

Health Overview & Scrutiny Committee (HOSC)

(Sub-committee of the People Scrutiny Commission)

11 October 2023



Report of: Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) and Sirona care & health

Title: Discharge to Assess Programme Update

Ward: All

Officer Presenting Report: Rosanna James, D2A Programme Director, Sirona care & health

Recommendations:

HOSC Members are requested to:

- Note receipt of this update on the delivery of the D2A transformation programme, including progress, priorities and the recent implementation of a refreshed governance approach.
- Take assurance that the programme is fully operational and has appropriate engagement, governance and delivery mechanisms in place.
- Note whole system involvement in the review of winter plans and priorities for additional non-recurrent funding recommended by the D2A Board.



1. Summary

The purpose of this paper is to provide an update on the delivery of the Discharge to Assess (D2A) Transformation Programme including progress, priorities and the recent implementation of a refreshed governance approach.

2. Context

2.1 Background

Figure 1 and 2 below provide an overview of the scope of the D2A Programme and how the goals of the programme relate to key Integrated Care System (ICS) goals. Following Health and Wellbeing Board approval of Better Care Fund (BCF) investment for 23/24 the D2A transformation plan and approach was revised in part to ensure better alignment across the BCF investments.

Figure 1: Scope of D2A Transformation Programme

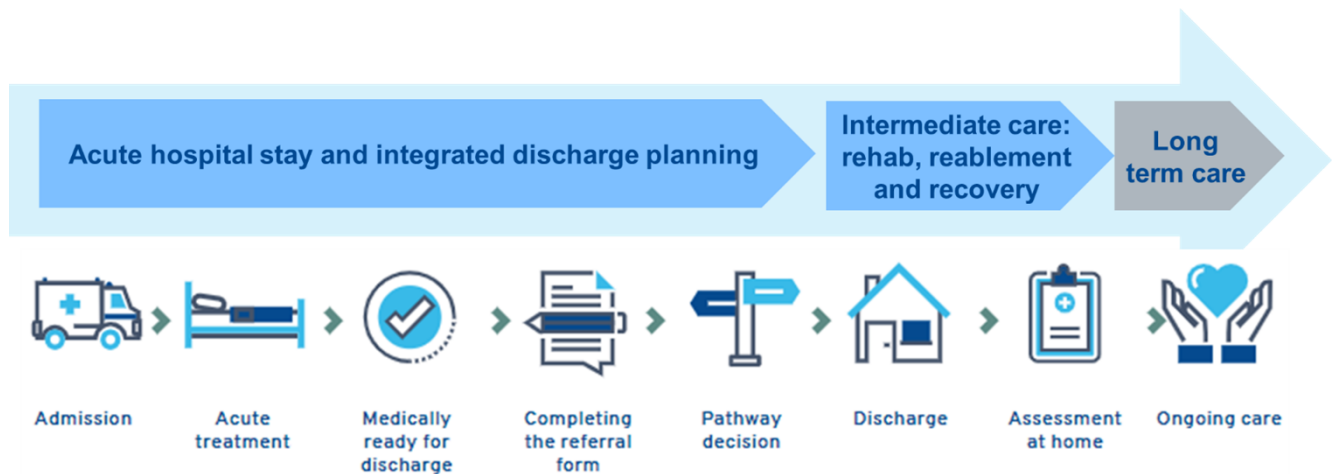


Figure 2: BNSSG system and D2A Programme Goals



Since June 2023, the programme team have implemented actions (with programme partners) across a number of priority areas for improvement and transformation delivery work. These include:

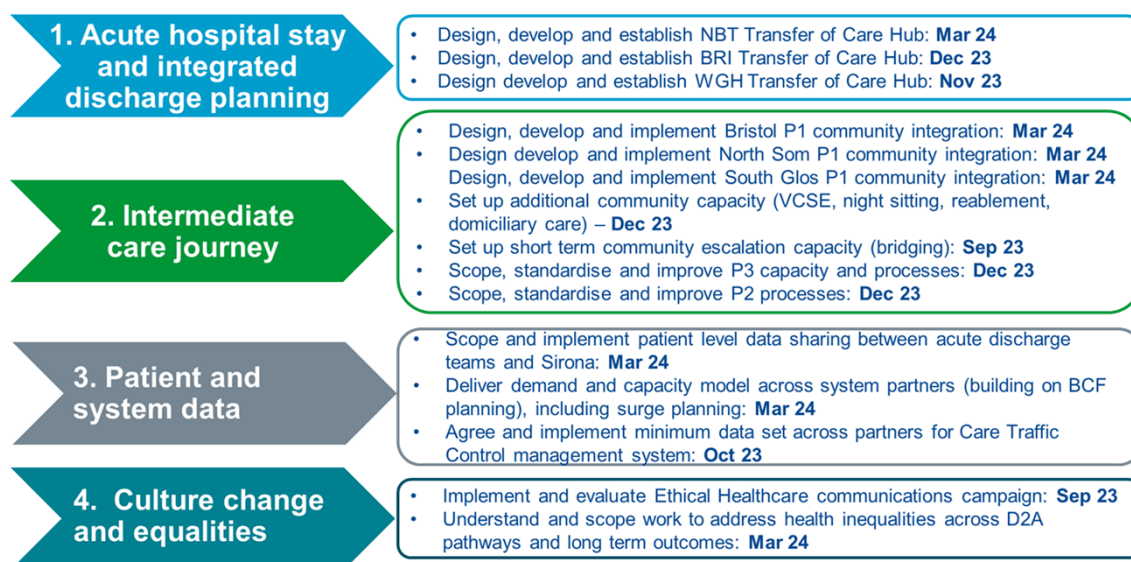
1. **Programme Plan Progress Monitoring**
2. **Results and Benefits Measurement (12 Results)**
3. **System Performance Oversight (Dashboard Development)**
4. **A Refreshed Governance and Accountability Approach**
5. **Winter Planning**
6. **Communication of the Ethical Health Campaign**
7. **Better Care Support Fund (BCSF) National Development Fund Bid (Digital and Leadership)**

This report provides an overview of the key elements of progress, against each of the priority areas above, for HOSC to consider.

2.2 Programme plan progress monitoring

Key programme deliverables are summarised in Figure 3 below. An overview of RAG ratings is presented to the D2A Transformation Group every three weeks with discussion to understand successes and challenges, identify risks and to learn about practice and solutions from across the system. The updated programme plan is then shared with the D2A Board for assurance purposes. See Appendix 1 for the most recent progress report discussed at D2A Board on 6 September 2023.

Figure 3: D2A Transformation Programme Deliverables



2.3 Results and benefits measurement (the 12 results)

The D2A Programme continues to drive the ‘12 results’ measures with work underway to renew baselines and agree/mobilise targets. The 12 results (see Figure 4 below) enable the programme to take a more system wide view of progress, success and delivery.

Figure 4: D2A Transformation Programme Results

	What do we want to achieve?
R1	40% reduction in 'non ideal' pathway decisions across Pathway 0/1/2/3
R2	% shift into Pathway 0 and Pathway 1 from Pathway 2 and Pathway 3
R3	25% reduction in hospital length of stay across Pathway 0/1/2/3 (pre and post Transfer of Care Document)
R4	Reduce the use of acute hospital beds by 200 beds
R5	Reduce acute hospital No Criteria to Reside
R6	Reduce community No Criteria to Reside
R7	Increase % patients getting ideal long-term outcomes following P1/P2/P3 and reablement
R8	Reduce down to 230 Pathway 2 and 3 beds
R9	Reduce avoidable long term care hours/packages of care following hospital stay
R10	Reduce number of long-term residential care/nursing care packages following hospital stay
R11	Increase staff trust, relationships and understanding of the D2A process
R12	Increase number of people/carers with a positive experience of hospital discharge and D2A pathways

Based on currently available data, between November 22 (when the Better Care Support Fund diagnostic was completed) and July 23, the system has made progress towards achieving these results. There have been significant inroads into the target of saving 200 acute beds with 172 acute beds saved by July 23 against target of 200.

However, the opportunities to improve decision-making and shift people into P0 and P1 from P2 and P3 are yet to be realised. There is also a clear opportunity to reduce P2 and P3 community length of stay, especially in Bristol. On 6 September, D2A Board agreed to add a thirteenth programme result focused on reducing community length of stay for P2 and P3, to allow greater monitoring of the impact of the P2/P3 bed reduction mitigation plan actions. This additional result has now been added into the workplan.

2.4 System performance oversight (dashboard development)

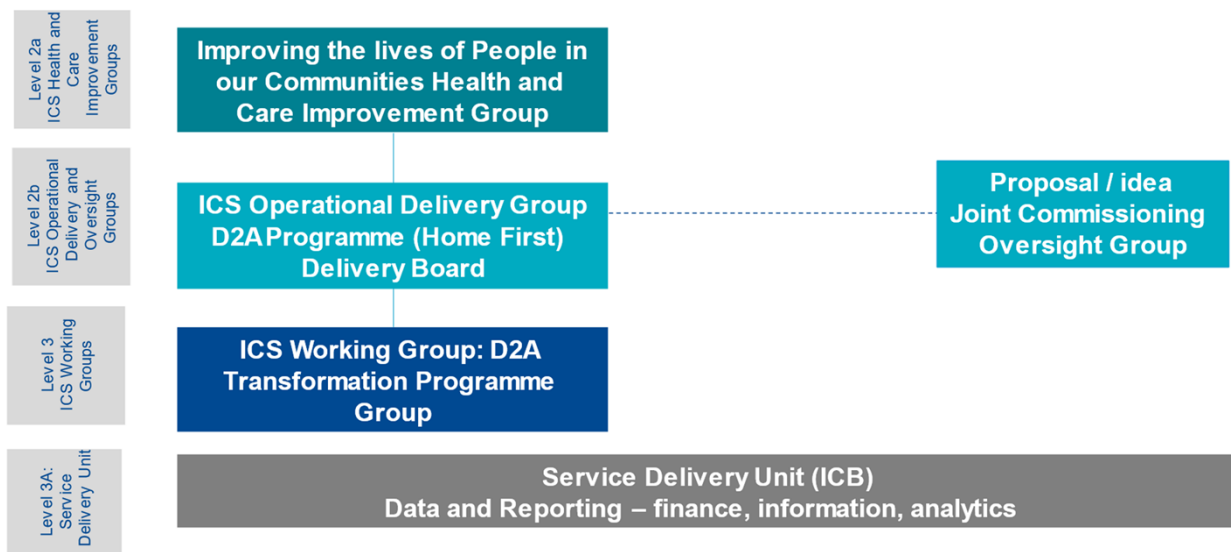
The D2A programme is finalising a D2A Performance Data Dashboard (a draft version of which has been shared with programme members). The dashboard focuses on demographic and health inequality data, using information from acute trusts with NHS number to allow linkages to the hospital record and to understand more details about the types of patients being discharged into D2A and their distribution (by age, geography, length of stay, deprivation quartile and reason for admission in the first place). Further work is required to receive a full suite of data that can be linked with community providers, but this work is underway.

2.5 Refreshed governance and accountability

To support onward progression the team have initiated a new governance approach that reduces the number of virtual sub-group meetings and increases opportunities for design, development and recommendation-making work to be addressed both face to face and through one overall session. The new D2A Transformation Programme Group Session sits under the D2A Board which in turn reports up to the Improving Lives of Our Communities Health and Care Improvement Group.

A visual outline of the D2A Programme Governance is outlined in Figure 5 below.

Figure 5: Draft outline of D2A within the new ICS governance framework



Terms of Reference for the D2A Board are currently being revised to ensure compatibility with ICB standardised ToR and the wider approach to ICB governance and decision making. Work is also underway to ensure that new ToR are compatible with democratic responsibilities of local authorities (and their obligations through Health Overview and Scrutiny Committees and Health and Well-Being Boards).

2.6 Winter planning

On 25 July, the programme team were requested to develop additional risk mitigation actions, linked to forward planning for potential seasonal winter surge pressures (e.g. covid or flu outbreaks etc.). The team worked with colleagues to mobilise a D2A programme winter planning session, with attendance from a range of stakeholders.

On 29 August a D2A winter planning workshop was held with operational leads and system partners. The purpose of the workshop was to analyse forecast winter scenarios, reflect on the learning from mitigating actions taken in previous winters, understand the key pressure points along D2A pathways and identify additional actions that can be put in place to add a further layer of mitigation.

The group identified five key proposals for winter mitigation actions for further consideration by the D2A Board on 6 September. The D2A Board supported these recommendations, including agreement to

request that the ICB releases the currently unallocated non-recurrent £1.5m remaining in the D2A budget to deliver as many as possible of the additional (until March 2024) mitigations as can be reasonably afforded and implemented. Supporting further mitigation in no way undermines existing effort on transformation and the Board continued to support on-going work to deliver both decision making and community length of stay improvements. The programme's next steps are to develop at pace detailed costings for mitigations so that these can be formalised and approved financially and operationally.

2.7 Communication of the Ethical Healthcare Campaign

The roll out of the Ethical Health Campaign continues with the support of communications leads from across the D2A system. Blogs, case studies, videos and briefings are all being disseminated to raise awareness of services that can support with discharging people from hospital. Take up of materials by communications leads across the D2A partnership is being monitored to ensure effective information sharing.

A survey has been developed and will be rolled out over the next month to assess the impact of the campaign on staff across the system and on the experiences of patients and carers.

2.8 Better Care Support Fund (BCFS) national bid (digital and leadership)

Following interviews with senior leaders/CEO's a proposal has been developed to apply to the BCSF for funding to support onward work with:

Priority 1: Leadership, Culture and Learning. Focused on senior leaders rather than frontline staff (as this is being addressed via the Ethical Behaviour Change campaign). Strengthening of leadership culture and behaviour supported by the right development, delivery and communication tools to enable transparent and effective decisions about strategic priorities and allocation of financial resources. Embedding trust, collaboration and participation so that leaders at all levels are informed, engaged and collectively proactive. Learning from how other areas have engaged to develop a joint plan that works at place-based level across multiple local authorities .

In addition, a second priority was identified within the bid. This was:

Priority 2: An Improved Approach (Modelling and Data) for Managing Out of Hospital Demand and Capacity Across BNSSG. Development phase to improve discharge evaluation, reporting data and systems, linking the aims of both D2A and the ICB Care Traffic Control plans. Development of a common data set that would be used by multi-agency operational teams to help refine capacity and demand planning over time. BCSF support would fill the capacity and capability gap, while we recruit staff we have allocated funding for from the D2A Programme Team budget.

The national BCSF team have confirmed their support for proposals from BNSSG. The next step is to develop detailed scopes of work for the two priority areas above so support partners can be appointed/procured by the BCSF team.

3. Policy

Not applicable.

4. Consultation

Not required for performance update.

5. Public Sector Equality Duties

A full equality impact assessment was completed and signed off as part of the Discharge to Assess Business Case in November 2021. This noted that the implementation of the D2A Programme should not discriminate against people of protected characteristics.

Appendices:

Appendix one: Programme update – exec summary also attached.