

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Committee:</b>	Cabinet
<b>Date:</b>	21 June 2022
<b>Title:</b>	Health and Social Care System Resilience report
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 0370 779 5574

**Email:** graham.allen@hants.gov.uk

### Purpose of this Report

1. The purpose of this report is to update Cabinet on the key activities undertaken across the health and social care system to maintain system resilience in the discharge of people from hospital settings.

### Recommendations

2. Cabinet is asked to support:
  - i) The continuation of services and efforts to support effective discharge pathways in order to maintain and build on progress and performance described in this report and in-line with the Health and Care Act (Royal Assent April 28) and the accompanying White Paper - Integration and Innovation: working together to improve health and social care for all, published on 11 February 2021.
  - ii) All efforts to recognise and secure continued funding to support the health and care system to avoid admission and support discharges to enable our exemplary local efforts, described in this report, to support our residents and the efficiency and efficacy of NHS services.
3. Cabinet is also asked to note:
  - iii) Overall performance remains strong and still within the most extraordinary circumstances to support residents to be discharged from hospital settings and return to their appropriate place of residence or optimum place of suitable care.
  - iv) The efforts of all staff and partner organisations working across the two ICSs in maintaining safe, appropriate and resilient discharge pathways, within a new national operating framework, introduced at pace since 2020 are being maintained as our operating framework (at surge capability) continues to prove to be resilient and responsive. Significant operating challenges present themselves as national discharge funding falls away – but ever resilient, the partner discussions are turning quickly to what can be

funded locally or where appropriate to reduce service levels with a continued emphasis on timely hospital discharges and flow.

- v) The operating landscape and culture of health and care has changed beyond measure, as a consequence of COVID-19 and an ambition to see provision, relationships and outcomes described in this report continue unabated, in line with the Council's approach to supporting our residents.

## **Executive Summary**

4. This report seeks to provide an overview and update Cabinet on key activities and issues related to acute hospital system resilience throughout the period of response to COVID-19. The situation has been and remains incredibly challenging and dynamic in terms of the issues faced and the response required.
5. New [Updated guidance](#) has been issued regarding hospital discharges following the end of the Civil Contingencies pandemic response. Key elements of the previous guidance are retained, but these are no longer a requirement. The new guidance sets out that arrangements and processes are a local decision and subject to local finances. That said, the previous approach is promoted as best practice.
6. The Department has, for over 2 years, worked effectively in response to the regularly changing guidance and has embedded ways of working that support opportunities for rapid discharge from hospital for the vast majority of people. It should be noted that the national COVID-19 Inquiry to be chaired by Baroness Hallett includes a key focus, within its terms of reference, on the discharge of people from hospitals to care home settings. Hampshire County Council is currently diligently ensuring that all guidance and instructions issued by Government and NHS England in the ways in which social care services were required and requested to support the NHS from March 2020 through to April 2022 and all decisions and actions taken as a consequence are fully collated into a comprehensive library of evidence.
7. Each and every week, Hampshire community partners are supporting over 400 individuals to be discharged from acute hospitals, with HCC leading on some 2/3rds of these discharges. The vast majority of individuals are either able to go or return home with support (in some cases additional support), returning to a previous care home where they resided before admission or being admitted to temporary discharge to assess bed-based facility as part of our successful Short Term Service approach through HCC Care. Thereafter people move on, typically to an ongoing service level / type of care should they need it following a Care Act assessment outside of the hospital at a later point, when they have had an opportunity to better recover.
8. Until April 2022 almost limitless financial support was provided by NHS England to CCGs to fund all of the new and enhanced services to support timely discharges from hospital. From April 2022 this funding stream has stopped. The associated short-term services now need to be funded locally

from within existing CCG budget allocations (or cease), with support from local Councils where appropriate.

9. Inevitably this will require prioritisation of services and a greater focus on investing where it “makes the most difference”. This piece of work is currently underway between all partners across the NHS and Hampshire County Council. In the current year, one off financial resource has been secured to enable the continuation of much of these services whilst this prioritisation work continues. However, it is highly unlikely that there will be sufficient resources for the entire year at the current usage rate, which could mean. In the absence of further monies being secured, we will need to secure the permanent care solution for some clients whilst they remain in hospital which undoubtedly will bring delay to the system(s) that we have not seen in the last two years.

### **Summary of the key policy and process changes**

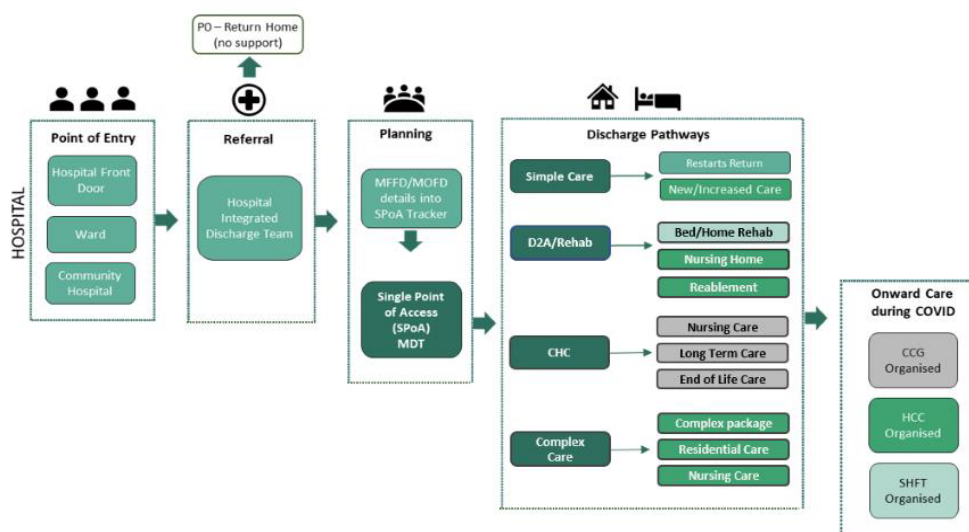
10. The hospital discharge system continues to be based on the principle that unless required to be in hospital, patients must not remain in an NHS bed and Acute and community hospitals must discharge all patients as soon as it is clinically safe to do so. Transfer from the ward should happen quickly, but safely.
11. The prevailing arrangements continue to bring about a very positive impact on what used to be referred to as Delays in Transfer of Care (DToCs) with most patients being discharged within 2-3 days of being declared Medically Optimised for Discharge (MOFD).
12. Currently a joint model of using pathways to discharge from hospitals is agreed across HIOW and has successfully enabled the safe discharge and onward care of thousands of Hampshire residents.

### **Hampshire’s approach to implementing the national guidance**

#### **Single Points of Access (SPoAs) for each acute hospital footprint**

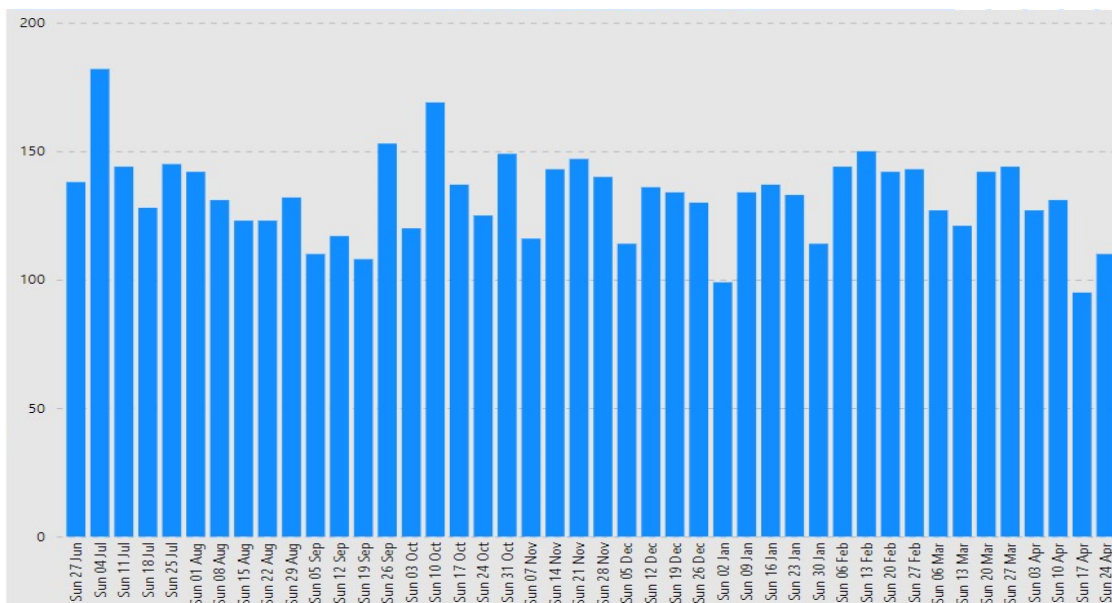
13. The multi-disciplinary, multi-organisational Single Point of Access (SPoA) continue in place to support each acute hospital and the wider hospital system surrounding this.
14. The SPoA manages the Discharge to Assess (D2A) approach for individuals on pathways 1-3 from hospital once MOFD. Discharges are routinely achieved within 2/3 days of the individual becoming MOFD, though can and do take longer where there is more complexity in the case, or where a Care Act assessment is required in the hospital setting.
15. The SPoA continues to be comprised of a multi-disciplinary team, including West Hampshire CCG Continuing Health Care Team, Southern Health Foundation Trust staff, Hampshire County Council Hospital Social work staff and Reablement staff. These staff work closely with Acute Trust staff from the Hospital Discharge Teams and colleagues with links to Hampshire County Council Brokerage

16. The sustainability of this model and approach will become clearer as funding decisions are made later in the year by partners in the Clinical Commissioning Groups (CCGs) for health. A way forward on continued funding is currently being pursued.
17. As a reminder - the updated diagram below illustrates, at a high level COVID-19 discharge process that remains our model. As new Covid cases reduce in volume, a recent change includes a “by exception” social work assessment process that can now be undertaken face to face again on wards.



## Impact and Performance

18. As commented above, the impact of the new discharge arrangements when compared with pre-Covid performance levels, is very positive. Internal tracking by the Trusts confirm that bed delays have reduced to a fraction of those previously reported. It is important to identify that measures now in place are based upon NHS discharge funding. This has removed the critical interface which was a feature of the prevailing DToC process; e.g. who is funding what and who needs to be in agreement that this is appropriate. Further information on the new discharge funding arrangements is outlined, in paragraphs 25 and 30, below.
19. The chart below shows acute hospital discharges per week between June 2021 to April 2022;

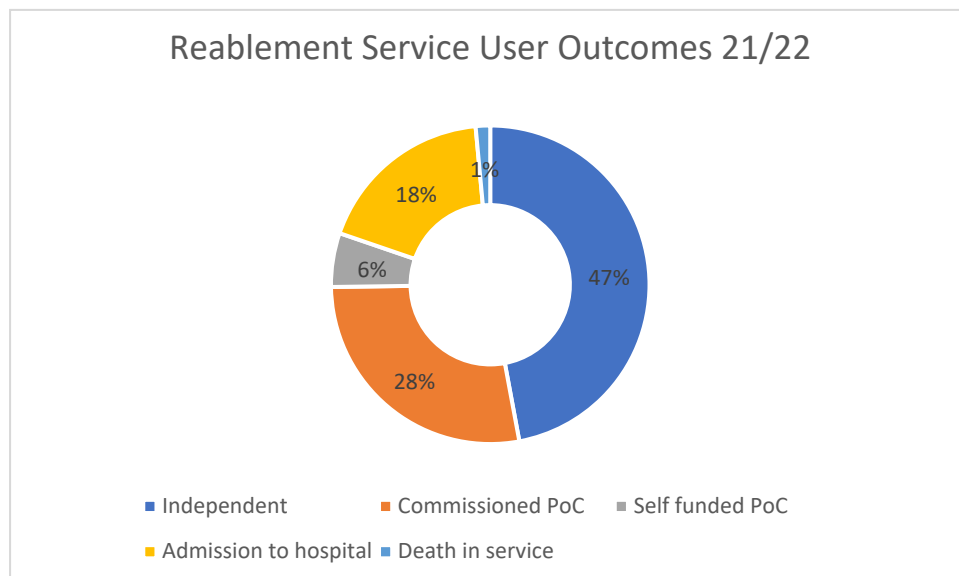


20. It is also worth noting that of these 7,000+ people supported, some 3,150 are new to social care support. Of these, 85% of people went either into an interim bed or straight home with additional short-term support. With fewer than 2% of new clients going into a permanent residential or nursing care placement from hospital. This reduction of permanent care home placements directly from hospital has been a key outcome that the new services have sought to achieve. However, activity levels generally have been relentlessly higher than pre-Covid levels meaning that activity the County Council has been responsible for has grown.
21. In 2021/22 Hampshire County Council supported and facilitated over £30.6m of discharge services fully funded by and on behalf of the NHS through the Hospital Discharge Fund. It is anticipated that the annual cost for the same category of services based on likely ongoing demand would be in the range of £24m to £30m. Whilst all effort will be made to minimise service demand and thus cost, this is the likely range that funding will need to be identified.
22. Furthermore, this indicates clearly that the one-off funds held to support these services in 2022/23 of just above £20m, will be insufficient unless there is a material change (reduction) in service demand and this presently appears very unlikely. It is essential therefore that ongoing funding can be identified by late Summer / Autumn in order to secure vital discharge services for the rest of the current financial year and beyond.
23. The services currently continuing to support timely discharges from Hospital in April 2022 are as outlined below:
  - The Hampshire equipment store working on a 7day basis (was 5), including increased equipment provision
  - A countywide rapid discharge scheme and increased Hampshire County Council Reablement resources to facilitate increased flow to people's home direct from hospitals

- Higher (than normal) levels of hospital care management resources to ensure assessments are timely to support rapid flow and
  - Up to 220 Discharge to Assess beds across primarily 3 sites including the Clarence Unit in the South-East of the County stood up specifically for this purpose, and at Forest Court and Willow Court in the South-West and North/Mid of the County respectively that have been re-purposed by HCC Care to short-term operations.
24. Performance worthy of particular focus include the development of specific D2A short-term bed-based care (Short Stay Services) operated by HCC Care as alternatives to making permanent admissions to care homes. At the vanguard of this approach, is the Clarence Unit which supports discharges from Queen Alexandra Hospital. This unit provides an average of 21 to 28 days support to individuals who are unable to return home upon discharge to aid their recovery and rehabilitation. Therapists and social workers work on site alongside the care staff to optimise the person's reablement potential and to carry out Care Act assessments with a focus on how someone could successfully return home. Since opening in June 2020, the unit has supported close to 1,500 patients with many able to return home at the end of their stay.
  25. Per above, the D2A approach is being delivered in other HCC Care homes, most notably at Willow Court and Forest Court and at times of high service demand, it has also been made available, albeit sparingly, in some independent sector homes. Close performance monitoring on length of stay and outcomes across all these homes is in place and work continues to drive up overall performance. Overall, some 220+ D2A beds are currently running across Hampshire County for the NHS and in the past month occupancy has been at record highs of 95%+. The level of D2A bed capacity will slowly reduce to a level that can be supported by local funding that will replace what was funded by the national discharge funding although with service demand showing no signs of abating, any reduction will require very careful management and is not likely to happen before the summer.
  26. Other positive discharge services include the successful commissioned Rapid Discharge Service (now "RSS"), designed to rapidly enable people to return home within hours of a discharge decision or to avoid an admission altogether. In total, the RSS has supported hundreds of discharges from hospitals across Hampshire. At the end of receiving this service, 42% of clients required no further long-term services from Adults' Health and Care, with 37% going onto receive longer-term domiciliary care. A high proportion of the remaining 21% of people were re-admitted to hospital. In addition, a Live in Care service offer has been helpful during Covid and has exceeded expectations in terms of scope and durability. The market has stood up extremely well during difficult phases of Covid.
  27. Overall, our in-house Reablement services, through a transformation programme which commenced some three years ago have seen a total of 25,925 referrals for service through 2021, (including Occupational Therapy and other services) – of which 9,559 were for people being discharged from acute hospital settings and almost 2,400 were people from other hospital

settings. Referral figures in the past financial year have further exceeded the numbers of the previous year. The service prediction model suggested referrals would be approximately 5% higher, however in comparison to last year the cumulative referrals received were 24% higher. It is important to recognise that we are now seeing some 60% of referrals being received by our Reablement Service to support people to remain in the community rather than enter hospital settings. Requests for Occupational Therapy alone between April 2021 and March 2022 were more than 8,500, of which just over 5,200 were managed at point of triage and resolved for the service user in under 7 days. Alongside this transformed balance in referral patterns is that people receiving a service from Reablement, on average, remain in the service for 19 days – some 2 days less than the target and some 10 days less than when the pre-Covid transformation programme commenced.

28. On leaving the Reablement service, just under 50% of service users do not require a local authority commissioned long-term package of support due to the reabling approach supporting their levels of independence (see chart below). Additional measures to extend the support of the service during the pandemic have included a Friends & Family support package where resources both physical and virtual, are provided by Reablement to a service users friends and family, including PPE, which enable care & support to be provided without the need for direct care worker intervention. This has proved beneficial in supporting the ability to achieve a rapid hospital discharge pending a package of care start date.
29. During 2022, the Reablement Service will be commencing a further period of transformation work to identify and embed even more efficient ways of working, applying key learning from activity during the pandemic, to assist in the management of an increasing system demand.
30. In 21/22, Hampshire Equipment Services managed an 11% increase in deliveries of equipment compared to 19/20, undertaking a total 121,743 individual deliveries and 96,704 collections.
31. The service achieves an 80-85% recycling rate for equipment provided. HDP funding sources allowed the equipment service to make significant changes to operations that enabled the introduction of a 7-day and 24hr urgent service. When compared to the previous year the service achieved a 7% reduction in deliveries taking 7 days or more with a 6% increase in orders completed within 2 days. Throughout the pandemic there have been no significant discharge delays attributable to the provision of equipment across Hampshire. This stunning effort to reduce pressures upon NHS services can also be witnessed across all Hampshire County Council's adult social care services and across all our operational teams, working with providers and partners.



### Looking forward

32. The continued uplift in volume and pace of discharge seen over this past year has been a significant challenge to sustain, especially in light of the impacts upon the care home sector. To its considerable credit the care home sector, whilst still fragile, has recovered some confidence and implemented robust COVID-19 secure procedures and D2A services. However, the impacts on the social care workforce across all elements of the whole, wider social care sector will remain into the medium / longer term.
33. Additionally, new challenges relating to lower numbers of permanent admissions and sector-wide issues are coming to the fore. For example we are seeing an increase in community demand (and more choice now being executed) for complex care services at home (Live in Care) as individuals are keen to remain in their own homes for longer. These are issues that Hampshire County Council are actively supporting the sector and market providers to address. Hampshire County Council commissioners will continue to work with the sector, though there is a high risk of some home closures and market re-setting during the comping period.
34. The domiciliary care sector has remained robust in its ability to support residents throughout 2020. This is testament to the market development transformational work that the Department successfully focussed on over the past 2 years. However, since the rapid increase in community transmission and number of COVID-19 cases seen since late December 2020 concerns in the short-term have increased.
35. The vaccination rollout and top ups are on-going, and work is underway to closely monitor the modelling of Covid demand coming up for 2022/23 and the impacts and surge requirements that may present. Caseloads are growing and inevitably some backlogs exist and these are being triaged and tackled using precise interventions.



## **System governance**

36. Previous Interim governance arrangements between NHS and social care partners are now in place on a more secured footing. Local Leadership positions are secured with experienced individuals. Each partner organisation (Southern Health, CCG and Hampshire County Council) host and fund one such individual as part of a collective ownership. These individuals meet as a Discharge Leadership Group and each participates in local system governance for their respective SPoA areas.

## **Climate Change Impact Assessment**

37. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
38. Due to the nature of the report a full assessment will not be required but reference needs to be made as to whether any impact noted in terms activities undertaken for either climate change / resilience impacts

## **Conclusion**

### **Learning and Looking Forward**

39. We remain in a state of surge across both ICSs with our partners in NHS – consistently managing higher care volumes and carefully scanning the horizon for forward demand peaks - so that we may be prepared. A vast amount of learning and good practice has enabled us to manage demand at pace and at higher levels and stand up and sustain new services and respond across 7 days a week for extended hours and yet demand is insatiable.
40. The system partnerships have agreed that the new service architecture must be maintained and our shared ambition and appetite for this is high across the HIOW and indeed Frimley. System partners have worked well together in difficult circumstances to put a robust new process in place with forward momentum and with each and every surge, we refine how we respond and adapt to new challenges.
41. We remain focussed on working with NHS partners to identify funding in order to maintain the capacity for the priority areas that support discharges and to build capacity for the new approaches – as without the funding, the arrangements will inevitably 'slip back' to old ways of working and those we all agree, are not better for outcomes or sustainable in terms of new care practices. Due to continuing growth in demand for care services of all types, our own Hampshire County Council funding pressures and the NHS reduction in funding - the new system discharge arrangements remain temporary, albeit proven and tested and at risk.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
<a href="#">White Paper - <i>Integration and Innovation: working together to improve health and social care for all</i></a>	11 February 2021
<a href="#">COVID-19 updated hospital discharge guidance.</a> <a href="#">COVID-19 Hospital Discharge Service guidance</a>	21 August 2020 20 March 2020

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **42. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **Equalities Impact Assessment:**

#### **Health and Social Care System Resilience during COVID-19**

Accountable officer: Graham Allen, Director of Adults' Health and Care

Date of assessment: 04/02/2021

#### **Description of current service/policy**

During the Covid-19 period, Adults' Health and Care has worked with the NHS to take a new single system approach, with the goal of rapidly discharging thousands of patients from hospital during 2020/21 to maximise capacity to treat people with acute Covid-19 symptoms. Changes in legislation have facilitated this and additional funding has been made available to provide care for individuals leaving hospital during the crisis period. The joint goal has been to safely care for and discharge patients to the most appropriate care settings, including some now to dedicated care home settings ("designated") for Covid-19 exclusively.

Geographical impact:  
All Hampshire

### **Description of proposed change**

Each system surrounding Hampshire's acute hospitals has developed a new discharge process in line with National directives. Referrals for discharge are now made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA). These SPoA bring together all organisations who would otherwise work individually on discharging people from hospital. The principle of 'Home First' is adopted, with those unable to go home usually going for a period of rehabilitation in a specialist care home before any longer-term decisions are made. Most people will return to their own home.

### **Impacts of the proposed change**

This impact assessment covers Service users

### **Engagement and consultation**

Has engagement or consultation been carried out? Yes

The new arrangements were introduced quickly to comply with emergency guidance being released by the Government. This limited opportunities to engage with service users and families. However, Adults' Health and Care has consulted and engaged with all relevant system partners in co-designing and developing the new system, for example NHS partners including GPs, commissioners and acute/community providers, and district and borough councils. Various opportunities to engage with and gain feedback from service users are now in place, including work by the Wessex Academic Health Science Network which will review a number of patients on their experience of the discharge process.

### **Statutory considerations**

#### **Impact Mitigation**

**Age:** Low

There are a number of positive impacts of this new service model:

- Better coordination across services to ensure the most appropriate pathway is followed for each patient
- Individuals tracked through their journey, so long-term health and care needs can be assessed outside a hospital setting, which is likely to result in better long-term decisions being made
- Shorter hospital stays are likely to lead to less decompensation of frail elderly patients – typically, the longer you stay in hospital, the worse your outcome, therefore speedier discharge can often help.

The overall impact has been marked as 'low' however because the positives have to be balanced by a less favourable negative impact in that some patients may not get the choice of onward care they would ideally like in the short-term as the priority is to free up the hospital bed as soon as it is safe for the patient to leave.

The mitigation is that the initial onward care is only a temporary situation, and individuals are tracked throughout their care pathway to ensure that the most appropriate long term solutions can be found, preferably in the individual's usual place of residence.

**Disability:** Low The identified impacts for 'disability' mirror those for 'age'.

**Sexual orientation:** Neutral

**Race:** Low

We are aware that lack of choice in short-term onward care destinations for individuals coming out of hospital could impact on individuals being able to receive services that they feel are culturally appropriate in the short-term. However, the discharge to assess model which aims to assess long-term needs in the community should mitigate against short-term lack of choice by enabling more timely and personalised care planning for the longer term, out of the hospital environment.

**Religion and belief:** Neutral

**Gender reassignment:** Neutral

**Gender:** Neutral

**Marriage and civil partnership:** Positive

Reduced length of hospital stays and putting in place enhanced support at home may allow more couples to stay together in their own home for longer. Where one partner recuperates in a bedded facility, this may take pressure off the partner at home and reduce their need to take on very high levels of caring responsibility until their partner has made a greater recovery. In the short term, some couples may be apart for longer if post-discharge rehabilitation takes place in a bedded facility that is not accessible for geographical reasons or where visits in person are not yet possible. However, in the longer term, there should be benefits in recuperating outside a hospital environment.

**Pregnancy and maternity:** Neutral

**Other policy considerations**

**Impact Mitigation**

**Poverty:** Neutral

**Rurality:** Low

There are fewer care services available in rural areas if a bed-based solution is required. In addition, bed-based therapy services are being concentrated in centres of excellence or hubs. This hub approach should improve care outcomes but has a potential negative impact in that there is reduced short-term choice for the patient in their immediate onward care destination. This may particularly affect those patients who live in rural areas. This approach only applies to short-term onward care, hence the impact is considered 'low' rather than ' '.