

Terms of reference

Name of group: Hospital Admission and Discharge Pathways Network

Title: Terms of reference (followed by date terms of reference written / revised)

Purpose / role of the network:

- To ensure that social care plays a key role in the development of a sustainable system-wide approach to the community management of patients as an alternative to non-elective admissions and A&E attendances across London;
- To ensure that social care plays a key role in informing and supporting the implementation of the discharge workstream as outlined within the A&E improvement plan for London
- **To assist in ensuring that CHC and joint funding processes are consistent across London boroughs**

Term

This Terms of Reference is effective from 12th September 2016 for an initial period of 1 year.

Membership:

- The representatives of London Boroughs' Directors of Adult Social Services.
- CCG representation
- Acute Trust representation
- Community Provider Trust representation
- LAS representation

Objectives

- Focus on simple discharge - support social care engagement in the establishment of a systematic process to review the reasons for any inpatient stay that exceeds six days and monitor progress using the 'stranded patient metric' by November 2016;

- Embed 'home first: discharge to assess' ways of working, based on forthcoming guidance and best-practice to be published by NHSE in Sep 2017. Local leaders to establish which acute trusts operate a discharge to assess scheme and establish schemes, or implement plans to increase numbers on D2A pathway by March 2017.
- Embed 'trusted assessor' ways of working by identifying where 'trusted assessor' arrangements could remove any delays. Agree ways of working and design new systems and streamlined documentation; formalising these arrangements where necessary and helpful. Roll-out by Jan/Feb 2017
- Implement recently-published policy on supporting patients' choices to avoid long hospital stays – adapt local policies and ensure agreement and roll-out by Nov 2016
- Reduce the number of NHS CHC screenings and full assessments taking place in an acute location, based on known best practice, by November 2016. Improve local intelligence about CHC delays with improved data collections and CCG accountability
- Increase proportion of patients receiving RRR (rehabilitation, recovery and reablement – a form of intermediate care) care in home or community settings;
- To reduce the overall number of delayed transfers of care and associated lost bed days.

Roles and Responsibilities

The network is committed to improving the experience of clients, family members and carers across the acute admission and discharge pathway and meeting the requirements of the A&E improvement plan for London.

The Network is accountable for:

- Agreeing a programme of work to ensure that the requirements of the A & E improvement plan - workstream 5: discharge are met;
- Fostering collaboration and learning from good practice across Local Authorities;
- Fostering collaboration with the London Clinical Commissioning Group network on acute admissions and discharge
- Maintaining the focus of the Network on the agreed scope, outcomes and benefits
- Monitoring and managing the factors outside the Networks control that are critical to its success.

The membership of the Network will commit to:

- Attending all scheduled Network meetings

- Wholeheartedly champion the Network within and outside of work areas
- Share all communications and information across all Network members
- Notifying members of the Network, as soon as practical, if any matter arises which may be deemed to affect the development of the Network
- Nominate two representatives from the group to represent London on the National ADASS Urgent & Emergency Care Policy Network.

Members of the Network will expect:

- That each member will be provided with complete, accurate and meaningful information in a timely manner;
- To receive national good practice guides and other documents as soon as they are available;
- To be given reasonable time to discuss key issues; open and honest discussions, without resort to any misleading assertions
- On-going 'health checks' to verify the overall status and requirement' for the continuation of the network.
- To receive regular information from the ADASS Lead for Health & Urgent Care on key items from the A&E Improvement Board for London;
- To receive relevant information from the National Discharge Programme Board;
- Receive regular information on delayed transfers of care for London (analysis of published information).

Accountability:

- The Network will provide regular updates to the A&E Delivery & Improvement Group on the progress of the agreed work plan
- The Network will provide bi-annual updates to the LondonADASS Branch

Resource

- Meeting will be funded through LondonADASS

Review:

- The Network will review its programme of work bi-annually or when the scope of the discharge work stream is redefined by NHS England

Working methods / ways of working: for example

- The Network will agree an annual programme of work
- Sub groups may be convened for time limited task and finish projects
- Meetings
 - The Network will initially meet monthly and then review frequency in January 2017. Meetings will take place at London Councils, 59½ Southwark Street, London SE1 0AL
 - Meetings will be organised by LondonADASS and Chaired by Pratima Solanki
 - Agenda item topics will be agreed at the previous meeting and be signed off by the Chair two weeks in advance of the next meeting
 - Papers will be circulated two weeks in advance of meetings
 - Non-members be invited to group meetings where appropriate
 - LondonADASS will provide secretariat for the Network
- Sharing of information and resources (including confidential materials)
 - Network members will share information and resources through the LondonADASS Website

Definition of terms

- Discharge to Assess
- Trusted Assessor