

Report

Report to:	Social Work Resources Committee
Date of Meeting:	19 August 2020
Report by:	Director, Health and Social Care Executive Director, Finance and Corporate Resources

Subject:	Care Management Improvement: Hospital Discharge Team
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Committee on proposals to establish a hospital based discharge team
- ◆ to strengthen the management capacity
- ◆ to increase the establishment with an improved skill-mix associated with this workstream

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of this report be noted; and
- (2) that the proposal to re-establish a Hospital Discharge Team as detailed at section 6 be approved.

3. Background

- 3.1. Investment in a hospital based discharge function was referred to as key requirements in the Care at Home Report presented to the Social Work Resources Committee on 4 March 2020, which will be further referred to in the employee and financial implications sections of this report.
- 3.2. Future reports will be brought to Committee, setting out the longer-term strategy and structure for the Services, which will also include recommendations about financial sustainability of the remodelled service. In the interim, the Resource will take forward some incremental change, requiring recruitment to key roles to support this transition.
- 3.3. South Lanarkshire Health and Social Care Partnership (SLHSCP) have historically experienced challenges in relation to delayed discharges from hospital. This has been amongst the highest in Scotland. Hospital discharge management is central to improving Unscheduled Care performance.
- 3.4. A key driver of this performance challenge is that SLHSCP receives more referrals for care, either care at home or requests for community care assessments than other areas of Scotland.

- 3.5. A hospital based Social Work team was in place up until 2016. At this point it was agreed that moving the team out to community would be a solution to reducing demand and increase economies of scale by being more community based.
- 3.6. This impact of this was that there was an additional resource in the community and shared roles in relation to team leads particularly. However, the demand related to the hospitals in terms of care has continued to rise and in practice little benefit has accrued from dispersing the service to the locality teams.
- 3.7. There are also challenges both in the hospital and the community in relation to quality assurance and governance in relation to effectively managing complexity and risk. This has been reflected in recent care inspectorate reports.

4. Hospital Based Social Care Team

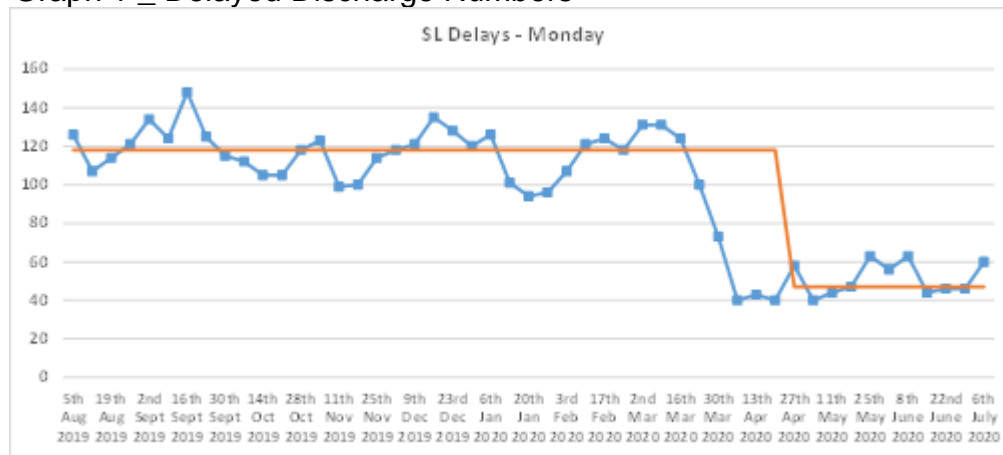
- 4.1. Consultation and benchmarking against other Partnerships has shown that the HSCP requires additional resources to ensure we have sufficient supervision, resource, skills mix and expertise to support the quality assurance and governance to support discharge planning. Other HSCP's have either retained or reverted back to having embedded hospital Social Work teams and have successfully focused on care pathways and interfaces within the acute setting to improve flow from hospital to the community. To achieve this in South Lanarkshire there needs to be a revised structure for the hospital team.
- 4.2. The proposal is to create, 1.0 FTE Field Work Manager, 2.0 FTE Team Leaders, 3 FTE Social Work Assistants and 1 Clerical Assistant.
- 4.3. There are currently 9 FTE Social Workers, 1 FTE Mental Health Officer and 1 FTE Social Work Assistant who are currently based in the localities and aligned to the hospital. These posts would be combined with the proposed posts to create a Social Work Hospital Discharge Function.

5. Delayed Discharge Improvement Pilot (June/July 2020)

- 5.1. There has been work ongoing in Hairmyres Hospital to improve delayed discharge. This has been in relation to a planned approach to discharge. This approach was demonstrated and seen as effective in reducing demand and delayed discharge in Tayside. It ensures that Social Work works alongside the ward Multi- Disciplinary Team (MDT) in relation to discharge planning.
- 5.2. The reduction in A&E attendances and the reduced bed occupancy allowed capacity to pilot the planned date of discharge across the 4 care of the elderly wards in Hairmyres. These wards referred on average 8 referrals per day pre COVID. This amounted to approximately 1200 referrals per year. Reducing the volume of referrals and ensuring those who are referred is a key aim.
- 5.3. In May 2020, all the care of the elderly consultants, nursing staff, AHPs, discharge facilitators and Social Work staff met to discuss the approach on a planned approach to discharge. All patients who might require care were planned alongside Social Work colleagues and a planned date assigned. This was a considerable change as previously referrals were only made when patients were clinically ready. There was a community Social Worker assigned to each of the wards.
- 5.4. The results have been that:

- ◆ 70% of all discharges are planned and 90% of people left on their planned date of discharge. The higher the ratio of planned to non-planned the lower the delayed discharge figures
- ◆ the impact was greater on care at home than community care assessments. This has primarily a consequence of care homes being closed to COVID
- ◆ Delayed discharges have remained low
- ◆ All referrals have been screened for eligibility. This has been maintained.

5.4.1. Graph 1 _ Delayed Discharge Numbers



- 5.5. This improvement has been achieved by a small cohort of staff which have reached the hospital. To ensure these improvements are scaled up and sustained, post COVID, there is a requirement for a new permanent resourcing solution.

6. Employee Implications

- 6.1. Employee implications are detailed below and the proposal is to create these posts on a permanent basis.

Role	Current	Proposed	New	Grade	SCP	Hourly	Salary	Gross cost
Fieldwork Manager	0	1	1	Grade 5 Level 1	96 - 97	£29.47- £29.92	£53,780 - £54,601	£70,075 - £71,145
Team Leader	1	3	2	Grade 3 Level 8	79 - 80	£22.89- £23.24	£44,159 - £44,834	£108,858 - £110,998
Social Worker	9	9	0	Grade 3 Level 4	72 - 74			
Mental Health Officer	1	1	0	Grade 3 Level 4	72 - 74			
Social Work Assistant	1	4	3	Grade 2 Level 4	55 - 57	£16.03- £16.52	£29,253 - £30,147	£114,351- £117,846
Clerical Assistant	0	1	1	Grade 1 Level 3	25 - 27	£10.34- £10.64	£18,869 - £19,417	£24,587- £25,300
Total	12	19	7					£317,871 - £325,289

7. Financial Implications

- 7.1. At both the Council meeting on 26 February 20 and the Executive Committee on the same day, it was agreed that the council underspend of £2.658m in its revenue budget would be used for future budget strategies, including supporting the costs of transitional change in the Care at Home Service.

- 7.2. The Care at Home Report on 4 March 2020 sought temporary funding for a Project Team, totalling £0.180 per annum, this cost was to be included in the £2.658m provision to support the Care at Home Service.
- 7.3. The cost of the new posts in the table above at 7.1 ranges between £0.318m and £0.325m. It is anticipated that the posts will be appointed during the second quarter of the financial year and incur a part year cost.
- 7.4. In summary, the £2.658m temporary commitment to support the Care at Home Services, will meet the costs of the Project Team and the Hospital Discharge Team.
- 7.5. In addition, future reports will be brought to Committee, setting out the future proposals for the use of transitional money and a longer term strategy and structure for the Services, which will also include recommendations about financial sustainability of the remodelled service. These reports will cover financial implications and requirement for investment. In the interim, the Resource will take forward the proposed incremental changes, requiring recruitment to key roles to support this transition. The request is to approve these posts on a permanent basis, should the longer term remodelling impact on this, there is scope to minimise employee impact and deploy employees to other posts available within the resource as a result of natural turnover.

8. Climate Change, Sustainability and Environmental Implications

- 8.1. There are no climate change, sustainability or environmental implications associated with this report.

9. Other Implications

- 9.1. The service has faced performance challenges with the current model of delivery and requires this additional capacity in the service to meet the statutory requirements of safe delivery of services within the required timeframes. These posts are required to ensure that the Council meets its statutory duties to provide assessment and care management functions for supported people and carers.
- 9.2. There is a requirement to ensure that as a council we demonstrate a commitment to redesign of services and investment to ensure safe practice.
- 9.3. There are no other implications in terms of the information contained within this report.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. This report does not introduce a new policy, function or strategy, or recommend a change to existing policy, function or strategy and therefore no impact assessment is required.
- 10.2. Consultation has taken place with the Trade Unions regarding the report.

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28 July 2020

Link(s) to Council Values/Objectives

- ◆ Improve later life
- ◆ Deliver better Health and Social Care outcomes for all

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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