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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 3 JULY 2023

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Robin Cook, Nick Ireland, Paul Kimber, Jon Orrell, Mary Penfold and Belinda Ridout

Apologies: Cllrs Louie O'Leary

Also present: Cllr Graham Carr-Jones, Cllr Jane Somper and Cllr David Walsh

Officers present (for all or part of the meeting):

Theresa Leavy (Executive Director of People - Children), Jonathan Price (Interim Corporate Director for Commissioning), Julia Ingram (Interim Corporate Director for Adult Care), Andrew Billany (Corporate Director for Housing), George Dare (Senior Democratic Services Officer), Sharon Attwater (Service Manager for Housing Strategy and Performance), Sam Brand (Service Manager for Housing Advice and Homelessness), Sue Evans (Head of Specialist Services), Sarah How (Service Manager for Housing Solutions), Joshua Kennedy (Apprentice Democratic Services Officer), Lou Ford (Performance Business Partner), Dr Dean Spencer (Chief Operating Officer, NHS Dorset) and Becky Whale (Deputy Director – UEC and Flow Operations, NHS Dorset).

Officers present remotely (for all or part of the meeting):

David Bonner (Service Manager for Business Intelligence and Performance)

1. **Apologies**

An apology for absence was received by Cllr Louie O'Leary.

2. **Declarations of Interest**

Cllr Ireland declared that he is a Governor of Dorset HealthCare and that his wife worked at Yeovil Hospital and was a trustee at the Lantern Trust which was referred to in a report.

3. **Minutes**

Proposed by Cllr Ridout, seconded by Cllr Ireland.

Decision:

That the minutes of the meeting held on 9 March 2023 be confirmed and signed.

4. **Public Participation**

There was no public participation.

5. Councillor Questions

There were no questions from councillors.

6. Urgent Items

There were no urgent items.

7. Performance of Out of Hospital

The Corporate Director for Commissioning and the Chief Operating Officer of NHS Dorset gave a presentation which is appended to these minutes. The following points were covered in detail during the presentation: hospital discharge pathways, including discharge to assess and discharge into adult social care; building the right capacity in the community and Home First; performance and discharge data pre- and post-Covid; the number of people currently awaiting discharge from hospital.

At this point in the meeting Cllr Gill Taylor declared for transparency that her husband was a member of the step-up process which was mentioned in the presentation.

Members discussed the presentation and asked questions of the officers. The following points were raised:

- Where possible patients that are discharged to care homes would be placed locally.
- There was an average stay of 28 days in a Discharge to Assess or reablement bed which was an interim placement to help support people to get back home.
- There was not any seasonality to the preferred discharge pathway. There are more respiratory problems during the winter, such as flu, which may cause seasonality in the numbers.
- There was more work to do to use the full potential of IT systems.
- Relating to the 168 individuals waiting for discharge, this number was across all Dorset hospitals and sites. On the day of the committee, there were 70 people in Dorset County Hospital waiting for discharge.
- The number of people waiting for discharge decreased in April and May but had increased following those months due to industrial action and bank holidays.
- If someone has a care package upon arrival at hospital, the package would be kept open if they were likely to be discharged quickly. This enabled continuity of care.
- Patients would be offered reablement if they would benefit from it if it was needed.

The committee was satisfied with the presentation and responses. It was noted and the committee could receive an update in a year.

8. **Homelessness and Rough Sleeping Strategy Review 2023**

The Lead Member for Housing and the Corporate Director for Housing introduced the report. The strategy provided a plan to tackle and prevent homelessness and it was supported by an action plan. This review considered the progress against the action plan and strategy. Members heard that the number of people at risk of homelessness has risen so it was important to ensure that the resourcing was right.

During discussion the following points were raised:

- The strategy had a public consultation and a service-user consultation.
- In relation to the top two reasons for homelessness, these were trying to be reduced through improving the landlord incentive.
- The majority of rough sleepers were in Weymouth and the housing service has been dependent on accommodation in Weymouth.
- The service could be more preventative rather than reactive through information campaigns and looking at council tax arrears.
- Many landlords were good, and the landlord forums were well attended.
- In order to protect tenants, the housing service would like to be able to use enforcement powers earlier. They were also waiting for national policy changes.
- End of private rented accommodation can be caused through landlords leaving the market. There was a need to see whether houses were then being sold or re-let.
- A member suggested renaming the strategy to the Homelessness and Rough Sleeping Prevention Strategy.
- In response to a question on increasing temporary accommodation and funding for this, the council has done well receiving government grants for temporary accommodation, however the council has to be cautious about where the funding is from in the future.

Proposed by Cllr Taylor and seconded by Cllr Kimber, the committee made the following recommendation:

That the Portfolio Holder for Adult Social Care, Health, and Housing oversees the revised action plan.

9. **Housing Allocation Policy Review 2023**

The Lead Member for Housing introduced the report. He explained that this was the first time the Housing Allocation Policy has been reviewed since 2019 and it was a statutory requirement to have the policy.

The committee discussed the report and asked questions of the officers. The following points were raised:

- If it was possible to incentivise downsizing homes if there was funding available for it.
- Second homes and Air B&Bs were an issue and owners were being encouraged to bring the homes back into use.
- In response to a question on key worker housing, the committee was advised that there was an intention to develop a joint strategy with local health services about access to housing.
- Social housing lettings plans were on new build sites to ensure mixed communities and local lettings plans were in areas with anti-social behaviour so vulnerable people do not move there.
- In relation to the local connection part of the policy, most lets were going to people who meet the more local requirements, and most people were not moving across the council area.
- A member queried whether housing prioritisation could be streamlined using the Dorset Care Record to check their local need? In response officers informed that this was something that could be looked into.

Proposed by Cllr Taylor, seconded by Cllr Ridout.

Decision

That the implementation of the minor amendments identified be supported.

10. Scrutiny Performance Review

The Service Manager for Business Intelligence and Performance outlined the following areas of concern raised during a review of the performance dashboard:

- The percentage of long-term clients reviewed in the last 12 months.
- The number of care leavers in B&B accommodation.
- The number of first-time entrants into the Youth Justice System.
- The rate of children with a child protection plan per 10,000
- The percentage of looked after children placed outside the council area.

Officers responded to the performance areas and members asked questions of the officers. The following points were raised:

- The target for number of reviews would ideally be 100%. There are some people that receive multiple reviews due to changing need.
- There was only 1 care leaver in B&B accommodation.
- The target for children with a child protection plan was below the national average. It was important that the right children were being protected.
- Some children were placed outside the council area because they were living with family who live elsewhere.
- Where children are placed is often reviewed to ensure they are in the right place. It would be inappropriate to make changes to where children are

placed during exam periods. Family circumstances may change allowing them to return home.

11. Committee's Work Programme and Cabinet's Forward Plan

The committee noted the work programme and Cabinet Forward Plan.

An informal work programme development session was held following the meeting.

12. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 12.40 pm

Chairman

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Hospital Discharge Performance

People & Health Scrutiny

3rd July 2023

Presented by

Dr Dean Spencer, Chief Operating Officer, Dorset Integrated Care Board, Becky Whale, Deputy Director – UEC and Flow Operations Directorate, Dorset Integrated Care Board, Jonathan Price, Director of Commissioning & Improvement, Dorset Council, Sue Evans, Head of Service, Dorset Council & Lou Ford, Performance Business Partner, Dorset Council.



Adult Social Care is about People, Places and Partnerships

We work with people, in the places that they live, in partnerships with others

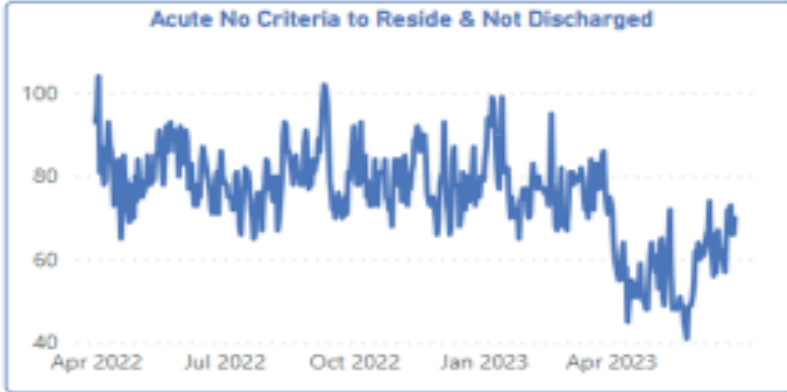
The aim of the service is to:

- Promote people's independence, through prevention and early intervention to lead fulfilling lives
- Support people at times of crisis and help them to regain their independence and wellbeing
- Safeguard and protect people who are vulnerable
- Create a sustainable and vibrant provider market to ensure the right care is available for people who need support
- **Preventing admissions and discharging people from hospital**

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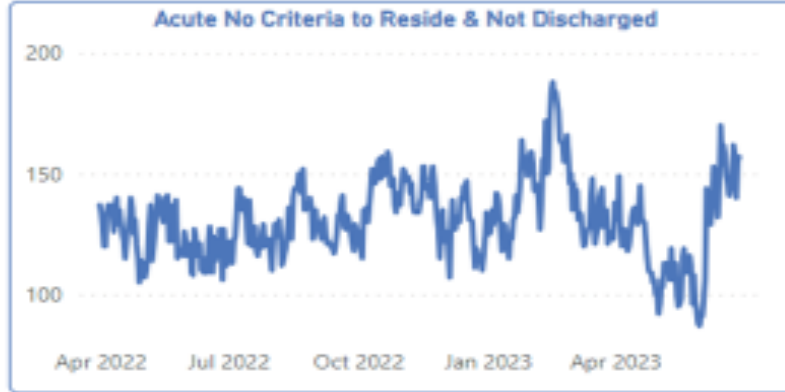
A system approach to tackling delays in discharge: Discharge to Assess

DORSET COUNTY HOSPITAL



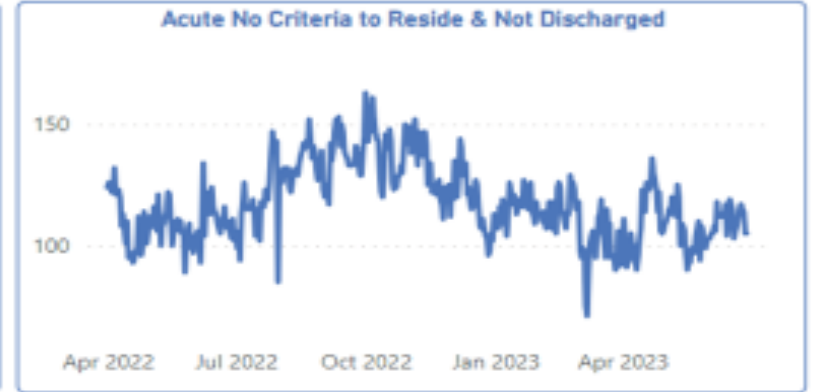
97% discharges are Dorset Council residents

UHD - POOLE HOSPITAL



30% discharges are Dorset Council residents

UHD - BOURNEMOUTH HOSPITAL



13% discharges are Dorset Council residents

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Decision to reintroduce Discharge to Assess model in Jan 2023

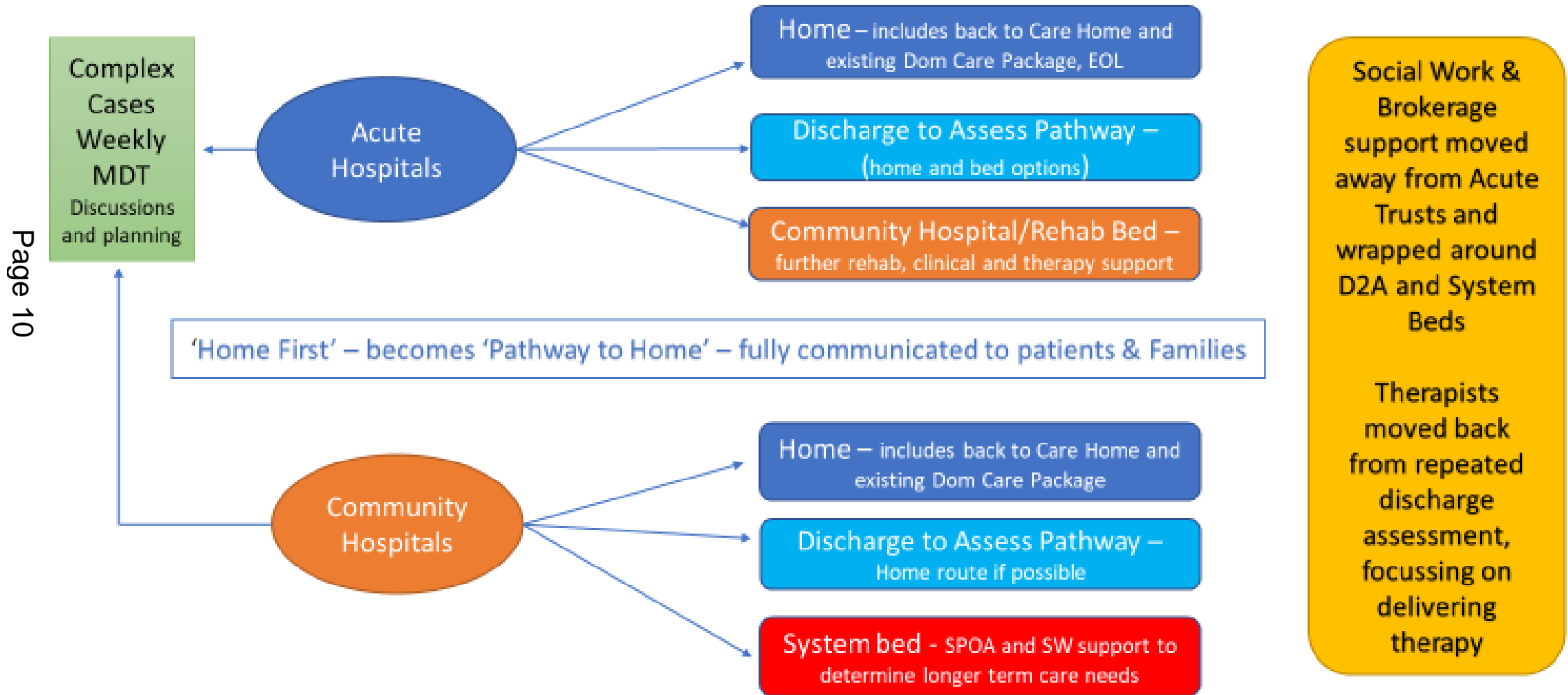
Investment in new capacity to support this e.g. Reablement and D2A beds

Introduced simplified 'Pathway to Home approach'

Continued focus in 23/24 on developing an integrated intermediate care model across health and care

*The purpose of **discharge to assess** is to enable safe and timely discharge from hospital for people who need a further period of recovery in the community before they can be assessed for their long-term need*

New simplified Discharge Pathways



Building the right capacity in the community: Home First approach

1. The purpose of the Home First programme is to mobilise an integrated recovery-focused intermediate care service for Dorset people (bring together and right-size current fragmented offer)
2. To be delivered at place-level and integrated across health and social care and aligned to local primary and community services.
3. Shift in focus from step-down (supported discharge) to step-up care (admission prevention) by upstreaming interventions to keep people safe and well at home.
4. Creation of a single oversight model for Dorset that enables real-time tracking of demand, capacity and flow at patient, place, and system level.
5. Will contribute to:
 - a. Better outcomes (more people supported to return to living well and independently in line with their recovery goals)
 - b. Better flow (reduced hospital and community delays; fewer avoidable acute admissions)
 - c. Better experience (more people engaged in managing their own health and care needs, more people supported in their home environment or place of choice)

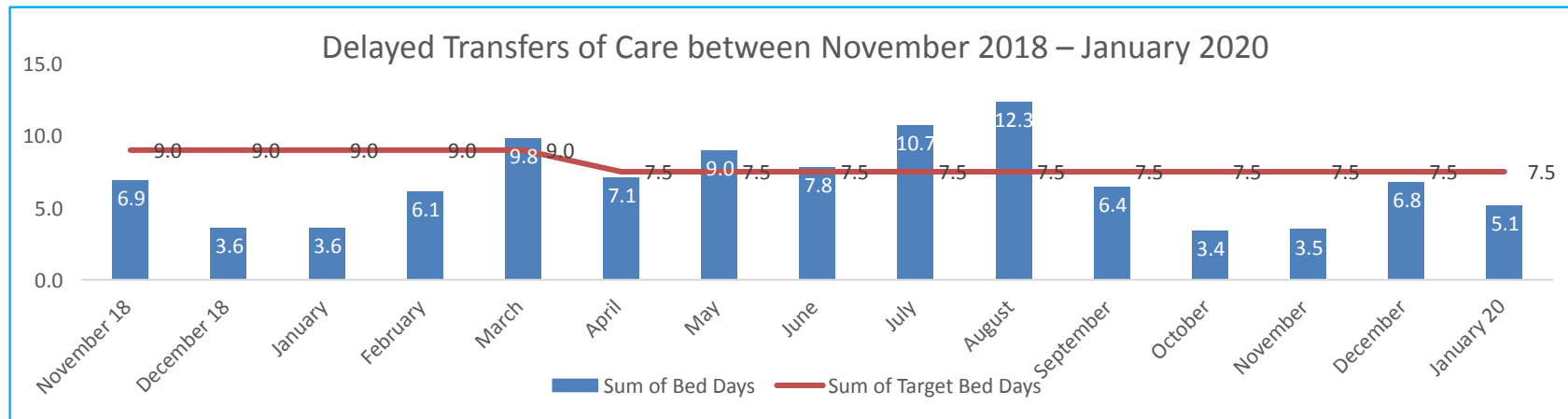
- Multi-agency design and delivery approach working across health and social care, and with VCSE and community partners
- **Phased delivery over next 12m that combines:**
 - a) A bottom-up test and learn approach working with front-line teams to model and embed new ways of working with
 - b) The development of a system-wide strategic plan that is focused on aligning and right-sizing resources needed to deliver a sustainable and outcome-focused service model.
- **Key deliverables in 23/24**
 1. Development of place-based integrated intermediate care teams across health and care
 2. Embedding new ways of working premised on person-centred care planning and delivery from earliest point of intervention
 3. 7-day Transfer of Care hub to bridge interface between hospital and community and provide central intelligence function
 4. 4. Pan-Dorset demand and capacity plan to inform right-sizing of intermediate care capacity and skills at place level
 5. 5. Joint ICS commissioning strategy aligned to Better Care Fund outcomes

Dorset Council performance

Pre & post covid comparisons

- Pre covid the focus was on Delayed Transfers of Care (DToC). Data was provided by NHS England, 6 weekly in arrears and calculated locally for the most recent 6 weeks.
- Better Care Fund recorded progress against this indicator. During 2019-20, the Dorset Council target was 7.5 delays per day, in 2018-19 the target was 9 delays per day.
- In October 2019, Dorset Council recorded its lowest ever rate at 3.5 delays per day. The rate remained low in November 2019, 3.5 delays per day and increased in December 2019 and January 2020 to 6.8 and 5.1 delays per day respectively but, was still below the Better Care Fund target rate.
- The most frequent reasons for delay include delays in sourcing Long Term care or reablement for people in their own home or Residential Care placement.
- During covid this indicator was suspended and has not been reinstated. The data is therefore not comparable pre and post covid.

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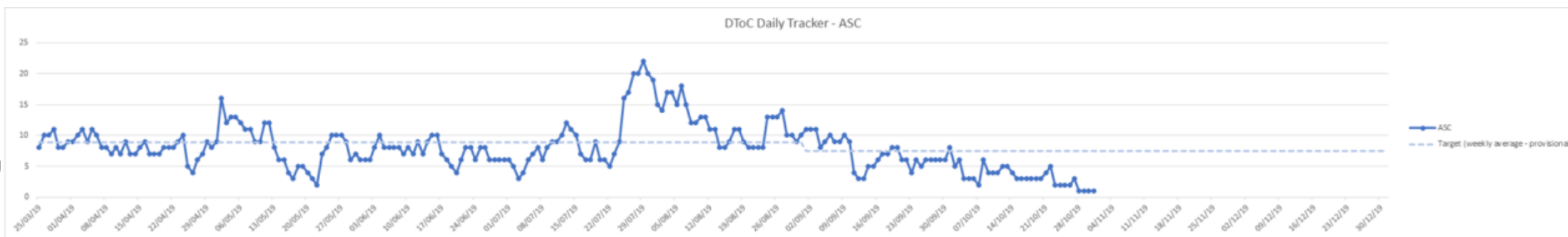


Adult Social Care is now required to assess and arrange care for all Dorset residents referred to it by Dorset Hospitals irrespective of their eligibility for Council funded care

Hospital Discharge – Pre and Post Covid

Referrals from Hospital Pre and Post Covid

In October 2019, Dorset Council had a referral rate of 315 from 5 acute hospital with referrals from community hospitals unrecorded and direct to locality teams. Post Covid, the SPA data includes community hospital referrals and between January – March 2023 the average referral rate is 399 per month. The data, pre and post covid is not directly comparable.



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Delayed Transfers of Care

In 2019-20, Dorset Council had a Better Care Fund target of 7.5 delays per day and at the end of October 2019 this was reported as 3.35 days. The falling trend is shown in the chart above. During Covid, this measure was suspended and will not be reinstated.

Hospital Discharge Funding Policy 2019-20

The policy used a set of well defined 'clinical criteria to reside' to determine who remained in hospital, [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424444/Hospital_discharge_and_community_support_guidance_-_GOV.UK_(www.gov.uk).pdf) (pg 39). Additional funding to support people discharged from hospital with new or additional care needs provided rehabilitation and reablement at home, announced August 2020.

Covid Response

Dorset CCG (as was) commenced a programme of work in March 2020 in the wake of covid to clear beds and manage the demand from the pandemic using COVID 19 funding. Due to issues building capacity at pace with domiciliary care providers this led to many care home admissions. Covid and Brexit have had recruitment implications across the care workforce.

Following the announcement of the Covid pandemic Dorset Council supported Providers with a 10% uplift for the period April to June which equated to £3.7m. At the end of this period the annual uplift was agreed and backdated to the 1st April 2020. Dorset Council received grants including Infection Control, Rapid Testing, Omicron and Workforce around £15m was passported directly to Providers.

Hospital Pathway (Discharge to Assess)

The D2A process aims:

- To facilitate safe and timely discharge for patients.
- To enable assessment and follow up in the most appropriate environment for patients.
- To provide patient centred care.

Patients are discharge on one of the following pathways:

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- **Pathway 0** - less complex discharge, no formal input from health or social care needed once home. Including patients who return home with no change in their care needs
 - **Pathway 1** - support to recover at home; able to return home with support from health and/or social care.
 - **Pathway 2** - rehabilitation or short-term care in a 24-hour bed-based setting
 - **Pathway 3** - require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

Hospital Discharge into Adult Social Care

Pathway 0

Currently, there are approx. 120 Pathway 0 discharges per day. In comparison, there are approx. 30 Pathway 1-3 discharges per day

Pathway 1

95% of Adult Social Care provided to support hospital discharges is for people aged 65+ Care is provided in the community and at home .

Hospital Discharges more than halved comparing Jan-Mar 2021 with the Apr-Sep 2022

In the last 6 months, Oct 2022-Mar 2023, numbers have risen by 33% compared to the lows in Apr-Sep 2022

Pathway 2

Predominantly used to support people aged 65+

Care is provided in a residential care home

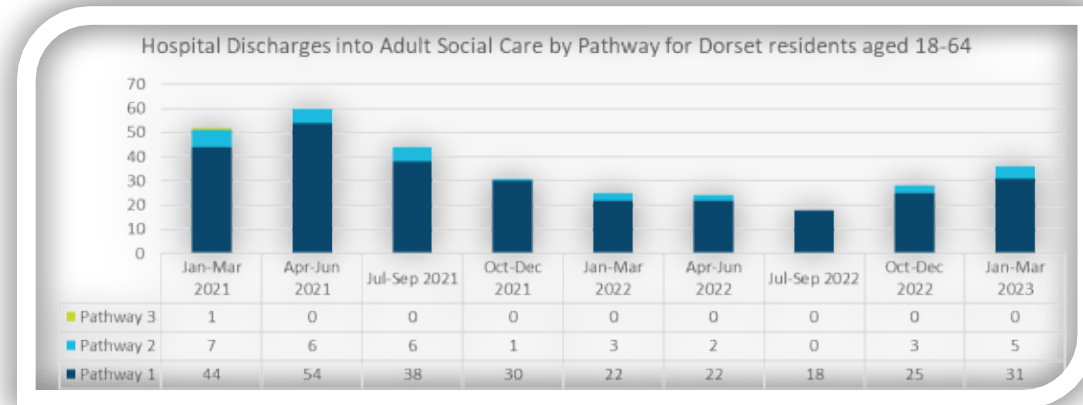
People discharged into this pathway appear to ‘peak’ Jan-Mar with an overall reducing trend comparing Jan-Mar in 2021,2022 and 2023

Pathway 3

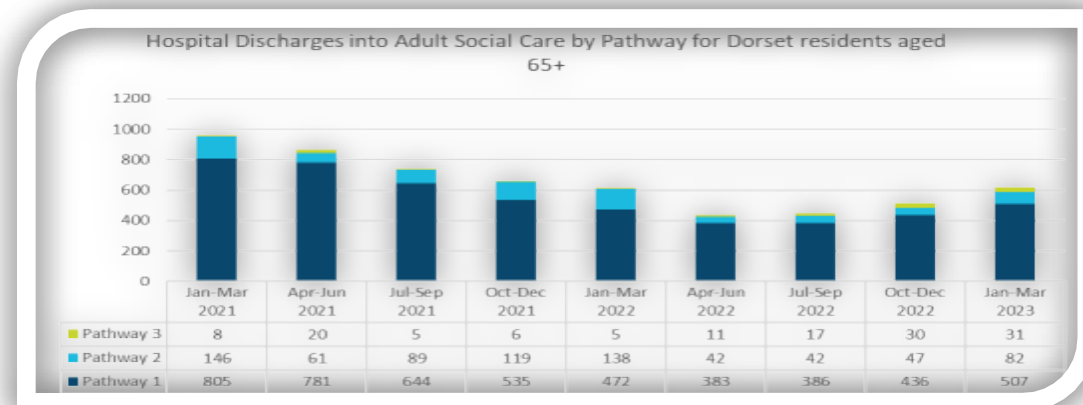
Volume of people discharged is low

Care is provided in either a residential care home or a nursing care home

Demand for people aged 65+ has risen over the last year to exceed levels in 2021 suggesting an increase in more complex discharges from hospital into ASC



People aged 18-64 discharged from hospital directly into ASC by Pathway Jan 2021-Mar 2023



People aged 65+ discharged from hospital directly into ASC by Pathway Jan 2021-Mar 2023



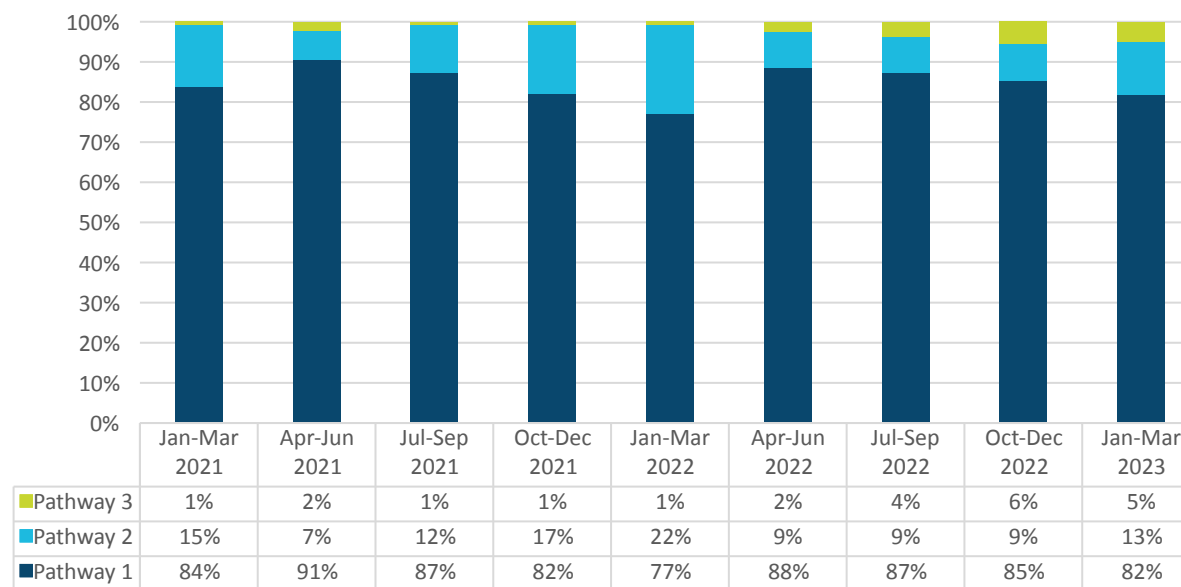
Hospital Discharge into Adult Social Care

Bed Based Care

Autumn and Winter show peaks of bed-based Care.

Over the last year there has been increased demand for Pathway 3 beds suggesting that people with more complex needs are being discharged from hospital.

Hospital Discharges into Adult Social Care - percentage discharged to each Pathway



Graph shows the proportion of pathway referrals from acute and community hospitals into Adult Social Care

Pending Hospital Discharge

Summary (12 June 2023)

Currently 168 individuals are waiting for hospital discharge; 59 are confirmed to be waiting for adult social care support (Dorset Council residents)

Pathway 1

14 individuals are awaiting discharge into Pathway 1

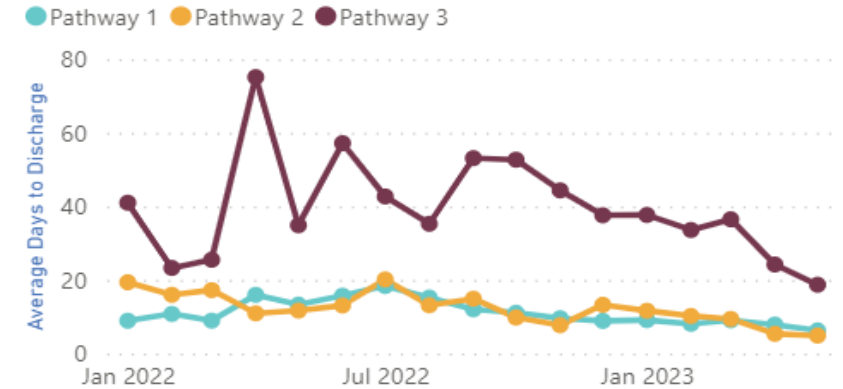
Pathway 2

16 individuals are awaiting discharge into Pathway 2

Pathway 3

29 individuals are awaiting discharge into Pathway 3

Average Days from Referral to Discharge within SPA



Time to Discharge from Referral

