is an understanding of how the trusted assessment model can work within B&NES, which will aid discussions around expansion to other providers.	G	Chocolate quarter due to open Sept -17. Trusted assessment already in place within St Monica's and Bristol acute hospitals.
34		Develop a Care Home link role within providers.	Aug-17	<u>RUH, Virgin, B&NES Council</u> Anita West	Improved relationships and communication between providers and care homes.	G	
35	7. Choice Policy (Lee Warner Holt)	Develop information guides which are readily available to patients/representatives, outlining the discharge process.	May-17	<u>RUH and Virgin</u> Lee Warner Holt Nikki Woodland	Patients/Carers have a clear, honest and realistic understanding about the discharge plan and process (Inc. timescales). With patients/carers aware of their expected responsibilities within this process	A	Brought over from 16/17 Action Plan.
36		Develop proposals to support self-funders with timely information and advice.	Aug-17	<u>B&NES Council and BaNES CCG</u> Caroline Holmes	There is clarity about the offer for self funders and who will manage this process.	A	Copied from 16/17 DTOC Action Plan
37		Complete revision of choice policies to match the A&EDB agreed Wiltshire policy and ensure implementation.	Jun-17	<u>RUH, Virgin, AWP & B&NES CCG</u> Lee Warner Holt Nikki Woodland Chris Prangley - Griffiths	Policy is updated with a standardised model in use across B&NES and partner CCG's/Councils.	A	Brought over from 16/17 Action Plan.
38		Develop specific measures to ascertain choice policy implementation and effectiveness.	Jun-17	<u>RUH, Virgin, AWP & B&NES CCG</u> Ryan Doherty Gareth Jones	Implementation and policy effectiveness is apparent, with performance against implementation being measured.	G	

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39	8. Support for Care Homes (Vince Edwards)	Draft an assisted technology strategy to understand the role it could play in supporting care homes, with a focus on clinical support	Sep-17	B&NES Council and B&NES CCG Wendy Sharman	The is a clear understanding of the additional clinical support assisted technology could play in terms of reducing deterioration, avoiding admission or facilitating discharge.	G	Part of the Assisted Technology Strategy, additionally the 'Airedale Model' currently being scoped
40		Develop specific actions based on the learning from the fair price of care event to aid discussions around market shaping and sustainability.	Jun-17	B&NES Council. Vince Edwards	There is a clear plan to ensure market sustainability and plans to increase available capacity within the market.	G	Event held 05/04/17
41		Review how the home contract development process can potentially be utilised as an opportunity to shape improvements within the care home sector.	Sep-17	B&NES Council & B&NES CCG Vince Edwards	There is clarity on the requirements within the contract for homes in regards to quality improvement and service responsiveness.	G	Contract due Oct 17.
42		Review Reablement criteria to ensure care homes can access support to reduce physical deterioration, facilitate discharge or avoid admission.	Jul-17	Virgin, B&NES CCG and B&NES Council Angela Smith	Ensure patients independence is maximised for as long as possible by ensuring appropriate support to those being admitted to care homes on either a interim or long term basis.	G	
43		Undertake a pilot of the 'Red Bag Scheme' with 10 care homes within B&NES.	Aug-17	B&NES CCG, B&NES Council, Virgin and RUH Ryan Doherty	Effectiveness of the scheme is clear, with follow on discussions around expanding or continuation of the scheme. Additionally there is an improved handover of care between hospital and care homes meeting NICE guidance.	G	Production delays for manufacturer, additionally need to work up the standardised paperwork.
44		Review current options within the care home market to support patients with a range of needs including higher residential, NWB, EOL fast track and specialised provision.	Aug-17	B&NES Council & B&NES CCG Caroline Holmes	The is clarity about the ability of homes to manage a range of residents conditions, resulting in quicker identification of appropriate homes. Additionally gaps in the market will be visible.	G	See NHS Quick Guide: Identifying Local Care Home Placements for framework
45		Review the learning from vanguard sites which have provided greater clinical support for care homes and benchmark our current position	Jul-17	B&NES CCG Ryan Doherty	There is a clear position for the clinical support available to care homes, with plans to enhance this to ensure care homes are confident in taking discharges across 7 days alongside the support needed to avoid admission.	G	

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1	1. Early Discharge Planning	Ensure national examples of best practice are embedded within all providers.	Jul-18	RUH, Virgin, AWP, B&NES CCG	Utilisation of best practice ensures discharge planning is done at the earliest and most appropriate stage, including prior to admission for elective admissions.	G	
2	2. Monitoring Patient Flow.	Ensure a 17/18 baseline measure is established and ratified against national guidance for all providers.	Apr-18	RUH, Virgin, AWP, B&NES CCG	A clear baseline is set to allow accurate measurement of performance and progress.	G	Work is being undertaken to align recording against national guidance.
3		Establish a 18/19 reduction target for acute, mental health and community providers.	May-18	RUH, Virgin, AWP, B&NES CCG	There is a clear DTOC reduction target set for all providers in B&NES.	G	
4		Develop a 'live' system wide demand and capacity model.	Jun-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	All partners can clearly see demand and capacity across the system, allowing capacity to be promptly increased at times of high demand.	G	? Expand on the CSU capacity model?
5		Embed national examples of best practice around patient flow within all providers	Apr-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Bottlenecks or flow issues rarely occur, with actions to mitigate when they do.	G	
6		IDS team expanded to include third sector, strategic partners and care home partners where appropriate	Apr-18	RUH, Virgin, AWP, B&NES Council	Joint working between all partners, leading to a reduction in assessment delays.	G	
7	3. Multi Agency/Disciplinary Discharge Teams	Integrate health and social care assessments.	May-18	RUH, Virgin, AWP, B&NES Council	A single, trusted assessment process exists for integrated health and social care teams, reducing assessment delays.	G	
8		Embed a streamlined CHC assessment process.	May-18	B&NES CCG, B&NES Council, Virgin	Reduced assessment delays and ensuring patients are assessed in the most appropriate environment.	G	
9		Expand on 17/18 progress within Home First across all pathway options.	Sep-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	All patients return home and have assessments undertaken where safe, with patients unable to return home being cared for and assessed within non-acute settings.	G	
10	4. Home First/Discharge to Assess	Develop provider skill mix to best meet the needs of Home First patients.	May-18	Virgin and B&NES CCG	Skill mix within providers meets Home First principals	G	
11		Work with care homes to establish reasonable time frames for assessment (within 24 hours).	Jul-18	B&NES Council	Care homes understand the need to assess promptly and this has been expressed formally by commissioners.	G	
12	5. Seven Day Services	Expand on 17/18 progress on 7 day working across health and social care teams including domiciliary care and care home partners.	Sep-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Delays are reduced and patients are promptly care for in the most appropriate environment.	G	
13	6. Trusted Assessor	Utilise 17/18 learning to agree a single trusted assessment format across health and social care.	Jul-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Assessments are undertaken promptly by any system partner and such assessments are trusted by all partners.	G	
14		Work towards greater integration and pooling of health and social care funding streams	Sep-18	B&NES CCG and B&NES Council	Pooled funding streams result in increased collaboration and decreased delays related to funding.	G	
15	7. Choice Policy	Ensure 17/18 progress is expanded against choice policy.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Plans are in place to expand on 17/18 progress, further developing choice policy effectiveness.	G	
16		Set implementation target measures.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Clear performance targets for providers to ensure choice policy implementation.	G	
17	8. Support for Care Homes	Ensure 17/18 progress is expanded against care home support.	Aug-18	RUH, Virgin, AWP, B&NES CCG and B&NES Council.	Plans are in place to expand on 17/18 progress, further developing support to care homes and care home residents.	G	
18		Work towards implementing the nursing	Sep-18	RUH, Virgin, AWP,	Utilise national learning to ensure support for	G	

Rag Status Indicator	
R	Action off track or significant blockers
A	Action Slippage/off track but recoverable in timeframe
G	Action On track