

## **Health and Social Care Overview and Scrutiny Committee – 19<sup>th</sup> September 2017**

### **Delayed Transfers of Care: Integrated Assessment of Health and Social Care System**

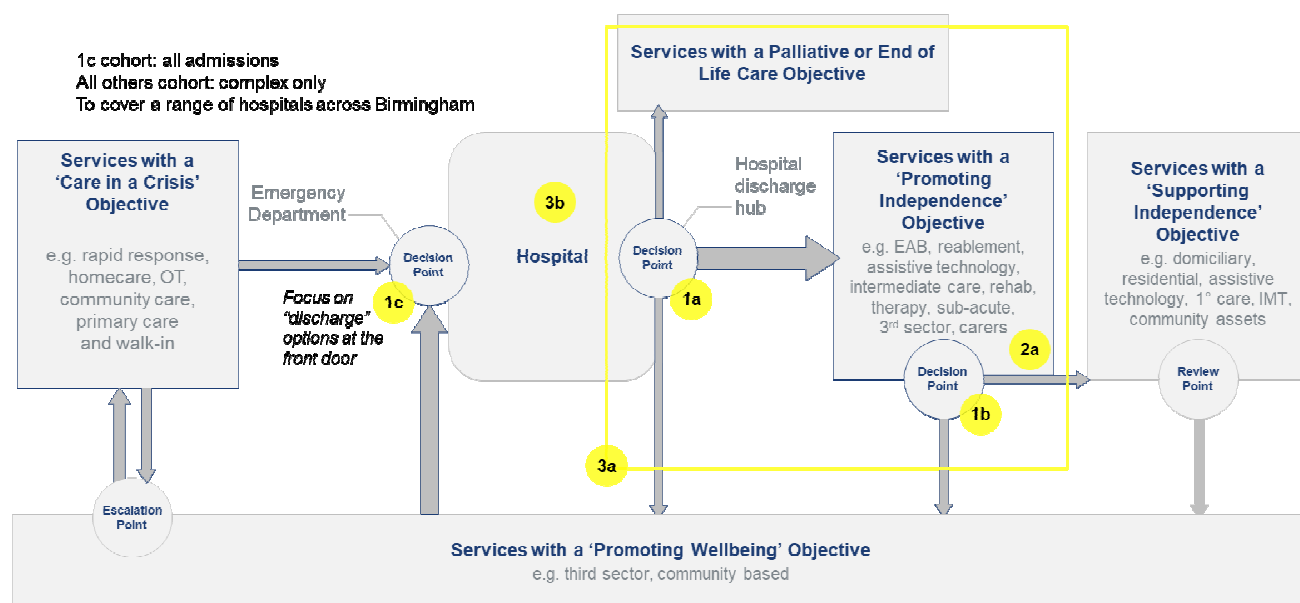
The proposal to conduct an integrated assessment of short and long term opportunities to improve timely access to, and optimise the independence of individuals from recovery, rehabilitation & re-ablement services in Birmingham was developed by partners through the Birmingham Urgent Care Programme Board.

Newton Europe have been commissioned to undertake the assessment.

The assessment will quantify the realistic and deliverable opportunities to improve, along with the associated resource, costs and timescales required to deliver them, in the following focus areas:

1. Decision point variation
  - a. Understanding the variation in which services clients are supported at the point of discharge from hospital, and the reasons for this variation; and therefore the opportunity to improve achievement of the best decision for the person at discharge.
  - b. Understanding the variation in decision making following the delivery of services with the objective of 'promoting independence', and the reasons for this variation; and therefore the opportunity to improve achievement of the best decision for the person after leaving home and bed based recovery, rehabilitation and re-ablement services.
  - c. Understanding the variation in admission rates and in which services patients are supported with upon attendance at the Emergency Department (ED), and the reasons for this variation; and therefore the opportunity to "discharge" patients appropriately at the front door to avoid admission.
2. Outcomes achieved
  - a. Comparing the effectiveness of out-of-hospital pathways in delivering independent outcomes in a timely way; and therefore the opportunity to improve effectiveness at delivering outcomes for people.
3. Service efficiency
  - a. Quantifying capacity vs demand for pathways out-of-hospital and identifying opportunities to improve the effective capacity of home and bed based recovery, rehabilitation and re-ablement services
  - b. Identifying opportunities to improve flow through hospital wards for those with complex needs.

The figure below illustrates the focus areas and scope. The yellow outlines and circles indicate points of opportunity to be assessed and relate to the numbering in the list above.



The assessment will follow pathways in to the hospital, through the wards, and out from discharge at a range of hospital sites in Birmingham (at a minimum the Queen Elizabeth Hospital, Heartlands Hospital and Moseley Hall Hospital) and through the services indicated above. It will not carry out detailed reviews of pathways in, through or out of hospital sites outside the agreed range (to contain scope), although comparisons and extrapolations will be made where possible from desk based analysis and high level comparators. The assessment will not, for example, look directly at pathways of people referred into out-of-hospital services from elsewhere in the system.

The scope will include the decision point which follows the delivery of services with a 'promoting independence' objective. The multiple brokerage points through EAB services are also included in scope.

The assessment will quantify the realistic and deliverable opportunities to improve in the areas of scope, along with the associated resource, costs and timescales required to deliver them. This would include a quantification of the opportunities highlighted above, and the primary ways to deliver them. Clear links will be made between the identified opportunities and the Urgent and Emergency Care high impact change model.

The output from this assessment will be an improvement plan and evidence to support a business case, developed in partnership with BCC and NHS teams, to implement operational improvements in order to deliver tangible outcome improvements, improved flow and reduced system cost. The assessment findings and opportunities identified will be summarised and reviewed with the joint team.