



Title of meeting: Cabinet

Date of meeting: 5 September 2023

Subject: Discharge to Assess

Report by: Andy Biddle, Director - Adult Social Care

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

To update Cabinet on the delivery of the Discharge to Assess, (D2A) model within Portsmouth to enable residents admitted to Portsmouth Hospitals University NHS Trust (PHU) to be discharged for assessment of their long term needs outside of the acute hospital (D2A).

To update Cabinet of the potential financial risk to the Council of continuing 'spot' purchase arrangements for D2A.

To seek Cabinet endorsement of the recommendations in the report.

2. Recommendations

2.1 Cabinet approve that D2A is restricted to the fully funded beds in the Jubilee and Spinnaker units and Adult Social Care returns to assessment of need prior to discharge from hospital for any Portsmouth resident who is unable to be discharged on this pathway, when the available funding identified becomes insufficient to enable continued 'spot placements' in the external care market.

2.2 Cabinet endorse that the Council will only be committing to deliver D2A schemes and plans that are achievable, have value to our residents and are supported by funding.

2.3 To ask the Director of Adult Social Care to write to Hampshire & Isle of Wight Integrated Care Board, (HIOW ICB) and inform them of the above decisions, providing the opportunity for the ICB to decide whether to allocate further funds to enable D2A to continue in its current form in the 2023/24 financial year.

3. Background

Section 91 of the Health and Care Act came into force on 1 July 2022, revoking procedural requirements in Schedule 3 of the Care Act 2014 which require local authorities to carry out



long-term health and care needs assessments, in relevant circumstances, before a person is discharged from hospital¹. Whilst D2A arrangements had been in place during the COVID-19 pandemic, the legal position for Local Authorities had remained to carry out an assessment of social care needs before discharge. Prior to D2A, the Local Authority had assessed needs of people whilst still in hospital, (Assess to Discharge) and purchased support, where required, to support timely discharge, to either a care home or to their own home with care support as appropriate.

During the COVID-19 pandemic, to discharge people from hospital more quickly, central government introduced NHS funding for D2A through a national fund, (based on reclaim by Clinical Commissioning Groups) which initially funded six weeks, subsequently reduced to four weeks post-discharge. Government then issued updated guidance² setting out how Local Authorities and the NHS should implement D2A within their areas ahead of the national reclaim funding ceasing. This fund was replaced with the Adult Social Care Discharge Fund, paid to Integrated Care Boards, (ICBs) and Local Authorities to be joined and allocated through the Better Care Fund, (BCF) in each Upper Tier Local Authority, (UTLA). Whereas the national funding was based on reclaim according to demand, the grant funding is a defined amount to each UTLA and ICB.

According to an analysis conducted in 2022, the enactment of a D2A policy increased the number of Portsmouth residents that had funded support coming out of hospital. Analysis in February 2022 showed:

- Of residents discharged 48% have ongoing system funding (i.e., from NHS/PCC)
- The remaining 52% would have either have their needs met in Hospital and then no funded care support on discharge or would have funded their own support based on their assets.

This means that, 52% of residents leaving hospital would not have received a commissioned service prior to D2A as essentially D2A removes the need for a social care assessment to enable discharge and replaces it with a generic assessment, so care can be arranged that might not have happened under assess to discharge and people are coming out of hospital earlier in their recovery and can need more care as a result.

There have been varied arrangements in place between local authorities and their local ICB partners to implement D2A models across Hampshire, with Southampton, IoW and Hampshire Places using the Hospital Discharge Fund to create additional capacity in these systems. This has led to each of these areas experiencing the same financial challenges PCC are facing now, although much sooner than Portsmouth, and will provide a challenge as to how the required capacity across HIOW ICB overall can be sustained.

Instead of using the Hospital Discharge Fund to increase Portsmouth D2A capacity, for the 2022/23 and 2023/24 financial years, Portsmouth City Council agreed with ICB (Portsmouth) that the ICB would fund up to 4 weeks of care support for Portsmouth residents after discharge from hospital. This time was to enable an assessment of need to be completed and a decision on whether the residents' needs should be met by the Council, the NHS or

¹ [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

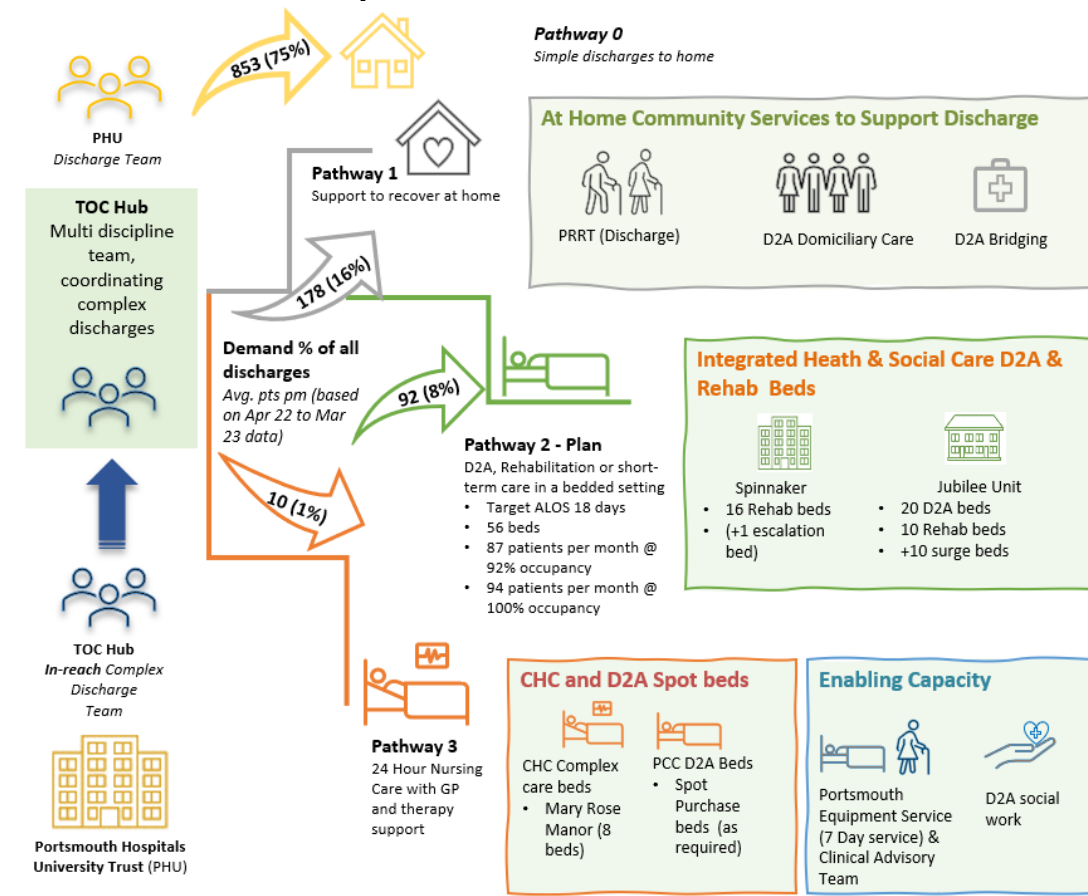
² [Hospital discharge and community support guidance](#)

whether the person had no ongoing care needs. Where the Council is unable to respond within that time frame, there is a provisional allocation against the Council's budget for the care support until an assessment is completed. This means that people leaving hospital can have their needs assessed outside of an acute setting, benefit from a period of recovery or rehab first and reach more of a base line of needs before being assessed. The expectation is that peoples ongoing care and support needs would be less than if they were assessed for support within a hospital.

Furthermore, this model ensures people are not delayed for discharge due to funding discussions or other administrative reasons which ensures acute bed day loss (the length of time people remain in hospital beds that do not need acute intervention) is minimised with the follow-on benefit that there is more 'flow' through the hospital resulting in less delay with ambulances / waits to be admitted through ED.

The D2A model focusses on a 'home first' approach to enable more people to go straight home (to their usual place of residence) following discharge. Where people cannot go home (either through safeguarding concern, housing related issues, wider social issues, level of need of support too high) then people can go to the Jubilee Unit (health and social care rehab and D2A unit) or Spinnaker Ward for high intensity rehab and reablement. This is part of the wider D2A pathway presented below.

Portsmouth D2A Pathway:





Where these units do not have capacity to admit a resident being discharged, 'spot purchase' arrangements are made for care either in a care home or through a domiciliary care agency. Maintaining a short length of stay within Jubilee and Spinnaker enables a reduction of the reliance on spot placements and enables the D2A model in Portsmouth to remain financially sustainable.

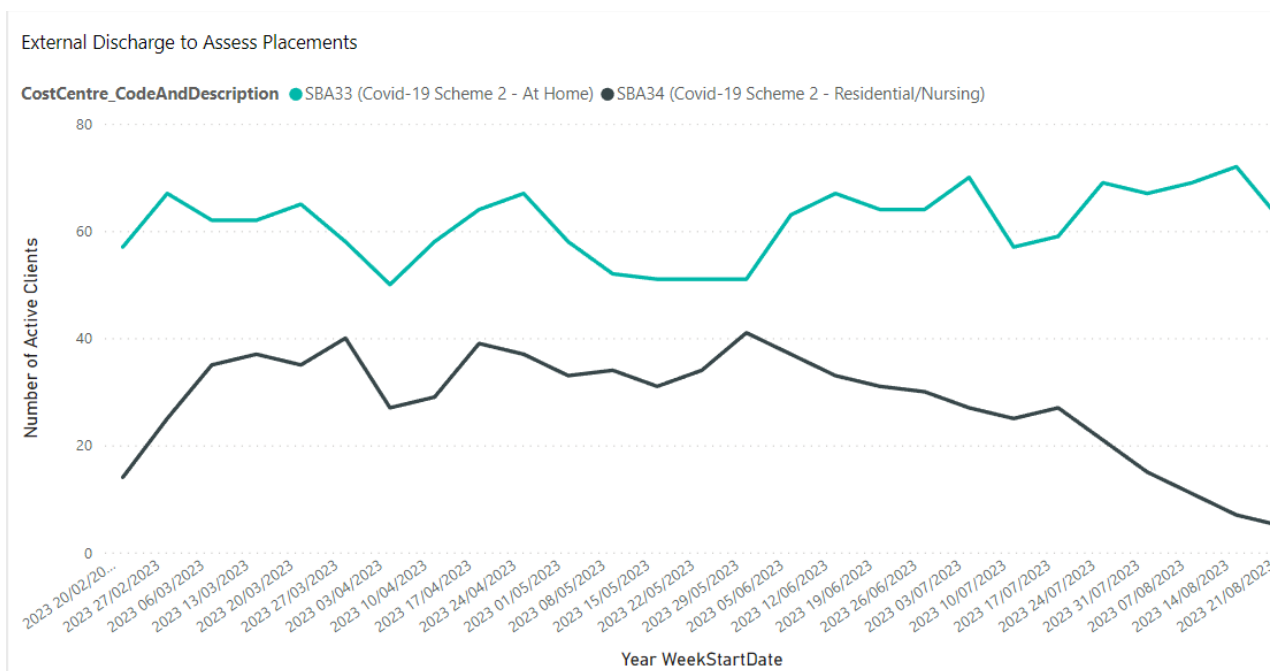
The D2A costing model assumes, for 2023/24 onwards, 10 external residential / nursing placements would be needed. The performance against this target is reviewed and discussed at the monthly D2A Governance Board, the Board reviews the data across all D2A activity and enables proactive action to be taken where trajectories deviate from expected performance, and consequently leads to appropriate risk mitigation.

On average, performance on length of stay at Jubilee is higher than expected. Contributing factors are due to flexing admission criteria to support timely discharge when complexities in need means it takes longer for residents to move on to more permanent accommodation. There is also an impact from reduced capacity in the assessment team and an increase in the level of needs in support of people being discharged from hospital through earlier discharge.

Additionally, there has been a loss of private sector beds (approx. 135 beds in recent months) through home closures. This reduces capacity but also drives up prices as there is more demand than beds available. The recent cost of living increases for utilities and food is also leading to care home fee pressures.

Current external D2A placements, as at 23/08/2023, are 62 residents being supported at home with 6 within Residential / Nursing homes.

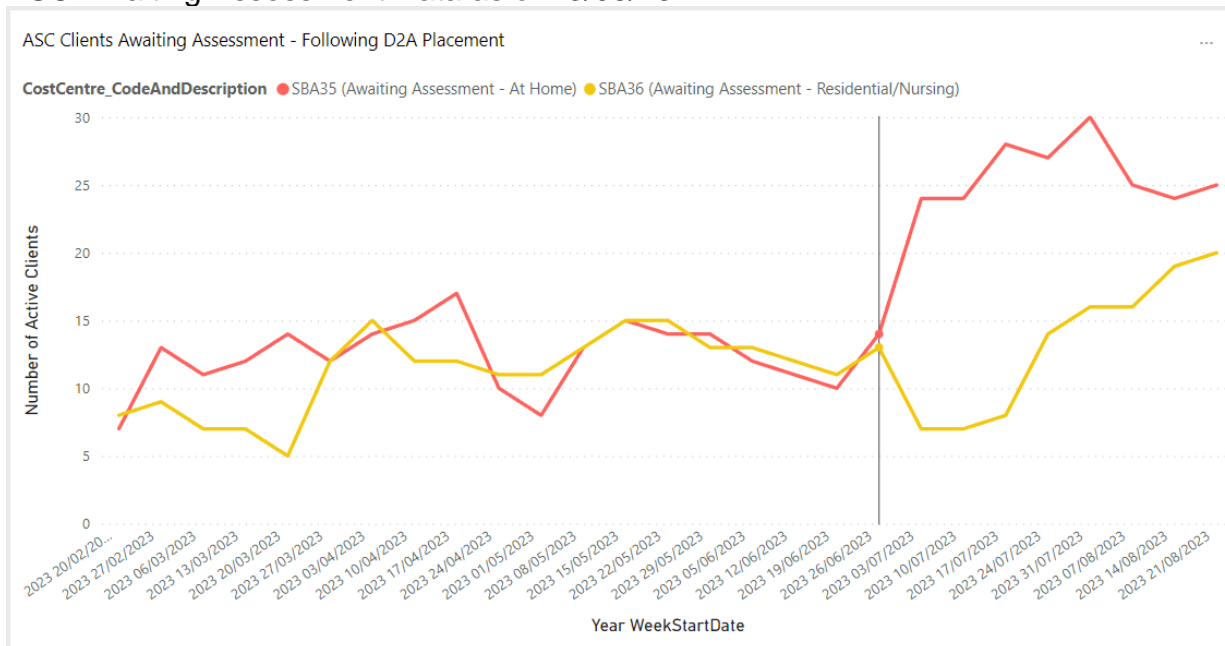
ASC - Discharge to Assess Data as of 23/08/23:





As of the 23rd of August, there are 25 residents at home and 20 within a residential / nursing home setting who are outside of the agreed four-week ICB funding window, pending an assessment of need. This cost is currently projected to be £1.2m for 23/24 and will fall to the Council to fund until a Care Act and Financial Assessment can be undertaken to determine their eligibility for Adult Social Care support.

ASC Awaiting Assessment Data as of 23/08/23:



Ultimately, we need to develop our community health and care plans to reduce avoidable hospital admissions, which is a key part of the Health and Care Portsmouth and ICB vision and plan. There are plans being established locally with health and care partners to develop neighbourhood models of care, built around PCNs, that support communities to be more resilient and offered the right support at the right time to reduce demand for acute services, which will reduce D2A demand by default.

4. Reasons for recommendations

Given the challenges in length of stay at Jubilee, the increasing costs with reducing capacity in the private market and the lack of capacity to meet the 4-week assessment requirement and the demand, (the number of Portsmouth residents being discharged under D2A arrangements) the number of spot placements being made is more than the original calculations for the use of recurrently funded and 'spot' funded care support.

For the 2023/24 year, there is currently £1.8m funding available from the ICB (from non-recurring funds) for external care home placements and additional staffing that fund the 4 weeks of care support for Portsmouth residents after discharge from hospital. The funding is only sufficient for a further 270 days from the period starting 23 August 2023, based on the demand that has been seen this year. This figure changes week by week as it depends on how many people are added to the D2A pathway and into a spot bed, and how quickly we reduce the high cost / long wait for assessment spot placements. This



means the days funding remaining can increase but also can reduce depending on the numbers on the pathway.

The key Dates for D2A External Spot Placement, 1st four weeks post discharge
Figures accurate at 23/08/23, are as follows:

270	Days Funding Remaining (can increase or reduce dependant on numbers of people in the D2A pathway / people awaiting assessment)
23/08/2023	Remaining Funding from
19/05/2024	Final Day of Funding
01/04/2024	Implementation/Communication Date (3 weeks prior to final day to accept new clients)
22/04/2024	Final Day to Accept New Clients (4 weeks prior to final day of funding)
24/03/2024	Critical Internal Decision Date (8 weeks prior final day of funding)
214	No of Days until Critical Decision

Analysis shows that after the 19th of May 2024, any funded discharge support outside of the Jubilee and Spinnaker units (care home or domiciliary care) would fall to the Council to fund until a Care Act assessment could be undertaken. As many of our residents discharged do not have eligible care needs (they have support needs but do not meet ASC eligibility criteria or have their own funds), this would increase the financial risk to the Council with no funding source to mitigate this risk. However, this decision is likely to see an increase to the time it will take people to be discharged from hospital.

By way of mitigation, Council officers will continue to work with our partners to maximise the use of the provision in Spinnaker and Jubilee units. Work to support decision making within D2A being robust and maximise home first will continue (we are already seeing reductions in spot placements). Additionally, we will review how we allocate our team resources to ensure we have robust and resilient assessment capacity across all intermediate care to ensure our citizens are not unduly delayed when needing to leave the hospital. However, it is proposed that D2A is restricted to the units and capacity that is recurrently funded within established budgets and Adult Social Care returns to completing assessment of need in hospital for any resident who is unable to be discharged into funded pathways despite this approach having the potential to lead to an increase in time to discharge residents in hospital after their period of acute treatment is over. Therefore, a full impact assessment will be completed.

5. Integrated impact assessment

Completed ref: IA541763519 (attached as Appendix 1). Additional Quality Impact Assessment will be completed to understand wider impact of the decision.

6. Legal implications

The legal framework as set out in s91 of the Health and Care Act, which sets out Local Authorities duties and responsibilities to carry out long-term health and care needs assessments, is embodied in the Report. These have been considered and adopted within



the recommendations of this Report. As these progress, it will be necessary to review to ensure that risks to the service are mitigated.

7. Finance Comments

For the 2023/24 year, the ICB has provided £1.8m of funding to support 'spot placements' for external care home placements for Portsmouth residents for the first four weeks following discharge from hospital, as well as some additional related staffing costs. The Council is closely monitoring the spend incurred on these spot placements and should this funding be fully utilised before the end of the financial year, it is proposed that D2A will be restricted to the units and capacity that is recurrently funded within established budgets and Adult Social Care will return to completing assessment of need in hospital for any resident who is unable to be discharged into funded pathways despite this approach having the potential to lead to an increase in residents being delayed in hospital after their period of acute treatment is over.

As noted within the report, there are some individuals receiving a package of care, who are outside of the agreed four-week ICB funding window, pending an assessment of need. It is intended that the 'Discharge Grant' will be used to support these costs in 2023-24 and Adult Social Care are closely monitoring these costs and acting mitigate them.

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Signed by:

Appendices: 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: