

Title of meeting: Cabinet

Date of meeting: 14th July 2020

Subject: Discharge to Assess Unit at Harry Sotnick House (HSH)

Report by: Innes Richens - Chief Health & Care Portsmouth

Written by: Andy Biddle - Assistant Director Adult Social Care

1. Purpose of report

1.1. The purpose of this report is to :

- 1.1.1. Update Cabinet on the response by Adult Services to the updated guidance of the 16th April 2020 providing the 14 day isolation period for people prior to entering a care home longer term.
- 1.1.2. Describe how the Health and Care Portsmouth response to providing additional bedded capacity for a possible second peak in COVID-19 infections.
- 1.1.3. Seek endorsement to continue exploring options to for a future long term Discharge to Assess Unit within Harry Sotnick House.

2. Context

Following the increase in transmission of COVID-19 in March 2020, Portsmouth City Council Adult Social Care was part of a health & care system-wide effort to support our local NHS hospital to ensure as many hospital and critical care beds as possible were available when needed to treat those who are most seriously ill at the peak of the covid-19 pandemic in the UK. This involved discharging people from hospital in a timely way and in accordance with government requirements. The government was clear that people who did not need acute hospital care must be discharged within three hours in order to create capacity in the NHS, as published in Government guidance on 19th March 2020.

Additionally, the government issued guidance on 2nd April 2020 stating the expectation that care homes make their full capacity available to support the national effort, helping to move patients who no longer require acute care into the most appropriate setting, saving lives and supporting the implementation of the hospital discharge guidance.

As part of Portsmouth City Councils response to the national COVID-19 Hospital Discharge Guidance, 20 beds were identified on the Gun Wharf unit within Harry Sotnick House (HSH) to support the 19th March 2020 discharge requirements. These beds began to be used from the 4th April 2020 with the monthly costs being incurred by the Council being reimbursed by Portsmouth Clinical Commissioning Group, (PCCG) through the NHS COVID-19 funding.

The Government's adult social care action plan published on the 16th April 2020 put an onus on Local Authorities (LA) to support the private care home market to manage the spread of Covid-19 from the acute setting. The Gun Wharf unit within Harry Sotnick House (HSH) was remodelled to provide the 14 day isolation period for people prior to entering a care home longer term. The funding for this unit was identified in the Minister for Social Care's letter to Local Authorities of 14th May 2020. Gun Wharf became operational from 1st June 2020 as a Discharge to Assess, (D2A) unit with the ability to provide isolation if necessary. It is expected to maintain the unit for an agreed maximum of 6 months with monthly reviews of activity. The monthly costs incurred by the Council will continue to be reimbursed by Portsmouth CCG from the NHS COVID-19 funding; whilst this temporary scheme remains in place.

A further 26 beds for D2A could be utilised at HSH if there was a second peak in the rate of infections. This would enable an offer for both an Infectious ("hot") and a non-infectious ("cold") site with a total of 46 beds. To enable this would require no further structural changes to the building. It is however, difficult to quantify the numbers of beds that may be required for a possible second peak this option would be the preferred way forward for Portsmouth

In the Cabinet Paper of 4th February 2020, there was a proposal for 'discharge to assess' beds (option B). This stated "given the pressures that exist in discharging people considered 'medically fit for discharge' (MFFD) from Queen Alexandra Hospital, (QA) there is an option to use some bedded space for a short stay after hospital discharge for people to receive re-ablement support to help them return home, if they cannot be discharged directly home from QA. This enables people to make a longer term decision outside an acute hospital and potentially avoid a long term placement".

3. Recommendations

3.1. It is recommended that Cabinet:

- Endorse the continued operation of the 20 bedded 14 Day isolation unit in the HSH Gun Wharf Unit, recognising that this is dependent on continued funding from the temporary NHS Hospital Discharge Scheme.
- Endorse the expansion of the unit by a further 26 beds for D2A should there be a need as a consequence of a second COVID-19 peak, recognising that this will be dependent on additional funding from the temporary NHS Hospital Discharge Scheme.
- Endorse continued work to develop plans to transition the 20 Gun Wharf COVID beds to a mainstream Discharge to Assess unit, recognising that this would be part of a wider system change. It should also be acknowledged that this will require a more detailed financial appraisal, together with a retargeting of existing funding

sources and potentially financial contributions from the wider health and care system partners; to ensure it is financially sustainable in the longer term. A further report will be presented to Cabinet once the final costings and funding sources have been identified in order to seek formal agreement to establish the unit.

Proposal a future long term Discharge to Assess Unit at Harry Sotnick House

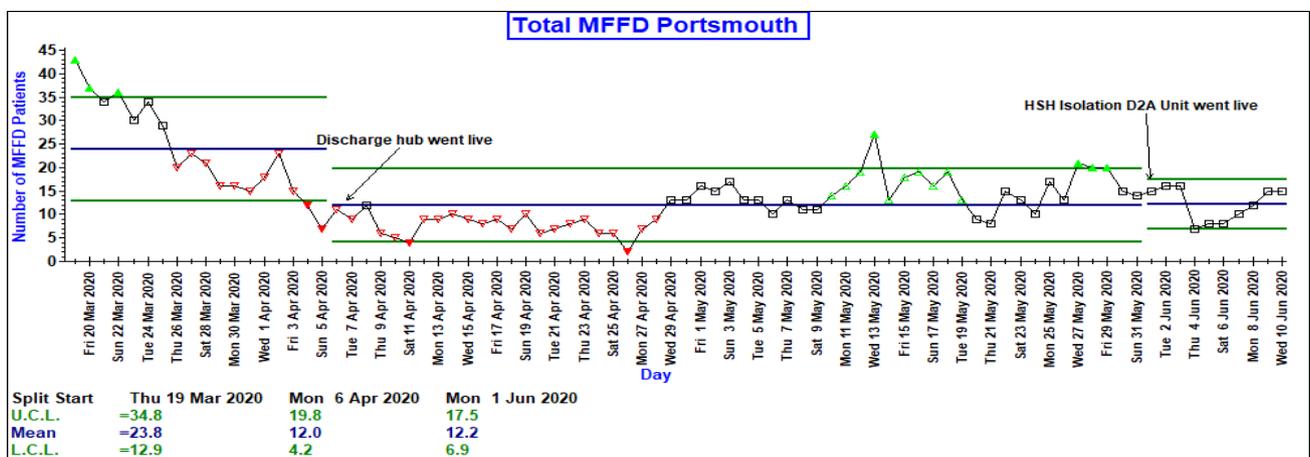
The vision was always to deliver a D2A unit with an environment and therapies so that health and care services in Portsmouth could support medically fit people to their best level of independence before an assessment of their longer term on-going care needs is made. This would be done through in-house re-ablement and rehabilitation, and care co-ordinators (social workers) who support patients and their families throughout the discharge process at HSH. These beds would support a timely discharge from hospital and would also support care closer to home whilst re-enablement takes place.

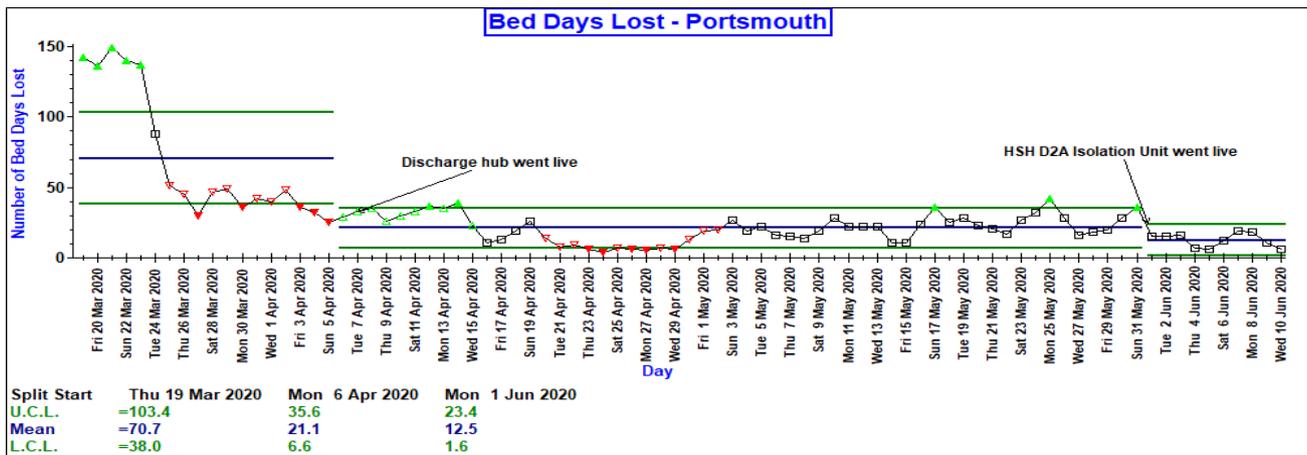
These people can be frail but with the potential to improve in strength and confidence. Assessing people when they have reached their optimum recovery means that they can plan the most appropriate care for their future needs.

Many of the people were already on a D2A pathway in nursing homes as this is where the beds were initially commissioned. This means they have far less access to therapy services and nursing staff, and therefore many patients are spending longer in a nursing home than they should.

4. Demand

Medically Fit For Discharge (MFFD) analysis both pre March 2020 and Post March 23rd shows that in the period before March 2020 the MFFD for Portsmouth was 40 people per day with an average length of stay of between 4-5 days. Post March 23rd the MFFD is currently 10 to 12 people per day and the average length of stay is less than 24 hours. The Charts below indicate the impact in the way that we are now working in the city has had on both the MFFD and the Bed days lost at QA.





This data is part of a suite of measures that is being used to ensure that the operating model in place in the unit is contributing to:

- Maintaining MFFD at or below current levels
- That the unit is able to ensure that people are appropriately assessed to enable them to return home or to as close to home as possible; maintaining an average length of stay of 14 days or less
- Supporting people to live independently within the community, where it is appropriate to do so, and minimise the need for costly residential placements
- Ensuring decisions about an individual's long term care needs are not made within an acute hospital

5. The costs of D2A

Gun Wharf with a max. of 20 clients										
POST	BAND	# of people	hrs per shift	# of days worked in a week	TOTAL WEEKLY HRS	SHIFT ALLOWANCE	FTE	2020/21 salary costs using mid spinal point	2020/21 salary costs using top spinal point	
Deputy Manager		10	1	7.4	5	37	0%	1.00	48,685	51,304
Assistant Unit Manager		9	1	11.5	7	80.5	17%	2.18	110,161	116,737
Nurse (day)		9	1	11.5	7	80.5	17%	2.18	110,161	116,737
Nurse (night)		9	1	11.5	7	80.5	33%	2.18	125,226	132,701
Carer (day)		4	5	11	7	385	17%	10.41	297,835	308,538
Carer (night)		4	5	10	7	350	33%	9.46	307,786	318,847
General Assistant (Dom & Laundry)		5	1	7.4	7	51.8	33%	1.40	48,177	51,313
Social worker		9	1	7.4	7	51.8	17%	1.40	70,886	75,117
Physio		9	1	7.4	5	37	0%	1.00	43,276	45,859
OT		9	1	7.4	5	37	0%	1.00	43,276	45,859
Sub Total of staffing costs									1,156,786	1,211,708
Cover and Agency costs									289,197	302,927
Non Pay costs									110,000	110,000
TOTAL						1080.1		29.19	1,555,983	1,624,634

6. Potential Long Term Funding Sources

Currently Health and Care Portsmouth spends circa £2.3 million on supporting winter planning initiatives. If the Gun Wharf unit were to continue as a D2A unit post COVID-19 with an average length of stay of 14 days then there would no longer be a requirement for many of these winter pressure schemes or winter grant initiatives to reduce the MFFD. The work that we are undertaking on this is to identify all of these schemes and agree the principles for decommissioning them to ensure that funding can then be diverted to fund the unit and the discharge hub at St. Mary's for the long term.

7. Integrated Impact Assessment

An integrated impact assessment is not required as the recommendations do not have a positive or negative impact on communities and safety, regeneration and culture, environment and public space or equality and diversity.

8. Finance Comments

- 8.1 As highlighted within the report in order to respond to the COVID-19 health emergency, a temporary isolation unit was established within the Gun Wharf unit within Harry Sotnick House, in line with the national Hospital Discharge Guidance.
- 8.2 The additional costs incurred by the City Council relating to the operation of this unit are currently being reimbursed by the Portsmouth Clinical Commissioning Group from the temporary NHS COVID funding. It is currently uncertain as to how long this temporary funding arrangement will remain in place. Once the funding scheme ends, then the financial liability for these costs will revert to the City Council.
- 8.3 The report also explains the longer term proposal to transition the Gun Wharf unit in to a Discharge to Assess Unit; once the requirement for an isolation unit comes to an end. Section 5 of the report provides an initial costing summary for the proposed operating model for the unit.
- 8.4 It will be necessary to prepare a more detailed costing and financial appraisal of the options for this unit. Additionally, it will be necessary to identify long term funding sources to meet the estimated £1.6m annual operating cost, through retargeting funding from existing ASC schemes and source additional contributions from health & care system partners. It will also be necessary to quantify and retarget funding in the current financial year in order to ensure that the proposal does not place an additional financial burden on the City Council in 2020-21.

9. Legal Comments

- 9.1 The report highlights the salient issues and represents a proportionate response to the current situation. There are no legal issues relevant beyond commenting that in terms of mitigating a risk what is proposed would go a long way to defray concerns about the availability of care post hospital discharge.

Signed by (Director)

Appendices: Nil