

## Procurement of Diagnostic of Hospital Discharge Arrangements

To: Adults and Health Committee

Meeting Date: 7<sup>th</sup> March 2024

From: Executive Director Adults, Health, and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2024/056

Executive Summary: The report outlines the proposed approach to undertake a diagnostic of hospital discharge arrangements across Cambridgeshire, which the committee is being asked to consider and approve.

The outcome of this is that people are supported to be discharged from hospital at the right time and to the most appropriate setting, supporting their independence and long-term outcomes; improving patient flow and reducing discharge delays.

Recommendation: Adults and Health Committee is recommended to:

- a. Approve the procurement of resources to carry out a full diagnostic of discharge arrangements, including bed and home-based pathways, for Cambridgeshire residents, which may include acute hospitals outside of the County boundary, including Peterborough City Hospital.
- b. Delegate responsibility for awarding and executing any contracts for the provision of the diagnostic of discharge arrangements, to commence after the 1 April 2024 to the Executive Director of Adults, Health, and Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.
- c. This work has an estimated contract value of £500,000.

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# 1. Creating a greener, fairer and more caring Cambridgeshire

- 1.1 This report relates to Ambition 4 from the Councils [Strategic Framework 2023-28](#). Ambition 4 states “People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs”.

## 2. Background

- 2.1 The Discharge to assess (D2A) model was introduced as best practice in 2016 by NHS England and aims to ensure that people do not wait longer than necessary in hospital where there is a higher risk of acquiring infections or deconditioning.
- 2.2 The D2A model involves providing short-term care, rehabilitation and reablement, where needed and then assessing people’s longer-term needs for care and support once they have reached a point of optimal recovery. This support may be in people’s homes or using ‘step-down’ beds to support the transition from hospital to home. Assessing people out of hospital in the most appropriate setting and at the right time for them supports people’s independence and long-term outcomes, reduces discharge delays and improves patient flow.
- 2.3 Under the Care Act 2014, National Health Service Act 2006 and the Health and Care Act 2022, the local authority has a duty to co-operate with the NHS to support hospital discharge in specific circumstances.
- 2.3 The more recent [Hospital discharge and community support guidance](#), published by the Department of Health and Social Care (DHSC) and NHS England (NHSE), sets out the practical expectations in relation to implementation of local D2A models of delivery. The Guidance states:

*“Under the discharge to assess model and home first approach to hospital discharge, the vast majority of people are expected to go home following discharge. The discharge to assess model is based on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. It is best practice that any assessment of longer-term (ongoing) needs should be anticipated and initiated during a person’s recovery journey but not fully completed until the person has reached a point of recovery and stability where it is possible to make an accurate assessment. The transition from recovery support to ongoing support should be seamless.”*

- 2.4 Under the D2A model there are four pathways to support discharges, as per below:
- Pathway 0: Simple discharge home (or to a usual place of residence) with no new or additional health and/or social care needs. These discharges would be coordinated by the hospital ward directly, with no involvement from the discharge teams.
  - Pathway 1: Discharges home (or to a usual place of residence) with short term reablement or rehabilitation support, or a restart of a home care package.
  - Pathway 2: Discharges to a community bed-based setting which has dedicated short term rehabilitation / reablement recovery support, as support is required in the short-term to help the person recover in a community bed-based setting before they are

ready to either live independently at home or receive longer-term or ongoing care and support.

- Pathway 3: In rare circumstances, for those with the highest level of complex needs, discharges to a care home placement for assessment, for people who are considered likely to need long-term residential or nursing home care.

2.5 Within Cambridgeshire, it is essential that the discharge pathways and processes that we have in place support this approach. This will support delivering the best outcomes for residents when they require support upon being discharged from hospital, alongside ensuring compliance with our statutory duties to implement the D2A model in partnership with our local NHS partners.

### 3. Main Issues

- 3.1 When and how adults are discharged from hospital matters. It has a significant impact on a person's health, quality of life and opportunities for their ability to recover. If managed well, it can support people to return to the place they call home, maintain or improve their independence, reduce the need for long-term care and help improve hospital capacity across the county.
- 3.2 Cambridgeshire County Council, along with its partners, aims to ensure safe, smooth and timely hospital discharge arrangements are in place, for all residents. Whilst there are many positive examples of integrated health and social care discharge arrangements already in place across Cambridgeshire; it is recognised that there are some aspects of D2A and the discharge guidance which have not been effectively or consistently applied in practice. For example, there are still care needs assessments being undertaken on the wards of acute hospitals contrary to the D2A best practice model.
- 3.3 This means that in some instances adults with care and support needs may be staying in hospitals for longer than they need to, or not being discharged via the correct pathways to maximise their independence.
- 3.4 It is important to ensure that the Council, and wider system partners, understand the current discharge arrangements, with a view to identify areas of opportunity for further improvement. This includes consideration of the duty to co-operate to ensure that discharge processes and services are integrated across local areas where possible, helping to facilitate integrated, person-centred care to support families and carers.
- 3.5 It is proposed that the Council procure an external consultancy to undertake a system diagnostic of our discharge arrangements, to include the following elements:
- Identify opportunities and make recommendations, including consideration of current processes, pathways and use of data, to help inform our capacity and demand planning,
  - Provide greater clarity about what the duty to co-operate means in practice,
  - Reinforce the importance not only of NHS bodies collaborating effectively, but also of NHS bodies working closely with local authorities and adult social care providers,
  - Identify opportunities to support delivery of financial savings of £1.2m contained

within the 2024/25 Council Business Plan.

- 3.6 We are proposing to use the ESPO framework to procure a consultant for this piece of work. The specification will provide for a report on key findings, alongside a suite of recommendations for the council and wider system to consider and implement. It will also identify opportunities for the Council to deliver savings and efficiencies.
- 3.7 This will be a one-off contract, time-limited, to be completed within the financial year 2024/25.
- 3.8 Funding of up to £500k has been allocated to this project. This will be funded through Just Transition Funding reserves, recently approved at Full Council on 13<sup>th</sup> February 2024, as part of Business Planning for 2024/25.
- 3.9 In addition, it also supports delivery of £1.2m of discharge related savings for the financial year 2024/25 contained within the Business Plan. By ensuring that we have the right pathways, commissioning capacity and patient flow there is an opportunity to deliver savings by managing demand and maximising peoples' opportunities to return to independence prior to assessment, embedding the discharge to assess model effectively in local delivery; ensuring effective health and social care outcomes are delivered effectively.
- 3.10 All bidders will be required to demonstrate how their proposed approach will support the delivery of social value. Delivery of social value commitments will be monitored.
- 3.11 The council does not have the capacity and specific skill sets required to undertake this piece of work. Therefore, a procurement process will be undertaken to commission a quality product that meets our requirements.
- 3.12 Whilst our system NHS partners (including the ICB, community and acute providers) are considering their involvement in this piece of work, we do not currently have their commitment to this. Whilst it would be preferable to have full agreement of these partners to this proposal, we do not want it to delay this work, hence the decision being requested from Committee today.

## 4. Options Considered

### 4.1 Do Nothing

If we did nothing, then we would not be able to undertake a full discharge diagnostic. This would mean the following:

- We would not reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We would miss the opportunity to maximise opportunities for improvements to deliver better outcomes for people.
- There would be a significant financial risk to the delivery of the £1.2m saving in the business plan associated with a review of discharge pathways.

On balance, this would not present the best value for money.

#### 4.2 Undertake the work with existing resources.

The council does not have the capacity, nor all the specific skills required to undertake this diagnostic piece of work. This would mean the following:

- The work would not be undertaken to the standard required or in a timely enough manner to enable us to respond effectively.
- We would not reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We would miss the opportunity to maximise opportunities for improvements to deliver better outcomes for people.
- There would be a significant financial risk to the delivery of the £1.2m recurring saving in the business plan associated with a review of discharge pathways.

On balance, this option would not provide best value for money.

#### 4.3 Commence procurement of an external consultant.

Under this option, a procurement process would be carried out to secure a skilled and experienced consultancy service, that would provide a quality product that meets our requirements.

Our expectation is that this option will provide a range of findings, with recommendations to consider in relation to current processes, pathways and use of data, to help inform our capacity and demand planning.

This will mean the following:

- We would be able to reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We will be able to maximise opportunities for improvements to deliver better outcomes for people.
- Delivery of the £1.2m recurring saving in the business plan associated with a review of discharge pathways will be supported.

On balance, this option would provide best value for money.

Option 3 is the recommended option.

## 5. Conclusion and reasons for recommendations

- 5.1 By approving this option, it offers the opportunity undertake a diagnostic to be completed, to inform short and long-term actions to improve outcomes, ways of working and support delivery of financial savings contained within the Business Plan. This will also ensure that the Council can improve its ability to meet care and support needs in a timely manner, working effectively with wider system partners.

## 6. Significant Implications

### 6.1 Finance Implications

There is a one-off financial cost to the contract of up to £500k. This will be funded from the Just Transition Fund and has been approved at Full Council on 13<sup>th</sup> February 2024 as part of the Business Plan.

This work supports delivery of £1.2m of recurrent business planning savings from 2024/25 associated with undertaking a discharge review.

### 6.2 Legal Implications

There are no significant implications within this category.

### 6.3 Risk Implications

There are no significant implications within this category.

### 6.4 Equality and Diversity Implications

There will be a potential positive impact under equality and diversity, as improving the pathway will improve outcomes for older people and those with disabilities and enduring health conditions who will make up a large number of those being discharged.

### 6.5 Climate Change and Environment Implications (Key decisions only)

#### 6.5.1 Implication 1: Energy efficient, low carbon buildings.

neutral

Explanation: No change

#### 6.5.2 Implication 2: Low carbon transport.

neutral

Explanation: No change

#### 6.5.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

neutral

Explanation: No change

#### 6.5.4 Implication 4: Waste Management and Tackling Plastic Pollution.

neutral

Explanation: No change

#### 6.5.5 Implication 5: Water use, availability, and management:

neutral

Explanation: No change

#### 6.5.6 Implication 6: Air Pollution.

neutral

Explanation: No change

#### 6.5.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable

people to cope with climate change.

*neutral:*

*Explanation: No change*

## 7. Source Documents

7.1 None