

**1 December 2014****Agenda Item: 5**

## **REPORT OF THE SERVICE DIRECTOR MID & NORTH NOTTINGHAMSHIRE REPORT ON CURRENT PERFORMANCE AND FUTURE PLANS FOR HOSPITAL DISCHARGE PROCESSES ACROSS NOTTINGHAMSHIRE**

### **Purpose of the Report**

1. To provide Committee with an up-date on national and local performance monitoring systems for hospital discharge, Nottinghamshire's current position and future plans.
2. To approve the establishment and extension of posts at King's Mill hospital to support this work.

### **Information and Advice**

#### **Legislative background**

3. The NHS and Community Care (Delayed Discharges etc.) Act 2003 places statutory duties upon the NHS and Local Authorities in England relating to communication between health and social care systems about the discharge of patients. This aims to avoid people remaining in hospital any longer than their health needs require them to be there.
4. The Act 2003 sets out:
  - a statutory duty on NHS bodies to notify Adult Social Care Departments that a patient receiving acute hospital care is likely to need social care services on discharge, (Section 2 Notification) and to notify Adult Social Care of the proposed discharge date, (Section 5 Notification)
  - a requirement for the NHS body to identify the responsible local authority prior to notification
  - a defined timescale for Adult Social Care to complete assessments and provide services (i.e. 2 days from a section 2 notification and 1 day from a section 5 notification).
5. The Act also introduced a system of reimbursement for delayed hospital discharges of adult patients receiving acute medical care. If a patient remains in hospital because the local authority is unable to assess or put in place the services that the patient or their carer need for a safe discharge within the set time-scales, then this is defined as 'attributable to social care' and the local authority (LA) is liable to pay the acute Trust a charge per day of delay.

6. Although the NHS England updated guidance on delayed transfers of care (DTOC) still refers to financial re-imbursements by social care for delays, this was discontinued within Nottinghamshire County some time ago following the development of local agreements that stipulated the arrangements for dealing with delays, including investment plans and service developments.

### **What is a “delayed transfer of care?”**

7. The NHS Definitions & Guidance version 1.07 for Delayed Transfer of Care defines a delay as:

*A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:*

- a. a clinical decision has been made that patient is ready for transfer **AND***
- b. a multi-disciplinary team decision has been made that patient is ready for transfer **AND***
- c. the patient is safe to discharge/transfer.*

*A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting.*

8. Information about patients who are delayed is collected on a monthly basis and sent to NHS England who then produces a monthly report on delayed transfers called the SitRep return. This provides information on the number of patients, and days delayed across all hospitals and other specific services in the county.
9. From April 2015 the Care Act 2014 and related guidance will introduce some changes to the delayed transfer of care procedures:
- re-imbursement for delays will be discretionary
  - the terms Section 2/5 will be replaced by Assessment Notice and Discharge Notice
  - the NHS Number will be incorporated within the notices to support identification
  - contact details of the person at the hospital who will be responsible for liaising with the relevant local authority will be included
  - mental health patients under the care of a consultant psychiatrist will be included
  - excludes Intermediate Care.

### **Current situation**

10. Nottinghamshire has achieved a sustained and significant decrease in the numbers of patients recorded as delays attributable to social care since 2011-12 and currently sits just below the average when benchmarked with our regional comparators. Although there has been some fluctuation in performance over the summer this indicator is still on target. The main area of concern has been at Sherwood Forest Hospitals NHS Foundation Trust (SFHT) where delayed transfer experienced a small peak in July due to people awaiting care packages in their own home and completion of assessments. This was mainly attributable to it being the main handover period from the old to the new homecare providers and as anticipated this has now improved.

## **Health and social care working together to reduce delayed transfers of care**

11. The value of integrated working between health and social care is well recognised and currently across Nottinghamshire the six Clinical Commissioning Groups (CCGs) are working closely together and with Nottinghamshire County and in some cases District Councils to transform discharge processes, pathways and community services. Reducing reliance on hospital care means supporting more people with complex needs in the community which results in increased demand for social care support, community equipment etc. Ways to sustainably fund this increased demand form part of the discussions with partners. Joint objectives include both reducing admissions to hospital and supporting swift discharge, but also to continue to take an approach that maximises people's independence in order to reduce the size of care packages and admissions to residential care, particularly directly from hospital. This approach supports the new Adult Social Care Strategy and is a strong theme in the Better Care Fund Plans.
12. The six CCGs have formed into three main areas or programmes of activity; Bassetlaw, Mid-Notts 'Better Together Programme' and South Notts. Each area has an integrated health and social care programme which has been integral in delivering robust data on delayed discharges through working in partnership with hospital, community and social care colleagues.
13. Although the three areas are geographically different and the needs of the residents may vary the suggested models for service delivery have common themes. These are, establishment of:
  - proactive GP led care of the over 75s and patients at risk of admission
  - multi-disciplinary working across health and social care boundaries, including multi-professional care planning (GP, nursing, therapies, mental health, voluntary sector)
  - systematic profiling of the local population and targeting of services at people most in risk
  - new models for community services
  - prevention, early intervention, information and advice services that can evidence that they support independence
  - voluntary sector support to encourage people to become more self-reliant by developing skills to manage their own health and care.
14. One example of innovative and integrated working which is accelerating discharges from hospital is a pilot project that is being undertaken with Mansfield District Council. A named Housing Officer is now working alongside health and social care staff at King's Mill Hospital as part of the discharge service and is able to directly pick up work and provide solutions to issues such as inappropriate housing, homelessness etc. Below are some of the benefits of this pilot to date:
  - early assessment and interventions on housing issues for those in most need
  - fast tracked access to appropriate housing alternatives
  - person centred services to address the multiple support needs of individuals and families
  - handyperson services that prioritises hospital discharge
  - fast tracked repairs to facilitate early discharge
  - specialist support for a wide range of people e.g. domestic violence, drugs/ alcohol abuse, mental health money and welfare advice, to promote independence
  - facilitate food parcels.

15. Sherwood Forest Hospital Trust have also provided £150,000 of funding made available to them from the Mid Notts CCGs to support hospital discharge. This will fund two permanent social work posts to undertake assessments and arrange care packages over seven days a week at King's Mill hospital and also extend two current temporary Community Care officer posts over the busy winter period.

16. At Kings Mill hospital it is therefore proposed to:

- establish 2 FTE permanent Social Worker posts, Hay Band (Grade B), scp 34-39, (£28,922-£33,128) with approved car user status
- extend 2 FTE temporary Community Care Officer posts to 31<sup>st</sup> March 2015, NJE Grade 5, scp 24-28 (£26,534-£30,239) with approved car user status.

### **Better Care Fund Plans**

17. The Council, all the county's CCGs, and local hospital trusts have been working together to agree a plan for delivering integrated care. The Better Care Fund plan was submitted by Nottinghamshire Health and Wellbeing Board in August and has now been approved by Government Ministers.

18. Health and Wellbeing Boards across the country are putting together plans for implementation of the Better Care Fund, but Nottinghamshire's has been 'fast tracked' as an exemplar to other local authority areas. The plan is one of only five in the country, and the first for a two-tier local authority area, to be approved at this stage.

19. The vision in Nottinghamshire is to create a new model of care that will deliver more health and social care services outside of hospitals, with care professionals working seamlessly across organisations. A radical change in the way that health and social care work together in Nottinghamshire will lead to an integrated care and support system focused on the people it serves and delivering better outcomes.

20. This vision combines county-wide transformation with locally tailored services. In five years' time, the shared aspiration is that:

- people will only be in hospital if that is the best place – not because there is nowhere else to go
- services in the community will allow people to be rapidly discharged from hospital
- new technologies will help people to self-care
- specialist workforce teams will be concentrated in one place
- the workforce will be trained to offer more flexible care
- services from the NHS, social care, voluntary sector, care homes, and home care will deliver a continuum of care, working to a single set of processes
- people will understand and access the right services in the right place at the right time
- people will be living longer, more independent and better quality lives, remaining at home for as long as possible.

## **Other Options Considered**

21. The report reflects plans where alternative options have been considered as part of their development. The type of posts requested to be established at King's Mill reflect the volume and complexity of work they will be required to complete.

## **Statutory and Policy Implications**

22. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Human Resource Implications**

23. The human resource implications are set out in paragraph 16 of the report.

## **Financial Implications**

24. The establishment of the two new social worker posts at King's Mill hospital and the extension of the Community Care Officer posts will be funded by money made available from the county Clinical Commissioning Groups, via Sherwood Forest Hospital Trust.

## **Implications for Service Users**

25. Greater integration between health and social care will improve service delivery, mean that people only have to share their basic information with professionals once and ensure that the individual receives the right care, at the right time in the right place.

## **RECOMMENDATION/S**

- 1) It is recommended that Committee:
  - i) note the content of this report
  - ii) agree to the following at Kings Mill hospital:
    - establish 2 FTE permanent Social Worker posts, Hay Band (Grade B), scp 34-39, (£28,922-£33,128) with approved car user status.
    - extend 2 FTE temporary Community Care Officer posts to 31<sup>st</sup> March 2015, NJE Grade 5, scp 24-28 (£26,534-£30,239) with approved car user status.

**SUE BATTY**  
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**For any enquiries about this report please contact:**

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**Constitutional Comments (SLB 24/11/14)**

26. Adult Social Care and Health Committee is the appropriate body to consider the content of this report. Proposals to change staffing structures must include HR advice and the recognised trade unions must be consulted on all proposed changes to staffing structures; any views given should be fully considered prior to a decision being made.

**Financial Comments (KAS 24/11/14)**

27. The £150k identified is only sufficient to cover the Social Workers for one year and the CCO's until March 15. Further funding will need to be sought to establish the social workers on a permanent basis.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None.

**Electoral Division(s) and Member(s) Affected**

- All.

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