

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Executive Member for Adult Social Care and Health
Date:	16 March 2021
Title:	Clarence Unit, Woodcot Lodge
Report From:	Director of Adults' Health and Care

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Purpose of this report

1. The purpose of this report is to update the Executive Member for Adult Social Care and Health regarding the Discharge to Assess service, known as the Clarence Unit (located in Gosport) and operated by HCC Care as part of a multi-agency venture with the NHS. The service has so far served some 280 Hampshire residents. These are vulnerable and complex older adults who have been supported at the Clarence Unit immediately upon discharge from Portsmouth Hospitals NHS Trust since its inception at the beginning of June 2020.
2. The Clarence Unit was established at speed last year partly in response to the overall local system response to the first Covid-19 wave but with one eye on the future and sustained/improved patient flow and outcomes. Clarence enabled quick but safe discharges to take place daily, fitting with evolving Government guidance and short-term funding in respect of Discharge to Assess (D2A) and has meant that frail, vulnerable, elderly patients have been able to be discharged from hospital very close to the point that they are deemed medically fit to leave.
3. Individual assessments and recovery, including reablement and therapy type support has been expertly delivered from within the Clarence service and typically after a length of stay of close to 25 days, Clients longer-term destinations have been carefully organised and implemented. Less than 25% of those moving on from Clarence have required a long-term social care arranged Residential or Nursing Care provision with many (just under 60% prior to the latest extreme Covid-19 wave) able to return home.
4. The report provides summary detail of the Clarence operation and looks ahead to 2021/22, headlining the opportunity (and the challenges) that exist to build on the successes to date and to put the service on a longer-term footing. The site is currently available to the local system on a short-term lease arrangement which is due to expire at the end of March. Discussions are currently progressing with the landlord to extend the lease for at least a further

12 months to enable time to work on a longer-term arrangement that will provide more certainty for staff, partners, and all concerned.

5. The report also seeks approval for the County Council to enter into further agreements including those in partnership with the NHS under S75 NHS Act 2006 to enable the County Council to deliver services in respect of discharge to assess, intermediate care, step down (including designated settings for Covid-19 positive clients) and step-up, to prevent hospital admissions at the Clarence Unit and other HCC Care settings as appropriate.

Recommendations

6. That the Executive Member for Adult Social Care and Health note the significant system benefits, and outcomes for people, of vastly improved patient flow and reduced discharge delays (bed days lost) as a direct result of the discharge to assess service at the Clarence Unit.
7. That the Executive Member for Adult Social Care and Health note the opportunities and challenges of sustaining the Clarence Unit Discharge to Assess service for the medium to long term.
8. That the Executive Member for Adult Social Care and Health approves the spend of up to £7million which will be reimbursed via a cost agreement with the NHS as outlined in the finance section, save for a contribution of £500,000 from the County Council per the next recommendation. The spend figure above includes the costs associated with a further one-year lease.
9. That the Executive Member for Adult Social Care and Health approves a financial contribution from the County Council of £500,000 towards the operating costs of the Clarence Unit in 2021/22.
10. That the Executive Member for Adult Social Care and Health approve the continuation of HCC Care facilitating the Discharge to Assess (short stay) Care Home with Nursing service operation at Clarence Unit, Woodcot Lodge, Gosport, for up to one more year i.e. up to the end of 2021/22
11. That the Executive Member for Adult Social Care and Health gives delegated authority to the Director of Adults' Health and Care in consultation with the Executive Member to approve required variations to existing agreements and /or the entering into further agreements including those in partnership with the NHS under S75 NHS Act 2006 to enable the County Council to deliver services in respect of discharge to assess, intermediate care step down and step-up to prevent hospital admissions and designated settings for Covid-19 positive residents at the Clarence Unit and other HCC Care settings as appropriate.

Executive Summary

12. In June 2020 and partly as a local system response to the challenges of Covid-19, the Portsmouth and South-East Hampshire (PSEH) Integrated Care Partnership (ICP) agreed to commission and operate a new discharge to assess service operation for the benefit of vulnerable and often frail older adults who were deemed medically fit enough to be discharged from

Portsmouth Hospitals NHS Trust but not, at that point in time, able to return to their own home.

13. The establishment of the discharge to assess operation was in keeping with Government policy for local systems to be able to quickly and safely discharge patients well enough to leave hospital, back into the community as a means of maintaining maximum levels of Acute capacity in the wake of the evolving pandemic. The cost of the D2A bedded provision operationally led by HCC Care at the Clarence Unit and other HCC Care Homes in other parts of Hampshire, with support from the NHS, is covered by the national Covid-19 discharge fund that is still in existence, albeit on a lesser scale than when it was first introduced. The discharge fund will cover the costs of the Clarence operation (all and other D2A) for the entirety of the current financial year but is due to finish 6 weeks into 2021/22 meaning that the local system would be responsible for funding the operation thereafter.
14. The Clarence Unit currently provides 73 beds for vulnerable older adults being discharged from Portsmouth Hospitals NHS Trust. 48 of the beds being earmarked and available for patients who, at the point of being discharged, have returned a negative Covid-19 test, and a further 25 beds specifically designated for Covid-19 positive patients, with the appropriate infection control safeguards for staff and clients built into the 'designated facility' service which is sanctioned by the Care Quality Commission (CQC). Ordinarily, and subject to the securing of the necessary funding, the Clarence Unit could function to a maximum 80 beds, split across 3 floors, if it were not for some of the necessary restrictions placed on it as a result of operating in a Covid-19 environment.
15. At times, and certainly regularly over the past 2-3 months, in excess of 20 patients a week have been discharged from hospital and been admitted to the discharge to assess service. Typically, length of stay is around 25 days during which time assessment, recovery and rehabilitation takes place in order that the client's onward movement can be arranged in an orderly and optimum fashion. Outcomes for clients have been very positive to date with just less than 25% requiring an onward move to a long-term Residential and/or Nursing Care facility. Previously, a greater number of patients exiting the hospital via what is known as 'Pathway 3' would have ended up with a long-term care home placement and they typically would have resided in hospital for between 5 and 10 days longer (and sometimes more) prior to their placement being actioned, than they do now under the slicker discharge to assess arrangement.
16. The challenge for the local system is to build on the success story of the past 8-9 months, look to secure the full staffing footprint and 80 bed operation (as Covid-19 recedes) and to be able to repurpose sufficient existing funding to allow the service to have a secure medium to longer-term future. Whilst the overall strategy for people leaving hospital is to push towards a home first of 95% (it is currently around 92%), it has to be acknowledged that bed-based arrangements do have their place and against the backdrop of an ageing population and steadily increasing levels of acuity/complexity for frail elderly people, often with multiple conditions, it is likely to be some time before

facilities such as at the Clarence Unit can be scaled back. Add in the fact that step-up opportunities (an aid in terms of Acute hospital admission avoidance) for people struggling in their own homes and in need of focused recovery type support are all too scarce to non-existent, then securing the future of quality discharge to assess operations such as the Clarence Unit and other main centres in Hampshire is all the more important.

Contextual information

17. Hampshire County Council is a partner in the Portsmouth and South Eastern Hampshire (PSEH) Integrated Care Partnership (ICP) which comprises:
 - Fareham and Gosport Clinical Commissioning Group
 - Hampshire County Council
 - Portsmouth City Clinical Commissioning Group
 - Portsmouth City Council
 - Portsmouth Hospitals Trust
 - Solent NHS Trust
 - South Eastern Hampshire Clinical Commissioning Group
 - Southern Health NHS Foundation Trust.
18. The ICP continues to work collaboratively to plan, commission and operationally establish the required level of bedded and non-bedded capacity for all patients both during the different and on-going phases of Covid-19, winter and into the medium/longer term. Since March of 2020 and the first wave of Covid-19 it has also been operating to new Government discharge guidance, policies and funding arrangements which are increasingly being orientated to a discharge to assess way of working that involves assessments being completed in community settings wherever possible, with the main emphasis on a 'home first' model and same day (safe) discharges for the majority of patients. It is recognised that the more complex, vulnerable older patients will not always be able to go home immediately upon discharge and the local system in concert with the rest of Hampshire and the Isle of Wight (this is replicated regionally and nationally) also provides bed-based capacity to help optimise discharge to assess way in practice.
19. As part of the overall planning responsibility and given the imperative to speed flow through the hospital system to protect capacity for anticipated Covid-19 demands, the ICP agreed last Spring to enter into a lease with an independent sector landlord to utilise a mothballed Nursing Home known as Woodcot Lodge in Gosport and to use the facility (now known locally as the Clarence Unit) initially up to the end of the current financial year as a discharge to assess service operation for vulnerable and complex older adults who were deemed medically fit to leave the hospital but not fit or well enough to go home.
20. The Government discharge fund that has been in place for the entirety of this financial year, has covered the cost of what has been an improving and

increasingly important operation for the ICP and for which some 280 patients leaving hospital have benefitted to date. One of the challenges for the system partners which is currently being tackled, is how to repurpose existing business as usual resources to enable the service to continue not only for 2021/22 but at least for the medium term. The system is working hard to secure the necessary finances and to that end, discussions with the landlord regarding a minimum one-year extension to the lease arrangements are also well advanced and due to be finalised in March.

The Clarence Unit Operation 2020/21

21. At the point of writing this report (mid-February 2021) some 280 patients leaving Portsmouth Hospitals NHS Trust have benefitted from the Clarence discharge to assess service since its inception in early June last year. The operation at Clarence effectively began back then from scratch, with staff recruited and/or sourced from agency arrangements to enable the ground floor of the three-floor facility to begin operating on 6 June 2020.
22. Admissions to the site steadily built over the first two months of operation and successful outcomes were immediately being realised. Hospital flow for frail elderly patients (tested Covid-19 negative at the point of discharge) was improved, reducing delays and thus lost bed days and thus protecting important Acute hospital capacity. The Clarence operation enabled clients to be safely isolated for an initial 14 days upon admission but to steadily benefit from rehabilitation and therapy specialist support which resulted in an initial 60% or so to return to their own homes at the conclusion of a 21-28 day stay.
23. By the end of the summer, the first floor of the facility was 'stood up' which increased the available bed numbers from 24 to just above 50. Admission levels increased accordingly and pleasingly performance levels as described above, were largely maintained. Recruitment continued over the immediate period in anticipation of opening the second floor from early November so that the usual higher service demands of winter could be catered for.
24. Before the final floor was ready for operations, the Government introduced a new policy in respect of patients who were testing positive for Covid-19 at the point of hospital discharge. Namely they either needed to complete a full 14 day isolation period in hospital or that they could be discharged but only to a care facility that acquired Designated Facility status from the CQC. These settings would be homes that could operate to the highest possible infection control standards and for which there was clear separation between 'hot' and 'cold' areas and staff within the settings. For clarity, anyone able to leave hospital and go home was not impacted by the new policy but in the case of Clarence, we are describing frail elderly patients who required an onward bedded service for at least an interim period.
25. Clarence was put forward for and secured Designated Setting status at the beginning of November. This disrupted plans to open the final floor for Covid-19 negative patients and also impacted on the staffing arrangements and recruitment as a higher ratio of staff to clients work within a Designated Setting. Initially just 5 beds operated to the Designated Setting Policy but the

higher requirements around infection control and separation meant that capacity for Covid-19 negative patients remained at the 50 bedded level.

26. Recruitment continued through November alongside the evolving Covid-19 situation and whilst the plan was to introduce more general beds to accommodate the higher winter demands, the explosion of Covid-19 cases across the South in December meant a further change of plan with the Designated Setting part of the facility increased from 5 beds to 25 beds to provide for the clear and obvious higher Covid-19 positive demands.
27. Up to this point some 153 clients had benefitted from the Clarence operation between June and early December with 86 (56%) able to return to their own homes after an average length of stay of around 25 days. Just 35 clients (23%) required to move to a long-term care home placement following their stay at Clarence.
28. Since mid-December, and as expected given the extreme challenges of the third wave of the virus, throughput to Clarence has been much higher, helping to demonstrate the value of such an operation at such a difficult time for all concerned. In the past 8-9 weeks or so a further 128 admissions have been accommodated and whilst performance in terms of outcomes for clients has dipped, this is not an unexpected result given the double issue of higher numbers of Covid-19 positive patients in what is anyway a very vulnerable client group, coupled with winter illnesses and the flu season.
29. In summary, the Clarence operation has been a significant addition to the PSEH infrastructure since its inception last June and resulted in no end of benefits for the Hospital, for system partners and importantly for patients/clients especially in terms of improved outcomes. A bullet point list of the key benefits derived from the Clarence operation is included below:
 - Provides an opportunity to deliver an ICP system service for the benefit of Hampshire residents, managed by the County Council with local partners working together to contribute workforce resources
 - A large single site where complex discharges, particularly for Pathway 3 (including some CHC D2A), can be placed into at pace whilst longer-term needs and transition plans are being established
 - Discharge to Assess capacity for the most complex people and which has significantly (positively) impacted on Acute Trust performance and the wider system in terms of flow
 - Addresses the pre Covid-19 system challenges of high Medically Fit for Discharge Numbers, associated delays and potentially poorer outcomes due to very vulnerable people being in the wrong setting
 - Ensures systems resources are not stretched across multiple D2A sites, as has happened in previous Winters, which has resulted in more efficient use of resources from both a staffing and financial perspective. This also significantly reduces time needed to contact multiple providers and source individual placements
 - Flexibility for other step-down cohorts as and when needed

- Stand-by surge capacity during the Covid-19 third wave and ability to set up part of the operation as a Designated Setting.
- Capacity for 14-day isolation beds during the Covid-19 period for those being discharged into care settings, where the home is unable to accommodate them initially, due to all the beds on the site being single rooms.
- Ability to manage both hot and cold cohorts due to the three floors and single room set up – links to the Designated Setting point above
- Consistent discharge model ensuring better outcomes for patients with a homogenous service offer
- Offers additional capacity as business as usual begins to be turned back on to ensure the ICP does not see a return to pre Covid-19 acute bed capacity and system flow issues
- Enables us to utilise a more medium-term staffing model which provides a more stable and consistent workforce

Legal Implications

30. The arrangements for discharge to assess in respect of Covid-19 are set out in the Hospital Discharge Service; Policy and Operating Model Guidance. Under Section 75 of the NHS Act 2006 and associated regulations, CCGs and local authorities can enter into partnership agreements that allow for local government to perform health related functions where this will likely lead to an improvement in the way these functions are discharged. Section 75 agreements include arrangements for pooling resources, lead commissioning and integrated management.

Consultation and Equalities

31. The services provided at the Clarence Unit, Woodcot Lodge are aimed at adults and older people (generally people 55+). These people are likely to have long term conditions and may have manageable dementia. The service is a positive benefit to individuals who are supported by dedicated nursing, care, therapy and social work staff to recover and recuperate following their hospital admission.
32. The multidisciplinary team works with individuals, their carers and families to understand their on-going care needs and how they could be met after their 28 day stay, either returning to independence in their own home, receiving further reablement to increase their independence in the community at home, being supported by a package of care at home or a decision about a permanent care setting. By making this decision after a person has recovered from the acute phase of an illness, evidence suggests the outcome is more appropriate. Without these services, people may prematurely require other forms of permanent long-term care such as residential or nursing care.
33. The County Council recognises that there is a requirement to ensure that ongoing care arrangements should enable people to maintain their

relationships with their spouses, partners, wider family members and friends. When face to face contact is not possible during their stay virtual contact and other means of keeping in touch will be available.

Funding and Financial Implications

34. The County Council is operating the discharge to assess service at Clarence under an agreement with the NHS and as stated earlier the full costs of the operation are being met from the Government's Discharge Funding arrangements that have been in place for the entirety of the current financial year and are due to end after 6 weeks of 2021/22.
35. The agreement is in the process of being varied to allow the discharge to assess operation to run for up to a further 12 months and will be finalised following the terms of the year-long lease extension being agreed between the County Council and the landlord. The arrangements will cover appropriate insurance cover and Clarence Unit exit costs should there be no medium-term future for the service and will ensure that, save for an earmarked contribution of £500,000 in 2021/22 (see paragraph 33) that the County Council is not liable for any such costs that could arise including but not limited to staff and building exit costs.
36. The local NHS have identified and earmarked funds such that the CCG and PSEH Executives have agreed to the continuation of the Clarence operation for 2021/22. The exact capacity trajectory (and therefore the exact service cost for the year) is still to be determined but may result in bed numbers reducing from their current 73 over the spring and through the summer, perhaps back to 55 (two floor operation) with the ability to flex upwards during the latter part of the year to enable winter surge demands to be accommodated.
37. The NHS approval to the continued operation of the Clarence Unit is also based on the County Council agreeing to contribute £500,000 towards the cost of operating the Clarence Unit throughout 2021/22. The County Council benefits from the lower service costs simply by virtue of vulnerable social care clients not needing to be placed into onward care services at the point of Hospital discharge and in keeping with the close partnership working in relation to Clarence, it is appropriate for the Council to contribute financially to help secure the running of the operation for a further year.
38. Upon the securing of the lease, the signing of relevant agreements and agreement on the service trajectory (accepting that Covid-19 could still play a part in future plans), focus during the first 3-6 months of the new year will be to look to determine the medium to longer term future of the Clarence operation. This time frame allows the NHS in particular, but all partners to understand the new financial frameworks being worked to but also time to repurpose existing funding so that priority service areas, such as bedded discharge to assess can have a secure future. With this in mind, a further report on the future of the Clarence operation and D2A generally will likely be prepared for the Executive Member in September 2021 at the latest.

Looking Ahead to 2021/22 and Beyond

39. As outlined throughout this paper, there are multiple benefits of the Clarence operation for an ICP that has consistently high demand from its resident population. As also stated above, whilst Clarence was established in part to help secure a better position for the system during the first wave of Covid-19, it was also developed with one eye on the future given that D2A has been a long-held ambition for partners as the means to both improve flow and to improve patient/client outcomes for what is a challenging and very vulnerable client group.
40. As we look ahead, the immediate priority is to secure the Clarence operation for 2021/22 and work both to extend the lease for at least that period and to secure the necessary finances to fund the operation for the forthcoming financial year, save for the first 6 weeks which will be covered by the extended national discharge fund. Progress is being made in both areas and an outline business case is in preparation to be debated by PSEH Executives at their March meeting.
41. HCC Care have performed exceptionally well in their operational leadership role to date and remain committed to continue to lead the operation of Clarence through 2021/22. Staffing levels are good and given that the Clarence operation is set to continue for the forthcoming financial year, albeit at fluctuating levels of capacity (to accord with the changing levels of demand typically experienced in any year) recruitment will continue, partly to increase the ratio of permanently employed staff and partly in anticipation that the service will be confirmed for the medium-term over the coming months.
42. The County Council's property team also continue to operate on the site with the permission of the landlord to ensure that necessary building improvements are made which in turn protects the entirety of what in time, as Covid-19 recedes, could be a fully functioning 80 bedded discharge to assess unit. Funding from the NHS has been secured to enable important works on the roof and cladding to be progressed this quarter following which Fire Safety works will then be taken forward. These works will be informed by surveys and analysis that will be completed during the roof repair work.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	
Direct links to specific legislation or Government Directives	
<u>Title</u> Hospital discharge service: policy and operating model	<u>Date</u> August 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	

IMPACT ASSESSMENTS:

1. 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 under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic 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 characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

Clarence Unit at Woodcot Lodge

Initiative in response to COVID-19. Builds as business as usual in HCC Care, the services to be provided at the Clarence Unit, Woodcot Lodge are aimed at adults and older people (generally people 55+). These people are likely to have long term conditions and may have manageable dementia. The service will be a positive benefit to individuals who will be supported by dedicated nursing, care, therapy, and social work staff to recover and recuperate following their hospital admission.

Geographical impact: East Hampshire, Fareham, Gosport, Havant

The short stay facility will offer step down care to assess on-going care needs during a 28 day stay, either returning to independence in their own home, receiving further reablement to increase their independence in the at home, being supported by a package of care at home or a decision about a permanent care setting. By making this decision after a person has recovered from the acute phase of an illness, evidence suggests the outcome is more appropriate. It will also offer 14-day isolation. Without this service, people may prematurely require other forms of permanent long-term care such as residential or nursing care.

Who does this impact assessment cover?: Service users

Has engagement or consultation been carried out?: Yes

Describe the consultation or engagement you have performed or are intending to perform.

Engagement with system Partners has been constant throughout this project. Specific engagement has taken place regarding the service specification, health professionals input, service demand and service user type and communications have also occurred.

Age: Positive Impact:

Adults and older persons generally of age 55+ years experiencing hospital admissions have been shown to show some deterioration while remaining in hospital following an assessment of medically fit to discharge. This service will support quicker discharge into a reablement and therapy service and prevent prolonged stays in acute health settings, achieving a better outcome.

Disability: Positive Impact:

People with long term conditions will receive specific reablement and therapy services along with their day to day care. They will also receive a thorough assessment of needs to ensure their onward care is the most appropriate for their long-term conditions and aims to increase their independence

Sexual orientation: Neutral

Race: Neutral

Religion or belief: Neutral

Gender reassignment: Neutral

Gender: Neutral

Marriage or civil partnership: Neutral

Pregnancy and maternity: Neutral

Poverty: Neutral

Rurality: Neutral

Any other brief information which you feel is pertinent to this assessment:

The County Council recognises that there is a requirement to ensure that ongoing care arrangements should enable people to maintain their relationships with their spouses, partners, wider family members and friends. Whilst they will be in isolation during their stay virtual contact and other means of keeping in touch will be available. Furthermore, the service will be of positive benefit to the care market in limiting the spread of COVID-19 in the community.