NHS
Hillingdon
Clinical Commissioning Group

HILLINGDON CCG Governing Body Meeting (HCCGGB)

ITEM No. E

DATE 1st May 2015

Title of Board Paper: **Integrated Appraisal Team**

Report for: HCCG Governing Body

Summary:

This is a joint application for Readmissions Credit Reserve funding, from The Hillingdon Hospital (THH), the Hillingdon Clinical Commissioning Group (HCCG) Continuing Healthcare (CHC) Team and the London Borough of Hillingdon (LBH).

Purpose

The purpose of this proposal is to establish an integrated team to be operational in THH with the function of appraising patients on admission to acute care who are identified as having care needs. This early identification of patients will enable timely allocation of the appropriate staff to the case and efficient joint working between social care and health partners. It includes people whose care would be funded by LBH, by HCCG continuing health care and those people who are self-funding their care.

It builds on the 'in reach' support provided by the HCCG continuing healthcare nurse to THH during 2014/15 (funded via readmissions credit reserve) part of whose function was to upskill appropriate THH clinicians about the CHC process as well as carrying out patients assessments on behalf of THH. A key outcome for this project is to enable transition during 2015/16 so that there will be THH staff of sufficient capacity and competencies that the Trust can discharge its duties with regard to the Delayed Discharges (Continuing Care) Directions 2013.

Existing issues

It is anticipated that the following existing issues identified by partner organisations within the current discharge planning process will be addressed by the new provision

1) Patients with care needs are currently identified at different times post admission to acute care, by varying members of staff within the Trust which may delay the allocation of appropriate social care staff, particularly when the patients' needs are complex.
2) The quality of engagement and the information given to patients, family and carers with regard to assessment of care needs is not consistent. This can result in unrealistic expectations or patients not being fully informed and their consent not gained in line with statutory requirements.
3) Delays in assessment and 'silo' working result in avoidable delays in discharge of patients from acute care.

The new team will be multidisciplinary with members of staff employed by THH, HCCG and LBH. The team will be established and the new provision implemented by a project manager over a period of 4 months

from May 2015. The project manager will be key in ensuring that staff recruitment, new protocols, accommodation for the team at THH etc are coordinated and achieved in a timely manner.

Anticipated benefits

The anticipated benefits within the discharge planning process are;

- An increase in efficiency by enabling more effective allocation and better use of resources, reducing duplication and 'silo' working.
- A reduction in the inappropriate raising of assessment notices with LBH and joint definition of care needs for patients with complex discharge requirements.
- A reduction in avoidable delays in discharge of patients from acute care due to the impact of 'Monday to Friday' working by implementation of multi-disciplinary team (MDT) with access for assessment 7 days a week.

These things in turn are expected to reduce the length of stay of patients and reduce the rate of readmission to acute care.

There will be better management of patient and carer expectations on admission to hospital and a reduction in patient and carer anxiety for those with complex discharge requirements.

Financial costs

The total costs for the team provision will be £371,848. However some of the new posts will be funded via LBH resilience funding and two are existing LBH posts.
The total cost therefore required for the new roles and for which application to the readmissions credit reserve is made is £226,197 + estimated non staff costs of £30,000 making a total of **£256,197.**

Governance

The impact of the new team and process, any additional benefits and any negative impacts, will be identified and quantified in year by a senior multiagency project group. The integrated appraisal team should support the core clinical duties of medical and nursing staff at THH and care must be taken that ward staff are not de-skilled by the new provision. The process and principles need to be understood and 'owned' by all relevant staff members in THH, LBH and HCCG.

The project group will ensure that a review is undertaken and reported on in Q4 2015/16 and a joint decision made about ongoing funding and provision including an exit plan for the CHC nurse assessor by 31 March 2016.
The project group will report on a monthly basis to the Transformation Group for older people's services.

Key risks:	The key risks are that 1) THH, LBH, HCCG are not able to recruit to the new posts and establish service provision during Q2.

	2) The anticipated outcomes in terms of managing patient expectations and increasing satisfaction with the process will not be able to be realised 3) That there will be continuing rising demand and the new provision will meet and manage the demand but the anticipated benefits will not be realised
Legal issues	Non arising from this paper
Financial implications	This is an funding application for the use of readmissions credit reserve
Recommended action for the Board:	To agree the Option 2 proposal in the business case.
Consultation (involvement of public, users & partner organisations)	Partner organisations; THH, LBH and HCCG have been involved in the identification of the issues and the development of the proposal to address them
Communication plan:	To be developed as part of implementation.
Equalities impact (How does this proposal recognise diversity?)	An EIA has been completed. The proposal is anticipated to have a positive impact on older people. No negative impacts have been identified.
Audit Trail (has this paper been reviewed by any Board Committee – when and where)	HCCG F&Q Committee 17.3.2015 HCCG Management Committee on 18.3.2015 HCCG Quality, Safety and Clinical Risk Committee on 24.4.2015
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