

Title of meeting: Health, Wellbeing & Social Care

Date of meeting: 05/07/2022

Subject: Portsmouth Health & Care, Discharge to Assess Model

Report by: Andy Biddle, Director of Adult Care

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

1.1 The purpose of this report is to:

- a. Update Members (following the Cabinet report in October 2021) on the delivery of the Health and Care Portsmouth vision for developing a local integrated intermediate care offer which offers Discharge to Assess, (D2A) rehabilitation, reablement and recovery support, primarily in people's home and in community beds where necessary that meets the needs of Portsmouth citizens.
- b. To seek the necessary approvals to enable Adult Social Care to continue to work with Health & Care partners in the city to permanently establish a Discharge to Assess unit comprising beds within Harry Sotnick House.

2. Recommendations

2.1 It is recommended that the Cabinet Member:

- a. Agree to the transfer of staff to Solent NHS Trust via either TUPE or s113 of the Local Government Act 1972 as appropriate to deliver D2A services within the Harry Sotnick House site.
- b. Agree that the Director of Adult Care continue negotiations and enter into the necessary agreements with Health & Care partners, in consultation with the s.151 officer and the City Solicitor, (or their delegates) to establish a permanent jointly funded and commissioned D2A unit within Harry Sotnick House.

3. Background

- 3.1 There is a national directive to fully embed a 'Discharge to Assess' (D2A) and 'Home First' approach in local systems. This means that people are supported to safely leave hospital as soon as they are clinically able; that assessments of people's long-term care and support needs happen outside of the acute trust and that for most people, all of this happens in their usual place of residence.
- 3.2 The vision for Portsmouth is to enable people to receive the right level and type of health and care services in their own home and community wherever possible, enabling them to remain well and independent for as long as possible by maximising their recovery, managing their long-term conditions, and avoiding unnecessary hospital admissions.
- 3.3 In furtherance of the vision above, in October 2021 Cabinet agreed that the Director Adult of Care should negotiate with Health and Care partners to establish a jointly funded and commissioned D2A unit within Harry Sotnick House. This unit is currently known as the Southsea Unit.
- 3.4 During the course of these negotiations it has become apparent that the greatest benefits for the residents of Portsmouth would be realised by Solent NHS Trust assuming operational and clinical management of the Southsea Unit, enabling better leverage of the greater breadth of resources and skills within the NHS.
- 3.5 It is currently proposed that the Southsea Unit would be permanently funded to operate 30 D2A beds with temporary PCCG funding provided for a further 10 beds until 31st March 2023. The Southsea unit currently operates 40 beds of this nature. This difference in numbers is due to the permanent funding currently available through the NHS which provides for 40 beds in the 2022/23 financial year. In the 2023/24 financial year the Hampshire & Isle of Wight Integrated Care System will need to confirm a funding source to continue with the full 40 beds.
- 3.6 In principle this unit would be established through the consolidation of staffing transferred from the closure of Solent NHS Trust led Jubilee House rehabilitation and reablement unit and the existing cohort of staff currently within the Southsea unit.
- 3.7 Whilst there is a risk that some staff members would not have posts within the Southsea Unit, it is anticipated that suitable redeployment across PCC or Solent NHS Trust would be available for staff affected. If a risk of redundancy for staff becomes apparent in working toward establishing the unit permanently, PCC officers and Solent NHS Trust staff will seek to mitigate this through the staffing model and nature of the agreement between the two organisations.



4. Reasons for recommendations

- 4.1 D2A is seen to have significant potential to move medically optimised patients to community settings to assess their long-term care needs and improve acute flow.
- 4.2 Physical therapy and nursing support are essential to maintaining this flow and optimising benefit to residents.
- 4.3 Due to the size and diversity of scope that Solent NHS Trust currently operates it is best placed to recruit, retain, train and govern this essential support.
- 4.4 There is a need to consolidate the number of community care beds in Portsmouth across fewer, but more optimal sites to enable better use of staffing resources. As we move to a more 'placed based' model of care, this recommendation enables Portsmouth to develop further integration across health and care for the benefits of its citizens.

5. Integrated impact assessment

- 5.1 Integrated impact assessment embedded in Appendix 1.

6. Legal implications

- 6.1 The basis of the report is such that if agreed there will be a functional transfer of staff as an undertaking, as such the Transfer of Undertakings (Protection of Employment) Regulations 2006 will engage. As a consequence there will be possible harmonisation issues relevant to the contracts of the employees who are likely to be transferring. The risk to the Authority is limited because: the proposed re-organisation is a familiar process to the Authority and is well supported by HR and Legal.

7. Director of Finance's comments

- 7.1 During the COVID pandemic, the government provided additional funding for local areas to facilitate its Hospital Discharge Scheme. This additional funding was provided through the NHS via the CCG and combined with the staff resources from the Victory unit enabled the provision of c.40 beds. To ensure the safe operation of the unit, it was necessary for the Council to take on additional permanent staff at risk.
- 7.2 The Hospital Discharge Scheme funding ceased at the end of March 2022 and both the City Council, and the Portsmouth Clinical Commissioning Group (PCCG) have agreed to continue to provide funding, to support the ambition to establish a permanent bedded D2A unit at HSH.

- 7.3 In line with the decision by Cabinet in October 2021, the City Council has agreed to transfer the available budget from the former Victory Unit at Wylie Road to support the operation of the new D2A unit. The additional funding requirement for the unit will be provided by PCCG.
- 7.4 Further negotiations are currently underway to agree the financial operating and risk share arrangements between the parties. These arrangements will be based upon the final operational and staff employment model for the unit.

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Signed by:

Appendices:

Appendix 1 - Integrated Impact Assessment

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

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: