

13 December 2021

Agenda Item: 6

REPORT OF SERVICE DIRECTOR FOR AGEING WELL COMMUNITY SERVICES

WINTER PLANNING AND THE NATIONAL HOSPITAL DISCHARGE POLICY

Purpose of the Report

1. The report asks Committee to note and identify any further actions required on the risks identified in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan.
2. The report also seeks approval to establish the following temporary re-ablement posts to provide additional capacity up to the end of March 2022:
 - 16.5 FTE Reablement Support Workers (Grade 2)
 - 5 FTE Senior Reablement Support Worker (Grade 3)
 - 1 FTE Reablement Manager (Band A)
 - 1.5 FTE Occupational Therapists (Band B)
 - 3.5 FTE Community Care Officers (Grade 5)
 - 1 FTE Reablement Coordinator (Grade 4).

Information

3. In March 2020, in response to the need to create space in hospitals for the anticipated surge in demand due to Covid related illness, the NHS issued a new hospital discharge policy which was underpinned by an approach called Discharge to Assess. This means that no-one should have their care and support assessments completed in hospital, but rather a decision should be made about what support they need to go home with for the first few days. Once settled at home they will be visited by community health or social care to assess their potential for further re-ablement and if they have any ongoing needs to undertake relevant assessments. National short-term funding was made available to local partners via their Clinical Commissioning Groups.
4. The most recently revised policy was issued in October 2021 and covers the expectations and criteria for a final round of national funding up to March 2022. Through a combination of embedding the discharge to assess model and utilising the national discharge fund, there is an expectation that performance continues to reduce the length of stay for people

in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation. The NHS does not intend to provide further additional national temporary funding and expects local systems to have agreed how to sustain their local services from their baseline budgets from April 2022.

5. In 2020/21 the Council used £17.1 million of this national fund for care to support people home or avoid admission and in the current financial year to date, £3.4 million. This was primarily used to fund the first few weeks of an individual's package of care in the community, with some additional funding being used to develop initiatives and test new ways of working to deliver the discharge to assess model.
6. Integrated Care System Chief Executives across Health, City and County Local Authorities agreed to implement work to implement the national policy consistently across all three acute Trusts. Work has progressed, however there is still considerable variance in operational processes where improvements will help to plan earlier and better co-ordinate how people leave hospital. In order to focus work on the areas that will deliver the most rapid benefits, Integrated Care System partners accepted an offer of a Peer Review led by the Local Government Association. The review started in November and will report back in December.
7. A joint Commissioning and Planning Group has oversight of ensuring there is an integrated approach to develop medium term Winter capacity and project additional demand for 2022/23. This is also planning for the additional extra care capacity required to support the new Discharge to Assess Policy to support more people directly home, as well as support the Hospitals Elective Surgery Recovery plans. Due to these factors, health colleagues are projecting a growth in demand at approximately 23.7% in year. The total County Council social care funding gap to meet this projection from 1st April 2022 is a recurrent £7.5 million. The Integrated Care System Finance Leads Group are using this and other partners' projections to consider options for how the system can move to fund the Discharge to Assess model on a sustainable basis and share the financial risk, however there are no guarantees yet that any funding will flow into social care to cover this financial gap.
8. For the two years prior to the pandemic and through the initial wave, the Council's performance at ensuring people were supported home from stays in acute hospitals was good and very few people experienced delays. Over the last six months however, this position has changed and there is now an average daily 20 to 30 people in hospital who are well enough to leave. Despite the current significant challenges in the first week in November, for example, 27% of people were supported to leave hospital the same day or next day that they were well enough to do so.
9. The main challenge is the current local and national difficulties sourcing homecare, due to the difficulties the sector is having recruiting and retaining staff. There are also vacancies in social work and occupational therapy posts across all the Council's teams which, coupled with the surge in demand across all services, means that there are not enough staff to work with all referrals. The teams are prioritising all the work that comes into them on the basis of individual needs and risk. Additional temporary resources from agency staff are now being deployed and the Council has developed an ambitious Winter plan with actions to deliver short, medium and long-term solutions in the care market.

Department of Health Social Care Winter Plan

10. The Department of Health and Social Care (DHSC) published its Adult Social Care COVID19 Winter Plan on 3rd November 2021 [adult-social-care-covid-19-winter-plan-2021-to-2022](#). The aim of the plan is to ensure that high-quality, safe, and timely care is provided to everyone who needs it, while continuing to protect people who need care, their carers and the social care workforce from COVID-19 and other respiratory viruses.
11. The plan requires local authorities to continue to collaborate with NHS organisations, social care providers and other stakeholders and builds upon existing plans to ensure that effective provision is maintained to address periods of peak demands in the system, during the Winter months. **Appendix A** provides further detail.
12. Part of the Social Care Winter Plan will also deliver against joint plans with partners to manage the increased demand anticipated. The Council's main service that supports people home is the Home First Response Service which has been commissioned to provide a further 44 places per day up to 31st March 2022 to meet both the increased requirements of implementing the policy and meeting Winter pressures. This is almost a 50% increase to the existing capacity.
13. The Council is also using the national temporary fund to increase re-ablement capacity to 31st March 2022. This will enable the service to work with a total of 226 more people over this period. Ensuring everyone who is considered for and has access to re-ablement and rehabilitation after a stay in hospital is a key principle of the national discharge policy. This is because it supports people to regain their health, wellbeing and independence, as well as reducing ongoing reliance on care and health services.
14. The following example demonstrates the effectiveness of reablement and how it can be used to increase independence and improve wellbeing:

Mr D was 79 when the Council's Maximising Independence Service (MIS) Reablement Service received the referral from hospital. He had experienced a severe stroke which left him with left sided weakness. Previously, Mr D was very active and had become very low in mood with suicidal thoughts, reporting he had no hopes for the future. Initially, Mr D was supported by two workers while the occupational therapist worked closely with both Mr D and the Early Stroke Discharge Team to agree challenging but manageable goals. Through the support provided to Mr D his support was gradually reduced to one worker from two and he was able to walk independently again. He also achieved his main goal of being able to take care of his own toileting needs. Mr D continues to receive some support from a private care provider but this is much reduced and he insists on the provider taking the same approach to his support as the MIS Reablement Team, with the aim of increasing his independence further.

15. Committee is asked to approve the establishment of 28.5 FTE temporary posts to 31st March 2022, funded from the national NHS Discharge to Assess Fund.
16. Committee is asked to note, that if no further long-term funding is secured post March 2022, the Council will need to reduce assessment, discharge and reablement provision in line with substantive funding arrangements.

Other Options Considered

17. There are no alternative options to increase the Council's re-ablement capacity to meet projected additional demand over Winter. In addition to the additional temporary posts, staff are also providing some of the extra capacity by working additional hours temporarily.

Reason/s for Recommendation/s

18. To provide extra re-ablement capacity to meet projected additional demand over the winter to support people home after a hospital stay.

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance 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, smarter working, sustainability and the environment 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

20. The additional temporary re-ablement posts are expected to cost £69.7k per month, which will be funded from the national Discharge to Assess Funding held by the Clinical Commissioning Groups.

Human Resources Implications

21. All posts will be recruited to in line with HR policy.

Implications for Service Users

22. The ability for everyone to access re-ablement when they need it has a positive impact on supporting people to live at home independently and confidently.

RECOMMENDATION/S

That Committee:

- 1) notes and identifies any further actions required on the risks identified in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan
- 2) approves the temporary establishment up to 31st March 2022 of the following posts:
 - 16.5 FTE Reablement Support Workers (Grade 2)
 - 5 FTE Senior Reablement Support Workers (Grade 3)
 - 1 FTE Reablement Manager (Band A)

- 1.5 FTE Occupational Therapists (Band B)
- 3.5 FTE Community Care Officers (Grade 5)
- 1 FTE Reablement Coordinator (Grade 4).

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Constitutional Comments (EP 23/11/21)

23. The recommendations fall within the remit of the Adult Social Care and Public Health Committee. If Committee resolves that further actions are required it must ensure that such actions are within its terms of reference.

Financial Comments (ZS 01/12/21)

24. The cost of the 28.5FTE posts is £69.7k per month, which will be funded by Nottingham and Nottinghamshire CCG from the Discharge to Assess funding until 31st March 2022.

HR Comments (SJJ 23/11/21)

25. All posts will be advertised in line with the Authority's recruitment policy.
26. The temporary posts will be appointed to on fixed term contracts.

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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