

HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee:	Cabinet
Date:	18 July 2023
Title:	Health and Social Care System Resilience 2022/23
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 Cabinet on the key activities undertaken across the Health and Social Care system to maintain system resilience in the discharge of Hampshire residents from hospital settings.

Recommendations

2. Cabinet is asked to note:
 - i) That overall discharge performance remains good with the County Council's contribution to both the commissioning and operational delivery landscape remaining strong and impactful against a backdrop of continuing high service demand from across the Acute hospitals serving Hampshire residents.
 - ii) The efforts of all staff and partner organisations working across the two Integrated Care Boards (ICB's) in maintaining safe, appropriate, and resilient discharge pathways, within a new national operating framework that was introduced at pace in the early stages of Covid in 2020 and has developed since proving to be both resilient and responsive.
 - iii) That a new national discharge fund was announced in the Autumn statement of 2022 which pointed to growing levels of financial support across 2023/24 and into the 2024/25, all of which should result in close to £21million of funding being available for next financial year to the County Council and the two ICBs serving Hampshire residents.
 - iv) As welcome as the new national discharge fund is, it is estimated to be in the order of £10million short of the funding that has been required to support service demand levels and other discharge related service costs seen in recent years in Hampshire. Furthermore, with the Hampshire and Isle of Wight (HIOW) ICB being in Tier 4 financial recovery due to their financial deficit, there is greater focus on this funding and scrutiny on the services it provides. It is clear from discussions to date that this will inevitably lead to all of the discharge services, inclusive of those

commitments that the NHS has with their own community health providers, being reviewed and overall spending reduced to fit within the grant envelope. This process will require careful managing and robust monitoring regarding progress and impacts. Without corresponding discharge service performance improvements and reduced Acute hospital urgent care demand, the service reductions are almost certain to impact on the flow of patients from the 5 hospitals serving Hampshire residents and are likely to lead to greater pressures on Adult Social Care in the form of greater exposure to long-term care costs.

Executive Summary

3. This report provides an overview and updates Cabinet on key activities and issues relating to the continued support of Acute hospitals across Hampshire and the wider hospital systems. The discharge challenge throughout 2022/23 has been (and remains) incredibly tough and dynamic in terms of the issues faced and the responses required. Covid continued to be an issue throughout the past financial year with peaks and troughs experienced at different times and infectious outbreaks in our bedded Discharge to Assess units, also not uncommon. Covid was just one of the factors that saw discharge demand stay stubbornly high through 2022/23. Urgent emergency care levels were high across each of the Hampshire Acute hospitals on a constant basis.
4. In the past year the HIOW Integrated Care System (ICS) has replaced the previous Clinical Commissioning Group arrangements, with a different ICS in place in Frimley which supports North-East Hampshire residents. This has led to the creation of a HIOW Place based Governance (that includes Hampshire Place) and a similar Place Governance for Frimley. Despite the consolidation of Hampshire NHS systems, the HIOW ICS in particular, (but in keeping with any number of other ICSs) is in an exceptionally challenging financial situation, that is, and will, continue to impact on the nature and prioritisation of funding decisions, including for discharge services, going forward.
5. The activities that Adults' Health and Care have led on and/or undertaken to date, relate to the Discharge to Assess (D2A) approach recommended nationally as best practice. The accompanying national Updated guidance confirms that the arrangements and processes for this approach are a local decision and are subject to local finances.
6. The Directorate, for some 3 years, has worked effectively in response to the evolving requirements for commissioned care. The Directorate has embedded ways of working that support opportunities for the D2A approach and have prioritised independence and getting people home wherever possible. In doing so, we have remained committed to further improvements and respectfully working in partnership. Pace has not replaced the need for quality or indeed careful consideration and assessment. We, at all times, remain mindful of our duty of care and aim for a standard of professionalism and balance, most especially during stressful times of surge and critical incident.

7. Inevitably, the Directorate has worked with the NHS to secure appropriate service funding and has jointly focused on performance to optimise outcomes for people and to limit expenditure wherever possible. The Short-term Service (STS) approach promoted and led on by Adults' Health and Care to support timely discharges across Hampshire is robustly supported with a suite of performance data that is shared and debated with partners to help drive continuous improvement and to secure value for money.
8. Hampshire community partners continue to support over 400 individuals requiring some form of care or support to be discharged from acute hospitals every week, with Hampshire County Council leading on some 2/3rds of these discharges. The majority of discharged individuals are either able to go home or, return home with support, in some cases additional support. Others are returned to a care home where they resided before admission. Some 130 people per month are discharged to Short-Term Nursing provision led by HCC Care where the aim is to help them on their recovery journey and to limit those that then need a long-term placement thereafter.
9. The array of discharge services currently provided were largely funded from non-recurrent funding sources in 2022/23. A new, recurring, national discharge fund was announced last Autumn and the levels of support available for the new financial year is set to increase by up to 60% by 2024/25. Whilst this is welcome news, even at the higher end, the total money available to the NHS and to Hampshire County Council is less than has been required in the past year. The consequences of this are currently being worked through.

Summary of the Key Policy and Service Arrangements/Considerations

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. This principle is now described as a person having No Criteria to Reside (NCTR) in hospital. Acute and community hospitals are still required to discharge all patients as soon as it is clinically safe to do so.
11. Discharge to Assess (D2A) arrangements continue to positively impact on NCTR performance with some 50% of patients requiring some form of onward care, be that home based, or bed based, able to be safely discharged within 2-3 days of being declared as NCTR. More complex patients, especially those requiring higher levels of Nursing Care, take longer to discharge but are still mainly assessed in the community. Some patients, typically 10-15% are assessed in hospital and their long-term needs organised at that point.
12. The joint model of using pathways to discharge from hospitals is agreed across HIOW and continues to serve the onward care needs of thousands of Hampshire residents each year. Funding decisions are increasingly being taken jointly given the introduction in 2022/23 of the national discharge fund and it being apportioned 60% to the NHS and 40% to Local Authorities. The financially challenging position that face both HIOW ICS and Hampshire County Council mean that tough choices are increasingly likely to have to be

made regarding overall service levels and where services are agreed to, performance will need to be optimised to assure best value.

13. Hampshire County Council has a well established governance approach to the services we commission and/or directly provide to support the D2A arrangements. Robust reporting arrangements include performance dashboards that are shared with, and are accessible by, the NHS. Performance and service costs are also discussed and debated at fortnightly joint senior meetings. Service levels are subject to change at different points of the year, especially Winter, so the whole position is dynamic with many variables to contend with.
14. Optimum performance is ultimately dependent on any number of support services including therapy, older person's mental health, pharmacy, and medical cover, all of which are provided by the NHS. In each of these areas, there were shortfalls, typically linked to workforce and/or financial challenges, during 2022/23 and at the time of writing, these areas remain a cause for concern into the current financial year. The impact on performance for the different service areas is well understood. The ability to make positive inroads is more difficult and is unlikely to get any easier in the near term.

Hampshire's approach to implementing the National Guidance

Single Points of Access (SPoAs) for each Acute Hospital footprint

15. 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.
16. The SPoA manages the D2A approach for individuals on Pathways 1-3 which community partners, including HCC, are responsible for. They manage the interface from hospital once patients are declared NCTR. Discharges are expedited as quickly as possible once the SPoA is given the patient's details. Where there are complex issues or needs, and as highlighted earlier, discharges take longer to execute and will typically be upwards of 6 days and in some cases extending to 10-20 days depending on the patient need and the availability of the right type of specialist care in the community.
17. The SPoA continues to be comprised of a multi-disciplinary team, including the ICS Continuing Health Care Team, Southern Health Foundation Trust staff, HCC Hospital Social work staff and Hampshire County Council Reablement staff. The staff work individually and/or collectively with Acute Trust staff from the Hospital Discharge Teams and Hampshire County Council team members link with Adults' Health and Care's Brokerage function and other Adults' Health and Care service areas, including HCC Care, all as part of delivering the best possible service offer combining safety and timeliness of discharge for NCTR patients.

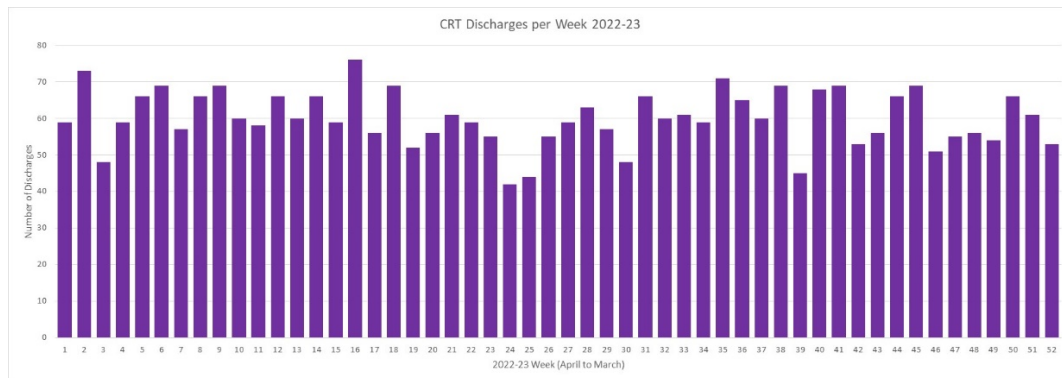
Service Impact and Discharge Performance 2022/23

18. Discharge activity during 2022/23 has remained at the heightened levels seen throughout the second and third waves of the pandemic in the previous

year. Acute hospital discharge demand has been relentless throughout the past year with occupancy at the hospitals surging unexpectedly on any number of different occasions. This has required all partners to respond immediately to keep the hospitals safe and flowing, and wherever possible to avoid Ambulance delays – both outside the hospital and in terms of the Ambulances being able to respond to urgent community calls.

19. Hampshire performance in this respect has remained agile and targeted including across weekends. This has only been possible due to the use of one-off funds accrued during the previous years which enabled discharge services to be maintained and added to where necessary throughout the year. The one-off money helped to bridge the gap between the cessation in March 2022 of the Hospital Discharge Programme funding arrangements (introduced specifically as a response to Covid) and the announcement in November 2022, of a £500million winter discharge fund to support discharges for the remainder of the financial year, as the pre-cursor for National recurrent discharge funding for 2023/24 that is set to continue and increase further in 2024/25.
20. Notwithstanding the welcome financial announcement, prior to it and in the months since, we have seen significant pressures in the Acute hospitals throughout 2022/23 leading to several critical incidents and sustained periods across most hospitals at the highest levels of hospital escalation – known as OPEL 4. Demand for medical care has not been successfully diverted away from hospitals as Primary Care and other admission avoidance arenas have struggled to stem the tide, partly due to high levels of public need and partly due to their own workforce challenges. This has led to saturation for discharge services as the volume and acuity of people requiring some form of social care support to be discharged safely has risen. Despite the relentless discharge demand, bed days lost in the Acute hospitals, the numbers of delayed patients and the timeliness of discharges are all favourable when compared with pre-Covid performance levels.
21. In overall terms, some 400 patients are discharged every week across the 5 Acute hospitals serving Hampshire residents. The discharges are overseen by Hampshire County Council, by Southern Health Foundation Trust (SHFT) and by the ICB's complex care team. Hampshire County Council typically leads on up to 2/3rds of the weekly discharges with patients benefitting from Reablement, other Short-Term services, or being returned to, or adding to the different forms of long-term service that we oversee including, but not limited to Domiciliary Care, Residential Care and Nursing Care. A good proportion of the patients we discharge from the Acute settings are previously unknown to Social Care.
22. Wherever possible, our aim is to return people to their own homes. This fits with the Directorate vision to maximise independence and to help ensure that as best as possible, people are able to live, long, healthy and happy lives. Some 100 people per week are returned 'home' either to resume existing packages of care that support them on a daily basis, or back to their own Care Home where they were happily residing prior to being admitted to hospital.

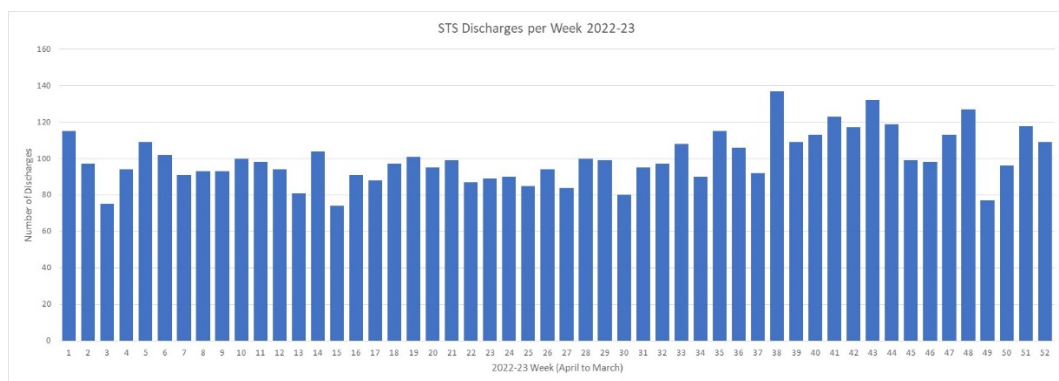
23. For those previously unknown to Social Care, or some, where an existing care package exists but extra focus is required, our Reablement service directly supports around 260 discharges per month. Around half of the people supported have no onward care needs following their Reablement stint. In a further 25% of cases, the Reablement period helps those being supported to recover sufficiently so they can then remain safely at home with their pre-existing care packages. The graph below shows the Reablement service activity levels for those discharged across 2022/23.



24. Further to the direct Reablement involvement, the service also oversees a Rapid (Discharge) Support Service (RSS) that independent home care providers lead on, to get people home with support as close to possible after they are declared medically fit to be discharged. The RSS service has proved its worth as part of a suite of three different types of short-term service offers that we established in response to Covid in 2020 and have continued to evolve since. The benefit of instant support for people returning home quickly from hospital is demonstrated by the fact that a good proportion end their RSS service period (typically after 19 days) without the need for any form of onward care and where onward care is assessed as being required, it is generally at or around half of the level that it would have been had it been organised from the hospital setting.
25. The Reablement service also manages the critically important Hampshire Equipment Service (HES) which plays a pivotal role in helping to facilitate and/or support discharges. Equipment requirements to enable people to live safely at home are significant with demand on HES, often from NHS professionals, growing year on year. In the past 24 months the service has been extended to 7 days of the week (24 hour service) thus helping to optimise discharge activity at weekends as well as through the working week. HES also achieves a near 85% recycling rate for the equipment it provides for users.
26. Where it is not possible to return people to their home, because it isn't safe to do so, our two other short-term service areas support people out of hospital. Our HCC Care (Residential and Nursing Care direct provision) leads four short-term bedded facilities (Clarence Unit, Forest Court, Willow

Court and Ticehurst) that are tactically situated across Hampshire to enable people to 'step-down' from the different Acute settings.

27. The bedded units enable clients to benefit from a recovery and reablement period that helps to significantly reduce what would otherwise be onward long-term placement needs for the majority of some 130 patients who enter the service each month. HCC Care take responsibility for fully staffing the units, which at times proves extremely challenging, and accommodate 7 days of the week admissions to the units and discharges from it. This is not something regularly available across the wider sector. They also work tirelessly with internal and external partners as part of trying to optimise outcomes and flow.
28. In a smaller number of cases, we are able to discharge some patients into a live-in-care arrangement that allows people to return home but with the benefit of 24/7 support for a short period whilst their longer-term needs are determined. In total, some 450 people per month benefit from the three short-term service offers and the graph below shows weekly activity levels across the past year.



29. Additional to the above, and in a small number of cases – around 5% of discharges per week, our social work teams will organise long-term care packages from the hospital setting. This will only happen where the person's needs are too complex for Reablement or any of the 3 short-term service offers and where they are not eligible for NHS continuing health care.
30. All the activity described above, across and in support of Hospital Social Care, Reablement and HCC Care, requires a significant amount of strategic input and support to bring everything together. This includes relentless senior leadership involvement (internally and externally facing), a strong strategic commissioning contribution, our brokerage service to organise all manner of onward independent sector care provision (Home Care and Residential and Nursing) as well as a range of other back-office input including but not limited to finance, procurement, performance, learning and development and Technology Enabled Care (TEC).

31. The stunning effort outlined to reduce pressures upon the NHS is something for the County Council to rightly be proud of and positively is an effort that the Directorate duplicates on a daily basis across its other key service areas.

Finance

32. In 2022/23 the discharge services have largely been funded through non recurrent funds made available by both the ICS and latterly, following the Autumn budget announcement, specific discharge grants made available nationally in the second half of the year. The total cost of discharge services provided commissioned and/or directly led by Hampshire County Council, in partnership with the NHS, in 2022/23 was £31million.
33. As highlighted earlier in this report, the recurring national discharge fund levels for 2023/24 for Hampshire, total just £12.5million and even with the prospect of a c60% increase for 2024/25 (part of the autumn budget announcement), total discharge funding next year will increase to just shy of £21million. Clearly these funding levels are going to prove to be extremely challenging for the NHS and Hampshire County Council alike.
34. Whilst performance improvement and thus lower service levels are being debated, as part of an overall review of the discharge operating model and the design of the different discharge pathways, it will not be possible through this means alone to bring costs back to the funding levels available for this year. Certainly not without significant consequences for both Acute hospital discharge delays, for ways of working and most concerning of all, for the impact on vulnerable patients and the almost certain higher levels of onward care requirements, which will have a damaging impact on an already very challenged social care budget.
35. Senior Adults' Health and Care managers are heavily involved in the NHS led review of the discharge operating model and are focused on developing a joint plan for what the service model for 2024/25 should be, so that changes and reductions to current levels of service can be appropriately progressed in a manageable fashion and without the serious disruption and impact on patients, staff, services and performance that would result from reducing overall spend from £31million to £12.5million and then back up to £21million in what would be a chaotic 12 month period. However, it is important to be clear that services will match the funding available and this, based on the Hampshire and Isle of Wight ICS Tier 4 financial recovery plans is likely to mean reduced levels of service overall.

Climate Change Impact Assessment

36. 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.

37. 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.

Equalities Impact Assessment (EIA)

38. A full EIA is not required for this report as no significant changes are proposed to the service. In the last Health and Social Care System Resilience report presented to Cabinet in [June 2022](#), a full EIA was undertaken on the impact on service users due to the recent implementation of the referrals for discharge being made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA). The overall impact was marked as 'low', and this is deemed to remain the case.

Conclusions and Looking Forward

39. 2022/23 was a very challenging year in terms of discharge demand across the entire Hampshire Acute hospital footprint. Service demand was, at all times, relentless, continuing the evolving theme we experienced through the Covid period and especially adding to the already excessive levels of demand we experienced in 2021/22.
40. Positively, the learning and good practice from what had gone before served us well in this past year and enabled by sufficient levels of funding support (mainly one-off in nature) we were able to respond well to the service pressures and indeed manage demand at pace and stand up and/or add to service levels at short notice given the knowledge and experience we have accrued.
41. Despite the insatiable discharge demand, we performed strongly throughout 2022/23 across our Hospital Social Work teams, in HCC Care (D2A bedded services), in Reablement and in working with the market in the Rapid Discharge and Live-in-Care service areas. In doing so, we also presided over record numbers of discharges across the range of short-term services we either commissioned or directly lead on. We remain well placed to perform just as well, if not better in the coming year but ultimately service levels are not in our hands, and we do continue to face workforce challenges across the myriad of different Adults' Health and Care services that contribute to the overall discharge effort.
42. Our partnerships with the NHS and with wider partners are strong and there is general agreement that the types and levels of services that have stood us in good stead need to continue into and through 2023/24. There is also strong agreement that continuous performance improvement needs to be an important aspect of how we work together, given the financial challenges faced and the likelihood that service demand is not going to reduce. Additionally, NHS funding levels overall mean that further reductions will be targeted in levels of NCTR, and this alone will add to the day-to-day discharge challenge.
43. The new national discharge funding support is welcome, and it is positive to note that funding support levels announced for 2023/24 are set to increase

again in 2024/25, by as much as 60%. That said, even at the higher 2024/25 levels, the overall funding that will be available to the NHS and to HCC combined will be less than what we have just spent on the small, but important array of discharge services in 2022/23 and this is going to test both organisations significantly as we look to operate without going into deficit in the current year and as we look to plan for next year and beyond.

44. The new funding is also supposed to accommodate winter surge activity, so this is another concern that needs to be addressed locally because in every recent year going back deep into the previous decade, the Government of the day has provided additional one-off funds to help support the Acute hospitals to function at what is always a very challenging period.
45. Discussions with the NHS continue on a regular basis, regarding discharge demand, service levels and funding, and also about the 'enabler support' services that were referenced in paragraph 14 as these can hold the key to improved performance, to lower the required service levels and thus to reduced overall discharge service costs.
46. Without improvement, there is a very real risk that service levels this year and even next, will be lower than is required and this in turn will likely result in a partial return (at least) to old ways of working. In turn this will mean, longer patient stays in hospital following the NCTR determination and higher levels of long-term social care activity in the absence of patients not being able to recover and/or to be reabled, across the small but important array of short-term services.

REQUIRED CORPORATE AND 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>	<u>Date</u>
White Paper - <i>Integration and Innovation: working together to improve health and social care for all</i>	11 February 2021
COVID-19 updated hospital discharge guidance. COVID-19 Hospital Discharge Service guidance	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:

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 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:

Hampshire County Council continues to support the two Integrated Care Boards (ICB's) in maintaining safe, appropriate, and resilient discharge pathways, within a new national operating framework that was introduced at pace in the early stages of Covid in 2020. There is a consistent high level of demand from across the hospitals serving Hampshire residents for discharge. The joint goal with Health partners remains to discharge patients identified as having 'No Criteria to Reside (NCTR)' from hospital as soon as it is clinically safe to do so. The joint model of using pathways to discharge from hospitals is agreed across HIOW and continues to serve the onward care needs of thousands of Hampshire residents each year.

The report identifies significant upcoming funding challenges which may impact the positive ongoing delivery of the service. While a new national discharge fund was announced in the 2022 Autumn Statement, which pointed to growing levels of financial support across 2023/24 and into 2024/25, the fund is estimated to be

£10million short of funding required to support service demand levels and other discharge related service costs.

The service will continue using the joint model of pathways to discharge from hospitals as well as the Discharge to Assess (D2A) arrangements. This continues the practice of the new discharge process in line with National directives. Referrals for discharge are now made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA).

A full EIA is not required for this report as no significant changes are proposed to the service. In the last Health and Social Care System Resilience report presented to Cabinet in [June 2022](#), a full EIA was undertaken on the impact on service users due to the recent implementation of the referrals for discharge being made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA). The overall impact was marked as 'low', and this is deemed to remain the case.

The 2022/23 EIA recognised several positive impacts of the service model, including:

- 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 decision making; and,
- Shorter hospital stays likely to lead to less decompensation of frail elderly patients.

Negative impacts were also identified, 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.