

Committee(s): Health and Social Care Scrutiny Committee - For Information	Dated: 10/02/2021
Subject: Hospital Discharge Report	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
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Summary

This report outlines the City of London's response to the Hospital Discharge Service Operating Model requirements on facilitating hospital discharges during the COVID-19 pandemic.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. The Hospital Discharge Service: Policy and Operating Model published on 21 August 2020 is an updated version of the document published 19 March 2020 and sets out the Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England.
2. The specific responsibilities for Adult Social Care include:
 - Provide social care capacity to work alongside local community health services to provide a single point of contact for hospital staff.
 - Support real time communication between the hospital and the single point of contact, not just by email.

- Organise any needed isolation capacity for people who do not meet the criteria to remain in hospital, in the event that they require to be discharged to a care home but are unable to be isolated in line with the Department of Health and Social Care: Adult Social Care Action Plan published in April 2020.
 - Work closely with community health providers over the provision of equipment.
 - Support 7-day working for community social care teams (to be commissioned by local authorities).
 - Deploy adult social care staff flexibly in order to avoid any immediate bottlenecks in arranging step down care and support in the community and at the same time focusing on maintaining and building capacity in local systems.
3. Prior to March 2020 City of London Adults Duty team were available during the core hours of 09:00 and 17:00 Monday to Friday to liaise with hospitals and ensure appropriate services were in place to facilitate safe discharge. The discharges themselves could take place outside of these hours.
 4. The commissioned Care Navigator would visit relevant hospitals and act as a point of liaison between the patient, hospital staff and the Adults Duty team.
 5. A 7 day per week discharge model was put in place to meet the new requirements in March 2020. This included commissioned out of hours Occupational Therapy service, block booking of hotel beds for discharge, a take home and settle service, along with the mobilisation of domiciliary care provision.
 6. The discharge model was reviewed in September in line with the updated guidance and local data around hospital discharges and use of services. The model was amended to ensure a core discharge service that is both proportionate to need but agile and flexible in meeting increases in demand.

Current Position

7. In order to meet requirements a Discharge to Assess model is in operation whereby patients can be discharged as soon as it has been identified their needs do not require acute hospital care, which results in people being discharged with more complex needs.
8. In the current model, outside of normal working hours, cover is provided by a qualified and experienced hospital discharge Social Worker to liaise with the hospital discharge hubs and facilitate discharge where appropriate.
9. Since the start of the pandemic the Care Navigator has been unable to visit hospitals but is still operating remotely as a point of liaison.

10. All hospital discharges home are supported by the Intensive Response domiciliary care service who have agreed to provide a home response within a maximum of 3 hours from notification.
11. The allocation of food vouchers to the Intensive Response Service has replaced the need for out of hours take home and settle service.
12. To meet the requirements for a designated discharge setting, 2 beds have been blocked booked in a hotel until April 2020, with an option to pay for further rooms on a use only basis. The hotel has been set up to facilitate both those who are Covid positive and those who are negative. Support will be provided by the Intensive Response service and telecare has been installed in the rooms.
13. A specific hospital discharge meeting was set up at the start of the pandemic to monitor hospital admissions and discharges, levels of use and capacity of services, along with oversight of the discharge model. The meeting takes place a minimum of every 3 weeks and weekly at times of increased pressure on hospitals and higher demand on services.

Key Data

14. Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, the collection and publication of some official statistics have been paused, including those around Delayed Transfers of Care (discharges).
15. Since the start of the 7-day discharge model Adult Social Care has facilitated a total of 83 hospital discharges. The overwhelming majority of discharges are arranged and take place within the 5-day working week with less than 2% of discharges taking place on a weekend.
16. During this period there has been between 1 and 12 people known to City Adult Social Care in hospital at any one given time, with an average of 6 to 7 people in hospital each week.
17. The hotel provision has been used to support 2 service users in total, both during the first wave of the pandemic.

Lessons Learned

18. When the initial discharge model was implemented in March 2020 there was limited relevant data with which to forecast impact and demand of the pandemic on the service. Given the number of unknowns at this stage the model was designed with the principle that a position of unused capacity was preferable to one where services were unavailable in a time of need.
19. Following the September review the revised model scaled down services in favour of a more agile approach. This included negotiating a reduction in the

number of blocked booked hotel beds from 7 to 2 with an option to increase on demand.

20. The Take Home and Settle service had low usage which tended to focus on the delivery of food boxes. The decision was made to issue the Intensive response service with food vouchers to enable necessary food shopping to be obtained as required and in line with service user choice. This is in addition to the food bank provision provided by First Love Foundation.
21. The implementation of a discharge to assess model at the same time the care navigator and social workers are unable to visit hospital wards has led to increased complexity and pressure on front line services. Services are operating with limited information around people's needs and choices to facilitate discharges within timescales. Monitoring and feedback suggest services to be responsive and to have adapted well to support people with more complex needs.
22. The Hospital Discharge meeting reviews individual discharges where there are suggestions that learning may inform practice.
23. The Adult Social Care team received positive feedback from the University College Hospital in August thanking them for their response in facilitating discharges and comparing the City service very favourably with that of other Local Authorities.
24. The local data to date suggests that an ongoing 7-day discharge model may not be necessary to meet the demand in the City of London, given no discharges to date have been fully arranged and facilitated during a weekend. However, it currently remains a national requirement and remains in operation and under review.
25. A further review is being undertaken to look at how the discharge model will look post March 2021. At this moment in time we await confirmation on the governments longer term requirements for a 7-day discharge approach and whether any specific funding will be granted from April.

Corporate & Strategic Implications

26. Strategic implications

City's Corporate Plan

Contribute to a flourishing society

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.

Financial implications

27. The Government agreed to provide additional funding, via the NHS, alongside existing use of local authority and Clinical Commissioning Group (CCG) budgets.

28. All additional hospital discharge costs which are directly related to Covid are reclaimed from CCG from the additional government funding.

Equalities implications

29. The information in this report sets out the response to and compliance with government guidance in partnership with the NHS, and is an extension of the service provided by the City of London under Adult Social Care legislation and in so doing complies with Public Sector Equality Duties.

Conclusion

30. The City of London Adult Social Care service has met the Hospital Discharge Service Operating Model requirements on facilitating hospital discharges during the COVID-19 pandemic. The operating model in place is subject to continual monitoring and review and changes have been made to reflect the needs of the local population.

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