Report to the Urgent Care Board

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1. Recommendations

- That Coalition partners agree implementation of the proposed Joint Assessment and Discharge Service.
- That partners review outcomes 6 months and 18 months after implementation, alongside service costs and resources and determine the further steps required.
- That further communications be developed which positively identify the benefits of the service and its contribution to achieving objectives for the local health and social care economy.
- That partners nominate senior representation for the JAD Steering Group to provide consistent leadership and oversight of the work required.

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2. Update on Implementation of the Joint Assessment and Discharge Service

2.1 This paper updates the Urgent Care Board on the work to develop revised proposals for the implementation of a Joint Assessment and Discharge Service across health and social care.

3. Introduction

3.1 Proposals for a shared Joint Assessment and Discharge Service (JAD) were discussed at the Integrated Care Coalition meeting on 14th October. While all partners signed up to the principle of a joint discharge team for patients with complex needs, London Borough of Redbridge was unable to join an integrated service covering BHRUT at this stage. They will however consider joining in the arrangements when the service is established and the model allows for later inclusion.

3.2 Coalition partners asked for an urgent redesign of the JAD proposal to take into account London Borough of Redbridge providing a separate hospital social work service for Redbridge residents who may need social care services at the point of discharge. This needed to ensure:

- That the Coalition preserves the original design principles with decisions about care and funding for the services in scope, are made as close to the patient as possible- including Continuing Health Care;
- Redbridge residents are not disadvantaged compared to the current arrangements;
- The operational benefits of the JAD for BHRT are preserved as far as possible;
- That the service is able to flex to accommodate L.B. Redbridge if and when they are able to join the service in the future.

4. Revised Proposals

4.1 Revised staffing structures and operating procedures have now been developed taking into account the reduced budget available and the need to ensure Redbridge residents were not disadvantaged. These are detailed in **Appendix 1**. Essentially, the revised proposals now involve 4 rather than 5 ward groups and these have been re-aligned to take into account current ward arrangements and activity levels.

4.2 The JAD Steering Group reconvened on 12th November to review the revised proposals and operational pathways. The principle of the ward MDT referring to a single service, regardless of address remains the same, and referrals for patients potentially requiring services from London Borough of Redbridge will go via the JAD which will take responsibility for referring on appropriately. This will be a purely administrative function which will ensure timely and appropriate referrals for assessment for all Redbridge residents. It was agreed the operational processes and implementation plans are feasible, although they carry increased risk in terms of performance, given the reduced resources now available. Concern was expressed about the feasibility of an implementation date of 1st April 2014 in view of the delay and significant tasks still remaining.

4.3 Work with managers in the teams and services involved, has continued to ensure that staff remain positively engaged in both the process and the detail. It is important that effective leadership is maintained in order to ensure clear messaging for all staff.

4.4 The model assumes decisions about Continuing Health Care will be made as close to the patient as possible with the JAD undertaking a quality assurance function, and the goal of delegated decision making.

4.5 Progress is being made on the development of a common operational IT platform that will also be able to generate reports for monitoring activity and performance. Implementation of the JAD is not dependent upon this being in place ahead of implementation.

4.6 Accommodation will be required for the JAD in both Queens and King George Hospital. BHR have mapped this into the overall accommodation strategy for the Trust.

5. Implementation

5.1 Potential projected implementation costs of £150,000 were identified at the Coalition meeting on 14th October. These costs can be assumed to be similar as

the scope of the development work remains largely the same. Details with revised contributions are outlined in **Appendix 2**.

5.2 The original timetable for implementation envisaged the service being operational by April 2014 and the implementation plan provides for this. However, as noted above, this is likely to be challenging and dependent upon the active engagement of all partners in the process and progress in completing key tasks.

6. Risk Management

6.1 There will be additional risks in being able to provide the level of service to BHR with a smaller staff team. It is proposed that a review of JAD performance is undertaken after a period of 6 months operation, with a view to considering whether agreed metrics are deliverable within the resource available.

6.2 The development of JAD specific indicators are a specific work stream within the project plan and will seek to capture what are shared indicators, what is already being measured and reflect individual organisations' performance priorities.

6.3 Whilst the delivery date is challenging, it is proposed that we maintain 1st April 2014 for implementation at this stage, and review this dependent upon the outcome of staff consultation and legal work in relation to the Section 75.

6.4 Key to delivery is the early appointment of the Service Manager providing leadership as well as support to project tasks. A recruitment process has been agreed with HR leads and reported to the Steering Group and this can commence immediately following agreement to proceed from Coalition partners.

7. Communication

7.1 Development of the concept of a Joint Assessment & Discharge Service has been widely communicated through staff communications, and Health & Well-Being Boards, Trust Boards etc. It is an integral element of wider development plans for the health and social care economy. It is vital that the revised proposals are communicated positively by all Coalition partners.

7.2 The concept remains ambitious, groundbreaking and unique; and the original timetable was challenging from the outset. If the proposals are agreed at this stage, an agreed communication statement will need to be issued by all Coalition partners recognising the commitment to implement the joint service.

8. Next Steps

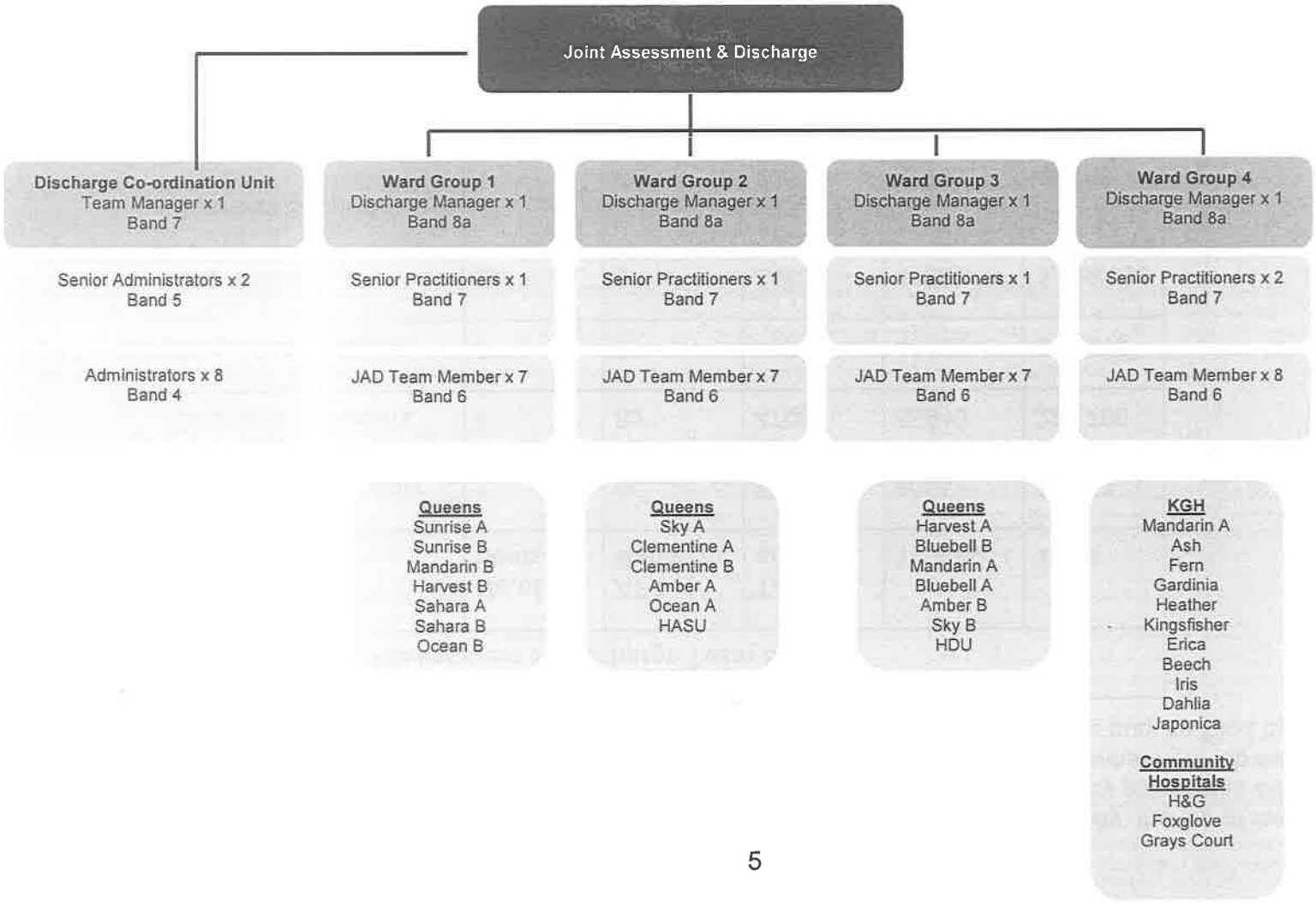
8.1 The Steering Group with senior representation from all partners will be reconvened and meet on a monthly basis to oversee the delivery of a detailed implementation plan. Following implementation this group will form the basis for an ongoing s.75 Executive Steering Group to oversee the service performance and management of the service. Regular updates on progress will be provided to future Urgent Care Boards.

9. Background Papers

9.1 Attached at **Appendix 3** is the previous paper on the proposals for the Joint Assessment and Discharge service, produced in August 2013.

APPENDIX 1

Revised Staffing Structure and Ward Groups for JAD Service



The table below gives the numbers and indicative costings for the proposed JAD service. For simplicity, the top of the Agenda for Change payscales + 18.8% on costs, have be used for these calculations. In reality the NHS and local authority pay scales will be different and there are inconsistencies in the pay scales between the London Boroughs of Havering and Barking & Dagenham. As job descriptions are created and evaluated and posts are recruited to actual costs will change. All manager and JAD worker posts may be filled by a qualified nurse, or social worker.

Proposed Joint Assessment & Discharge Team Staffing					
Post	**No.of posts**	**AFC Band**	**Top of scale**	**18.80%**	**Total**
JAD Service Manager	1	8c	67805	80552	80,552
Discharge Managers	4	8a	47088	55940	223,760
Senior Practitioners	5	7	40558	48183	240,915
JAD Workers	29	6	34530	41022	1,189,638
Business Support Manager	1	7	40558	48183	48,183
Admin Managers	2	5	27901	33146	66,292
Administrators	4	4	22016	26155	104,620
Administrators	4	3	19268	22890	91,560
TOTAL	**50**				**2,045,520**

APPENDIX 2 **JAD Implementation Costs**

Issue	Comments	Costs
Legal	▪ Preparation and agreement of a Section 75 Agreement ▪ between 4 provider organisations and 3 CCGs	£30,000
IT	▪ Development of IT System/s that can capture key performance data for the JAD service and provide the necessary reports for each organization.	£25,000
Communications	▪ Communication about the new JAD service to relevant teams, and organizations. This will include interface discussions and protocol agreements with Wards, Therapies, Pharmacy, Mental Health services, Integrated Case Management Teams and other relevant teams. ▪ Service User involvement via Healthwatch and development of patient information. ▪ Publicity material to share learning with professional colleagues.	£10,000
Training	▪ JAD staff will be working across 3 boroughs and will need to be made aware of the different protocols and resources within each borough. ▪ Training JAD staff on newly developed JAD operational policies and protocols. ▪ JAD team building. ▪ Development of ethos with BHRUT staff and JAD staff to discharge patients to their own homes with dignity and compassion wherever possible. This will require ongoing awareness training.	£5,000
Recruitment	▪ Recruitment of JAD Service Manager for 6 months prior to implementation date in April 2104	£35,000
Project Management	▪ Ongoing Project Management will be needed until JAD Service Manager is in place, plus a handover period.	£25,000
Set up Costs & Contingency	▪ Possible set up costs may include IT hardware, furnishings	£12,000
Evaluation	▪ An evaluation to be carried out at the 18-month review, to include a paper for publication	£8,000
Contingency		£500
TOTAL IMPLEMENTATION COSTS		**£150,500**

Apportionment

Organisation	**£ contribution**
BHRUT	£21,500
LB Barking and Dagenham	£21,500
Barking and Dagenham CCG	£21,500
LB Havering	£21,500
Havering CCG	£21,500
NELFT	£21,500
Redbridge CCG	£21,500
	£150,500

*A regular monitoring report will be provided identifying spend and activity and any under spend redistributed to partner organisations.