



SOCIAL SERVICES SCRUTINY COMMITTEE - 6TH SEPTEMBER 2022

SUBJECT: HOSPITAL DISCHARGE

REPORT BY: DAVID STREET CORPORATE DIRECTOR SOCIAL SERVICES & HOUSING

1. PURPOSE OF REPORT

- 1.1 The report is to inform members of the current services, position and initiatives with regarding to prevention of admission and facilitated discharges from hospital for individuals.

2. SUMMARY

- 2.1 Members are fully aware of the national position and pressures on the NHS resulting in long delays for ambulances, waits outside hospitals and people remaining in hospital longer than necessary due to the crisis in social care which is manifested in a lack of available domiciliary care.
- 2.2 The report will outline current service provision both locally and regionally that works across the interface between health and social care to try to address the current issues Joint planning for winter has commenced which has been driven by the national strategic direction, the 6 goals for urgent and primary care and 1000 beds initiative. Regionally there is a partnership review of the older person's pathway and building on learning from recent initiatives, including Step Closer To Home (SCTH) pathways

3. RECOMMENDATIONS

- 3.1 Members are asked to consider the contents of this report and offer any further suggestions/measures, to try to address the current crisis in health and social care.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure Members are apprised of the latest position regarding hospital discharges.

5. THE REPORT

Services:

- 5.1 **Home First** this is a regionally initiative that is funded by the Regional Integrated Fund (RIF). This is a small team of multidisciplinary staff who operate from the front door of the hospital, 7 days a week. The team work on behalf of the five local authorities, on a trusted assessor basis and have access to all LA's data bases. Their primary function is to have the right conversation with people and /or their families and try to prevent unnecessary admissions into hospital. The team can provide equipment recommend minor adaptations and access Emergency Care at Home. The team was initially funded for the Royal Gwent and Neville Hall Hospital, it has now been reconfigured to cover the Grange University Hospital as well. Long term funding is part of a bid for the RIF.
- 5.2 **Community Resource Team (CRT)** also known as Frailty. The focus of this service is to see people in their own homes and treat them there, preventing unnecessary conveyance and admission to hospital. The service is made up of rapid medical response via consultants, speciality doctors and nurses, urgent social care response is provided via Emergency Care at Home (EC@H). This is a short term services operating 7 days a week 8am – 8pm, professionals have access to hot clinics and diagnostics Therapists provide input to falls clinic and individual Reablement programmes which are implemented by registered domiciliary care staff.
- The team also consists of social workers, and case managers who are responsible for arranging discharges from hospital for people, they have access to a community pharmacist in the team to provide guidance and support.
- 5.3 **Home Assistant Reablement Team (HART)** is also part of the CRT and provides long term domiciliary care support to individuals. The team has recently been reconfigured to also provide an assessment service. This service, which has a Reablement ethos looks to build on individuals strengths and promote their independence, whilst right sizing care packages should they be required long term. This service has access to Occupational Therapists (OTs) and telecare equipment and early indications are that it is working well and is having a positive impact on care packages being commissioned in terms of hours required.
- 5.4 **HART** is also looking at implementing single handed care equipment where ever possible, to reduce the number of double handed care calls to increase capacity in the system.
- 5.5 **Step Closer to Home (SCTH)** This is a regional initiative that looks to move people who are medically optimised and require no ongoing treatment into care home beds for them to recover whilst they waiting for domiciliary care. These beds are commissioned by the Health Board and can be in any care home there is no charge to the individual for up to 6 weeks. These people are treated the same as those in hospital in terms of trying to obtain a packages of care to facilitate their return home
- 5.6 **Step Closer To Home** Domiciliary Care, this initiate operates mainly in Caerphilly basin area due to the availability of staff and not in any other local authorities. This service is again provided by the Health Board they have given us access to their palliative domiciliary care runs. They discharge people from hospital who require double handed domiciliary care packages, and right size the package to us to commission. This service works well as all the evidence shows people are over

assessed in hospital so we commission only the level of care that is required.

National Drivers

5.7 6 Goals for Urgent and Emergency Care

This aims to provide the right care in the right place first time

Goal 1 Co-ordination planning and support for populations at greater risk of needing emergency and urgent care.

Goal 2 Sign posting people with urgent care needs to the right place first time

Goal 3 Clinically safe alternatives to admission to hospital

Goal 4 Rapid response in a physical or mental health care crisis

Goal 5 Optimal hospital care and discharge practice from the point of admission

Goal 6 Home First approach and reduce the risk of readmission

5.8 1000 beds or equivalent for Wales

The Welsh Government has committed to creating a 1000 extra beds, or equivalent in the system in time for winter this equates to around 200 in the Aneurin Bevan University Health Board region (ABuHB). These beds can be in locations other than hospitals for example in care homes or purpose built facilities. Latterly it has been agreed increased care hours can be used to offset the number of beds.

5.9 There is a significant amount of work on going with WG regarding these two drivers focus is on goals 5 and 6 to increase bed capacity. The health board are looking to commission beds in 1 or 2 care homes so that wrap around therapy support can more easily be provided.

Regional driver

5.10 ABuHB and partners are currently undertaking a review of the older person's pathway and looking at redesign to improve the service for people and reduce pressures on the system. Early recommendations are suggesting a focus on preventing admissions to hospital from nursing homes and expanding out of hours nursing service to enable people to remain at home.

5.11 Currently there are 520.25 hours of domiciliary care a week we are unable to commission. In the last two weeks we have had 3 independent care agencies issue 28 days' notice, they will be handing back 24 packages of care which equates to 237 hours number of hours per week. They are stating they cannot recruit or retain staff so are unable to continue to provide the care to these individuals

5.12 Previously we had a performance measure called delayed transfer of care which was a monthly census that identified people who were in hospital when they didn't need to be there, commonly known as bed blockers. This measure was discontinued as part of the covid response and WG are now looking at introducing a live daily reporting system to identify people who are medically optimised and should be discharged.

Conclusion

5.13 The report evidences the work being done on a local, regional and national level to try to address the current crisis in the system

6. ASSUMPTIONS

- 6.1 It is assumed that the current crisis will continue as the Health service tries to recover from the covid pandemic whilst managing any potential future waves of covid 19.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 The report is for information only thus an IAA has not been completed.

8. FINANCIAL IMPLICATIONS

- 8.1 There are no direct financial implications associated with this report.

9. PERSONNEL IMPLICATIONS

- 9.1 Whilst there are no direct personnel implications associated with this report, it must be noted that current crisis in terms of recruiting and retaining staff across the sector will impact on the implementation of any plans and initiatives.

10. CONSULTATIONS

- 10.1 All comments are included within the report.

11. STATUTORY POWERS

- 11.1 Social Services & Wellbeing (Wales) Act 2014.

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