

(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Health, Wellbeing & Social Care Decision Meeting

**Subject**: Adult Social Care discharge to assess provision

Date of meeting: 15<sup>th</sup> March 2021

Report by: Andy Biddle

Wards affected: All

## 1. Requested by

## 2. Purpose

To inform the Cabinet Member for Health, Wellbeing & Social Care of the intention to extend arrangements for the Southsea Unit as part of the Portsmouth discharge to assess, (D2A) facility, providing reablement for Portsmouth citizens discharged from Hospital with care and support needs. To inform the Cabinet Member for Health, Wellbeing & Social Care of the intention to assess future use of the Victory Unit, Wyllie Road site.

## Recommendations

- Note the intention to continue the temporary arrangements around the Southsea Unit, Discharge to Assess, (D2A) provision at Harry Sotnick House
- Note the intention to review options for the future provision of D2A in Portsmouth and the use of the space at the Wyllie Road site to continue meeting care and support needs.

## 3. Information Requested

## Background

In June 2020, the Gunwharf unit was set up for the purpose of caring for people in isolation post-discharge from hospital, (whether COVID-19 positive or negative) in response to the Social Care Action Plan guidance published in April 2020<sup>1</sup>.

<sup>&</sup>lt;sup>1</sup> https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care



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In October 2020 the Department of Health and Social care issued guidance on designated settings<sup>2</sup> the new requirements were:

- Anyone with a COVID-19 positive test result being discharged into or back into a
  registered care home setting must be discharged into appropriate designated
  setting (i.e. that has the policies, procedures, equipment and training in place to
  maintain infection control and support the care needs of residents) and cared for
  there for the remainder of the required isolation period.
- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.

On November 2nd 2020 the CQC visited the Gunwharf unit and agreed that the unit fulfilled the requirements to be designated. However, designated settings cannot care for both COVID-19 positive and negative citizens and there was therefore a need for a Discharge to Assess, (D2A) facility, (in addition to the Designated Setting) for those not COVID-19 positive.

In January 2021, in order to meet this need and in response to the pressure at Portsmouth University Hospitals Trust, (PHU) for discharge, ASC agreed a rapid move of staff from the Victory Unit at Wyllie Road to the Southsea Unit at Harry Sotnick House. The table below shows the risk analysis that was undertaken

Risks	<u>Benefits</u>
Reduces the number of beds available to the system	Staff team is already in place - would only need additional agency nursing and care staff
May destabilise the staff cohort increasing sickness and leavers at a time when we may need them most	Would require a reduced number of agency staff
	Potential to have more therapy staff to support D2A in order to achieve movement through these beds in a reasonable timeframe, thus mitigating the overall system bed reduction.
	Reduction in Length of Stay would increase capacity in the system.

<sup>&</sup>lt;sup>2</sup> https://www.gov.uk/government/publications/designated-premises-scheme-letter-to-directors-of-adult-social-services/winter-discharges-designated-settings



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Environment would enable a greater dependency, expanding the numbers that
could be discharged to the unit.

On the 18<sup>th</sup> January 2021, the Victory Unit was temporarily closed and all staff transferred to the Southsea Unit at Harry Sotnick House. This action was taken in order to deliver a 'designated setting' (Gunwharf Unit) for people discharged from Hospital who had tested positive for COVID-19 separate to a D2A facility for people discharged from Hospital who had tested negative for COVID-19. The temporary suspension of a service offering up to 6 weeks stay for rehabilitation and the change to a D2A environment enabling up to 14 days stay provided increased capacity, enabling more people to be discharge from Hospital.

Initial data shows that the Southsea Unit has maintained this 14 day length of stay, with the current average length of stay being 10 days and 50% of people who are discharged to the unit returning to their own home. As time progresses, data will be reviewed by ASC Management Information, to understand the long term effect of D2A on care provision for social care.

From January 28<sup>th</sup> 2020 to February 11<sup>th</sup> 2020 the number of people Medically Fit For Discharge, (MFFD) who needed to be discharged to a 'bed' (known as Pathway Three) were on average 13 per day with an average number of bed days lost, (had they been discharges earlier) of 44. Over the same time period in 2021, with Southsea unit in operation, the MFFD numbers for Pathway 3 were on average 5 per day with an average number of bed days lost of 16, a reduction of approximately 60%.

## Options considered for Adult Social Care to deliver Discharge to Assess

Option 1 - Permanently establish the Southsea unit to provide a CQC registered 14 day discharge to assess unit and redefine the use of Victory building

#### Advantages -

- Better response to people with multiple needs outside of the hospital environment in surroundings better suited to the care of these people
- Better referral route for people without complex needs and others to support individuals to return home quickly
- Ensures separate registration of this service with a registered manager providing separate oversight and management for the unit to ensure that the needs of both client groups are met
- More reablement support staff which leads to improved optimisation in a shorter timeframe
- Improving the number of people who can be discharged from Hospital
- Better oversight of entire D2A journey
- Centralised nursing expertise at HSH for both residential and D2A clients



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- Economies of scale and support for staff by sharing qualified nursing and therapy staff across the whole unit
- Increased management support for the manager of HSH
- Fully utilises HSH
- Opportunity to utilise the Wyllie Road site for other care and support purposes (subject to a separate business case and report)

## **Disadvantages**

- Destabilises staff
- May see staff leaving the service due to change of focus from rehab role and function
- Determination of what will happen regards Maritime House catering provision, (currently supplied through Victory) will require further analysis
- The security costs of managing Victory building whilst it is empty requires further exploration to establish if there is a more financially viable option in the long term.

## **Financial Advantages**

- Economies of scale for staffing and management requirements
- Potential for reduced estate costs
- Low financial cost impact as move has already taken place
- Improved use of resources particularly in difficult to recruit to posts such as therapies and Social Workers
- More people going through dedicated D2A reduces cost, as people who are delayed in hospital or who are transferred to a nursing and residential unit decompensate which results in an increased cost for a package of care or a move to a long term placement.
- Reduction in some Victory Unit kitchen cover hours the detail of which will require more specific analysis of the options for the Staff and hours worked in the unit

Option 2 - Once the pandemic response support is complete, retain both Victory and the current Gunwharf Unit in their current locations with two sets of criteria.

## Advantages

- Stability for staff
- Retains current variety of provision and choice
- Catering provision for Maritime remains unaffected

#### **Disadvantages**

- Reduced performance levels and increasing MFFD
- Service duplication
- Inconsistency of approach.
- HSH not fully utilised
- No economies of scale and therefore poor Value For Money
- Gunwharf Unit currently has not permanent funding post-May 2021



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## Conclusion

Discussions across Health and Care Portsmouth around the use of the top floor of Harry Sotnick House continue and an extension of the current Southsea Unit enables provision, during this process. The service will review this arrangement by September 2021 and use the data gathered and result of discussions across Health & Care Portsmouth to decide on Option 1 or 2.

This timetable will enable a financial assessment of the options available for the Victory lease arrangement and kitchen facilities. This timetable would also enable staff consultation for any permanent change in provision. In the short term, whilst care home market stability work is carried out, the Victory Unit also provides space that would be accessible as a contingency, in the event of provider failure.

Signed by (Director)	

# **Appendices:**

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location