

29 March 2021

Agenda Item: 12

REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES

HOSPITAL DISCHARGE ARRANGEMENTS

Purpose of the Report

1. To update Committee on the impact of the national Discharge to Assess (D2A) implementation fund ceasing on 31st March 2021 if no alternative NHS funding is available and to seek approval to establish seven temporary posts for 12 months at the Mid Notts Integrated Discharge Hub in order to maintain social care discharges whilst a joint discharge improvement project is undertaken with all partners.

Information

2. Nottinghamshire County Council's statutory duties relating to Hospital Discharge are set out in the Care Act 2014 and work to timescales of discharging people within 48 hours of them being referred.
3. In order to support freeing up hospital beds during the Covid pandemic, new national NHS Hospital Discharge guidance was issued in March 2020 and revised in August 2020. Implementing the new policy requires the Council to work to different standards to those set out in the Care Act, including:
 - faster response timescales to discharge people, both for social care staff in the Integrated Community Discharge Hubs as well as for home care providers
 - social care support for more people who require larger packages of care to return home
4. A new national NHS fund was established to fund implementation of the NHS Hospital Discharge policy. This could be used for any services required to facilitate people's discharge from hospital, or avoid a hospital admission, which was over and above that already funded by health and social care. National funding of £588M was made available to local authorities and Clinical Commissioning Groups (CCGs) to support this new policy, with the funding held and monitored locally and administered by CCGs. This national fund has been used for a range of interventions and is in place until 31st March 2021. As yet there is no commitment to extend this specific scheme, despite the expectations that the new operating models as set out and implemented under the Hospital Discharge policy should continue. The statement made by the Secretary of State for Health and Social Care

on 18th March signalled £594 million for the NHS to support safe hospital discharge, however, at the time of writing the report it is not clear as to how this will be accessed or used across the system. Negotiations with partners will continue on this.

5. Despite the pandemic, the additional national funding has enabled faster discharges for people supported by social care; in 2019/20, 32% of people were discharged on the same or next day that they were well enough to go home; in 2020/21 this figure rose to a maximum of 52% of people.
6. There has, however, been feedback from individuals, families and Healthwatch that this increased speed has not been positive for everyone. It has not always co-ordinated all elements and has not enabled sufficient focus on strength based conversations with people and their carers as part of planning their discharge.
7. Positively the new model adopts a homefirst approach so that more people go home directly and the Council has supported more people home with larger packages of care at point of discharge. During the Council's Covid Emergency Response the additional capacity to do this has been provided in two ways; through use of the temporary national D2A money and also diverting community based service capacity into the hospitals. The reason for diverting community capacity into the hospitals was taken due to the risk of threat to life that would be caused if the hospitals were overwhelmed and unable to admit people needing a bed.
8. In October 2020 the Nottingham and Nottinghamshire Integrated Care System Recovery Cell completed a system wide evaluation of the impact and benefits of the D2A model. Significant benefits were identified regarding speed of discharge, more people being supported in the community and lower bed usage. The potential of the national D2A implementation funding ceasing was identified as a key risk to sustaining the model and to mitigate this a sub group was established to develop a Commissioning Plan for the right integrated workforce, re-ablement, rehabilitation and care services to sustain a D2A model that will meet the needs of local populations. This work is due to be completed later in the year with the aim of changes starting to come into effect from October 2021.
9. As the risk level in hospitals reduces steadily and the Council move into recovery phase from April, the Council needs to ensure that service delivery moves back to focusing on need and risk, regardless of the setting, including balancing risks associated with age, physical and mental health in line with Care Act statutory duties. This capacity is a key part of the Council's Care Act prevention offer to avoid unnecessary admission to hospitals and residential care homes.
10. As part of the Covid Emergency Response and implementation of the new discharge model, a total of 14.5 additional temporary staff have been recruited into the Integrated Discharge Hub aligned to Sherwood Forest Hospital Trust (SFHT). This has been provided through a combination of additional temporary agency staff using the Covid Workforce Grant (which ceases on 31st March 2021) and by redeploying staff from across Ageing Well Community Services. These arrangements end on 31st March.
11. SFHT has seen an increase in people needing supporting from the hub and pressures on staffing due to illness. An initial review also found that staff within Adult Social Care and the Hospital were working in ways that added process and took time away from person facing support for discharge. An improvement plan is being developed with partners and subject

to this being agreed, it is recommended that seven temporary additional staff are recruited to support the SFHT Hub to give time for the Trust and the Council to complete this work and ensure the benefits of the existing ICT interoperability project are retained and built on. The Council's social care Simplifying Processes project was delayed this year due to Covid 19 pressures and the hospital discharge improvements will need to form part of this overall year long programme to ensure that it all links together. Approval is therefore requested to establish the following posts for a maximum of up to 12 months with an initial six month contract management review at five months in order to make a decision on whether a further six month contract extension is required:

- 5 FTE Social Workers (Band B): £245,930
- 2 FTE Community Care Officers (Grade 5): £71,396

These posts will not be recruited to without partners jointly signing up to an improvement plan and trajectory that meets the Council's needs.

12. National discussions are underway between the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the NHS regarding the impact of ceasing the D2A national funding. Nottinghamshire County Council is unable to accept a social care burden as a result of NHS policy and it is hoped that this is resolved either nationally or locally. The Corporate Director for Adult Social Care and Health has taken a report to the Integrated Care System Executive Board that sets out the funding gap created by the new policy and sets out the level of resource which will be returned to from baseline budgets from 1st April without this. Implications for the Council have been shared regionally and nationally through ADASS and the LGA. The current assessment is that the overall additional cost to the Council of moving to the D2A model is approximately £2.75M.

Other Options Considered

13. Options have been put in place in the short term to cover the emergency period, however they are not sustainable in the medium to long term.

Reason/s for Recommendation/s

14. There are improvements that can be made both to the Council's processes as part of the Simplifying Processes project, as well as the Trust's processes. These will take time to complete, however, because they will need to be part of the Council's overall project and changes to the Mosaic database. The additional temporary staff are required in order to avoid people being delayed in hospital for longer periods than are set out in the Care Act.

Statutory and Policy Implications

15. 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

16. The one-off funding of £317,326 can be met within existing departmental reserves.

Human Resources Implications

17. The recruitment to these posts will be undertaken in line with the Council's recruitment procedures.

Smarter Working Implications

18. Although the post holders would ordinarily be office based and undertake face to face visits, due to the current emergency response to the pandemic the expectation is that post holders will be home based. This will be kept under review as Government guidance changes.

Implications for Service Users

19. Every effort will be made to improve systems with partners and ensure that as many people return home from hospital as close as possible to the day they are well enough to do so. With the requirements of the new model, however, alongside the sustained increasing numbers of people the Council is now working with since March, if the additional staffing is not in place then the new timescales will not be able to be achieved for everyone.

RECOMMENDATION/S

- 1) That Committee approves the establishment of the following posts for a maximum of up to 12 months:
- 5 FTE Social Workers (Band B)
 - 2 FTE Community Care Officers (Grade 5)

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Constitutional Comments (CEH 18/03/21)

20. The recommendation falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (ZB 18/03/21)

21. The cost of these temporary posts is £317,326 for one year as detailed in **paragraph 11**, funded from departmental reserves.

HR Comments (WI 18/03/21)

22. Recruitment to these posts will be undertaken in line with the Authority's recruitment procedures and the successful candidates will be appointed on fixed term contracts for the duration described in the report. The report has been shared, for information purposes, with the relevant recognised trade unions.

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.

- COVID-19 Hospital Discharge Service: Policy and Operating Model, 21st August 2020
- National Phase 3 letter, dated 31st July 2020
- Nottinghamshire letter dated 10th September 2020
- Nottinghamshire County Council's response to the DH, Winter Plan 2020

Electoral Division(s) and Member(s) Affected

All.

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