Agenda item 16

Cabinet – 27th July 2016

Discharge to Assess Beds Pathway Services

Portfolio: Councillor Diane Coughlan, Social Care

Service: Adult Social Care

Related portfolios:

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary of report

1.1 This report follows the approval by Cabinet in October 2014 for delegated authority to be given to tender and award the Council's current contracts for Discharge to Assess Beds. It also follows the approval by Cabinet in April 2016 to undertake a public consultation process on the model and capacity of 'Discharge to Assess' services that the Council will provide from November 2016 to meet its statutory duty.

1.2 The current contracts secured provision for 40 block purchased discharge to assess care home beds, which have assisted the discharge of older people from the Manor Hospital with complex needs. However, the development of the Health & Social Care System Recovery Plan, suggests an alternative model could prove more appropriate in meeting the presenting needs.

1.3 Dialogue between the Council, Walsall Commissioning Clinical Group, Walsall Healthcare Trust and key stakeholders such as ex-service users, potential service user/families and carers, nursing home providers and key pathway staff is helping to inform an enhanced specification for the re-commissioning of this service.

1.4 This report outlines the outcome of public consultation and seeks authority to re-tender a revised 'Discharge to Assess' Service.

1.5 This is a key decision because the proposed changes to the service model directly affect communities in more than two wards in the borough of Walsall.

2. Recommendations

2.1 That Cabinet note the feedback from the public consultation process on a review of the current 'Discharge to Assess Beds Pathway Services' proposals included in paragraphs 3.12 and 3.13 of this report.

2.2 That Cabinet approve the proposals set out in this report under paragraphs 3.10 and 3.11 to secure the provision of 'Discharge to Assess' beds in Walsall Nursing Home(s) and additional capacity in Reablement and Community Based Services within the Better Care Fund allocation for this service, £1.8m per annum.

2.3 That Cabinet approve the commencement of a competitive procurement exercise for 'Discharge to Assess' service to commence service delivery from 1st October 2016.

2.4 That Cabinet delegate authority to the Executive Director of Adult Social Care, in consultation with the Portfolio Holder for Social Care, to accept tenders and award new contracts for the provision of 'Discharge to Assess' beds, and to authorise the sealing of any contracts, deeds or other related documents for such service

3. Background Information

3.1 In October 2014, Cabinet was advised on the 'Joint Capacity Plan for Winter 2014/15' which was developed between Walsall Commissioning Clinical Group, Walsall Healthcare Trust and the Council which looked at ways of reducing Accident and Emergency attendance of people, particularly people aged over 75 years old. This plan aimed to reduce attendances to Accident and Emergency, reduce hospital admittance and reduce the length of stay and delays for those patients occupying a hospital bed who no longer needed medical treatment. This Plan stated it would be reviewed and may lead to further changes in time for 2015/16.

3.2 The Joint Capacity Plan for Winter 2014/15 has been replaced by the System Recovery Plan in December 2015 which is being monitored on a weekly basis with key stakeholders to improve the performance of the urgent care system.

3.3 The procurement process in 2014, resulted in 35 'step-down' and 5 'step-up beds' being block purchased from the successful contractors in 5 nursing homes and now funded within the 2015/16 Better Care Fund allocation.

The Health & Social Care System Recovery Plan

3.4 The Plan has suggested the consolidation and reconfiguration of bed based 'step-down' and 'step-up' provision and the releasing of funding to support alternative provision to help older people return direct to their homes will yield improved outcomes and enhanced performance of service delivery.

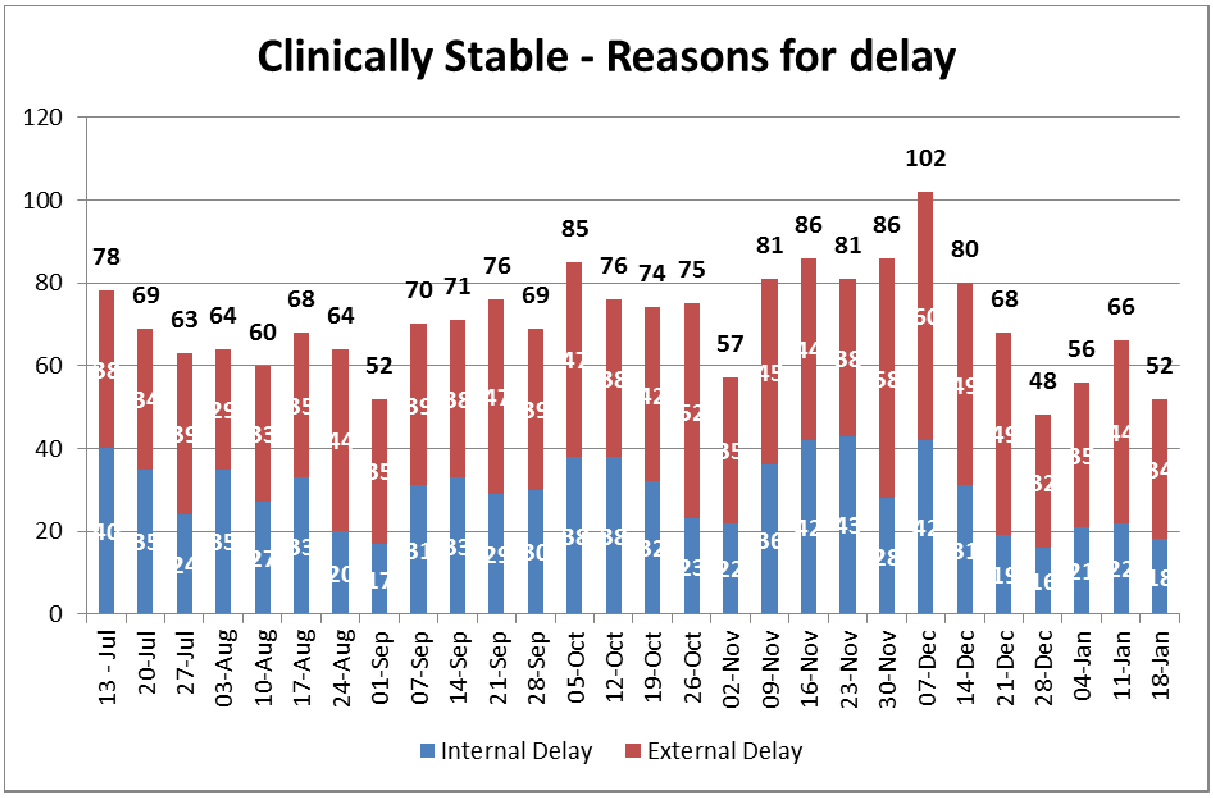
3.5 There is a link between discharges and Accident and Emergency performance as delays in discharge can create capacity issues within the hospital that can have an impact on flow through Accident and Emergency. There is a national target that no less than 95% people who attend Accident and Emergency should be seen, admitted, treated or discharged within 4 hours of arrival. The monitoring of the Plan has suggested by the end of December 2015 the standard had only been achieved once in over 18 months at The Manor Hospital.

3.6 Two important initiatives forming part of the 'Recovery Plan', have been underway since December 2015:

- o A reconfigured 'Frail Elderly Service' is helping to divert hospital admissions from within the Accident and Emergency Department; and
- o The 'Swift ward project' is serving to reduce delay and accelerate discharge for those who are medically fit for discharge.

The enhanced multi-disciplinary approaches to supporting older people to go home are showing significant improvements in reduced care home admission rates and patient discharges out of hospital and are critical to meeting Accident and Emergency targets.

3.7 Reductions in the numbers of patients medically fit for discharge have been dramatic and consistent since the monitoring commenced as set out in the graph below.



3.8 Although the existing model of 'Discharge to Assess' has supported this improvement, there have been some challenges, these can be summarised as:

- high numbers of readmissions to hospital,
- longer lengths of stay in 'Discharge to Assess' beds (beyond the expected maximum of 6 weeks) and
- proposed outcomes not being delivered; for instance, too many people are being admitted to long term nursing care – especially those with dementia.

3.9 It has also been identified, that a solely bed based model in care homes does not address the full range of needs of those being discharged from an acute hospital.

3.10 The alternative model of 'Discharge to Assess' could reconfigure the existing funding to expand the capacity of alternative discharge pathways in line with the 'Recovery Plan':

- Decommission the 40 care home beds in nursing homes and recommission the proposed 20 care home beds (including 3 beds for people with complex needs, e.g. mental health) with an enhanced specification;
- The capacity in the 'bedded' pathway could be maintained by reducing the length of stay in the 'Discharge to Assess' beds;
- Appoint additional capacity to the 'Social Care Support Team', extend the remit of the team to support all discharge pathways and improve identification of appropriate patients for 'Discharge to Assess' at home;
- Arrange General Practitioner medical cover for the proposed 20 'Discharge to Assess' beds to address and reduce high readmission rates (average 30%) – this has been commissioned and funded directly by Walsall Commissioning Clinical Group to date;
- Increase social care reablement capacity by 300 hours to enable return home; and
- Commission an additional 400 hours of domiciliary care/homecare from the market to enable people to stay at home after discharge.

3.11 It is envisaged that the multi-disciplinary team including, social care staff and community health teams, supporting the existing 40 'Discharge to Assess' beds will remain but increase their capacity to provide increased focussed intervention to improve the length of stay, therefore, minimising the impact of bed reduction. The team will also work with hospital staff to support across each of the discharge pathways (both bed and community outcomes).

Outcome of Public Consultation

3.12 During May 2016, the Council has completed a consultation exercise with:

- Key stakeholders – namely, the Lead Nurse in the Integrated Discharge Team, the 'Discharge to Assess Social Worker, Community Matron covering 'Discharge to Assess' and Lead Nurse for the 'Frail Elderly Service';
- Existing 'Discharge to Assess' nursing home providers;
- Walsall nursing home providers who confirmed there would be no TUPE implications for the re-tender of this service;
- 55 potential service users across the five Housing & Care 21 extra care courts (Alrewych, Deighton, Knaves, and Mattesley & Winehala Courts) and four former Accord Housing supported housing schemes (Furlong House, Jenner House, Old Vicarage Close and St. Peter's Court); and
- Their having received completed questionnaires from 3 out of 31 former service users.

3.13 The findings revealed that of those consulted with:

- The majority had no concerns with the proposed alternative model and outlined the benefit of being able to discharge patients directly home where it was safe to do so which would achieve better outcomes for service users;
- Potential service users thought the proposed alternative model was better than the existing one and would help to them keep more independent;

- There were few step up placements made in 'Discharge to Assess' nursing home beds due to the referral pathway, but stakeholders did not wish to have restrictions on the number of nursing home beds that were identified solely for step up. They wanted the Council to commission 20 beds that could be used flexibly for step up and step down purposes;
- The referral pathway and screening process needs to be clearly defined so that all staff (Health & Council) understand how to access the service; to prevent unnecessary hospital admissions, Accident and Emergency presentations and inappropriate referrals;
- The proposed alternative service is being modelled to operate as a 7 day a week service, but not all staff that support the service work 7 days (namely, Social Workers, discharge co-ordinators, Trusted Assessors). The Council needs to establish the structure to deliver a 7 day service to facilitate this and nursing home providers will need to be able to deliver a 7 day a week service;
- Multi-disciplinary team meetings are working well and should continue;
- General Practitioner cover needs to be consistency provided across all 'Discharge to Assess' nursing home beds;
- Patients that have been identified for the service are not being told what the purpose of the service is and that it is a short term service. There are no leaflets for discharge staff or ward staff to use; and
- Communication with patients and the patient's family need to improve.

4. Council Priorities

4.1 The recommissioning of 'Discharge to Assess' pathways will contribute to the Council priority for *continuing to promote health and well-being, which would include enabling older residents to find suitable opportunities to be active through the range of services provided to help people live independent, healthy and active lives*. The way it will do this is through facilitating a timelier discharge from hospital thus reducing the risk of increased dependency. The reconfiguration of services could also ensure that more people discharge home directly from hospital thereby increasing their level of independence.

5. Risk Management

5.1 The risks relating to both the procurement and service implementation will be actively assessed and managed as part of the tendering process.

6. Financial implications

6.1 The budget for the current Discharge to assess service for 2016/17 is £1.8m. The current service would have seen circa £1.56m of this funding spent on contracted services with care homes (the current 40 Discharge to Assess beds) and the remaining £240k supporting staffing costs. This budget is provided in full through the Better Care Fund pooled budget, which is hosted by the Council.

6.2 The proposed recommissioned service is also modelled to be delivered within the existing budget, with a reduction to circa £780k for commissioned beds and an increase of circa £500k for the remodelled internal staffing structure, and circa £250k for externally commissioned home care hours.

6.3 The amounts set out in paragraph 6.2 of this report assume full year costs for the new provision. There will be a transition to the new provision during 2016/17 as contracts are awarded and staffing structures are appointed to. This should not lead to a financial pressure during 2016/17 if the timing of decommissioning the additional beds is in line with the increase in staffing costs. However should there be a delay between decommissioning the additional beds and clients physically vacating those beds, this could lead to a financial pressure, as costs would continue to be incurred until the bed is vacated. It is not possible to model the actual amount of this pressure, however the cost of the current beds are £750 per bed per week, therefore for every week delay in vacating the proposed 20 beds which are being withdrawn there is a potential risk of £15k.

7. Legal implications

7.1. Adequate, fair and meaningful public consultation has been carried out in a compliant manner ensuring that any future decisions made around service remodelling, are lawful.

7.2 Legal Services and Procurement will work with the service area to ensure the conduct of a compliant procurement process and that an appropriate written contract in a form approved by the Head of Legal and Democratic Services shall be made and executed in accordance with the Council's Contract Rules.

8. Property implications

8.1. There are no direct property implications for the Council.

9. Health and wellbeing implications

9.1. The Council has a statutory duty to promote the health and wellbeing of its population. Inappropriately prolonged stays in hospital can have a detrimental effect on an individual's health and well-being. It is also evidenced that assessments to determine the long term health and social needs of an individual conducted in a hospital setting tend to be more risk averse and lead to inappropriately higher levels of provision, which can create dependency and further impact on an individual's health and well-being.

9.2. A model of 'Discharge to Assess' facilitates a timely discharge thus reducing the tendency for an older patient to 'decondition' (i.e. be at risk of increased dependence) and for assessments to be conducted to determine long term need outside of the acute hospital setting, thereby producing a more appropriate assessment of need for social care involvement.

10. Staffing implications

10.1 No staffing implications have been identified as staff within all the services which are the subject of this report are employed within the external/independent sector.

11. Equality implications

11.1 An equality impact assessment has been undertaken and attached as **Appendix A** to this report.

12. Consultation

12.1 There was an exit interview of individual patients who are discharged from the discharge to assess beds and the feedback has been mixed. Some families have reported how they have found the arrangements excellent and others have reported that they were readmitted to hospital and so should not have been discharged, with a range of experience in between these which, along with feedback from the public consultation undertaken during May 2016 has been taken into consideration in the remodelling of the service provision.

12.2 See outcome of further consultation conducted in May 2016 in Paragraph 3.12 and 3.13

Background papers
Cabinet report – 29th October, 2014 (Commissioning Winter Capacity 2014/2015)
Cabinet Report – 27th April 2016 (Discharge to Assess)

Appendix A – Equality Impact Assessment

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Date 8 July 2016

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Date 18 July 2016