

HEALTH AND WELLBEING BOARD

8 SEPTEMBER 2015

Title:	Review of 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: <p>The Board has received previous reports regarding the establishment and progress of the Joint Assessment and Discharge Service (JAD), intended to provide an integrated approach to supporting the discharge of patients from BHRUT.</p> <p>The contributing partners are, BHRUT, NELFT, London Boroughs of Barking and Dagenham and Havering, and the three CCGs covering the local health and social care economy. The JAD does not currently include the London Borough of Redbridge. The London Borough of Barking and Dagenham was the initial host for the service and has led the implementation programme.</p> <p>The service has been operational since June 2014. A Section 75 agreement formalising partnership arrangements between the contributing partners was agreed by the Health and Wellbeing Board in February 2015.</p> <p>Over recent months a review has been undertaken, led by LBBB, to consider the effectiveness of the arrangements during the winter period, the capacity required by the service, and to determine the longer term hosting arrangements. Partner organisations agree that:</p> <ul style="list-style-type: none">• The JAD is achieving its aims and are committed to it continuing as a model.• The JAD continues in the format and capacity that was originally envisaged• The longer-term hosting arrangements transfer to London Borough of Havering.			
Recommendation(s) <p>The Health and Wellbeing Board is recommended to:</p> <p>(i) agree the transfer of hosting arrangements to London Borough of Havering and delegate authority to the Corporate Director of Adult and Community Services to finalise the transfer, including the staffing arrangements detailed elsewhere in this report;</p>			

- (ii) delegate authority to the Corporate Director of Adult and Community Services to sign a deed of variation to the Section 75 arrangement to formalise this transfer;

Reason(s)

The report supports the Council priority 'enabling social responsibility' and more specifically protecting the most vulnerable, keeping adults and children healthy and safe and ensuring everyone can access good quality healthcare when they need it.

1. Background to the Service

- 1.1 The Joint Assessment and Discharge Service (JAD) Service went live on 9 June 2014 and consists of 50 FTE health and social care staff.
- 1.2 The contributing partners to the service are, BHRUT, NELFT, London Boroughs of Barking and Dagenham and Havering, and the three CCGs covering the local health and social care economy. The JAD does not currently include the London Borough of Redbridge. The London Borough of Barking and Dagenham is the current host for the service and has led the implementation programme.
- 1.3 The service is arranged into Ward Groups covering Queen's and King George Hospital. The JAD is the single point of contact for all referrals of people who may require health and/or social care support on discharge with a named worker allocated to each ward. In addition the service covers the intermediate care beds and provides a service for patients placed in hospitals out of the area.
- 1.4 The service has formed a key element of the Operational Resilience plans across health and social care, supporting both improved flow through the hospital and providing a service in Accident and Emergency departments to support both admission avoidance and diversion to other more appropriate services. This has involved Social Work support working across the 7 days and at peak periods of demand.

Governance

- 1.5 A Section 75 agreement formalising partnership arrangements between the contributing partners was agreed by the Health and Wellbeing Board in February 2015. At the same time, the relevant Clinical Commissioning Group Governing Bodies and London Borough of Havering progressed the Section 75 through their own formal processes and agreed the arrangement.
- 1.6 Whilst the development and implementation of the JAD has been overseen by the Integrated Care Coalition and the Urgent Care Board, regular Executive Steering Group meetings have been held. The Steering Group has representation from each participating organisation and has been chaired by LBBD as the host organisation for the JAD. The Steering Group has played a crucial role in reviewing progress against the milestones that were established within the individual work streams of the original project plan, providing oversight of performance and acting as a point of resolution for key issues. This group was formally mandated by the Section 75 arrangement as the executive function in governing the service.

2. Review of the service

2.1 London Borough of Barking and Dagenham signalled its intention to begin a review of the operation of the JAD in Spring 2015.

2.2 The review took place between March and June and covered the following elements:

1. **The functions of the JAD** - Additional time-limited funding had been allocated to the service within three months of the service going live in June 2014. This provided additional capacity to the JAD to take on more functions outside the original scope of the service as part of the Operational Resilience programme. Although the additional funding came to an end on 31 March 2015, there were continued expectations that the service would continue to operate at this enhanced level.

Partners were asked to consider whether they wished for the service to continue to provide these additional functions or whether the service returned to “business as usual”. Given the service had been operating at enhanced capacity since implementation, the notion of “business as usual” was difficult to define in terms of baseline activity. If this was to be the case, partners were asked to consider how an enhanced service model would be funded.

2. **Longer-term hosting arrangements** – Since the outset of the JAD, partners agreed that consideration would need to be given to the longer-term hosting arrangements for the service once it had been established. Whilst there had been a consensus that LBBD would initially act as host because the Borough had led on planning, developing the model, and securing agreement to proceed, it was recognised that this would not necessarily be the best longer term arrangement.

Partners were asked to review the proposal that hosting arrangements would transfer to London Borough of Havering. This was proposed for two reasons: Firstly, Queen’s Hospital (the largest element of the JAD service) is located in Havering and secondly, work with Havering residents has so far accounted for more than 60% of JAD activity. It was noted that any changes to hosting arrangements would need to be in place before the next ‘winter pressures’ period to avoid any distractions for the staff as they dealt with anticipated increased service demands.

2.3 Alongside these two elements, individual contributing partners were also asked to provide feedback on the progress and operation of the JAD. A workshop was held on 3 June at Queen’s Hospital to give partners an opportunity to reflect together on the JAD in light of performance information provided by GE Health (who supported the health and social care organisations during the winter period) and, importantly, to hear the service perspective to ensure this was fed into the process.

3. Review Outcomes

3.1 The review of the JAD resulted in the following outcomes:

3.2 **There was a broad consensus that the JAD was achieving its aims and all partners were committed to it continuing as a model.** It was acknowledged that the benefits have been felt by some agencies more than others, with the acute Trust having found the service to have the greatest beneficial impact compared to previous arrangements. The intention of the JAD model was to provide a concrete way for BHR partners to come together to support a challenged acute Trust, and to this end it appears to have been successful.

However, it is clear that the service requires senior level commitment and ownership from **all** partners if it is to continue to deliver, and is wholly dependent on this continuing.

3.3 **It was agreed that the service should run as it was originally envisaged.** Local authorities have no additional funding available for additional staffing and NHS organisations would need to see any permanent changes as part of wider contract negotiations. It was agreed that if an enhanced service was required in the future, for example to deal with “pressures”, then this would be provided through time-limited additional funding, using the funded establishment as the foundation.

3.4 **There were no objections to a transfer of hosting to London Borough of Havering**, provided this could be accomplished without any service disruption.

3.5 **There was a continued aspiration from the contributing Clinical Commissioning Groups for better “metrics” to quantify the benefits or otherwise of the service.** It is clear that the data which would be required is held in NHS (primarily BHRUT) systems, and while the service is hosted by a local authority there is no capacity to produce the reports requested even if the data were freely available.

4. Recommendations

4.1 The Health and Wellbeing Board is recommended to agree the following recommendations as a result of the review of the JAD service:

- To agree the transfer of hosting arrangements to London Borough of Havering and delegate authority to the Corporate Director of Adult and Community Services to finalise the transfer, including staffing arrangements detailed elsewhere in the report;
- To delegate authority to the Corporate Director of Adult and Community Services to sign a deed of variation to the Section 75 arrangement to formalise this transfer;

5. Next steps

5.1 On agreement of the recommendations above, the following steps will be taken:

Staffing

5.2 LBBD and LBH will work closely together to oversee consistent processes and a smooth transfer of hosting arrangements.

- 5.3 Staff in the JAD are currently employed by either NELFT, BHRUT, LBH or LBBD, according to the original funding envelopes partners committed. Apart from LBBD staff, they are formally “seconded” for line management purposes to LBBD.
- 5.4 Under the new arrangements, staff will be seconded for line management purposes to Havering. Each of the organisations is consulting their own employees regarding the change in secondment arrangements and a meeting has been held with all staff affected and letters have been sent confirming the proposals.
- 5.5 In addition, in order to consolidate the new arrangements it has been agreed to transfer the post of service manager to L.B. Havering. This will ensure clear lines of accountability for the performance and management of the service, and align employment and supervisory roles for this key post in the delivery of the service. There are no material changes to terms and conditions for the postholder and they are fully in agreement with the proposed transfer.

Authorisation

- 5.6 All of the contributing organisations to the JAD have specific governance arrangements in which the transfer of the hosting arrangements will need to be discussed and agreed. Each of the partner organisations are taking responsibility for managing their own governance arrangements to ensure that any changes have the necessary formal authorisation.

Variation to the Section 75 arrangement

- 5.7 The original Section 75 agreement was drafted to allow for the transfer of hosting arrangements in the future. Legal Services have advised that the Section 75 arrangement, previously agreed by the Health and Wellbeing Board in February, can be amended simply by a signed Deed of Variation. Havering will lead on the drafting of this deed and partner organisations will take responsibility for ensuring this is signed off through their governance arrangements.

Development of the dataset

- 5.8 As stated above, there is considerable appetite from NHS partners that revised metrics are agreed for the JAD. A new dataset is currently in development and is being discussed by all partners.

6. Implications

6.1 Health and Wellbeing Strategy

The service has been developed and implemented 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.

The Service is supported by a range of performance outcomes which both align to existing measures – this will be enhanced further by the new dataset.

6.2 Joint Strategic Needs Assessment

At this time there is the necessity, the motivation and momentum to transform the entire organisation and delivery of health and care services. The Joint Assessment

and Discharge service is part of the transformation agenda providing a single point of access. Its creation was supported by the JSNA. The JSNA recommends that this need encompasses primary, community, hospital and social care services and is driven by the need to ensure that meeting the needs of the population goes hand in hand with services that are of high quality, sustainable and affordable.

6.3 Integration

The delivery of the Joint Assessment and Discharge has successfully delivered a single, integrated discharge function across BHRUT involving hospital discharge staff, LBBB SW staff, LB Havering hospital SW team and staffing resources from NELFT.

6.4 Financial Implications

Implications completed by: Carl Tomlinson, Group Finance Manager, LBBB

The report recommends the transfer of hosting arrangements to the London Borough of Havering via a deed of variation to the Section 75 arrangement. Havering will lead on the drafting of this deed and partner organisations will take responsibility for ensuring this is signed off through their governance arrangements. Therefore there is no additional cost to the Council. Secondment arrangements will be met within existing budgets and staffing costs will remain as currently budgeted.

6.5 Legal Implications

Implications completed by: Angela Willis, Major Projects Solicitor, LBBB

Under Section 75 of the National Health Services Act 2006 (as amended), the Secretary of State can make provision for local authorities and National Health Service bodies to enter into partnership arrangements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised. The specific provision for these arrangements is set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

The partners to the Joint Assessment and Discharge Service entered into a Section 75 agreement in June 2015, which formalised arrangements for managing the service from its inception in June 2014.

The agreement provided that future variations, including changes to hosting arrangements, would only be effective if agreed by all the partners acting through the Executive Steering Group. Such variations should be evidenced by a document confirming the details of the variation, and signed on behalf of each partner by its senior representative on the Executive Steering Group.

Legal Services are available to advise and assist with review of the documentation as required.

6.6 Staffing issues

Implications completed by: Tony Fisher, HR Business Partner, Adult and Community Services

There are only two relatively minor staffing issues involved in this transfer. The first affects the Service Manager, which is a role identified directly to this joint service. This post and employee will be subject to a TUPE type transfer to LB of Havering. The member of staff has been consulted and is in agreement with this transfer. The other is LBBB staff who will now be seconded to LB Havering for operational management as set out in the main body of this report.

6.7 **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. This will continue once the deed of variation is signed.