Health and Wellbeing Hertfordshire

Agenda Item No.

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HEALTH AND WELLBEING BOARD

WEDNESDAY 26 JUNE 2013 at 1.30PM

Integrated Discharge in West Hertfordshire

Report of Herts Valleys Clinical Commissioning Group.

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1. Purpose of report

1.1 To inform the Health and Wellbeing Board of work going on to improve discharge arrangements in west Hertfordshire and develop an Integrated Discharge Planning Team

2. Summary

2.1 The need to improve discharge planning and develop an integrated approach to discharge is well recognised across west Hertfordshire. The initial phase of the work has focused on establishing estimated discharge dates on admission and improving data flows. Understanding the objectives of integrated discharge and how that will work effectively is the next stage. All partners are involved and committed to make this work to improve care for patients.

2.2 Michelle Mitchell, of Age UK, said recently: *"Waiting in hospital needlessly not only wastes NHS resources but it can also undermine an older person's recovery and be profoundly upsetting for them and their families as a result."* http://www.bbc.co.uk/news/health-22515978.

2.3 With the patient firmly at the forefront of the programme, the CCG, WHHT, HCT and HCC embarked in January 2013 on transforming the approach to discharge in West Hertfordshire after many years of discussion.

2.4 Whilst the 'integration of discharge services' has been discussed since January, actually understanding the key objectives that an integrated system would need to address and how that would work still requires further work. This is primarily because the current systems, processes and measurement of the discharge flow are fragmented. So the priority for the initial phase was to address the immediate issues around planning, recording and monitoring and then use that information to drive transformational change across the whole system and economy.

2.5 **Discharge Planning in West Herts Hospital Trust (WHHT)**

Starting during the heart of winter pressures, we commenced in January 2013 with WHHT as the initial focus. Discharge management at the trust had been devolved to a few specialist individuals who were clearly overwhelmed with the enormity of the task. A series of workshops and interactive sessions that included: Clinicians, Matrons, Senior Sisters, Ward Clerks; Therapists, Discharge Leads and Operational Managers from the Trust, Herts County Council & Hertfordshire Community Trust brought about a greater understanding of the need for improvement and a shared purpose.

2.6 Following The Learning Clinic model of Effective Discharge Framework ©, an approach that promotes 'Discharge Planning from Admission' and ward ownership, each ward was challenged to ensure every patient's discharge was discussed with the patient, their relatives and/or carers and an estimated discharge date (EDD) set within 12 hours of admission. The Framework allows for this date to be amended following the analysis of any diagnostics, patient monitoring or the consideration by the senior clinician of other prevalent co-morbidities. This approach brings accord with most Clinicians who are usually reluctant to set discharge dates for patients where the condition and clinical goals are not fully understood on admission. In addition, this methodology meets the recommendation for Discharge Planning requirements of the ECIST Report 30th April 2103, that of the Kings Fund May 2013 http://www.southofengland.nhs.uk/wp-content/uploads/2012/05/Kings-Fund-report-urgent-and-emergency-care.pdf & NHS England Gateway 00062 on Emergency Care delivery http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-imp-plan.pdf .

2.7 **WHHT- Progress to date on the initial phase**

2.8 Management Information on discharge is improving but despite best endeavours, output from the Hospital Trusts *Infoflex* system is yet to be regularly produced and circulated. However, within the first 4 weeks of implementation the EDDs recorded reached 80% from an initial position in March of 6-7%.

2.9 Patients with a Length of Stay (LoS) of over 14 days have reduced from 217 to 150.

2.10 Ward managers now own the discharge planning for every patient in their care. This results in daily contact between the discharge planner and the patient, their relative or carer.

2.11 As a process, managing discharge from the day of admission is still in its infancy at WHHT, but good patient flow brings the confidence of delivering A&E compliant performance and reducing the energy that is needed to manage an organisation in crisis. As the process matures

and everyone in the system engages, sustainable improvement will follow.

2.12 Monitoring inefficiencies in the system is key to continuously improving care, patient outcomes, reducing unnecessary Length of Stay (LoS) and improving the effective use of resources from all organisations. In addition, the Commissioning for Quality and Innovation Payment Framework (CQUIN) enables commissioners to reward excellence by incentivising quality and innovation beyond core contract requirements. These requirements are developmental and developed collaboratively to help drive further improvements. A CQUIN has been developed by the CCG to support WHHT to develop with greater rigour the setting of Estimated Discharge Dates (EDDs) and Clinical Criteria for Discharge. These have been evidenced to better support the flow of patients through the hospital towards clinically effective discharges.

2.13 **Next Steps Proposed Integrated Discharge- Whole System Approach**

2.14 The acute trust process is only part of the cycle that affects patients and now work has commenced on a Whole Systems approach to discharge. It has been identified that the system is not yet utilising all the available 3rd Sector /Universal Services and that some Health and Social Care services could be further developed to improve quality of onward care and the timeliness of access to it.

2.15 This work is in its early stages but has been well supported by all parties as the need to create a more integrated approach is recognised as essential to managing the future demand and to improve outcomes for patients and prevent readmission for those most vulnerable patients. A room has been provided at WHHT to house an integrated team and the plan would be to occupy that room as soon practically possible.

2.16 Apart from the clear benefits for patients of the integration between agencies this will also mean we are best placed for 2018 when GP's, Hospitals, Community Teams and Social Care will be legally obliged to work together seamlessly.

2.17 There was also a recognition that progress needs to be swift in order to be prepared for winter. We will reconvene on 13th June to record progress and agree the revised process flow that will see teams work more closely in alignment and pursue the follow actions:

- Development of a dataset for systems monitoring to promote understanding and spot any slippage actions
- Develop a vision, approach and timeline for the full integration of discharge services for Herts Valleys

2.18 Finally, as work continues in NHS & Social Care organisations across the country on proactive discharge planning and integrated working we will seek to learn from others, and inform our actions appropriately.

3. Recommendation

3.1 The Board is asked to note this report.