Ensuring good discharge planning and post discharge support

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Context

- Birmingham 1.1 m population
- 3 x large acute trusts
- 1 x community healthcare provider
- 1 x Local Authority
- 1 x Mental Health Trust
- Diverse City - made up of many communities
- Huge variances in life expectancy
Bigger Picture

• Discharge planning has to be part of a wider transformed system of care
  
• Requires collaboration across all organisations / agencies
  
• Joint problem solving delivering joint solutions
  
• Behaviour change
## System Opportunity

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<th>System Level 1</th>
<th>System Level 2</th>
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<td>Improving Health &amp; Wellbeing</td>
<td>LTC Management / Maintaining Independence</td>
<td>Care in a Crisis</td>
<td>Specialist Services</td>
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- COMPLETE CARE Village Teams
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CMAU = Community Medical Assessment Unit

- **Shared Access Point**
  - Community Resources
  - Navigators
  - Place Based Health and Social Care Services
  - Community based Care in Crisis Services / Discharge Hubs
  - Specialist Pathways

- **System Opportunity**
  - **System Level 1**: Improving Health & Wellbeing
  - **System Level 2**: LTC Management / Maintaining Independence
  - **System Level 3**: Care in a Crisis
  - **System Level 4**: Specialist Services
A Request for a Visit

- What are the options
- Clinician to Clinician discussion
- Telephone triage- Urgent Care Bureau (SPA)
- Visit from GP/ANP/DN (transitioning to Complete Care Teams)
- Rapid response package of care implemented
- OR.....
Admission looks like an option

- SPA – Urgent care Bureau
- Further Clinical discussion
- Rapid Response support
- Involvement of a Geriatrician/third sector
A&E and flow

Optimise the assessment in A/E:
• Senior Review
• AMC Model

Optimise the flow through the hospital:
• Extensivist model
• Intensive treatment and minimise the length of stay
Getting Back Home

- Discharge Hubs
- Discharge to assess
Healthy Villages approach: seeks to promote health and wellness, supporting people to remain well, and for longer within own communities; When access to statutory services is needed this is a joined up experience.

The programme is:
- developing new service models – Complete Care
- blended approaches to investment in health and wellbeing
- Market Exchange
- Supporting the City’s drive for Active wellbeing
Complete Care

The new biopsychosocial model shifts the emphasis from caring to coping and feeling well.
Thank you

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Any Questions