

**11 June 2018****Agenda Item: 12**

## **REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE PLANNING FOR DISCHARGE FROM HOSPITAL**

### **Purpose of the Report**

1. The purpose of this report is to:
  - a) provide Committee, as requested, with a progress up-date on the impact of resources previously approved to support integrated working within the hospital discharge processes.
  - b) seek approval of the following changes to the staffing establishment:
    - temporarily extend the conversion of 1 fte Team Manager post (Band D) to an Advanced Social Work Practitioner post (Band C) in the START Team from end of June 2018 to end of March 2019.
    - establish 1 fte permanent Community Care Officer (Grade 5) post at King's Mill Hospital
    - permanently disestablish 0.5 fte Social Worker (Band B) vacant post and permanently increase the Advanced Social Work Practitioner Post (Band C) from 18.5 hours to 34.5 hours at Bassetlaw Hospital.
    - disestablish 1 fte Community Care Officer (Grade 5) post and establish 1 fte Project Manager (Band D) post for seven months (April – October 2018) at Nottingham University Hospitals Trust.

### **Information**

#### **Background**

2. The Local Authority plans the discharge of service users from acute hospital settings in accordance with the Schedule 3 of the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014. These provisions aim to ensure that the Local Authority and NHS colleagues work together effectively and efficiently to plan the safe and timely discharge of service users from NHS in-patient provision to Local Authority care and support if appropriate.
3. In fulfilling these provisions NHS colleagues must supply the Local Authority with a **Notice of Assessment**, which notifies the Local Authority of a patient who is thought to have a social care need which requires support in order to enable the hospital discharge. The

patient must have consented to the referral to the Local Authority. Social care staff then have a duty to assess the person and put arrangements in place to meet any eligible care and support needs.

4. Once it has been agreed that the patient meets three conditions for discharge, then NHS colleagues must supply the Local Authority with a **Notice of Discharge**, which confirms the agreed discharge date. The three conditions are:
  - a) a clinical decision has been made that the patient is ready to be transferred (often referred to as the patient being deemed “medically fit” or “medical optimization”).
  - b) a multi-disciplinary team decision has been made that the patient is ready for transfer.
  - c) the patient is safe to discharge or transfer on the relevant day.
5. If the processes of notification are followed correctly by NHS staff then a formal day of ‘delay’ can be declared by the NHS Trust for ‘social care’ reasons, if the patient has not left the hospital by 11am on the day after the agreed discharge date and the reason for the delay is due to the Local Authority. Alternatively, the delay reason may be recorded as ‘joint’ if both health and social care are causing the delay. There are nine categories to describe the causes of delays, which could be attributed to ‘health’, ‘social care’ or ‘joint’ reasons. Delays attributable to ‘social care’ can result from factors such as a delay in securing a suitable care home place or a package of home care to support independent living.
6. Across the three planning areas (South Nottinghamshire, Greater Nottingham, Mid Nottinghamshire and Bassetlaw) a social care team is based on site at the following seven hospitals:
  - Nottingham University Hospital NHS Trust (Queen’s Medical Centre, City Hospital and Lings Bar Hospital)
  - Sherwood Forest Hospitals NHS Foundation Trust (King’s Mill, Mansfield Community Hospital & Newark Community Hospital)
  - Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Bassetlaw Hospital).
7. Social care staff based within the district teams are also involved in supporting the discharge of Nottinghamshire residents, including those experiencing mental ill-health, from Nottinghamshire Healthcare NHS Trust acute hospital beds across Nottinghamshire. People who live near Nottinghamshire’s borders and for whom Nottinghamshire County Council has responsibility for social care services will often attend their nearest Accident and Emergency Department in a crisis so social care also work with people staying in surrounding NHS Trusts services, such as United Lincolnshire Hospitals NHS Trust and Derby Teaching Hospitals NHS Foundation Trust.
8. Nottinghamshire County Council led a significant complex piece of work across the County from October 2015 to review and ensure consistency with the local coding of delays across agencies. This is important in order to ensure that performance is reported accurately and also to be able to use the data to identify the right actions to reduce delays. National Delayed Transfer of Care (DToC) guidance states that the Director of Adult Social Care (or their representative) should approve any delays assigned to social care as being appropriate. Processes are now in place with health to do this and whilst the majority are

agreed locally at Team Manager level, the process sets out who any delays should be escalated to in health and social care for resolution.

## **Performance**

9. DToC statistics are reported each month by each NHS Trust to NHS England and published nationally by NHS England to benchmark the performance of NHS Trusts and Local Authorities.
10. In February 2018 Nottinghamshire was ranked as the 11<sup>th</sup> and in March 2018 as 12<sup>th</sup> best performing council nationally (out of 151 authorities) for having very few days of delay attributable to social care. In March there were only a total of 40 days of delay attributable to social care. The Council's improved Better Care Fund (iBCF) target is to maintain or reduce from a target of 0.7 (Social Care Delayed Transfers of Care per day per 100,000 population) and the Council has consistently delivered better than 0.7. During the pressured winter period from and including December 2017 to March 2018 the Council has held at a consistent high performance of 0.2.
11. The iBCF is however over target for both jointly attributable and NHS delays. The Council now intends to focus on understanding and addressing the causes of those falling in the 'jointly attributable' category.

## **Developments during 2017/18 that have improved the Council's performance related to delays**

12. The Association of Directors of Adult Social Services (ADASS) East Midlands asked all local authorities to respond to a survey of developments that took place during 2017/18 to improve performance related to social care and joint delays, as well as to identify the main future challenges. This information will be included in an East Midlands Annual Report for sharing more widely. The survey also collated information about how use of the (Improved) Better Care Fund has supported work to reduce delays as well as achieve other objectives. This report summarises Nottinghamshire's submission to the survey, including the requested top five things that the Council did that had the most beneficial impact on reducing delays attributable to social care and also the main future challenges.

### **(a) Commissioning a new Home First Rapid Response Service**

13. Adult Social Care & Health (ASCH) commissioned a new home care service, the Home First Rapid Response Service (HFRR) which is funded through the improved Better Care Fund (iBCF). The service is provided by Carers Trust East Midlands and started in December 2017. The aim of the service is to reduce delays due to people waiting in hospital for a homecare or reablement package. Referrals are responded to within 24 hours and the service provides enabling support for up to seven days.
14. This was a new service to Mansfield, Ashfield, Newark & Sherwood and Bassetlaw but replaced the existing service already provided in the south of the County. The service has had a positive impact across the County on reducing delays and overall has received very positive feedback from staff and service users on the quality of care. In Bassetlaw, for example, the number of days people were delayed due to waiting for homecare has reduced from 11 and 15 respectively in October and November 2017, to 7 and 8 days respectively in December 2017 and January 2018.

15. The majority (73%) of referrals have been for people being discharged from hospital. Between mid-December 2017 and the end of April 2018, the service has supported a total of 719 people across the County. Referrals to the service have, however, been much higher which indicates that there is greater demand for the service than the current capacity. A needs assessment is underway to establish what is required.

**(b) Implementing electronic rostering to expand capacity in the Short Term Assessment and Re-ablement Team**

16. The Council's own Short term Assessment and Re-ablement Team (START) continues to develop in capacity and effectiveness. 93 more people completed the START service in 2017/18 than in 2016/17, which is an increase of 5.9%. This rise is mainly driven by the implementation of electronic scheduling in the south of Nottinghamshire (Broxtowe, Gedling & Rushcliffe (BGR)). Mid-Nottinghamshire and Newark & Bassetlaw received the electronic scheduling system later than BGR and are currently embedding its use and effectiveness. New temporary posts funded by the Better Care Fund are now beginning to be inducted into their roles and will improve capacity further.
17. START continues to perform well against key performance indicators. Between January and March 2018, 74% of people required no ongoing homecare package following reablement and 86% of service users still lived at home 91 days after discharge from hospital into reablement.
18. The START Transformation Project is now underway with the main objective of increasing capacity and the numbers of people successfully completing reablement and requiring no or less homecare. The project includes the following work-streams:
- 'Driving up performance' – support to maximise the benefits of the electronic scheduling system across the County and to develop and implement a workforce recruitment and retention strategy
  - 'Therapy Led Service' – led by the Principal Occupational Therapist, the aim is to develop processes and tools to ensure Occupational Therapy oversight is provided to setting and reviewing service users' goals in order to improve people's independence and confidence in the most appropriate, effective and timely way
  - a range of other workstreams underpin these and build on existing success to continuously improve the service to be as lean, efficient and effective as possible and aligned with health where there is identified benefit.
19. The growth of the service and alignment with health has led to a review of the management arrangements of the START service in mid Notts. The current establishment is for two FTE Team Managers for Mansfield and Ashfield. In order to better drive consistent culture change across the two districts, pending recruitment to the second Team Manager post, the service has successfully trialled having 1 fte Team Manager supported by a Senior Practitioner (Band C) post. Approval is requested to extend this during the change phase of the Transformation Project on a temporary basis up to March 2019, at which point it may be beneficial to revert back to 2 fte Team Managers. The financial impact is a one-off temporary saving of £2,909.

### **(c) Increased temporary capacity in the Hospital Social Work Teams**

20. Managers ensured that staffing levels were maintained in the three main acute hospital social work teams over busy periods with additional funding from iBCF made available to expand staffing over winter and volunteer presence at weekends. Two teams were already working at their acute sites at weekends but the team at Bassetlaw Hospital started to trial weekend working in December 2017. These arrangements were effective to help the Council manage considerable demand over the winter of 2017/18. Across the whole County there were only eight days of delay due to waiting for social care or joint assessments from 1.12.17 to 28.2.18. The following staffing changes are requested for approval in the three Hospital Social Work Teams in order to meet changing operational needs.

#### **King's Mill Hospital Social Work Team**

21. There are national NHS targets set for the proportion of Continuing Healthcare (CHC) assessments completed out of hospital that Clinical Commissioning Groups (CCGs) are required to meet. In order to deliver on this, since April 2018, the mid-Nottinghamshire CCGs have purchased 20 new nursing home beds for people to move into to recuperate and have their CHC assessment. This addresses the hospital delays and the performance target, but places an increased demand on social care to undertake more assessments, more quickly, across different bases. Social care staff need to be involved in the assessment process to ensure a social care perspective is input to the decision on eligibility for Continuing Healthcare, as well as to plan for discharge of people who are fully/jointly eligible for social care. There is, however, no associated reduction of hospital in-patient beds or referrals to the Hospital Social Work Team. This means that staff time is not being freed up within the existing Hospital Social Work team that could enable staff to go out to the new nursing home beds. A small amount of funding was held within the locality budget pending completion of the King's Mill Integrated Discharge Review and clarity on the final capacity for social work assessments that the final model requires. Therefore approval is requested to establish the following post:
- 1 FTE permanent Community Care Officer post, Grade 5 (£33,544 including on-costs) plus £1,300 car user allowance.

#### **Integrated Discharge Team at Bassetlaw Hospital changes to staffing establishment**

22. Approval is sought for the permanent conversion of two part time posts into one senior post with increased part time hours, as detailed below;
- disestablish 0.5 fte Social Worker (Band B) post
  - increase the Advanced Social Work Practitioner (Band C) post from 18.5 hours to 34.5 hours.
23. The additional Advanced Social Work Practitioner hours are required to support the existing Team Manager post and the team as a whole with Delayed Transfers of Care (DToC) and to support a busy hospital social work integrated discharge team. This proposal will be achieved within the existing team establishment budget.

## **Nottingham University Hospital changes to staffing establishment**

24. The improved Better Care Fund (iBCF) currently supports the following posts at Nottingham University Hospitals Trust (NUHT):

2 fte Social Workers (Band B)	£112,367
5 fte Community Care Officers (Grade 5)	£114,217
2 fte Advanced Social Work Practitioners (Band C)	£97,834

25. One of the Community Care Officer posts is vacant, and it is proposed to convert it temporarily into a Project Manager post to support the transformation change across NUHT, as part of the High Impact Change Model currently being implemented across the Trust to reduce delayed transfers of care. The budget allocation for the financial year 2018/19 of £33,544 from the iBCF will cover a Project Manager for 7 months (April – October 2018) to manage the business change for social care teams within NUHT. The Project Manager will work on the following areas:

- Co-ordinated discharge planning between social care, NUHT & community health colleagues based within the Integrated Discharge Team (IDT)
- Capturing the benefits of the Trusted Assessor pilot within the IDT
- Embedding the Council's three tier model across NUHT
- Staff re-configuration across NUHT social care teams and Short Term Independence Service (STIS) to deliver a "discharge to assess" model
- Streamlining the workflows at NUHT into social care
- Smarter working across acute/ sub-acute teams
- Implementing an efficient data collection for the service
- Managing the business change and co-ordinating the operational impact of ICT developments to share information along the patient's journey, as "discharge to assess" is embedded.

### **(d) Agreement of new referral, coding and validation processes with bordering NHS Trusts**

26. New referral, coding and validation processes were agreed with the Council's bordering NHS Trusts, where these were not already in place (United Lincolnshire Hospitals NHS Trust, Derbyshire Community Health Services NHS Trust, Derby Teaching Hospitals NHS Trust, and Sheffield Teaching Hospitals Foundation NHS Trust). The purpose of these discussions was to provide a direct route into Nottinghamshire County Council hospital social work teams for in-patients at these Trusts so that the referrals could be picked up quickly and so that any delays could be coded jointly. Previously, referral processes from these Trusts had not been as clear as they needed to be which had led to some days of delay.

### **(e) Production of guidance and e-learning on 'Effective Discharge' for Social Care staff**

27. Staff guidance about "Effective Discharge" was developed for ASCH staff to highlight their responsibilities in relation to the discharge process for any NHS in-patient (whether in a local Trust or one in a different authority area). E-learning has also been made available for all staff, based on this guidance.

### **Top three areas for action to reduce delays in 2018/19**

28. Two pieces of work with residential and nursing care homes are underway. The first is to pilot two part-time Registered Nurses to act as Care Homes Trusted Assessors for Sherwood Forest Hospitals NHS Foundation Trust (SFHT) and Nottingham University Hospitals NHS Trust (NUHT). The nurses will be employed by the Care Home Association and funded by the Better Care Fund for six months. They will be able to assess the suitability of the patients for particular care homes participating in the pilot, to avoid delays incurred by having to wait for the care home to send their own nurse assessor into hospital to meet the patient. The nurses will also help to smooth the transfer of patients from the hospital back to an existing care home.
29. The second development is to explore the options available for partners to all be able to use one system and have one place to go for accurate, up-to-date information on which residential and nursing care home have vacancies. This will reduce delays caused by staff and families ringing round, trying to find suitable vacancies for patients.
30. Work is also underway to improve the speed of information sharing and decision-making across health and social care by developing the Interoperability Project at SFHT and expanding it into Bassetlaw and Doncaster Hospitals NHS Trust and NUHT. In addition, social care staff will gain access to the Care Centric Portal by Autumn 2018, which will give them a view into all health records for Nottinghamshire residents (with the exception of Doncaster and Bassetlaw Hospitals NHS Trust who are not participating in this portal).

### **The key future challenges to reducing delays further and to achieving BCF ambitions**

#### **(a) Homecare capacity**

31. An ongoing challenge for the Council is the need to ensure sufficient capacity is available from home care providers to be able to support people who need packages of care to return home from hospital and also to support people who still need some homecare after receiving re-ablement. If homecare is not available then a short stay in an independent sector residential care home has to be arranged which does not help to promote people's independence. Having insufficient homecare capacity is a national and regional issue as well as a local one. Nottinghamshire's homecare service contracts are currently in the process of being re-tendered with a co-produced contractual model that will help providers with their recruitment and retention issues. The homecare workforce is also a priority this year for the national and regional branches of Association of Directors of Social Services and Nottinghamshire will engage in work through these to identify new solutions.

**(b) Access to sufficient crisis support, supported living and residential options for younger adults with mental ill-health and very complex needs**

32. Timely access to a sufficient range of both short and long term accommodation based services for younger adults with mental health and very complex needs presents significant challenges. It is particularly difficult to identify sufficient, appropriate, housing to create a sufficient supply of supported living options. Since January, the Council has been trying to find specialist placements for four patients so that they can be discharged now that their acute care is complete. The lack of appropriate local provision has led to significant joint days of delays. Work is underway to develop options and also to scope the work required to complete a countywide Housing Strategy for both younger and older adults with the District Councils through the Better Care Fund Steering Board.

**(c) Delays for reasons attributable to health**

33. The majority of formal delayed discharges in Nottinghamshire are attributed to health. The main reasons are due to; patient choice, waiting for external health assessments and waiting for further non-acute NHS care. Social care staff work with health partners to help understand the causes of these delays and identify potential solutions, however, the responsibility for decisions and implementation of solutions rest with health.

**(d) Specific challenges relating to the (Improved) Better Care Fund funding being short term**

34. The Better Care Fund and Improved Better Care Fund provide welcome additional temporary resources to support social care in the context of overall significant national reductions in funding. Each funding stream, however, has its own criteria and both are short term. This has led to some challenges that the Department has had to overcome including short term planning and implementation timescales and the Council/providers recruiting to fixed term posts in a very tight labour market. A number of key services and posts are now BCF funded and sustainable funding is required. The national policy direction regarding this will be set out in the Green Paper on the funding of social care due in summer 2018.

**Other Options Considered**

35. Alternative options have been considered for all the changes to posts. The options proposed are those that will best meet the business requirements of the services with the reasons listed at **paragraphs 36 to 39** below.

**Reason/s for Recommendation/s**

36. START service: extension of temporary Senior Practitioner role to March 2019 instead of recruiting to the permanent Team Manager role will enable a single line manager to lead strategic change consistently across the service during the initial phase of the Transformation project. The change will deliver a temporary saving of £2,909 in 2018/19.
37. King's Mill Hospital: the establishment of the Community Care Officer post will enable timely support to patients discharged to be assessed for Continuing Healthcare into



nursing home beds and enable social care input into this assessment. The post can be established within the existing budget.

38. Bassetlaw Hospital Social Work Team: combining the hours to offer increased hours for the Advanced Social Work Practitioner within the Integrated Discharge Team will improve the likelihood of successful recruitment. Historically this role has proved difficult to fill at less hours. The change can be made from within the existing budget.
39. Nottingham University Hospital: changing the use of the iBCF to temporarily create a Project Manager post allows flexibility of resources required at NUHT at a time of considerable change. It will enable the team to be supported to work in a more efficient and streamlined way to improve flow and ensure the timely discharge of individuals and reduce delayed transfers of care. The changes can be made from within the existing budget.

## **Statutory and Policy Implications**

40. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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.

## **Financial Implications**

41. START service: temporary conversion of Team Manager to Senior Practitioner role to March 2019 will deliver a temporary saving of £2,909 in 2018/19.
42. King's Mill Hospital: the establishment of the Community Care Officer post will be funded from existing budgets.
43. Bassetlaw Hospital Social Work Team: the conversion of 18.5 Social Worker hours to 16 Advanced Social Work Practitioner hours will be cost neutral.
44. Nottingham University Hospital: the conversion of 12 months of Community Care Officer hours to 7 months of Project Manager hours will be cost neutral.

## **Human Resources Implications**

45. All posts that are being proposed to be disestablished or converted are currently vacant and there will therefore be no impact on existing staff in these posts.

## **Implications for Service Users**

46. The proposals will provide more opportunities to enable people to live independently, improve their health and well-being and reduce their need for care and support.

## **Smarter Working Implications**

47. The new Nottinghamshire County Council posts will have equipment to enable mobile working and flexible use of office accommodation.

## **RECOMMENDATION/S**

That Committee:

- 1) considers whether there are any further actions required with regard to the progress made in utilising resources previously approved to support integrated working within the hospital discharge processes.
- 2) approves the following changes to the staffing establishment:
  - temporary extension of the conversion of 1 fte Team Manager post (Band D) to an Advanced Social Work Practitioner post (Band C) in the START Team from end of June 2018 to end of March 2019.
  - establish 1 fte permanent Community Care Officer (Grade 5) post at King's Mill Hospital
  - permanently disestablish 0.5 fte Social Worker (Band B) vacant post and permanently increase the Advanced Social Work Practitioner Post (Band C) from 18.5 hours to 34.5 hours at Bassetlaw Hospital.
  - disestablish 1 fte Community Care Officer (Grade 5) post and establish 1 fte Project Manager (Band D) post for seven months (April – October 2018) at Nottingham University Hospitals Trust.

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### **Constitutional Comments (SLB 29/05/18)**

48. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

### **Financial Comments (AGW 22/05/18)**

49. The financial implications are contained in paragraphs 41 – 44 of this report

### **HR Comments (SJJ 30/05/18)**

50. Any HR implications have been highlighted in the body of the report and in paragraph 45.

## **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.

Proposals for use of the improved Better Care Fund - report to Adult Social Care and Public Health Committee on 10<sup>th</sup> July 2017.

Better Care Fund – Proposed Allocation of Care Act Funding - report to Adult Social Care and Health Committee on 12<sup>th</sup> September 2016

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

All.

ASCPH559 final