

MK Deal Priority 1 – System Flow

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Purpose of Report:

To provide a progress update since the last reported period (June 2023) for the Partnership

1. Recommendations

- 1.1 That the update on achievements to date is noted.
- 1.2 That planned activities to further progress the above priority is noted.

2. Overall Objective

- 2.1 To develop a longer-term improvement plan to deliver functionally integrated services between MKUH, CNWL and MKCC, including:
 - Simplification of existing pathways
 - An integrated workforce
 - Agreement of shared risk management and other clinical policiesImproved interface with Primary Care services and the Virtual Ward
- 2.2 Improving System Flow (ISF) focusses on urgent and emergency care services for older and/or frail and/or complex service users, in terms of facilitating safe hospital discharge and avoiding preventable admission in the first instance. The project will look at improving the current services in place - checking for gaps, duplications, IT system issues, and what works well and/or not so well, ultimately moving towards a more integrated approach.

Impacting factors include

- Transport – for patients and equipment
- End of life care
- Pharmacies
- Therapists
- IT systems
- Virtual Ward

- Out of area

2.3 This project went live on 1 December 2022 and is overseen by the Improving System Flow Steering Group (ISFSG) who provide strategic direction and assurance to the Joint Leadership Team (JLT). The ISFSG is chaired by Dr Ian Reckless, Medical Director, MKUH.

A core project team was established, to include representation from MKUH, CNWL, MKCC and the ICB.

A wider advisory group was also established, to include subject matter experts, stakeholders, and partners, to act as critical friends regarding what works well, current issues, and to provide input into proposed recommendations.

A finance sub-group has been established, with lead representatives from each organisation.

A communications sub-group has been established, with lead representatives from each organisation, to agree a process for socializing and implementing the Hub model.

An End of Life (EoL) focus group, led by CNWL, has recently set up and tasked with scoping admission avoidance/hospital discharge requirements, and identifying improvements.

A falls prevention focus group has been established to develop a system approach to falls prevention across MK. Members include South Central Ambulance Service, Public Health, Fire Service, and the voluntary sector.

A therapy task & finish group was set up to develop new integrated discharge pathways, and to develop a Care & Therapy Academy.

Two task and finish groups have been established focussing on reviewing and developing options regarding the Discharge to Assess (D2A) pathways.

3. Key Activities Achieved

3.1. **Service mapping** was completed for both hospital discharge and admission avoidance, to identify the current and contracted services in place, alongside the voluntary sector organisations working with MKCC. The end-to-end process for early discharge and admission avoidance was mapped and assessed. Out of Area, End of Life and Complex Care were also assessed.

3.2 Operational information and outcomes data have been reviewed and a set of **5 performance metrics identified** for monitoring by the ISFSG. A metrics dashboard

has been developed and will provide a comprehensive data set. This will be presented to the ISFSG meeting in September.

- 3.3 The **Virtual Ward business case** was agreed by JLT in June 2023 and a sub-group of the ISF steering group will drive delivery and provide regular reporting on progress. S256 funding will be released to Virtual Ward providers (CNWL, MKCC and MKUH) only when costs are actively being incurred in relation to a role within this business case. Where a staff member is seconded into a Virtual Ward role, funding will only be provided only if/when costs are being incurred through backfill of the vacated role.
- 3.4 A **discharge service model** was scoped and planned, alongside an assessment of the workforce. The recommended proposal, an integrated discharge hub, was agreed by both the ISFSG and JLT. Ongoing activity includes:
- Accurate costings for the Hub are being worked on with finance leads.
 - A communications plan has been developed for approval by the ISFSSG in relation the Hub. - A proposal/consultation document, ratified by the ISFSG, will form the basis of future conversations with HR, Finance, and staff.
 - A location for the Integrated Discharge Hub is currently being determined within the hospital.
 - A workforce structure has been established, and role profiles are being developed and evaluated. Line Management arrangements and accountabilities are now being established.
 - A Governance options paper is currently being prepared alongside a complaints process. Initial work has started on developing a service specification and operating procedures, while a Memorandum of Understanding, information-sharing agreements, and honorary contracts are being established.
- 3.5 The total spend on admission avoidance and hospital discharge has been verified and **current funding, reviewed.**
- 3.6 **Discharge to Assess (D2A) best practice** was identified and options for new D2A pathways were jointly formulated, ready for taking to the end-Aug ISF Steering Group. This is focussed on pathways 1 and 2.
- 3.7 The development of a **Care & Therapy Academy** was agreed by the ISF Steering Group, and £800k funding was agreed by JLT. Training needs have been mapped and a training programme is being developed, while venue options are being identified. From April'24 consideration will be given to introducing apprenticeship programmes for Therapy Assistants with a view to becoming registered therapists. Role profiles for the training Programme Co-ordinator and Health Care Assistants (HCA) have been developed and are currently under evaluation. CNWL is to be the employing body, and recruiting organisation, for the Programme Co-ordinator – the position will be fixed term for 12 months.
- 3.8 Assessment of the **Primary Care Interface** is underway and includes discussion with the Primary Care Network Alliance regarding issues in the sharing of patient

records. Discussions are underway with IT leads from each organisation to determine what equipment, software or applications may be required.

3.9 The Out of Area process in neighbouring Local Authorities has been determined.

A **Trusted Assessment process** with Buckinghamshire County Council has been designed for trialling during Sept'23.

3.10 The current focus is on admission avoidance - to identify gaps, and issues that need addressing. Existing models in other areas were explored and good practice identified. A **review of admission avoidance** data is underway. For example, work has commenced around identifying falls data and how the falls prevention pathways operate.

3.11 Ambulance transport was assessed, and issues identified in the current offer delivered by SCAS. Funding discussions following the SCAS review were delayed due to industrial action. A scoping exercise is now underway around the current CNWL **'man-and-a-van' offer** in order to design an improved transport service for patients and essential equipment.

3.12 **Healthwatch was commissioned** to provide insight into the patient journey. Their engagement proposal was signed-off by the ISFSG in April. A summary report of findings, with recommendations, will be ready for taking to the Sept ISFSG.

3.13 An **overarching winter plan was developed** in collaboration with the ICB, MKUH, CNWL and MKCC, and approved by the ISFSG. Design of a detailed ICB and MKCC winter resilience plan is in progress.

3.14 A **2-year plan for Better Care Fund (BCF)** money was developed. This incorporated the new Hospital Discharge Fund (HDF). Examples of areas to be funded by the HDF include:

- recruitment of hospital HCA posts to support the Therapy Team. Advertising will commence during Aug'23.
- a new Bridging Care service to support speedier hospital discharge. This will be commissioned in the Autumn.
- a new 'Live In Care' service to support hospital discharge for those on the delirium pathway. This will be commissioned in the Autumn, additional funding for mental health step down beds.

4. Key Activities Planned: Sept 2023-March 2024

4.1 Establish the integrated discharge hub.

4.2 Launch the Care and Therapy Academy.

4.3 Identify relevant organisational information/data systems and formulate an IT plan to meet access requirements.

4.3 Determine a workforce structure around the D2A pathways once options agreed. Confirm recruitment and consultation requirements with relevant HR leads and start the consultation process. Enter contractual negotiations with commissioned services.

4.5 Review capacity and demand in step-down bed facilities.
