NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Bristol Health and Wellbeing Board

Title of Paper:	Discharge to Assess - Better Care Support Fund diagnostic and priorities
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Date of Board meeting:	25 May 2023
Purpose:	Information and discussion

1. Executive Summary

1.1 The ICS Discharge to Assess (D2A) Transformation Programme and wider Home First Portfolio aims to support people to leave hospital and move to the right place for their recovery, care and support needs, in the place they call home, as soon as clinically possible. The programme also supports work to maintain hospital flow, reduce ambulance delays, deliver elective care recovery and ensure that people receive the right long term support at home to support their on-gong health and wellbeing.

1.2 Too many people across Bristol, North Somerset and South Gloucestershire spend too long in both acute and community hospital beds, which evidence shows leads to worsening physical and mental health. Similarly, too many people are discharged into community beds, rather than at home, further slowing their rehabilitation and recovery and leading to more people needing long term social care or their opportunity to live independently.

1.3 From July to November 2022, the D2A Programme received support via the Better Care Support Fund to undertake a comprehensive diagnostic of the key causes of these challenges and support the development of a long term improvement plan.

1.4 The Health and Wellbeing Board is asked to:

- Note and support the findings of the Better Care Support Fund diagnostic carried on the key causes of challenges delivering effective hospital discharge pathways in Bristol, North Somerset and South Gloucestershire.

- Consider and endorse the key priorities identified for continued improvement and transformation work via the Discharge to Assess Transformation programme and wider Home First Portfolio.

2. Purpose of the Paper

2.1 The purpose of this paper is to:
- Update the Board on the D2A Transformation Programme and wider Home First Transformation Portfolio
- Share key findings from the Better Care Support Fund diagnostic and key priorities for the D2A Transformation Programme in 2023/24 and 2024/25
- Request that the Board input to and support delivery of the immediate and long term actions being taken via system transformation work.

- Ensure that the principles of the Home First portfolio continue to align with the Health & Wellbeing board priorities

3. Background, evidence base, and what needs to happen

3.1 The Home First Portfolio is a group of change programmes that bring health and care partners together across the ICS to either keep people at home when they need extra support; or get people back home as quickly as possible if they need to be displaced from their home environment for their needs to be met. This might be unplanned and needed in response to managing an existing condition or a change in the home circumstances (e.g. carer or housing), as an alternative to being admitted to hospital, or to support an earlier discharge from hospital.

The Home First Portfolio includes Discharge to Assess and NHS @ Home (virtual wards) alongside a range of programmes focused on specific conditions, for example CVD and end of life care.

3.2 The Home First Portfolio aligns closely with the main Better Care Fund priorities to: provide people with the right care, in the right place at the right time and enable people to stay well, safe and independent for longer. Although the Better Care Fund covers all Intermediate Care services, in the last year the the Department of Health and Social Care's key focus has been on hospital discharge, and this will be a key focus for 2023/24 and 2024/25.

3.2 The D2A Programme and Home First Portfolio are closely linked to the One City Plan 2050 vision of strong communities formed of resilient and independent people, integrated health and social care which seamlessly meets the ever-changing needs of our communities with a focus on early help, prevention, and person-centred support.

3.3 The aim of the D2A Programme is to address the significant and urgent pressures on the health and social care system across BNSSG. These include:

- Too many people in the BNSSG system are discharged from hospital into community beds. Many of these people could be treated in a home first setting with wrap around support with greater integration and joint working between health and social care services.
- There are also too many people in hospital beds who no longer require acute medical care.
- Delays and the high number of people in post-acute care beds is having a significant impact on our ability as a system to maintain hospital flow, reduce ambulance delays, and deliver elective recovery.
- A number of areas to improve integration across D2A pathways in BNSSG and joint working between health and care services.
- Average length of stay remains significantly higher than targeted across all D2A pathways.

3.4 Following a Local Government Association Peer Review of hospital discharge pathways in Summer 2022, BNSSG received diagnostic support from the national Better Care Support Fund to understand the causes of these challenges and develop a long term improvement plan. The diagnostic was carried out from July to November 2022.

3.5 A refreshed system improvement and transformation plan is being developed via the D2A Programme with input from all system partners. Key priorities for investment identified following the diagnostic include:

- Focusing the social care workforce in hospitals to achieve the cultural shift and reduce the number of times a non-ideal pathway is chosen.
- Expanding domiciliary care/reablement to support anticipated increase in the Home First model
- Matching community assessment and therapy/ case management support to the community short stay bed base to meet new capacity plans
- Providing recurrent funding for VCSE infrastructure in the acutes and community to support extended use of Pathway 0 (support to go straight home from hospital).
- Investing in change capacity to support delivery in the short term.

4. Community/stakeholder engagement

4.1 Across the Home First Portfolio, Ethical Healthcare Consultancy undertook engagement and gathered insights from citizens and frontline staff across the system to better understand the challenges.

4.2 Ethical Healthcare Consultancy have developed a comprehensive communications campaign designed to address the key findings from their insights work. This includes a wide range of resources including posters, podcasts, leaflets that have been co-produced with frontline staff and citizens. Under the bonnet events have also been held to bring together frontline staff from across the health and social care system to build trust and understanding of how D2A pathways can work better. The campaign is due to launch in Summer 2023 and the impact will be evaluated via the D2A Programme.

4.2 The D2A Programme Steering Group has met with the Bristol Healthwatch team and incorporated action to address their recommendations into the programme.

4.3 The D2A Programme is being delivered via several task and finish groups that allow changes to be co-designed with frontline staff from across the system.

5. Recommendations

5.1 It is recommended that the Health and Wellbeing Board:

- Notes and supports the findings of the Better Care Support Fund diagnostic on the key causes of challenges within hospital discharge pathways.
- Considers and endorses the key priorities identified to improve outcomes and flow through D2A pathways via the system transformation programme.

6. City Benefits

6.1 The end goal of the D2A Programme and Home First Portfolio is that people are supported to stay well, in their own communities and independent for as long as possible.

6.2 In May 22, Bristol Healthwatch collated the experiences of 141 patients, families, carers and NHS staff involved in the hospital discharge process with a specific focus on Pathway 3. They identified that more than 75% of respondents felt delays in admission or discharge had

a negative psychological effect and identified transition from one care location to another as the biggest area of concern.

6.3 The D2A Programme is expected to benefit Bristol citizens by:

- Reducing the amount of time people spend in hospital and supporting more people to go home first on Pathway 0 or Pathway 1 and regain their independence rather than going into P2/P3 beds, making use of Technology Enabled care to increase independence.
- Improving support for people and their families/carers to remain independent and avoid hospital admissions.
- Reducing waiting lists and delays going into and exiting hospital discharge pathways
- Freeing up acute hospital capacity and improving ambulance response times for other citizens who need urgent and emergency care
- Reducing the number of people receiving a Tier 3 (long term) care service, and increasing the percentage of these people being supported in their own home or tenancy.

7. Financial and Legal Implications

7.1 No immediate financial or legal implications for the Board to consider at this time.

8. Appendices

8.1 No appendices