



Working together to transform community care

Supporting the System to understand current pressures and improve outcomes for Winter

Proposal for discharge flow and capacity winter support

Context

- Connect has successfully brought partners together over the last year to transform outcomes for older people:
 - Discharge outcomes have introduced early identification and multi disciplinary working to support a **20% reduction in placements to bedded settings** post discharge from acute
 - Community flow has reduced **length of stay delays in community hospitals by 4.5 days**, releasing 24-27 beds of capacity and allowing us to close Mountnessing Court
 - Supporting independence work has aligned social work teams to PCN footprints, with new ways of working helping **25% of people be supported more independently**
 - We have developed new ways of working with ECL, which in the South West pilot are showing a **20% reduction in length of stay and a 20% increase in effectiveness**, lowering onward demand for care, these ways of working are currently being scaled up county-wide
- In line with national trends, systems across Essex are facing unprecedented pressure on discharge pathways and homecare, which despite the improvements from Connect is limiting flow, blocking capacity and leading to worse outcomes for our residents. Vaccination requirements for domiciliary care staff and further COVID waves create additional further risk moving forward.
- The recent (and potential upcoming) changes to D2A guidance and practice have led to ambiguity in terms of roles and responsibilities and levels of performance, we need a clearer view of how this is currently working, the outcomes achieved and alignment on how we will move it forward.
- There is a need to draw together and maintain an **aligned set of evidence on the challenge**, covering:
 - How the current D2A processes are working and what are the outcomes?
 - What changes are happening to demand, capacity and flow and what is causing these?
 - What are the levers we can pull to affect short, medium and long term change?
- This will allow us to focus mitigating plans in the best places, including considerations for additional funding and more creative solutions to stabilise and develop the market.
- This proposal covers a rapid diagnostic of the issues and opportunities in flow, D2A and capacity, as well as winter support over 4 months to maintain an intelligence hub and support the resolution of actions to improve the situation, both county-wide and with more specific support to North East Essex.

Proposed Countywide Scope

Scope	Key activities	Questions Answered	Outputs
<ul style="list-style-type: none"> • Holistic understanding of what needs to be done differently to support non-elective outcomes and flow in the Essex Health and Care systems • The scope includes Non-elective pathways from admissions to long term care (NHS and LA commissioned), including UCRT, acute hospital occupancy, discharge flow (inc. PO and VCS), community hospital beds, intermediate care and homecare • Homecare providers commissioned by ECC 	<ul style="list-style-type: none"> • Draw together end to end visibility on demand, capacity & flow across all key Health and Care services on the non-elective pathway • Mapping the D2A setup, service user journey and roles and responsibilities • Analyse the outcomes from D2A, the drivers for this, and how they have changed over time • Generate deeper understanding of market supply and demand for Homecare, and opportunities to increase capacity, and better control demand 	<ul style="list-style-type: none"> • How effectively is the D2A model working and what outcomes are people receiving? • What is the variation and opportunity to improve our D2A model? • What does the service user journey look like and are the gaps to an ideal journey for the person? • What is the mismatch between demand and capacity, what does the future forecast look like, and what is driving this? • How has demand and capacity changed in recent years and through the COVID period, and what is the impact on flow at different parts of the system? • What workforce constraints do we have and how can we best mitigate? • What do we need to commission to meet demand? • What are the most impactful actions we can take in the short, medium and long term to improve flow and outcomes? • How does this insight inform longer term operating model and market strategies? 	<ul style="list-style-type: none"> • Single view of pressures and trends in each system • Workshops with system leaders and partners to align on evidence and develop solutions • Forecasts for winter with various scenarios of capacity and demand changes • Structured framework to analyse D2A in each system, understand the variation and prioritised options to improve outcomes • Rigorous 'split tree' analysis of all demand and supply levers for Homecare with identified short and long term actions
<ul style="list-style-type: none"> • Support winter flow and resilience 	<ul style="list-style-type: none"> • Flexible support to respond to emerging pressures through winter and/or support actions identified from understanding described above • Support ECC and partners with data visibility design / intelligence hub support for winter pressures (production of daily reports, if required, to be completed by local BI teams) • Due to the nature of the support, requirements may change rapidly throughout the winter period • We have outlined our best view at this time on the key areas for support, however, to ensure we remain focused on the area most needed to support, the scope and areas of support can be flexed with agreement of the Programme Steering Group, reviewing and agreeing areas of focus every two weeks • The proposed support consist of a full time Newton team from mid-October to mid-February to complete the core deliverables and further support as agreed above 		<ul style="list-style-type: none"> • To be agreed through fortnightly steering • Insights to support next stage redesign of intermediate care

Countywide Risks and Considerations

System partners alignment

- System alignment on the evidence and key issues will be critical. All involved stakeholders need to be aligned on a common goal and be willing to work at pace to understand and tackle the current pressures

Business intelligence / data resource

- Resource to maintain a regular information flow and reporting will be required. For example, if the need for a daily information report returns this winter, this should be resourced from the BI team with Newton providing initial design support. Partners will need to prioritise providing the latest data available to support the work and ensure a full, accurate view of system performance and issues

Provider engagement

- Provider engagement will be key to understanding homecare options, there is also a risk as to the level of information they will be prepared to share – a clear engagement strategy will be required

Neighbouring authorities

- This work covers deeper investigations into ECC D2A and homecare, outputs can be made available to Southend and Thurrock for them to replicate as required

Countywide Resource Requirements and Costs

System resource

- Senior D2A lead to own and drive the solutions on behalf of the system (1 WTE - full time or two half time)
- A small (<7) D2A steering group who are empowered to make decisions on the direction we move D2A forward following the diagnostic (including roles and responsibilities)
- Dedicated capacity to help address top problems with flow (1 WTE)
- ECC procurement data support for provider information and gathering
- ECC BI lead to support daily winter pressure reporting

Newton resource

- A team of 6-8, including Relationship Partner, Programme Director, 2 workstream leads. Communications SME, 2-3 change delivery personnel for the first 7 weeks
- A team of 3-4, including Relationship Partner, Programme lead, 2-3 change delivery personnel for the second 11 weeks

Logistics

- Office space in County Hall

Information Governance

- Agreement to use existing Connect ISP (expires November 2022) to share data with Newton or to create amendment

Cost of support

- The cost of the proposed ECC county-wide flow, D2A and Homecare capacity/demand work will be undertaken on a fixed fee basis for a 4 month period. The cost of 4 months support is **£693,500 plus VAT and expenses**. Expenses will be recharged at cost and capped at 7% of fees (£48,545).

Proposed additional North East Essex Scope

Scope	Key activities	Questions Answered	Outputs
<ul style="list-style-type: none"> • Rapid grip on end to end demand, capacity & flow • The scope includes Non-elective pathways from admissions to long term care, including acute hospital admissions, occupancy, discharge flow, community hospital beds, short & long term residential beds, reablement and homecare 	<ul style="list-style-type: none"> • Align a single version of the truth of demand, capacity and flow at all points of the non-elective pathway from admissions to intermediate care to long term care and VCS • Analyse the drivers of demand, capacity and flow to understand the root causes of current problems, and how they have changed over time • Develop forecast of future demand and the potential risks to flow and outcomes • Drive weekly improvement cycle meetings with key operational teams across the system • Develop areas of immediate action to release pressure and improve flow and outcomes in the system • Understand opportunity in admission avoidance 	<ul style="list-style-type: none"> • What are the problems with system flow and what are the drivers of the problems? • What problems have changed over time? For example, why are people now being stuck in hospital? • What myths are there and are they true? What is the root cause(s) of the problems across the whole system? • What outcomes are being achieved via D2A? • What risks are there and where are the risks going to be in the future? • Where are the gaps and what are the most impactful actions we can take to improve? • Are our interventions are working and how well? 	<ul style="list-style-type: none"> • Clarity on the root causes of current pressures, quantified and evidenced • Collective alignment on focus areas for winter and where additional resources would have the biggest impact • Forecast of further winter pressures and pinch points • Agreed action plan, with short term actions in-train • Measurement of changes we make to know when and where they are making a difference

Time and outputs will be structured to provide insight which drives action as early as possible:



Resource Requirements and Costs

North East Essex

System resource

- Steering group of leaders from CCG, ESNEFT and ECC
- Prioritised time from key operational leads in discharge teams, intermediate care teams, community teams etc.
- Dedicated capacity to help address top problems with flow (1 WTE, full time or combination of key people in the system)
- BI lead to support daily/weekly winter pressure reporting and specific requests to support the work

Newton resource

- Drawing on the county-wide resource
- A team of 2-4, including Relationship Partner, Programme Director, workstream leads and change delivery personnel for 18 weeks

Logistics

- Office space in Colchester

Cost of support

- The cost of the proposed North flow and capacity work will be undertaken on a fixed fee basis for a 4 month period. The cost of 4 months support is **£337,000 plus VAT and expenses**. Expenses will be recharged at cost and capped at 7% of fees (£23,590).

Proposed Governance

North East Essex

