

HEALTH AND WELLBEING BOARD

17 JUNE 2014

Title:	The Joint Assessment and Discharge Service		
Report of the Corporate Director of Adult and Community Services			
Open Report		For Decision	
Wards Affected: All		Key Decision: No	
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Sponsor: Anne Bristow, Corporate Director Adult and Community Services			
Summary: The Board previously considered detailed proposals for the development of a Joint Assessment and Discharge Service in August 2013. The statutory partners in the BHR health and social care economy, London Borough of Havering, London Borough of Barking & Dagenham, London Borough of Redbridge, BHRUT, NELFT and the 3 CCGs have been working together through an "Integrated Care Coalition" to finalise service development and begin steps towards implementation. This report provides an update on progress for the new service which became operational from 2 June, and continuing work to resolve remaining outstanding issues.			
Recommendation(s) The Health and Wellbeing Board is recommended to agree: (i) To note the progress of the Joint Assessment and Discharge Service (ii) To note that a further report will be brought back to the Board considering future hosting arrangements for the service.			

1. Background and Introduction

- 1.1 The Joint Assessment and Discharge Service (JAD) Service will consist of around 50 health and social care staff, with a staffing budget of c.£2m. The Service Manager was appointed in February - employed by LBB as the 'host' organisation. Remaining appointments were made at the end of May following the formal staff consultation process.
- 1.2 The JAD is the single point of contact for all referrals of people who may require health and/or social care support at the point of discharge from the hospital, in the form of care and support at home or in residential and nursing care with a dedicated

member of staff, either social worker or nurse, for each ward. The service has been made up of a number of teams employed by both NHS and local authorities brought together in one service and operates 7 days a week to both facilitate discharges at weekends and meet with family members who may visit relatives at weekends.

2. Governance

- 2.1 The development and implementation of the JAD has been overseen by the Integrated Care Coalition and the Urgent Care Board with regular Executive Steering Group meetings with senior representation from each participating organisation led by LBBB.
- 2.2 Partnership arrangements are formalised through a s.75 agreement which gives delegated authority for staffing matters, commitment of care budgets and decision making for Continuing Health Care expenditure. The aim is that, as far as possible, decisions can be made as close to and with the patients and families concerned, rather than decisions being referred back to “panels”.
- 2.3 The implementation of the JAD is intended to positively impact upon broader system improvement and particularly assist the performance and quality improvements required at BHRUT. The developments dovetail with the Improvement for BHRUT and the service works at both a strategic and operational level with BHRUT.

3. Staffing

- 3.1 A formal consultation process with affected staff from 4 employing organisations was led by LBBB following the relevant policies and procedures and concluded on 8th May. A small number of staff who have been displaced who are being managed through their respective organisations’ policies and procedures.
- 3.2 Recruitment for the small number of vacant posts is underway led by LBBB and staff who will be employed by partners depending upon where the vacancy arises.

4. Accommodation

- 4.1 At the point of writing this report, BHRUT have not been able to identify appropriate accommodation for the service which is disappointing. A number of solutions are being pursued by BHRUT and the partners and the service look forward to a satisfactory solution.

5. Processes

- 5.1 The main objective for the service was to improve the effectiveness of discharge arrangements from BHRUT. The service has hosted and led a number of pilots with 3 elderly wards with a view to developing consistent processes and behaviours that can be modelled throughout the hospital. The engagement of staff at all levels on the wards has been encouraging and BHRUT have played and a full and effective part in the development of the service.

6. Consultation

- 6.1 Healthwatch have facilitated two consultative events bringing together the schemes within our joint Better Care Fund plan – of which the JAD is a specific scheme.

7. Mandatory Implications

7.1 Joint Strategic Needs Assessment

Integration is one of the themes of the JSNA 2013 and this paper is well aligned to address and follow up these priorities and the strategic recommendations of the Joint Strategic Needs Assessment. Social care and health Integration is a recommendation of all seven key chapters of the JSNA but in particular for:

- a) Supported living for older people and people with physical disabilities – see JSNA at <http://www.barkinganddagenhamjsna.org.uk/Section5/Pages/Section5-8.aspx>
- b) Dementia – see JSNA at <http://www.barkinganddagenhamjsna.org.uk/Section7/Pages/Section7-28.aspx>
- c) Adult Social Care <http://www.barkinganddagenhamjsna.org.uk/Section5/Pages/Section5-9.aspx>
- d) Learning Disabilities – <http://www.barkinganddagenhamjsna.org.uk/Section7/Pages/Section7-3.aspx>
- e) Mental health- Accommodation for People with Mental Illness <http://www.barkinganddagenhamjsna.org.uk/Section5/Pages/Section5-7.aspx>
- f) End of Life Care <http://www.barkinganddagenhamjsna.org.uk/Section7/Pages/Section7-31.aspx>
- g) The care of older people and end of life care including dementia, caring for the carers, discharge from hospital, and continuing care of patients with chronic conditions

7.2 Health and Wellbeing Strategy

The service has been developed to positively impact upon the health and well being of people who have received acute care and require support, information and advice to leave hospital in a timely and safe way. This is a key service in helping to deliver improvements in health and social care outcomes through integrated services.

We have developed a range of performance outcomes for the service which both align to existing measures – such as the number of people remaining at home after 91 days of discharge, number of discharges and numbers entering long term bed based care. We are also critically developing a measure that will provide the service with direct feedback from service users and their families determining both their experience of support and the extent to which they consider that their individual outcomes have been met.

7.3 Integration

The delivery of the Joint Assessment and Discharge Service will deliver a single, integrated discharge function across BHRUT involving hospital discharge staff, LBBD SW staff, LB Havering hospital SW team and staffing resources from NELFT.

7.4 Financial Implications

At this stage the service has been modelled on existing staffing budgets and final job evaluations; there are no financial issues. The pooled implementation pot is considered sufficient at this stage, and partners are continuing to manage additional one-off implementation costs from within their own budgets.

The S.75 provides for delegated authority to the service in respect to social care budgets and Continuing Health Care. Further work is being completed from finance teams to ensure there are simplified approaches to funding flowing between organisations and satisfactory reporting mechanisms and draft monitoring and reporting arrangements are currently receiving consideration by the Steering Group.

Implications completed by: Roger Hampson Group Manager, Finance (Adults and Community Services)

7.5 Legal Implications

Section 75 of the National Health Service Act 2006 and the Local Authorities Partnership Arrangements Regulations (2000) (SI 617) (as amended) provide the statutory foundation allowing certain Local Authorities and NHS Bodies to form partnering arrangements for the provision of health and social services to communities they serve.

These statutory requirements set out the circumstances when and type of information that must be included with what is known as a S.75 agreement.

The delivery of the JAD required a formal S.75 to be in place to address the arrangements which would allow staffing and resources to be managed within the service. We have developed a final draft of a S.75 which has been subject to support from the Councils legal services and in turn partner organisations contributing to the JAD seeking parallel input from their legal representatives.

Legal Services continue to work with the instructing client department in progressing the final S.75 agreement and are available to provide further advice and assistance as required.

Implications completed by: Allan Donovan, Interim Corporate Lawyer

7.6 Risk Management:

The S.75 provides for the management of risk between the partners to the JAD and includes provisions in the event of exit from the service by the partners.

7.7 Customer/ Patient/service user impact

The provision of the JAD will support improvements in collaborative working with decisions moved closer to the service user and their families as planning for discharge is begun within the wards at the point of admission.

Alongside a range of performance measures the conclusion of our approach to gaining direct feedback from individuals and their families will provide further steer in the development of the service as this beds down.