



integrated working

GOVERNING BODY

Agenda Item No.	09
Reference No.	WSSCG 17-61
Date.	29 November 2017

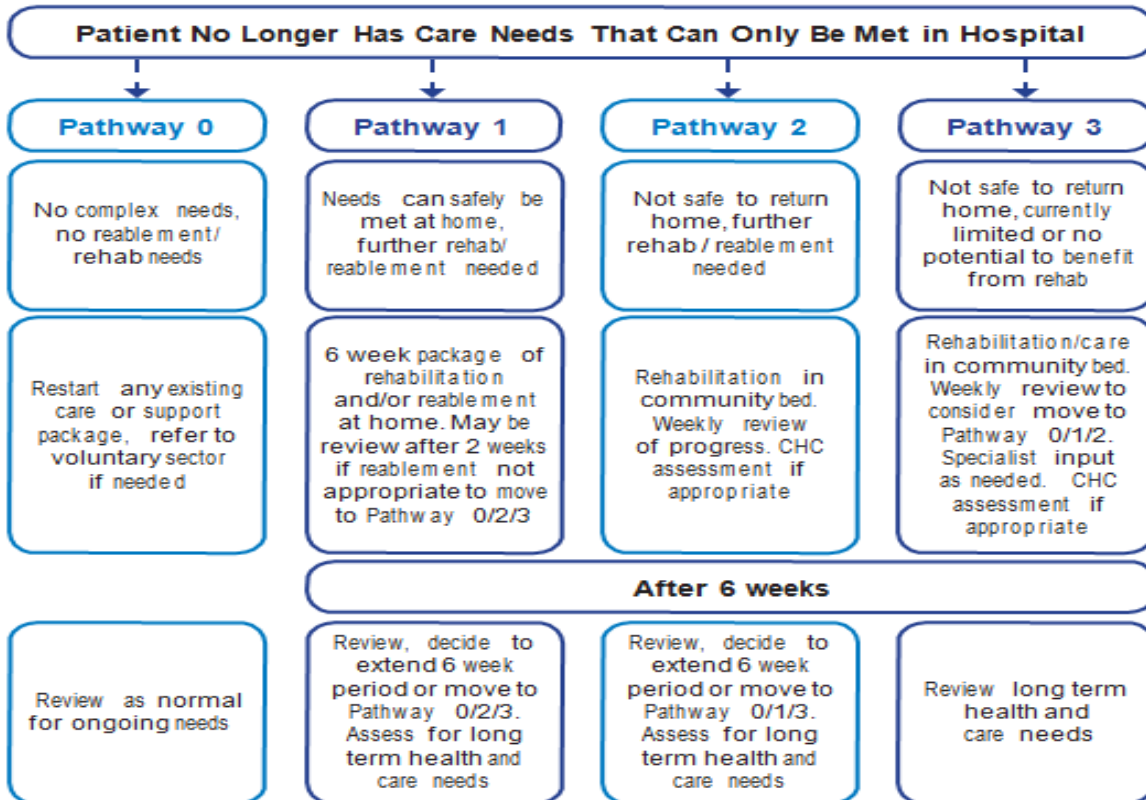
Title	Discharge to Optimise and Assess
Lead Chief Officer	Richard Watson, Chief Transformation Officer
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Purpose	To inform the Governing Body of the national drive to implement Discharge to Optimise and Assess and the implementation approach in West Suffolk.

Applicable CCG Priorities		
1.	Develop clinical leadership	X
2.	Demonstrate excellence in patient experience & patient engagement	X
3.	Improve the health & care of older people	X
4.	Improve access to mental health services	X
5.	Improve health & wellbeing through partnership working	X
6.	Deliver financial sustainability through quality improvement	X

Action required by Governing Body:
To note the national drive to implement Discharge to Optimise and Assess and the implementation approach in West Suffolk

1. Background

- Discharge to Optimise and Assess (D2OA) is a NHS England mandated requirement to implement from October 2017 and follows four distinct but inter-related care pathways
- The diagram below summarises these pathways:



- The aims of Discharge to Optimise and Assess is to ensure people do not stay in hospital longer than they need to once their acute care has come to an end. This requires delivery of a reablement focus from admission.

2. Update

2.1 The case for change

- The two year case for change was supported by the system wide Integrated Care Network in June 2017 and approved by the CCG executive in August 2017.
- Dr Ian Sturgess, Clinical Director of the national Emergency Care Intervention Team recommends that high performing systems should aim for 85-95% of discharges to take place via Pathway 0. The baseline assessment in the case for change identified that 78.1% of patients from WSFT were being discharged on this pathway requiring a shift from pathway 1 to meet the national standard as outlined below.

Pathway	Baseline	85%	+/-
0	22497	24497	2000
1	5287	3301	-1987
2	818	842	24*
3	218	194	-24
Total	28820	28820	0
Pathway	Baseline	End point	
0	78.1%	85%	
1	18.3%	11.5%	
2	2.8%	2.9%	
3	0.8%	0.7%	

Notes and Assumptions

East model had moved 11% of Residential/Nursing patients to pathway 2 by the 85% point.

36% reduction in Homefirst and Domiciliary care by the 85% point, in line with East.

QDS double up, cannot see how these numbers moved in East so assumed 10% by the 85% point.

100% reduction in LCHT therapy referrals and balance is saved in District nursing referrals.

20% of EIT referrals are reduced.

*Plus another 14 who remain on Pathway 2 but move from QDS double up to Community Beds

- The investment required for D2OA was mainly centred around 17 additional beds to support pathway 2 and the cost benefit analysis of implementation of the four pathways demonstrated a share of risk gain between Suffolk County Council, the CCG and West Suffolk Foundation Trust as outlined below:

West Suffolk Discharge to Assess Financial Summary

Additional Funding Request for 12 months Non Recurrently

Funding Stream	17/18	18/19	Total	Comments
Beds	£ 487,537	£ 487,537	£ 975,074	Commence 1st October 2017
Support to go home	£ -	£ 77,181	£ 77,181	Initial 9 months funding already agreed. 3 months only to extend for full year
Project Support FTE	£ 24,000	£ 24,000	£ 48,000	Commence 1st October 2017
Red Bag	£ 1,000	£ 1,000	£ 2,000	Commence 1st October 2017
Total	£ 512,537	£ 589,718	£ 1,102,255	

Benefits

Pathway	WSFT	ACS	CCGs	Total
0	£ 387,885	£ 551,813	£ 387,885	£ 1,327,583
1	£ -	£ -	£ -	£ -
2		£ 264,000		£ 264,000
3	£ -	£ -	£ -	£ -
Total	£ 387,885	£ 815,813	£ 387,885	£ 1,591,583
Total %	24%	51%	24%	100%

Net Position with Costs Apportioned as per benefits

	Year	WSFT	ACS	CCGs	Total
Cost	17/18	£ 124,911	£ 262,716	£ 124,911	£ 512,537
	18/19	£ 143,720	£ 302,277	£ 143,720	£ 589,718
	Total	£ 268,631	£ 564,993	£ 268,631	£ 1,102,255

	Year	WSFT	ACS	CCGs	Total
Benefit	17/18	£ 193,943	£ 407,907	£ 193,943	£ 795,792
	18/19	£ 193,943	£ 407,907	£ 193,943	£ 795,792
	Total	£ 387,885	£ 815,813	£ 387,885	£ 1,591,583

	Year	WSFT	ACS	CCGs	Total
Net Benefit / (Cost)	17/18	£ 69,032	£ 145,190	£ 69,032	£ 283,254
	18/19	£ 50,222	£ 105,629	£ 50,222	£ 206,073
	Total	£ 119,254	£ 250,820	£ 119,254	£ 489,328

- Agreement to utilise the iBetter Care Funding for the SCC portion of the investment has now been secured to support the ongoing use of Glastonbury Court with the remaining costs being shared equally between WSFT and the CCG.
- The red bag initiative has been funded by WSFT and the Support to Go Home service is funded by WSFT and SCC. The CCG provide the project management support within existing resources.

2.2 Progress on Delivery

- Oversight of Discharge to Optimise and Assess is through the System Flow Group which has representation from health and care practitioners. This reports into the system Transformation Delivery Group and ultimately the Integrated Care Network.
- Pathway 0 is now operational, supported by:
 - Implementation of *endpjp paralysis*- a national approach to encourage patients to get dressed into their day clothes
 - A *leaving hospital leaflet* that prepares patients and their families for discharge from the day of admission
 - Implementation of the national SAFER patient flow bundle with every patient having a clinical criteria for discharge and an estimated date of discharge.
- Pathway 1 is partly implemented. The Early Intervention Team are able to support pull based discharge which is supported by trusted assessment. The SCC Homefirst service is currently testing this approach at Glastonbury Court and is preparing to extend this with the discharge planning teams at WSFT from December
- Pathway 2 is operational at Glastonbury Court and is being introduced at Newmarket Hospital.
- Pathway 3 is in part supported by the introduction of the 5Qs test for Continuing Healthcare. Work is being planned to develop a pathway for people with protracted delirium who would benefit from this pathway.
- The evaluation framework has been developed by Public Health and an interim evaluation is being planned for February 2018.

3. Recommendation

- 3.1 The Governing Body is asked to note the national driver for implementation and the investment and system change required to deliver the ambitions of this pathway.
- 3.2 The Governing Body is asked to note the good progress made to date and the interim evaluation planned for February 2018.