

**REPORT TO:** Health & Wellbeing Board

**DATE:** 23 March 2022

**REPORTING OFFICER:** Directors of Adult Social Services

**PORTFOLIO:** Health & Wellbeing  
Adult Social Care

**SUBJECT:** Sustaining the Discharge to Assess/Home First Model

**WARD(S):** Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with a brief summary of how we have developed the Discharge to Assess/Home First Model in Halton and issues associated with sustaining that model/approach.

2.0 **RECOMMENDATION: That the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 Background

Prior to and during the Pandemic there was a plethora of national and regional guidance issued, supported by best practice models, seeking to ensure that people received the right kinds of interventions, in the right place and at the right time. This approach demonstrably improves the outcomes for vulnerable adults, significantly older people, whilst reducing the need for long-term services and hospital utilisation.

One of the key pieces of guidance issued during the Pandemic was the national introduction of the COVID-19 Hospital Discharge Service Requirements on 19th March 2020, along with associated funding (Superseded in October 2021, by Hospital Discharge and Community Support: Policy and Operating Model).

In essence, this guidance provided a renewed focus on the Discharge to Assess model.

As a result of the Pandemic and the need to ensure health and social care services could continue to effectively respond, there was a need to rapidly review service provision and introduce new ways of working.

3.2 Systems and processes within our local Acute Trusts needed to be realigned to support this approach. In Halton, the Care Management Service, including resources from the existing Capacity and Demand Team and Rapid Access &

Rehabilitation Services, were merged and redesigned to support the approach. This was to ensure that a capacity and demand led approach could be taken, in order to create sufficient and robust capacity to manage a predicted spike in hospital admissions, as a result of the Pandemic.

- 3.3 In support of the Discharge to Assess approach needing to be taken, in Halton we were able to re-focus on a recovery led model/'reablement first' approach which resulted in our ability to manage service users through the system in a more timely and efficient way. This meant we were able to support an increase in the number of referrals through the 'reablement first' approach and reduce the overall numbers needing to go into a bed base and associated Length of Stay within Intermediate Care Services, both within bed base and the community.
- 3.4 During 2020/21 and into 2021/22, significantly more people have received interventions in their own homes with reductions in length of stay in short-term bed based and community Reablement services. This has been achieved through the focused work of all staff, temporary changes in capacity in long term services (notably the block purchase of 500 hours of domiciliary care since February 2020) and up to 1000 hours since November 21, simplified processes for hospital discharge, focused multi-disciplinary / multi-agency work to improve pathways through short term services utilizing nationally endorsed models (ECIST et al) concentrated on day to day caseload management.
- 3.5 This clearly demonstrates that investment in the right community resources can improve outcomes for individuals, reduce reliance on short-term community bed based services (and therefore reduce the number required), reduce the utilisation of acute hospitals (with potential to reduce admissions, readmissions and length of stay) and enable further investment in the community infrastructure.
- 3.6 Therefore building on the lessons learnt from the Pandemic, we felt that we needed to capitalise on the success creating capacity etc. in the system had brought and as such felt it was appropriate to revisit the recommendations of the previous Intermediate Care review conducted in 2019 and develop a new approach to the delivery of Intermediate Care Services within the Borough.
- 3.7 The Pandemic and the development of the new Halton Intermediate Care & Frailty Service has enabled services to be provided in a different way and the community reablement model, as opposed to bed base, is proving to deliver better outcomes for Service Users and the health and social care system as a whole.
- 3.8 However, the Board should note, that the changes made across Intermediate Care and the Discharge to Assess/Home First Model, alongside the impact of hospital pressures has resulted in a shift in financial spend.

Whilst the non-recurrent availability of Hospital Discharge Programme, funded nationally to support the COVID response, has supported the locality with enhanced models to support effective discharge of Service Users from an acute setting, it is the corresponding increase in community-based provision (volume and complexity of care required), aligned to the Home-First approach, endorsed

locally, that has resulted in the enhanced budget pressures for both partners against packages of care.

- 3.9 Due to the flexibility of the joint working arrangements, including the pooled budget, that exist between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG) this has enabled and supported us to realign budgets against services where appropriate/necessary.

For example, the development of the new model of Intermediate Care in the Borough has led to the ability to ensure funds were invested in the Community Home First approach, which facilitated the introduction of the new model.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 The new Halton Intermediate Care & Frailty Service model has been developed in line with national and regional guidance for hospital discharge and crisis response in the community. It builds the infrastructure required to meet developing expectations during 2022/23 and beyond to deliver person centred, strengths based approaches to meet the health, care and wellbeing outcomes of the local population in, and as close to, their own home. Further work is required in 2022/23 to ensure nationally mandated requirements of community services and rapid response targets are delivered.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 As part of this ongoing work and the change in provision, the Health and Social Care budget, which prior to 2021 was part of the Pooled Budget, has been identified as experiencing extreme pressure despite additional one-off temporary funding from central government due to the pandemic.

This area of the budget is traditionally very volatile and the current situation within Health and Social Care also under extreme pressure due to the pandemic, costs may continue to rise throughout the remaining quarter of the financial year and into the new financial year.

Finance colleagues have and will continue to work in conjunction with the Pool Manager to identify and prioritise pressures across HBC and NHS Halton CCG in order to utilise any non-recurrent underperformance in the most effective way.

As outlined earlier in the report, the flexibility of the joint working arrangements that exist enable us to realign funding against ongoing cost pressures associated with discharging patients early and within community services etc. where appropriate/necessary, to help mitigate against identified financial risks and help us achieve a balanced budget at year end.

- 5.2 Pressures will continue to increase on budgets. For example in respect to Adult Social Care an analysis by the Association of Directors of Adult Social Services (ADASS) undertaken in November 2021, outlined concern that only 2% of the funding raised through the Health and Social Care Levy will go to adult social care in 2022/2023 in England.

ADASS are concerned that the funding attributed to adult social care reform, set out in Build Back Better, through the Health and Social Care Levy, will not add a single minute of extra care and support, improve terms and conditions for the workforce or improve the quality of life for older people, disabled people, and unpaid carers.

Of the £5.4bn attributed to adult social care over the next three years, £3.7bn has been committed to charging reform and the fair cost of care, £500m has been committed to workforce training and wellbeing, which only leaves £400m per year to deliver reform commitments that Government stated, 'will commence a once in a generation transformation to adult social care'. ADASS assessed that these measures, as they stand, will not 'fix' the crisis in social care.

- 5.3 In December 2021, the Department for Health and Social Care (DHSC) published a policy paper 'Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023' in relation to the funding to support local authorities move towards paying providers a fair rate of care.

The paper outlines that local authorities need to prepare their markets for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances. This requires each Local Authority area to under a cost of care exercise to determine sustainable rates and how close they are to paying them by September 2022.

- 5.4 In addition the Local Government Associated are recommending that Local Authority's agree a minimum 6% uplift to providers for 2022/23.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Children & Young People in Halton**

None identified.

### 6.2 **Employment, Learning & Skills in Halton**

None identified.

### 6.3 **A Healthy Halton**

The report pertains to this priority.

### 6.4 **A Safer Halton**

None identified.

### 6.5 **Halton's Urban Renewal**

None identified.

## 7.0 **RISK ANALYSIS**

- 7.1 Both Health and Social Care budgets have been an issue for concern for many years and this current financial year, despite non-current additional funding from Central Government, is no exception.

Neither HBC nor NHS Halton CCG would be able to achieve a balanced budget at year-end unless additional resources were provided. Therefore working closely in partnership, health and social care colleagues have been able to realign resources from within the Pooled Budget which will be used to help offset known pressures on the aligned budget.

However, the Board should note that this funding is a one off, temporary solution to an increasingly pressured budget. Pressures which will continue throughout the coming financial year and beyond and we will need to assess how we can address this in future years.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Hospital Discharge and Community Support: Policy and Operating Model	<a href="https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model">https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model</a>	Damian Nolan
Build Back Better: Our Plan for Health and Social Care	<a href="https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care">https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care</a>	Damian Nolan
Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023	<a href="https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023#funding-conditions">https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023#funding-conditions</a>	Damian Nolan